

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

PUBLIC HEARING

October 4, 2019

9:00 a.m. - 5:03 a.m.

Location: G. Mennen Williams Building Auditorium
525 West Ottawa Street
Lansing, Michigan

REPORTED BY: Claudia M. Weekly, CSR-2963

1 MS. DITSCHMAN: Hi. My name is Andria
2 Ditschman. I'm a senior policy analyst for the Bureau of
3 Professional Licensing in the Department of Licensing and
4 Regulatory Affairs, and I'll be facilitating the hearing
5 today. The department staff on the Bureau of
6 Professional Licensing includes me, Weston MacIntosh,
7 Tina Marks, Kerry Przybylo, Stephanie Wysick(sp), LeeAnn
8 Payne and Kimmie Katlyn(sp).

9 This is a public hearing on proposed
10 administrative rules entitled architects general rules,
11 counseling general rules, professional engineers general
12 rules, Board of Occupational Therapists general rules,
13 and the Board of Pharmacy general rules and continuing
14 education rules.

15 The hearing is being conducted under the
16 authority of the Administrative Procedures Act, Public
17 Act 306 of 1969 on behalf of the Department of Licensing
18 and Regulatory Affairs, Bureau of Professional Licensing.
19 The hearing is being called to order at 9:00 a.m. on
20 October 4th, 2019 at the G. Mennen Williams Building
21 auditorium located at 525 Ottawa Street in Lansing,
22 Michigan.

23 The notice of public hearing was published in
24 three newspapers of general circulation, as well as the
25 Michigan Register Issue Number 17 published on

1 October 1st, 2019.

2 The point of today's hearing is to receive
3 comments on the proposed rules. If you wish to speak
4 please make sure you have signed in. You may use the
5 cards provided in the lobby for this purpose. Please
6 hold your card until it is your turn to speak, at which
7 time you may hand your card to the staff person near the
8 microphone stand. If you would like to testify and have
9 not filled out a card please do so now.

10 Comments should relate directly to the proposed
11 rules. If you have questions regarding the rules please
12 submit your questions as part of your testimony for the
13 department's review. If you have suggested changes to
14 the proposed rules please include the specific reasons
15 why the changes would be in the public interest.

16 For the record, when you testify please
17 identify yourself by spelling your name and stating your
18 organization, if any, that you may be speaking for today.
19 This will help the department prepare the hearing record
20 that will go before the joint committee on administrative
21 rules. Comments will be limited to two minutes per
22 person to allow everyone an opportunity to speak. If you
23 submitted a written comment there's no need to orally
24 repeat that comment on the record. Written and oral
25 comment count the same.

1 Further, a comment received on any issue will
2 be considered. If you are hearing the same comment
3 repeated multiple times we ask that you be mindful of the
4 time and allow others the opportunity to speak on other
5 issues that have not been raised. Please remain silent
6 while other comments are being made so that the Court
7 Reporter can hear them to ensure that the transcript is
8 accurate. We will also take periodic breaks as needed.

9 This hearing will close no later than 5:00 p.m.
10 today. If the hearing is drawing close to 5:00 p.m. you
11 are encouraged to submit your comments in a written
12 statement. Written statements can be submitted directly
13 to me at the table. The department will also accept
14 written statements e-mailed by 5:00 p.m. today or
15 postmarked no later than October 4th, 2019.

16 We will handle the rule sets in the following
17 order: Pharmacy general rules, pharmacy CE rules,
18 professional engineers, architects, occupational therapy,
19 and counseling. We are going to do our best to group the
20 comments for each rule set. Please do not get in line to
21 speak until the rule set you are interested in is
22 announced.

23 The first rule set that we'll be taking
24 comments for is pharmacy general rules. Please get
25 behind the microphone stand if you wish to speak and hand

1 your card to the staff person. That will be me. I'll be
2 down there. Be mindful of the time cards that announce
3 how much time you have left to speak. The time cards
4 will be over on this table over here and we will show you
5 when you have so much time left and when your time is
6 done.

7 So, we are going to start. One last thing.
8 Again, because we're doing this a tad bit different than
9 we usually do, a reminder, please spell your name for the
10 Court Reporter, speak slowly, and if you have something
11 that you want to submit in writing and you're going to
12 read that into the record please just make sure you drop
13 off a copy of whatever it is that you're saying up here
14 at the table so we have that as well.

15 Okay. So, can you hear me back here? Do we
16 have anybody from pharmacy general rules that wants to
17 speak?

18 SCOTT POPYK: Hi. Good morning. My name is
19 Scott Popyk, P-O-P-Y-K. And I am here on behalf of my
20 company, which is Health Dimensions, but also as a member
21 of MPA, as well as a member of the International Academy
22 of Compound Pharmacists.

23 I am here to address Rule 338.533, which
24 proposes to adopt by reference the compounding standards
25 of USP Chapter 785, Chapter 787 and 800. And I wanted to

1 communicate some issues that have arisen since this rule
2 was proposed.

3 USP has delayed USP 797 and 795. There is some
4 major technical issues that need to be addressed, and so,
5 they have delayed the adoption of these or of the
6 official status of these until further notice, so it
7 wouldn't make sense for the State to adopt these at this
8 time.

9 Furthermore, USP 800, which is intertwined with
10 795 and 797 is scheduled to be adopted by the State on
11 December 1st. Because of the challenge, because of the
12 issues with USP right now with 795 and 797 800 does not
13 hold, so it wouldn't make sense for the State of Michigan
14 to adopt 800 right now, either.

15 So, my recommendation is that until the 795,
16 797 issues are resolved and clarified with USP that they
17 not be adopted by the State because it's going to change,
18 and 800 by default should not be adopted until such time
19 that the foundation of 795 and 797 are resolved. Thank
20 you.

21 LARRY WAGENKNECHT: Good morning. My name is
22 Larry Wagenknecht, W-A-G-E-N-K-N-E-C-H-T. I'm
23 representing the Michigan Pharmacists Association. I
24 have a question for Andria. Yesterday I submitted
25 electronically written comments. I have a couple

1 comments that I want to strike from that, and how is the
2 best way for me to do that? Do you want me to identify
3 the particular sections that should be changed or submit
4 a new document? What do you suggest?

5 MS. DITSCHMAN: So, there's two ways you can do
6 that. You can do it on the record, but probably the best
7 way would be to submit an additional writing today before
8 5:00 o'clock just saying that you want to modify these
9 comments. That way I'll have both in writing to submit
10 to JCAR.

11 LARRY WAGENKNECHT: It will just take me one
12 second. It's relative to Rule 338.534 Sub 1, and Rule
13 338.534 Sub 4. There's reference to the word shipping a
14 compound that is sterile. In our document we suggested
15 changing it to distribute, and that is incorrect, it
16 should remain ship. So, thank you.

17 TOM SULLIVAN: I'm Tom Sullivan,
18 S-U-L-L-I-V-A-N, representing Michigan Surgical Hospital
19 in Warren, also the Insight Institute for Neurosurgery
20 and Neurological Sciences, which is our parent company.
21 We have concerns of Rule 338.501, which defines
22 compounding. This would be in conflict with the proposed
23 USP 797, which is essentially -- it is in conflict with
24 the old version of 797, which is on hold pending appeal,
25 which as our previous speaker indicated.

1 Also, USP 800, which is essentially an
2 occupational health standard, not enforceable by the FDA,
3 but USP 797 is enforceable by the FDA. So, the current
4 version includes the hazardous medication compounding
5 which will be in conflict with USP 800. So, I would urge
6 the Board to consider holding the adoption of this until
7 those discrepancies are resolved.

8 I would also urge the Board to consider having
9 MIOSH consider USP 800 as an occupational health
10 standard, which is a compounding standard, so it can be
11 applied equally to all professions and not just pharmacy.

12 MS. DITSCHMAN: Okay. Is anybody else here to
13 speak on the pharmacy general rules? No.

14 Okay. We're going to move to pharmacy
15 continuing education rules. If anybody wants to speak on
16 those rules please come up here at this time. Pharmacy
17 continuing education?

18 And also, if someone asks they can always come,
19 anybody can speak until 5:00 o'clock. So, if somebody
20 comes in late that still can be fine.

21 So, I know a lot of you missed the
22 announcement. I'm just going to quickly kind of go over
23 some of the highlights. So, what we're doing is we're
24 taking different professions one at a time. Go ahead and
25 come up here, make sure you can hand the card to me, and

1 then speak in the microphone. And everyone's limited to
2 two minutes. The time cards are up here. We'll show you
3 when you have one minute left and when it's time to stop.

4 And I think that's -- oh. If you have
5 something in writing that you're submitting and you're
6 going to read from that we ask that you put a copy up
7 here for the Court Reporter so they have that in case
8 there was issues or questions about that. And I think
9 that's it.

10 We want you to spell your name when you come up
11 here. Say your name and spell your name and then what
12 organization you're from at the beginning. So, I'm just
13 kind of repeating that.

14 So, once again, pharmacy general rules or
15 pharmacy CE rules, anybody else?

16 Professional engineers. Anyone here to speak
17 for professional engineers? Come on up here.

18 STEPHEN NICHOLS: Hi. My name is Stephen
19 Nichols. Steven is spelled S-T-E-P-H-E-N, Nichols,
20 N-I-C-H-O-L-S. I'm here today representing the American
21 Council of Engineering Companies of Michigan often
22 referred to as ACEC/Michigan.

23 ACEC/Michigan represents more than a hundred
24 engineering companies in Michigan who employ over 6,000
25 people. The majority of these are licensed

1 professionals. ACEC/Michigan is also registered for
2 continuing education, a continuing education provider
3 through the registered continuing education program,
4 RCEP.net.

5 Through ACEC/Michigan programs, conferences,
6 workshops, seminars there are nearly a hundred hours of
7 continuing education offered each year to licensed
8 professionals under the engineering licensure. Many of
9 the professional engineers have licenses in multiple
10 states and use the ACEC/Michigan programs to satisfy
11 these continuing education requirements.

12 Based on these facts we believe ACEC/Michigan
13 should be listed under Part 4, Part 339.16041, Rule 41,
14 Section 1A as a continuing, is an approved continuing
15 education provider in Michigan, so we would like the
16 regulations changed to add ACEC/Michigan to that chart.
17 Thank you.

18 MS. DITSCHMAN: Okay. Anybody else here for
19 professional engineers?

20 So, we're going to move on to architects.
21 Anyone here to speak on behalf of the architect rules?
22 No.

23 Occupational therapy?

24 SARA CLARK: Hello. My name is Sara Clark,
25 S-A-R-A, C-L-A-R-K. I'm a licensed occupational

1 therapist in the State of Michigan, and I'm here
2 representing the Michigan Occupational Therapy
3 Association, MIOA, and the American Occupational Therapy
4 Association, AOTA. Both organizations try to ensure that
5 OT services are provided in the best interest of
6 consumers.

7 I'm here today to provide comments on two
8 proposed changes to the Board of Occupational Therapists
9 general rules. The first in regards to Rule 338.1212,
10 which has been rescinded, we understand this has been
11 rescinded because it's going to be, it would have been
12 duplicate language since it's already in the Public
13 Health Code. MIOA is requesting that we keep a brief
14 reference to prohibited conduct being found in the Public
15 Health Code within our rules. We feel ethical practice
16 is one of the most important pieces of our profession,
17 and we want to make sure we our practice is as structured
18 as much as possible to the definition of prohibited
19 conduct.

20 The other rule we wanted to comment on is
21 Number, it's Rule 338.1229, Number 4A. The proposed
22 language states that an occupational therapist who
23 delegates limited assessments must initiate and direct
24 the evaluation of the patient or client before delegating
25 limited assessments to an occupational therapy assistant,

1 and we are suggesting to see stronger language that says
2 that the OT must complete the evaluation before
3 delegating. We're requesting this because we have
4 concerns that there's too much room for interpretation in
5 regards to what the OTA can do in terms of evaluation.
6 And written comment has been provided by AOTA and MIOTA
7 on both of these.

8 NANCY VANDEWIELE MILLIGAN: I'm Nancy
9 Vandewiele Milligan, V-A-N-D-E-W-I-E-L-E, Milligan,
10 M-I-L-L-I-G-A-N. I am here representing the Michigan
11 Occupational Therapy Association and the American
12 Occupational Therapy Association regarding Rule R338.1229
13 regarding the delegation of limited assessments to the
14 occupational therapy assistant, OTA.

15 Our concerns are while occupational therapy
16 assistants are trained to assist in the delivery of care
17 to clients and patients, it is under the supervision of
18 an occupational therapist as outlined in the standards
19 established by the American Occupational Therapy
20 association. The proposed change would allow the OTA to
21 assess and implement, to assess and implement treatment
22 prior to the occupational therapist completing the
23 evaluation. This is a concern because the client and
24 patient health status and conditions may have changed
25 since the last treatment or discharge. This could impact

1 the client's patient or safety, and it is the ethical
2 duty of both the OT and OTA to provide the best care for
3 all clients. It is in the best practice of the OT to
4 conduct that treatment being rendered, and it is both
5 client-centered and evidence-based on the patient's
6 current status.

7 In addition, the Medicare Benefit Policy Manual
8 states that OTAs may not provide evaluative or assessment
9 services. This rule will be grounds of denial of
10 coverage for services. I propose that the wording be
11 changed to initiate and direct the evaluative of the
12 patient or client before delegating the assessment.
13 Thank you.

14 MS. DITSCHMAN: Okay. Anyone else here to
15 speak on behalf of occupational therapy?

16 Okay. We're going to start counseling. So,
17 what we want you to do is we're going to start lining up
18 and then speaking. We don't need to have everybody in
19 line here, but let's line up on this side over here.
20 Start right here in front of me. Everybody doesn't have
21 to get up at once because you're just all going to be in
22 line. So, let's put 30 maybe in line. The rest of you
23 can kind of fill in then as that line shortens. You're
24 going to go to that side. So, come around here in front
25 and go around in back and get in line.

1 Everybody does not need to get in line right
2 now. Just have a seat. What we'll do is then as you
3 speak then you can go out the door on that side and then
4 other people can get in line and we'll just keep it
5 moving.

6 So, I'm going to go over just a few things
7 again to make sure I touch on -- I know everybody wasn't
8 in here at the opening. So, everyone is limited to two
9 minutes to try to get as many people's comments in as we
10 can. There is time cards up here, one for one minute,
11 one for stop. I'd like you to please try when the stop
12 comes up to stop so we get as many people speaking as
13 possible. When you come up to speak you want to say your
14 name, spell your name and state the organization that
15 you're representing. If you're just representing
16 yourself you just don't have to state the organization.
17 That's fine. When you're done you can exit at the back
18 on that side.

19 If you're going to read something verbatim from
20 a sheet of paper you want to submit the paper up here,
21 the written comment after that so we can have a copy and
22 make sure it's exactly as you stated.

23 If you hear the same comment over and over,
24 it's up to you, but you may want to not repeat that
25 again, the same comment. Somebody else may have

1 something that's different than that that we want to make
2 sure we address in the rules.

3 It does end at 5:00 o'clock today, so if we get
4 close to 5:00 o'clock and you haven't spoken, which I
5 think we'll get to everybody here, then put that in
6 writing and submit that. And I think that's it.

7 Anything else I missed the first time? Oh.
8 The comments should pertain to the rules that are before
9 you, something in the rules. Otherwise, we can't address
10 it and take it into consideration. So, you're wasting
11 your time saying it because we can't do anything with it.

12 KERRY PRZYBYLO: One last thing. If you are
13 reading a comment please be mindful that there is a Court
14 Reporter here that is trying to take down every word that
15 you say, and the faster you talk the harder it is for her
16 to take it down. So, she may reach out to you and tell
17 you to slow down, so just be mindful. She's sitting
18 right over to my left, so please be mindful of her as
19 well. Thank you.

20 MS. DITSCHMAN: You can hand your card to me,
21 take the microphone, go for it.

22 ROBYN EMDE: My name is Robyn Emde, first name
23 is spelled R-O-B-Y-N, middle initial J, last name is
24 E-M-D-E. And I am the chair of the Michigan Board of
25 Counseling. However, I am not standing here as in that

1 capacity.

2 As a private practitioner I was made aware that
3 at the June meeting of the Michigan Board of Counseling a
4 fair compromise to LARA's proposed rules changes was
5 submitted by the rules subcommittee. This can be clearly
6 found in the minutes of the June meeting as an attachment
7 and also attached to this testimony. The endless hours
8 spent by the rules subcommittee is outlined in distinct
9 areas of disagreement to the proposal.

10 A major inconsistency is the placement of the
11 terminology of counseling techniques. The placement of
12 counseling techniques only in the educational section is
13 completely illegal. I do not state this lightly. Let me
14 explain the rationale behind this great opposition.
15 Within the law 333.18101 counseling techniques is listed.
16 With counseling techniques being a part of the law it
17 should be within the provisions, not only the education
18 section of the rules.

19 It is the law that defines the scope of
20 practice. In the Public Health Code that counseling
21 techniques is a developmental approach that systemically
22 assists an individual through the application of any of
23 the following procedures, and counseling techniques is
24 listed.

25 This results in a grave inconsistency within

1 the counseling profession. Per the law, counselors are
2 required to administer counseling techniques, but per the
3 provisions it is not listed. The proposed rule changes
4 suggest that counseling techniques be removed from the
5 provisions and placed solely in the educational section.

6 The proposed change of the provisions within
7 the counseling profession is not logical. For almost 30
8 years every Attorney General, board analyst and JCAR
9 approved the counseling rules. The proposal of the
10 changes suggests that each one of these individuals were
11 wrong in their approval. Every one of these trusted
12 appointed officials were wrong, but now an attorney is
13 correct? An attorney can testify to the validity of the
14 counseling profession? An attorney determines the
15 training and implementation of what makes a counselor?
16 This is provided to you by the expert witness of the
17 Michigan Board of Counseling rules committee and approved
18 by the entire Board of Counseling as seen on their
19 website.

20 HAROLD LOVE: Harold Love. I'm a vice-chair of
21 the Michigan Board of Counseling sitting here as an LPC.
22 My name is spelled Harold, H-A-R-O-L-D, Love, L-O-V-E.

23 Another point of difference between the LARA
24 advisory staff draft of the rules change and the rules
25 committee recommendations appears to be LARA's position

1 that the majority of definitions currently in the rules
2 be moved to a new section of the rules that will pertain
3 to education only. Moving the definitions and thereby
4 implying they are only applicable to the educational
5 preparation of counselors loses the important
6 understanding that some of the definitions apply to
7 counseling practice and are not solely applicable to
8 educational preparation; i.e., counseling techniques and
9 diagnoses.

10 The loss of perspective has the potential to
11 create significant confusion, lack of clarity, and
12 substantial negative consequences for services provided
13 to the public by over 10,000 licensed professional
14 counselors. These 10,000 counselors have provided
15 counseling services to the public consistent with these
16 definitions as currently written and approved. The
17 section of the definition has been in place for over 25
18 years.

19 This revision and update to the rules has been
20 vetted through our prior rules revisions and updating
21 processes. This included vetting by LARA prior to
22 meetings of the Board of Counseling, former full Boards
23 of Counseling, the legislature, and the public. The
24 current rules committee and the full Board of Counseling
25 strongly recommends that these definitions remain in

1 place in the definition section of the rules applicable
2 to the counseling section of the Public Health Code.

3 Another point of difference pertains is the
4 training of supervisors, higher educational institutions
5 throughout Michigan, training individuals that will be
6 highly effective supervisors and counselors. The
7 training process includes a thorough supervision
8 experience for each potentially fully licensed counselor.
9 The supervision training for LPCs who will be supervising
10 limited LPCs have recently been required by the rules to
11 have three years of counseling experience and training
12 and supervision, serve as an LLP supervisor.

13 Prior to January 1st, 2013 the rules specified
14 that supervisors were required to have training in the
15 function -- the rest is written down.

16 MS. DITSCHMAN: I just want to make sure, also,
17 when you are, if you're reading from something and it's
18 verbatim and you submit it make sure your name is on
19 there because we'll also be using that as written
20 comments. Correct? So, yeah, we'll need copies of all
21 those. But please make sure your name is on there. And
22 you may not get the entire thing in the transcript. We
23 want to make sure you have your name on there and your
24 organization, if there is one. Thank you.

25 DIANE PARFITT: Am I coming through? I'm Diane

1 Parfitt, D-I-A-N-E, P-A-R-F-I-T-T. I've spent two terms
2 on the board of counseling. I just finished in June.
3 I'm also a professor emeritus from Eastern Michigan
4 University, the counselor of education. I'm also a
5 private practitioner that does both counseling and
6 supervision, and I also do supervision training. So, I
7 speak from a number of hats.

8 The training that most counselors within the
9 State of Michigan receive is in national compliance. The
10 educational component of the training of counselors in
11 Michigan includes courses that train counselors within
12 counselor techniques, counselor techniques and diagnosis.
13 Licensed professional counselors in Michigan have the
14 educational background to implement counseling techniques
15 and diagnosis.

16 If the proposed rules go into effect an
17 estimated 10,000 professional counselors will be affected
18 and over 10, 100,000 Michigan residents will be without
19 service from licensed professional counselors. And I
20 know this well, speaking personally. My life's work is
21 to serve others. This is an unspoken oath. Every
22 licensed professional counselor accepts as part of his or
23 her journey.

24 If these rules are implemented our clients will
25 be without a licensed professional counselor. The work

1 we have been trained to perform will be null and void.
2 The citizens of Michigan will suffer greatly without the
3 expertise of licensed professional counselors. Michigan
4 has an increasing mental health need.

5 These have been recently recognized by the
6 educational systems that are to implement funds directed
7 towards directing the mental health needs within the
8 schools. Suicide is tragically on the rise and the
9 second highest death rate among teens in Michigan.

10 Michigan needs licensed professional
11 counselors. The residents of Michigan need the
12 confidence that this proposal will not go into effect.
13 For almost 30 years every Attorney General, board
14 analyst, and JCAR approved the counseling rules. The
15 proposal of the changes --

16 MR. MacINTOSH: Time.

17 DIANE PARFITT: -- suggest that each one --

18 JIM BLUNDO: My name is James Blundo. I'm the
19 executive director for the Michigan Mental Health
20 Counselors Association. Wes and I know each other
21 because we've had several different meetings in which
22 we've dealt with things in a different way.

23 Thank you for this opportunity to provide
24 comment in the 2019-063 LARA proposed counseling general
25 rules. As the director of this organization we represent

1 licensed professional counselors and the state chapter of
2 the American Mental Health Counselors. And joining me
3 today are Napoleon Harrington, MMHCA president, and Irene
4 Ametrano and Sue Schaeffer, co-chairs of our public
5 health, our public policy licensure committee.

6 MMHCA would like to start by first questioning
7 the legal authority of the Department of Licensing and
8 Regulatory Affairs to promulgate these rules. Through
9 LARA -- though LARA's staff identify in their draft rules
10 their assumed authority under ERO Number 1991-9, this
11 only provides the transfer of statutory authority,
12 powers, duties, functions and responsibilities from the
13 previous Department of Commerce to the current Department
14 of Licensing and Regulatory Affairs, and it specifically
15 provides that the boards shall retain all of their
16 statutory authority, powers, duties, functions and
17 responsibilities.

18 Part 161 of the Public Health Code explicitly
19 states that the department shall not promulgate rules
20 that constitute the licensure, registration or
21 examination of health professionals, and that only a
22 board shall promulgate these rules. Furthermore, the
23 rule-making authority granted under Part 181 of the
24 Public Health Code is to the Board Of counseling, itself.
25 Both Board of Counseling rules committee and the full

1 board unanimously opposed these proposed rules. Their
2 proposed alternative rules were ignored by the LARA
3 staff.

4 With regard to the proposed rule changes,
5 themselves, MMHCA recognizes that some do make necessary
6 and appropriate updates. Thank you very much.

7 NAPOLEON HARRINGTON: Napoleon Harrington,
8 current president of the Michigan Health Counselor's
9 Association. Napoleon, N-A-P-O-L-E-O-N, Harrington,
10 H-A-R-R-I-N-G-T-O-N.

11 With regard to the proposed rule changes,
12 themselves, MMHCA recognizes that some do make necessary
13 and appropriate updates. However, we strongly oppose the
14 proposed rescission of definitions under Rule 338.1751
15 and the rescission of Rule 338.1757. The unjustified
16 impact of these rule recessions would significantly limit
17 a licensed professional counselor's scope of practice and
18 would directly violate the counseling profession's
19 ethical standards rendering Michigan's 10,000 licensed
20 mental health counselors from being able to legally
21 practice and do so at a time when the need for
22 professional mental health services in our state could
23 not be greater.

24 Additionally, insurance companies will likely
25 stop reimbursing for the services of LPCs due to the

1 significant limits on scope of these rules, these rule
2 changes would impose.

3 Sure, counselors could still do case management
4 or other such types of work, but they would not be able
5 to provide any counseling services. This inability for
6 LPCs to practice in Michigan will not only cause
7 significant harm to tens of thousands of people across
8 the state who will immediately lose their counseling
9 services when the rule changes take effect, it will also
10 force all Michigan counselors to be in violation of other
11 professional ethical standards regarding neglect and
12 abandonment.

13 MMHCA objects to the general rationale for
14 these proposed rule changes. As stated in the regulatory
15 impact statement, LARA staff claims that these proposed,
16 these rule changes is to address confusion and
17 misinterpretation about the scope of practice of the
18 counseling profession, especially around a counselor's
19 ability to diagnose.

20 MMHCA argues there is no confusion or
21 misinterpretation here. The right of counselors to
22 practice their profession and employ counseling
23 techniques, which include diagnosis, consistent with his
24 or her training and code of ethics, has been guaranteed
25 in the Public Health Code for ten years before the

1 passage of the counselor licensure law.

2 IRENE AMETRANO: I'm Dr. Irene Ametrano. I'm
3 representing MMHCA, and I'm also the chair of the
4 counseling program at Eastern Michigan University. I'm
5 continuing on that same document.

6 As LARA should be aware, the American
7 Counseling Association's code of ethics, which counselors
8 are legally mandated to adhere to, requires the proper
9 diagnosis of a client's mental disorder before treatment.

10 Additionally, under the counselor licensing
11 statute, which states that the practice of counseling or
12 counseling means the rendering to individuals, groups,
13 families, organizations, or the general public a service
14 involving the application of clinical counseling
15 principles, methods or procedures.

16 Section 18101A clarifies that counseling
17 principles, methods, or procedures means a developmental
18 approach that systematically assists an individual
19 through the application of a variety of specific
20 procedures, including counseling techniques. The term
21 counseling techniques, which is explicitly used in the
22 statute for both the scope of practice provisions and
23 educational requirements, is a widely understood
24 professional term that includes a variety of specific
25 procedures, including diagnosis. Because the term

1 counseling techniques is used in the scope of practice,
2 as well as in the training requirements, it must not be
3 removed from the definition of scope. There simply is no
4 rationale, legal rationale for doing so.

5 Furthermore, Section 18101 goes on to state
6 that the practice of counseling does not include the
7 practice of psychology, except for those preventive
8 techniques, counseling techniques, or behavior
9 modification techniques for which the licensed
10 professional counselor or limited licensed counselor has
11 been specifically trained. This language was included in
12 the statute because these terms were already part of the
13 psychology licensing statute which permitted counselors
14 to do these activities in that law's exemption section
15 for counselors.

16 SARA SUE SCHAEFFER: I'm Dr. Sara, S-A-R-A,
17 Sue, S-U-E, Schaeffer, S-C-H-A-E-F-F-E-R, representing
18 MMHCA.

19 In Section 18105-1 of the counseling statute
20 states that a licensee shall not perform any acts, tasks,
21 or functions within the practice of counseling unless he
22 or she is trained to perform such acts, tasks, or
23 functions. So, the scope of practice for counselors
24 explicitly includes those acts, tasks, or functions that
25 a counselor is trained to perform. Under

1 Section 18107-1B the program training requirements for
2 counselors are clarified to include counseling techniques
3 and other statutory standards for which the board was
4 required to promulgate rules.

5 The rule defining counseling techniques and the
6 subsequent training and scope of counselors has been in
7 effect for 30 years. It explicitly states that, quote,
8 counseling techniques is the application of counseling
9 and psychotherapy skills and theories in the counseling
10 process in order to, amongst other things, diagnose and
11 identify the problem.

12 MMHCA also objects to LARA's proposed
13 rescission of Rule 389.1757, which identifies the
14 requirements for providing counseling supervision and
15 specific training in supervision. This training
16 requirement is a national standard for professional
17 counseling, which again counselors are legally mandated
18 to adhere to. If this rule is rescinded counselors who
19 provide counseling without training would be practicing
20 in violation of the ACA's code of ethics.

21 Without the availability of qualified, trained
22 supervisors Michigan's limited license professional
23 counselors would also be challenged to meet the ethical
24 and, therefore, legal licensing requirements to practice
25 as a fully licensed professional counselor. And LPCs who

1 receive their supervision in Michigan would also likely
2 be ineligible for licensure in other states because their
3 supervisor would not meet the qualifications in the state
4 to which the counselor is moving.

5 On behalf of MMHCA I would also like to provide
6 comment on the regulatory impact statement that has been
7 submitted for the record. We have numerous provisions of
8 this statement woefully lacking in proper disclosure.

9 DONALD AMIDON: I'm Dr. Donald Amidon,
10 A-M-I-D-O-N, and I'm speaking on behalf of MMHCA.

11 The Question Number 2 was compare the proposed
12 rule standards in similarity situated states based on
13 geographic location, topography, natural resources,
14 commonalities, or economic similarities. LARA's staff
15 claims that Michigan's proposed rule standards for
16 counselors are like other Great Lake states; in essence,
17 Illinois, Indiana, Minnesota, New York, Ohio,
18 Pennsylvania, and Wisconsin. However, Indiana,
19 Minnesota, and Ohio explicitly include the ability to
20 diagnose in their scope of practice for counselors, along
21 with 30 other states in the country, while Illinois,
22 New York, Pennsylvania, and Wisconsin use such terms such
23 as identify, evaluate, that clearly implies diagnosis.

24 Number 3 states identify any laws, rules, and
25 other legal requirements that may duplicate, overlap, or

1 conflict with the proposed rules. LARA's staff claim
2 that there are no laws, rules, or other legal
3 requirements that duplicate, overlap, or conflict with
4 the proposed rules. This is not accurate. As previously
5 stated, Michigan's Public Health Code requires counselors
6 to practice their profession, which includes diagnosis as
7 a component of counseling techniques, consistent with his
8 or her training and code of ethics. The American
9 Counseling Association's code of ethics requires the
10 proper diagnosis of a client's mental disorder before
11 treatment and requires counselors to be trained in
12 supervision methods and techniques.

13 JESSIKA MARIANO: Jessika, J-E-S-S-I-K-A,
14 Mariano, M-A-R-I-A-N-O, and I'm speaking on behalf of
15 MMHCA.

16 Number 6, identify the behavior and frequency
17 of behavior that the proposed rules are designed to
18 alter. LARA staff claim, but fail to document, that the
19 current location in the rule set causes confusion and
20 misinterpretation about the scope of practice of the
21 counseling profession. Again, MMHCA argues there there
22 is no confusion or misinterpretation here. The right of
23 counselors to practice their profession, including the
24 ability to use counseling techniques which encompass
25 diagnosis, was first established in the Public Health

1 Code in 1978 and was maintained with the passage of the
2 counselor licensing law in 1988.

3 As previously stated, under Part 181 of the
4 Public Health Code, PA421 of 1988, the statute
5 specifically defines the practice of counseling to mean a
6 service involving the application of clinical counseling
7 principles, methods, or procedures, and the statute also
8 defines counseling principles, methods, or procedures to
9 mean, amongst other things, counseling techniques. How
10 then can LARA staff possibly claim that the definition
11 for counseling techniques should not be included in the
12 general rule provisions applying to the scope of
13 practice? We are especially curious about this legal
14 justification, given LARA staff have determined that the
15 reference to counseling techniques in the education
16 requirements for LPCs, MCL 333.18107, and then 1B, does
17 warrant inclusion in the rules related to education.

18 Finally, these rules have been reviewed and
19 upheld by the Attorney General, the Legislative Service
20 Bureau, and the Michigan legislature repeatedly over the
21 years, including in 1995, 2003 and 2012. Furthermore, in
22 the more 30 years since the passing of PA421 in 1988
23 there have been no successful legal challenges to the
24 counselors' scope of practice under the law and no
25 successful related complaints filed with the Board of

1 Counseling.

2 ANDREA CASCARILLA: Andrea Cascarilla,
3 A-N-D-R-E-A, C-A-S-C-A-R-I-L-L-A, on behalf of MMHCA.

4 6C, what is the desired outcome? LARA staff
5 state the desired outcome of the rules rescission is to
6 result in fewer questions, fewer regulatory problems, and
7 greater safety and protection of the public. However,
8 LARA staff have failed to identify any document any
9 questions, regulatory problems, or greater public safety
10 and protection concerns that would warrant these
11 detrimental rule changes.

12 Number 7, identify the harm resulting from the
13 behavior that the proposed rules are designed to alter
14 and the likelihood that harm will occur in the absence of
15 the rule. LARA staff simply fail to identify any harm
16 that is resulting from Rule 338.1751 or any likelihood
17 that any harm will occur in the absence of the rule's
18 rescission other than avoiding confusion, which is
19 completely unsubstantiated. Further, they identify no
20 harm that is resulting from Rule 338.177 or would occur
21 in the absence of the rule rescission. MMHCA again
22 argues these current rules actually protect against harm
23 by ensuring counselors are practicing to their ethical
24 standards and receiving the appropriate supervisions
25 before practicing independently.

1 What is the rationale for changing the rules
2 instead of leaving them as currently written? While LARA
3 staff completely claim the rationale is to update
4 outdated standards, correct typographical errors, supply
5 clarity to all rules on licensure and reorganize the
6 rules into a format that is more are user friendly, none
7 of this rationale applies to the recession of Rule
8 338.1751 and Rule 338.17757, for they contain no outdated
9 standards, typographical errors, lack of clarity, or user
10 unfriendliness.

11 I know I'm running out of time. I do just want
12 to submit for the record, too, a petition, the results of
13 a petition, over 37,000 signatures opposing these rules.

14 BRIAN BANKS: Good morning. Before you start
15 my time I just want to make a point that I did submit a
16 written comment, so I'm going to stay on a few points
17 here.

18 Good morning again. My name is Brian Banks,
19 and I'm a representative from the American Counseling
20 Association. I'm here today in opposition of the
21 proposed rule changes to R338.1751 and R338.1757.

22 The proposed changes will seriously impede the
23 ability of at least 10,000 of Michigan's LPCs to provide
24 services to the state's families, couples, adults,
25 seniors, veterans, adolescents, and children at crucial

1 times in their lives. Rather than improve critical and
2 much needed mental health services the proposed
3 regulatory changes will provide obstacles to the delivery
4 of quality mental health counseling by LPCs who are
5 educated, trained, and practice at the highest
6 professional standards. Michigan LPCs help at least
7 150,000 citizens each year who face life's challenges.

8 Since the promulgation and adoption of Act 368
9 of the Public Health Code, creating that LPC credential
10 in 1988, which includes the diagnosis and identification
11 of the problem, has been one of the counseling
12 profession's core principles. The authorization to
13 diagnose is essential to providing necessary and
14 appropriate treatment for clients. Moreover, in Section
15 E5A, proper diagnosis, of the American Counseling
16 Association's code of ethics, which governs and defines
17 ethical behavior and best practices in the profession of
18 counseling in Michigan, requires the proper diagnosis.

19 It takes us down a dangerous path. With the
20 board's mandate to protect the public it is imperative to
21 have well-trained, experienced, and ethically practicing
22 LPCs. Eliminating the ability to diagnose will adversely
23 affect LPCs' professional ethical duties, which are
24 directly related to the practice of counseling. The
25 proposed counseling supervision provisions will create

1 insurmountable barriers that bar LPCs from providing
2 needed services to both urban and rural populations in
3 Michigan.

4 I would be remiss if I did not mention the
5 nation's opioid crisis and the vital role LPCs play in
6 providing treatment to those affected in Michigan. In
7 August Governor Whitmer issued executive order 2019-18,
8 creating the Michigan Opioids Task Force.

9 STEPHEN CRAIG: Good morning. I'm Dr. Stephen
10 Craig, professor and unit director of the counselor
11 education program in the department of counselor
12 education and counseling psychology at Western Michigan
13 University. The name is spelled S-T-E-P-H-E-N,
14 C-R-A-I-G.

15 Thank you for the opportunity to address this
16 committee. I oppose the proposed rules changes. While
17 some of the changes are seemingly innocuous and perhaps
18 necessary to maintain relevance with evolving
19 accreditation standards, others, including the proposed
20 change and moving the definitions into the educational
21 section, only are particularly troubling and will likely
22 lead to increase confusion and potentially could lead to
23 substantial costs and overall harm to the public and to
24 the small business community where many counselors are
25 employed.

1 In a report titled The American State of Mental
2 Health in America 2018, Nguyen and colleagues estimated
3 that more than 1.3 million Michigan residents have some
4 form of mental illness. In the same report it was
5 estimated that more than 55 percent of Americans with
6 mental illness never received treatment. More than 20
7 percent of adults with a mental illness reported they
8 were not able to obtain the care that they needed. The
9 four systemic barriers to assessing care that were cited
10 in the report, it's a lack of insurance, lack of
11 available treatment levels, lack of financial resources,
12 and lastly, I quote, a lack of available treatment
13 providers, end quote.

14 The report further cites that although the
15 Affordable Care Act may have increased the number of
16 individuals with mental illness who are now able to seek
17 treatment, those same people are faced with limited
18 numbers of available providers. The problem, they say,
19 is that with increasing demand for mental health services
20 coupled with a high turnover rate of providers due, in
21 part, to low compensation, it has created a substantial
22 shortage of mental health professionals. At a time when
23 1.3 million Michigan residents have some form of mental
24 illness, at a time when 55 percent of Americans with
25 mental illness are not receiving treatment, and at a time

1 when one of the principle barriers is a lack of available
2 providers, the Department of Licensing and Regulatory
3 Affairs is proposing a measure that could effectively
4 eliminate 10,000 available providers.

5 Throughout the regulatory impact statement and
6 cost-benefit analysis LARA has indicated that the
7 proposed rules remove confusion about the scope of
8 practice of the counseling profession. The Bureau of
9 Professional Licensing has a mission statement that
10 includes a goal.

11 GLINDA RAWLS: Good morning. My name is
12 Dr. Glinda Rawls, G-L-I-N-D-A, R-A-W-L-S. I'm an
13 associate professor at Western Michigan University in the
14 department of counselor education and counseling
15 psychology. I'm here to complete my colleague's
16 statement, particularly talking about the role of LARA
17 and the protection of the public.

18 In the health professional disciplinary reform
19 fiscal year 2018 report to the legislature the Board of
20 Professional Licensure director Pezon in his 2019 report
21 reported that for the period between 2017 and 2018
22 identified that there were 5,000 allegations against
23 licensed health professionals in general received by
24 LARA, and the grand total of that was 102 allegations
25 related to licensed professional counselors. And of the

1 more than 1500 allegations against the licensed health
2 professionals that were authorized only 47 were
3 authorized against LPCs. That means that for the same
4 reporting period for the 10,000 LPCs who practice in
5 Michigan the LPCs that were only subject to 3 percent of
6 those allegations.

7 I think that LARA is trying to tell us that
8 their role is designed to help the public, but really it
9 seems to me that the vast majority of counselors are
10 doing good work and are competent, and including their
11 roles in diagnosis and to inform the treatment, which
12 informed the treatment that they provide.

13 Many of the proposed rule changes will neither
14 promote efficiency, nor will it protect the public, and
15 they will likely create substantial confusion and
16 potentially cut off Michigan residents to over 10,000
17 competent mental health professionals.

18 MS. DITSCHMAN: We're going to take a break in
19 about three minutes. I'm sorry if you've been standing
20 in line for 20 minutes. We thought this was the best way
21 to coordinate it, but we've just been told that everybody
22 has to get out of the aisle.

23 So, one last speaker and we'll take about a
24 ten-minute break. And so, then we'll start back in at
25 ten after. But the last speaker right now.

1 CHRISTINA COLLINS: Hi. My name Christina
2 Collins, C-O-L-L-I-N-S. And I am an alumni of Western
3 Michigan University and am here to complete the statement
4 of two of my biggest advocates and best professors in the
5 counselor education department at Western Michigan
6 University.

7 I am deeply concerned that a government agency
8 is actively lobbying against one of the licensed health
9 professions, ignoring the input of counselors, rejecting
10 decades-long precedent, and seemingly responding to
11 pressure from another licensed health profession who
12 actively seeks to suppress the number of available mental
13 health providers to serve the needs of Michigan
14 residents. Rather than showing deference to statutory
15 language and administrative rules, the latter of which
16 have been in place for nearly three decades, this
17 department is attempting to rush through a change that
18 could have a devastating impact on the mental health
19 needs of Michigan residents.

20 As for the language in the rules associated
21 with supervision training, we are not, quote, imposing
22 requirements on a licensee without statutory authority,
23 end quote. In fact, all licensed professional counselors
24 have the freedom to decide whether or not they wish to
25 provide supervision to limited licensed professional

1 counselors. We are merely suggesting that for those
2 individuals who voluntary decide to become a supervisor
3 of limited licensed professionals they should have the
4 requisite training to do so.

5 Suddenly, after years of scrutiny, review,
6 approval, and acceptance, even by this body who seeks to
7 change it, LARA wishes to unilaterally change the rules
8 and reject years of precedent.

9 For these reasons I stand in opposition to the
10 proposed rules changes. I respectfully request that LARA
11 listens to the legitimate concerns raised by LPCs and the
12 Michigan Board of Counseling and reconsiders their
13 position on the proposed rules. We are not asking for
14 what LARA describes as, quote, expanding the scope of
15 practice, end quote. We're asking for LARA to accept the
16 nearly 30-year precedent of our licensure law and
17 administrative rules and allow us to do the important
18 work that the people of Michigan need us to do. Thank
19 for the opportunity to express my concerns.

20 MS. DITSCHMAN: We are goings to take a break.
21 This is what needs to happen. If you want to keep your
22 place as far as speaking you shouldn't leave the room.
23 It's for the Court Reporter basically so her hands can
24 rest for a minute. And then when we come back there's
25 two board members that we're going to let speak. And

1 then, as I said, we're not going to use the lines. If
2 you have already spoken we would ask that you leave the
3 room because there's many, many counselors outside
4 waiting to come in and we're limited in numbers. Okay?

5 (Short recess had from 10:00 AM to 10:09 AM.)

6 MS. DITSCHMAN: So, we're going to start. We
7 have a couple board members that are going to go here,
8 and then we're going by row. So, let's go ahead. We'll
9 start and we'll go from there.

10 CHARLES HUGHES: Hello. All right. My name is
11 Charles Hughes, C-H-A-R-L-E-S, Hughes, H-U-G-H-E-S. I'm
12 a board member and also a member of the Star behavior
13 health providers who are civilians who are trained to
14 treat veterans. I'm a recently appointed member of the
15 Michigan Board of Counseling. I'm not speaking as a
16 board member today but as a representative of my
17 behavioral health clinic, Munson Grayling Behavioral
18 Health, and the people that I work with. I work in
19 Crawford County.

20 I want to start by telling you of the community
21 needs assessment and county health rankings in Michigan.
22 I work in county 83 of 83. Crawford County has the worst
23 health outcomes in the state. It's a multifaceted
24 problem, but a large reason why it is ranked so low is
25 the ratio of mental health providers to patients.

1 Crawford County has a ratio of 730 patients to 1 mental
2 health provider. The state average is 400 to 1 and the
3 national average is 310 to one. This ratio is with the
4 current 8 LPCs working in this county. Without LPCs this
5 county will no longer have any capacity to help the
6 mentally ill as there are only one MSW currently working
7 in the county.

8 I also work for Oscoda County, who is ranked
9 81st of 83, and their ratio is 2,070 people to 1 mental
10 health provider. Many of our patients from Oscoda County
11 drive to see us, which is a drive of 30 miles, to come
12 see us at my hospital and my practice.

13 My practice has a caseload of over 200
14 patients. We provide for both Oscoda and for Crawford
15 County. And we also provide crisis services for the
16 Grayling emergency room, and without our LPCs there is no
17 crisis services for private insurance in our counties.

18 Our small practice took six to nine months to
19 hire a single LMSW, and without the change or with the
20 changes we will be unable to serve the people of our
21 counties.

22 MS. DITSCHMAN: We have somebody from the
23 occupational therapy. We're going to have her speak.
24 The other thing I would like you to do, before she speaks
25 is if you are in the back row, if you want to move

1 forward so you're not waiting you may do that at this
2 time because we will be filling in with a few more people
3 in a minute and we're going to be doing this by rows.
4 So, if you want to move so that you're not waiting longer
5 feel free to do that right now.

6 Okay. Go ahead and have a seat. Just move
7 towards the middle. Come on. Move towards the middle
8 and make space. So, if there is a seat next to you
9 towards the middle please fill it because we are going to
10 have more people come in and they are going to be walking
11 over you in just a minute. So, if you don't want them
12 walking over you move towards the middle.

13 MS. DITSCHMAN: Okay. OT, go for it.

14 ELIZABETH BENNANI: I'm Elizabeth Bennani. I'm
15 an occupational therapist. I have submitted my comments
16 through e-mail, so you should have them.

17 I basically have some questions. The first
18 question is how do the proposed rules and changes
19 coordinate with the existing definitions and functions,
20 including those defined in the State Operations Manual,
21 including Paragraph 484.115, condition of participation,
22 personal qualifications, specialized rehabilitative
23 services, and medical provider manual. I have attached
24 in there the various definitions of these.

25 I also would like to know, and I'm sure

1 everybody else, what is the reasoning for rescinding
2 R3338.1212, which is the prohibited conduct. We also
3 expect -- okay. Thank you.

4 Question 3, will there be a new scope of
5 practice for occupational therapists, certified
6 occupation therapy assistants, and the new limited
7 licensed therapist? How will this new scope of practice
8 coordinate with AOTA, the American Occupational Therapy
9 Association.

10 And Question 4, with reference to the limited
11 license what will be the scope of practice of the limited
12 license therapist?

13 I have a lot of other comments, but I guess
14 I'm -- the other concerns that we have is with respect to
15 the certified occupational therapy assistant. I have
16 worked with a lot of very knowledgeable and competent
17 COTAs, but there are no definitions within here as to
18 what evaluations can be performed and what part of the
19 evaluation and the training is required.

20 COURT REPORTER: Could you spell your last
21 name, please?

22 ELIZABETH BENNANI: B-E-N-N-A-N-I.

23 JANET GLAES: Good morning. My name is
24 Dr. Janet Glaes, and that's spelled G-L-A-E-S, first name
25 is J-A-N-E-T. I am a member of the Michigan Board of

1 Counseling, and today I'm here to speak as a counselor
2 educator and private practice counselor.

3 I'm strongly opposed to the proposed LARA rule
4 changes. I'd like to point out that the educational
5 training that counselors in Michigan receive really more
6 than qualifies them to diagnose and treat their clients.
7 To give you some understanding of that I'd like to talk
8 just a little bit about the program I'm most familiar
9 with, which is Spring Arbor University.

10 Some examples of classes my students take are
11 counseling techniques, clinical psychopathology,
12 conceptualization and treatment, advanced clinical
13 psychotherapy and abnormal behavior, and evaluation of
14 psychopathology, just to name a few of the 60 credit
15 hours that they take. They go on to complete a 600-hour
16 internship under the supervision of fully licensed and
17 trained practitioners, and this is standard practice.
18 So, a licensed professional counselor within Michigan do
19 have the experience and the background they need. Our
20 students go on to work in mental health agencies and
21 hospitals, family service programs, medical service,
22 hospice, foster care, and private practice, just to name
23 a few.

24 This morning on my way in I heard on the radio
25 that counselors and counselor educators should have been

1 aware of these impending changes. I couldn't disagree
2 more vehemently. I've been an LPC for almost 30 years
3 and been a counselor educator for 10. In those 10 years
4 our students have applied for and been approved for
5 licensure in the state. I've renewed my license every
6 three years and paid fees, as we all have.

7 All of us have submitted professional
8 disclosure statements where we clearly list diagnosis and
9 treatment as part of our scope of practice and we've been
10 approved by LARA. I urge you to reconsider these
11 proposed changes.

12 MS. DITSCHMAN: Okay. Anybody in the first
13 row, start here, would you give me your card and we'll
14 just kind of move down the rows like this.

15 JOSEPH GUAJARDO: My name is Joseph,
16 J-O-S-E-P-H, Guajardo, G-U-A-J-A-R-D-O. I'm here on
17 behalf of the Michigan Mental Health Providers
18 Association. I received a Master's of Arts in Counseling
19 degree from Spring Arbor University. I've been
20 practicing since 2014. Additionally, I'm a certified
21 alcohol and drug counselor and certified clinical
22 supervisor through Michigan Certification Board for
23 Addiction Professionals. I have worked at two separate
24 inpatient substance abuse treatment facilities for the
25 last nine and-a-half years. I've been a clinical

1 director and supervisor for the last three.

2 It is important to me to let you all know that
3 I've never diagnosed an individual outside my scope of
4 practice. I've never treated outside of my scope of
5 practice. If I was treating someone for presenting
6 problems that I was not specifically trained to provide
7 treatment or therapy to I would always refer the
8 individual to a more appropriate helping professional.
9 This is my DSM-V, and the binding is broken. And I just
10 wanted to make that very clear.

11 As you know, Michigan is experiencing an opioid
12 epidemic and other significant mental health crises.
13 Licensed professional counselors are crucial to combat
14 these issues. The proposed rule changes by LARA to
15 restrict the scope of practice for LPCs to eliminate the
16 counselor's ability to diagnose and use counseling
17 techniques will serve as an injustice to the need to
18 provide the public substance use disorder and other
19 mental health treatment populations.

20 Restricting the LPCs' ability to diagnose
21 within their scope of practice and counsel will leave
22 many clients without a treatment provider. These rule
23 changes will lead to thousands of Michigan residents with
24 less resources for treatment and therapy that at this
25 time is very much needed. The families of the clients

1 and counselors who work together every day will be
2 impacted negatively. There's a whole lot of treatment to
3 be provided and plenty of work to be done. Now is not
4 the time to limit treatment resources in the State of
5 Michigan.

6 I stand with many, many people, families, and
7 helping professionals who oppose the rule changes. I ask
8 the governor to ask LARA not to implement the changes.

9 MS. DITSCHMAN: I just want a little reminder,
10 because we just had a few people come in in the back, so
11 when you are going line by line, when you get up here
12 what we're doing is make sure you state your name and
13 then spell it, and organization if you're representing an
14 organization.

15 Once you have spoken we ask that you exit so
16 somebody else, if you want to, so somebody else can come
17 in. Because I understand there's lots of people waiting
18 outside still. If you're hearing the same comment over
19 and over be mindful that goes into the record here, it
20 will be reviewed through the process, so you don't need
21 to, you don't have to make the same comment, just so you
22 know that.

23 We're having many more of them. We'll already
24 know that they were sent in writing. Anything else that
25 we -- oh. If you are going to read something verbatim

1 please leave it up here so that we can give it to the
2 Court Reporter. Make sure your name's on there. And if
3 you want to submit written comments but you're not
4 actually reading the whole thing, if you want to submit
5 something in writing you can submit it over here to this
6 table. And I think that's it. Okay. Keep going.

7 DAYNA WEBER: I study at Wayne State, so I
8 intend to be not verbally nervous, but I will try to
9 avoid negative language.

10 I'm very frustrated with a couple of the
11 statements that I've heard. My name is Dayna Weber,
12 D-A-Y-N-A, W-E-B-E-R. One of the statements I'm
13 frustrated with is things that have been going around
14 that we're underqualified. I'm not going to be rude and
15 turn this in, but I have a transcript which consists of
16 78 credits done in my Master's degree, including abnormal
17 psychology, treatment planning and principles,
18 psychological assessment, differential diagnosis,
19 substance abuse, three series of group dynamic courses,
20 developmental psychology. And I mean I could go on about
21 how qualified we are. After our 600 internship hours I
22 did 3,000 clinical hours under supervision. We are not
23 sitting down watching television during 3,000 clinical
24 hours, we're doing counseling. We're doing the work that
25 LARA's trying to basically say we're not qualified to do

1 and they're trying to repeal that right. It's
2 ridiculous.

3 I'm also frustrated by the statement that has
4 gone on in the news that we are not going to be
5 negatively affected. The bottom line is that 10,000 of
6 us will find ourselves out of work. 10,000 of us are
7 terrified. And there are going to be more suicides.
8 Michigan is already high in suicides. And I'm not going
9 to filtrate it, but if this happens people will die.
10 That's it.

11 PHILIP HIMEBAUGH: Hello. My name is Philip
12 Himebaugh, P-H-I-L-I-P, Himebaugh, H-I-M-E-B-A-U-G-H.
13 It's pretty appropriate that an opera singer went before
14 me. Before I was a counselor I was an actor, and I still
15 haven't been offered a modeling contract. I'm not sure
16 why.

17 But one thing I am pretty good at is my DSM.
18 Pretty good at diagnosing my clients, pretty good at
19 being a counselor. I opened a business about a month
20 ago, Northwest Counseling and Wellness in Big Rapids,
21 Michigan. A professional mentor of mine said Philip,
22 don't be surprised if after your first month you've only
23 got one or two clients. Okay. I won't be. I have 18
24 clients. I'm grateful for that, I'm really grateful for
25 that. I have an opportunity to be a positive force in

1 the lives of those in my community. Not a lot of people
2 get that chance.

3 In this past week I had to watch as one by one
4 my clients came in in tears and said what am I going to
5 do, if you can't see me what am I going to do? If you
6 can find a psychologist or psychiatrist in Mecosta County
7 that's accepting clients and wants to spend more than
8 three minutes and throw a bottle of pills at them I'd
9 love to meet that person. I'd love to have the
10 referrals.

11 I agree with my colleague before me. People
12 will die. Suicides will happen. People will lose their
13 care. I don't want that. Do you want that? We hear
14 that we won't be negatively affected. Well, tell you
15 what, you can come to work tomorrow, you won't be paid,
16 but don't worry, you can still do your job. Right?
17 That's what we're being asked to do. You know what? As
18 it stands right now I think I'm willing to do that.
19 Because unlike everybody else, the State of Michigan and
20 at LARA, I care about people. I care about people's
21 well-being, and I will not let a rule stand in my way.

22 NANCY CARBONELL: Hello. My name is Dr. Nancy
23 Carbonell, N-A-N-C-Y, C-A-R-B-O-N-E-L-L. I'm fully
24 licensed psychologist in Michigan and I have been since
25 1991. That's close to 30 years. I'm speaking on behalf

1 of Andrews University where I'm a full professor and also
2 coordinate the CACREP, accredited MA in clinical mental
3 health counseling.

4 I also maintain a private practice in a town
5 where I work with other great counselors who have LPCs
6 and we refer back and forth with each other. I'm
7 involved in all aspects of the MA level of training for
8 those students who are pursuing a licensure as licensed
9 professional counselors. It's a 60 credit program. It's
10 rigorous. It addresses all areas of professional
11 development, including diagnosing and interventions. Our
12 students are trained to provide supervised treatment for
13 clients who are adults, couples, family, group, children
14 and adolescents.

15 I'm here to support the HB4325 bill and oppose
16 LARA's redefinition of the LPCs' scope of practice. I'm
17 also here to validate the training of these counselors
18 all over Michigan. They are placed in so many
19 communities and are valuable. To suddenly strip these
20 well-trained counselors and supervisors would not only
21 leave thousands of professional counselors without a job,
22 but would also be a travesty to the thousands of clients
23 suddenly abandoned.

24 It must be noted that many LPCs are actually
25 servicing many clinics and programs where licensed

1 psychologists aren't available to work in. It's a
2 win-win situation for all of us. Thank you.

3 BRAD HINMAN: Good morning. I'm Dr. Brad
4 Hinman. I'm a licensed professional counselor. I'm also
5 a licensed marriage and family therapist. I'm also an
6 AASECT certified sex therapist. I'm here today on behalf
7 of Andrews University where I serve as a professor in
8 graduate psychology and counseling. I am here to speak
9 for my students and my clients and my university.

10 If LARA changes the rules as proposed the
11 Federal Government will immediately disallow Master's and
12 doctoral level students to enroll in counseling programs
13 from receiving Federal financial aid because they will no
14 longer be pursuing a degree but will resolve in being
15 gainfully employed. If LARA's intention is to have
16 Michigan universities lose millions of dollars in
17 financial aid then you're well on your way.

18 I also want to go on record to notify you of
19 the absolute agony and despair of my students when I
20 inform them of your intention to make a rule change that
21 would prevent them from practicing the job that they gave
22 us years of their life to pursue. Ten of them are here
23 today with me, including my daughter-in-law who is
24 currently enrolled in our program.

25 Speaking of losing money, LARA, itself, stands

1 to move \$1.2 million in renewal fees by licensed
2 professional counselors who will likely not renew a
3 license that will be useless in facilitating them to do
4 the job that they spent thousands of dollars pursuing,
5 hundreds of hours of training and devoted their life to
6 serve. Why would LARA want to lose \$1.2 million?

7 Finally, I own a private practice where I
8 employ another licensed professional counselor and a
9 Master's level intern. We serve men with out of control
10 sexual behavior in extreme southwestern Michigan, and to
11 my knowledge there is not another therapist specializing
12 in treating out of control sexual behavior within a
13 hundred miles of our location. Where are our clients
14 supposed to go? We have over 80 active clients right
15 now. Thank you for your time.

16 AKASH KUMAR: I'm Akash Kumar. I'm a
17 psychiatrist and medical doctor. I have no vested
18 personal interest in the outcome of all of this. I
19 really only came out of concern for my caseload of 100
20 patients. Like every other psychiatrist, I spend eight
21 years training in the diagnosis and treatment of mental
22 illness. Like every other psychiatrist, I share hundreds
23 of cases with psychologists, counselors and social
24 workers. Like every other psychiatrist that I've spoken
25 with about this matter, I'm baffled by the idea that

1 counselors aren't fully qualified to diagnose and treat
2 mental illness. They're already doing it. They are
3 already doing it consistently very, very well.

4 LPCs have no reputation of functioning outside
5 the scope of their practice. LPCs have no reputation as
6 functioning inadequately. Many of the therapists I trust
7 most with my patients are counselors. I literally share
8 hundreds of patients with counselors. Many of these
9 patients have spent years building a therapeutic
10 alliance. Some of these patients are suicidal. There's
11 already a very severe shortage of therapists in many
12 areas of Michigan. I don't want to imagine what will
13 happen to these patients without our army of counselors.
14 Thank you.

15 JODI BARNES: Yes. I thank you for letting me
16 speak. My name is Jodi Barnes, J-O-D-I, B-A-R-N-E-S.
17 I'm here to represent MMHCA. I'm a board member. I'm a
18 licensed special counselor and a national certified
19 counselor. I've been practicing for ten years. I'm an
20 LLPC supervisor as well. I went to Central Michigan
21 University and in the agency counseling track, and I can
22 tell you we have been trained to diagnose and treat
23 clients. It's in our transcript. It's everywhere.

24 And some reasons why, regarding your rules
25 changes, I oppose them, some reasons why I feel that this

1 is the wrong choice is because, first and foremost, our
2 clients, number one, they will be affected. The suicide
3 rate will go up. The opioid crisis is a problem. They
4 count on us to counsel them. It's very important.

5 Another issue is a counselor's livelihood will
6 be affected. I have a passion for counseling. I love
7 this. I wouldn't do anything else. And, you know, I
8 love my job, so I'd like to keep it.

9 Other things that would be affected, other
10 mental health professionals will be bombarded and burned
11 out and chaotic. Restricting the practice of LPCs and
12 LLPCs in the State of Michigan, there's also a mental
13 health crisis, so there's going to be more of that. And
14 we need our counselors.

15 Also, supervision will be affected. Insurance
16 companies would stop reimbursing us. And also, lastly,
17 this is going to affect a lot of us, and I really oppose
18 these changes, so I hope that you reconsider and let us
19 practice, let us do our job, let us help people. Okay.
20 And I ask that you wait on implementing your proposed
21 rules changes. The solution is House Bill 4325. Thank
22 you for your time.

23 MS. DITSCHMAN: The Court Reporter just asked
24 that we not applaud until somebody's done. I would ask
25 you if you want to get as many people in here as possible

1 please hold your applause to the end because two minutes,
2 this is taking a long time, it's going to take a long
3 time to get you up here.

4 HEATHER MICHELLE: My name is Heather Michelle.
5 I'm speaking on behalf of clients, preferably suicidal
6 clients and suicidal parents, parents who deal with
7 suicidal ideations. I am a suicide attempt survivor.
8 I'm a survivor because an LPC was willing to take on my
9 case when larger mental health institutions were
10 overloaded.

11 On the outside you see a well-composed
12 professional working mom, but on the inside you don't see
13 over 20 years of abuse that I have experienced, which
14 manifested in my adulthood as PTSD, depression and
15 anxiety took over me. I suicide as my only choice, but I
16 was determined to see alternative choices. I had all my
17 life, so I started to seek for help.

18 Larger mental health institutions denied me or
19 either treated me bad. Becoming a client for an
20 institution did take forever, and I had to spend six
21 months suppressing whatever I was feeling just to stay
22 alive. By the time I got in I was in such bad condition
23 the mental health clinicians dealing with me were notably
24 very overwhelmed. I was just another number on their
25 list. I felt like I had no choices in my life, but

1 despite my experiences I persevered.

2 When I began seeing an LPC I got my choices
3 back because when you are checked into a mental health
4 institution everything is taken away from you and
5 everything is decided for you from the moment you wake up
6 until the moment you go to bed. Choosing life over
7 suicide involved choosing things that make life worth
8 living, and I learned how to bring brilliance and
9 gratification into my life through seeing an LPC. I got
10 a hold of my choices back.

11 If this LARA rule change goes into effect my
12 personal story reflects that the quality of care becomes
13 damaged. I want to know today who's go to be held
14 accountable if someone ends their life when care could
15 have been provided. What if the suicidal parent, someone
16 like me, kills themselves and more kids end up in the
17 overcrowded foster care system? LPCs don't need to be
18 restricted, they need to be empowered.

19 At the end of the day people who want to kill
20 themselves don't want to die, they want the pain to stop.
21 And LPCs -- sorry. And LPCs right alongside for a
22 healthier life.

23 I have one more sentence. I have one more
24 sentence. I'm sorry. I'm the only client that's spoken
25 today. Because of my LPC I now live a better life than

1 the hell I existed in. I'm not out of the woods. I'm
2 not out of the woods with my mental health recovery yet,
3 but I'm on the right path. Please don't take that away
4 from me. My son and every child in west Michigan,
5 Michigan in general deserves a healthy parent.

6 MARIN HANN: My name is Marin Hann. First name
7 is M-A-R-I-N, last name is H-A-N-N. And it's N, as in
8 Nancy.

9 I would like to speak to the harmful impact
10 these proposed rule changes would cause. On a personal
11 note, I use a power wheelchair and serving as a counselor
12 is one of the few vocational things I'm physically able
13 to do with the academic training that I have. I went to
14 graduate school for four years so I can do this. I
15 studied psychology in my undergrad program because I knew
16 I wanted to be a counselor and I wanted the psychological
17 background. I knew that I wanted to practice
18 psychotherapy by the time I was in junior high. In high
19 school I took every single advanced placement psychology
20 and counseling class that was available to me.

21 Due to needing to be on income restriction for
22 Medicaid to provide for my personal home care needs I am
23 forever unable to afford going back to school. All my
24 limited resources for building a profession went into
25 this. I will no longer be able to have a career if I

1 cannot practice as a licensed professional counselor. I
2 would survive this, but you cannot begin to understand
3 the negative impact that this will make on my life.

4 But what is more important to me than that is
5 the welfare of the people that I serve. The emotional
6 damages that this will cause my clients are severe. The
7 majority of my clients are long-term who have
8 dissociative identity disorder, PTSD, and borderline
9 personality disorder. Many of my clients also have very
10 low income and transportation challenges, and I provide
11 video access counseling to them and sliding scale fee
12 options.

13 I have spent years building the therapeutic
14 alliance with my some of my clients so that we could
15 begin to make progress, and for that therapeutic alliance
16 to be abruptly severed it will take years of repair work
17 before they can even start to building an alliance with
18 someone new.

19 My clients are incredible people and they don't
20 deserve to have this happen. They deserve so much more
21 than this. They need a strong support network that they
22 can trust that is consistent and dependable. They
23 need -- coming to therapy with me has been in integral
24 part of that support. With these rule changes LARA would
25 be responsible for ripping that support away.

1 These people I'm describing to you right now
2 are absolutely your concern. I don't even dare to
3 imagine the emotional damage that this might cause some
4 of them, and I hope it does not come to that. I pray it
5 does not come to that.

6 ELIZABETH REECE: Good morning. My name is
7 Elizabeth Reece, R-E-E-C-E. I'm a Master's level
8 clinician counselor, also a CAADC. To graduate from
9 Oakland University I was required to complete a course on
10 using the Diagnostic and Statistical Manual of Mental
11 Disorders and be able to correctly diagnose mental health
12 symptoms to pass the course. I also completed classes on
13 counseling theory, clinical counseling skills, and
14 supervised counseling practicum.

15 The first job of my career was as a therapist
16 at a drug and alcohol inpatient rehabilitation center in
17 Michigan where I was employed for ten years. I currently
18 work as an outpatient therapist.

19 My biggest fear about the proposed changes by
20 LARA is the detrimental effect this new rule will have on
21 the people I serve. If passed, this rule would
22 immediately disallow 10,000 LPCs from seeing 300,000 or
23 more persons, essentially abandoning them in the middle
24 of their treatment. This is incredibly unethical and
25 damaging.

1 Let me share a worse case scenario with you. A
2 depressed and suicidal person would no longer have the
3 support they need to have to fight against the urge to
4 end their lives. I would like to share a statistic with
5 you. According to the MDHHS four persons a day commit
6 suicide, complete suicide in Michigan. I know this
7 sounds dramatic, but it's the nature of our work.

8 I'm sure you've had heard of the opioid crisis
9 our state is currently experiencing. LPCs that work in
10 the field of substance abuse are like soldiers on the
11 front line of a battle. We are standing next to the
12 people that are literally fighting for their lives,
13 desperate to overcome their addiction and get back to
14 living their lives and being members of this society.

15 I serve a person who came to the realization
16 recently that she was sexually assaulted. This was
17 devastating for her. Do you really expect me to abandon
18 her during this time considering it was our work together
19 that facilitated this realization?

20 I'm professionally, ethically and morally
21 obligated to continue serving my people until their goals
22 of treatment are reached. Science and research have
23 proven that to overcome mental illness and addiction
24 counseling is the best chance to reach that goal.

25 Thank for this opportunity.

1 MS. DITSCHMAN: I just want to make sure we're
2 on the second row. If you just came in you should wait
3 until we go through and come back. If you've been
4 sitting here -- who's next? I need a card.

5 LISA ROBINSON: My name is Lisa Robinson,
6 L-I-S-A. I have a pretty easy last name, but I'll still
7 spell it. R-O-B-I-N-S-O-N. I am a proud licensed
8 professional counselor of ten years.

9 You've heard a lot of things challenging the
10 LARA proposed rules. I want to share something very
11 personal. Not only have I saved lives, but many of these
12 people in this room and ones that aren't here have saved
13 lives. An LPC saved my life two and-a-half years ago
14 when I became a widow, single mother because my husband
15 died of cancer. And so, I want you to know that, yes,
16 this will impact every person's livelihood, but I don't
17 want to leave this room without you knowing personal
18 stories of what you do to people, including LPCs. We
19 save lives. I'm going to echo what somebody else has
20 said many times in this room. People will die and that
21 won't be our fault.

22 MS. DITSCHMAN: Who's next in the row that has
23 not spoken that has been sitting, didn't just come in?

24 CHRISTOPHER YOO: Hi. My name is Christopher
25 Yoo, spelled C-H-R-I-S-T-O-P-H-E-R, last name Y-O-O. I'm

1 a Master's level graduate from Northwestern University's
2 master of counseling program with a limited license in
3 counseling, and I'm allowed to practice in the State of
4 Michigan. I would also note that given the comments made
5 by the MPA representative on the second that my program
6 is and was CACREP accredited.

7 I was made to pass coursework in diagnosis,
8 theory and treatment, as many others. I continue to ask
9 myself what the purpose could be to move those things
10 into a education section if we're not allowed to practice
11 them. The belief that Master's and counselors are less
12 qualified than our fellow mental health practitioners is
13 unfounded and combated by one of my professors during my
14 time at Northwestern, Dr. Eric Beeson, who also an LPC
15 and a Ph.D. level practitioner as well as the
16 president-elect of the American Mental Health Counselors
17 Association. When interviewed about our ability to
18 practice, and the article I will submit to you, he
19 succinctly says that Master's level of mental health
20 practitioners are not therapy-like.

21 I have roughly 30 clients. I've only been
22 actively working for about ten months. I can only
23 imagine what that will grow to. And I can only imagine
24 where my clients will go or what they might do should we
25 suddenly not be allowed to continue to work with them.

1 Thank you.

2 MS. DITSCHMAN: A reminder that if for some
3 reason you have to leave and you want to leave comments
4 you can use a card, write it on the back, or if you're
5 submitting something, another document in writing just
6 make sure your name is on it. You can bring it up here
7 and submit it to us.

8 CHERYL KALLIO: My name is Cheryl Kallio,
9 C-H-E-R-Y-L, last name is K-A-L-L-I-O. I am here today
10 to express my opposition to the proposed general rule
11 change for counselors.

12 Specifically I have concerns about repealing
13 our ability to use counseling techniques that we are
14 trained and the ability to diagnose and identify a
15 problem. Of great concern is that these limitations
16 would largely exclude us from reimbursements from
17 insurance companies, which in large part would end our
18 careers. The proposed changes also puts counselors in
19 direct conflict with the American Counseling
20 Association's code of ethics, which requires a proper
21 diagnosis. This could subject us to permanent expulsion
22 from our profession.

23 For example, without the ability to bill
24 insurance I would no longer be able to see approximately
25 80 to 90 percent of my clients. Many of my clients live

1 in poverty and they cannot afford out-of-pocket to pay
2 for a therapist as they're struggling to keep groceries
3 in the house. I can describe many such scenarios, but
4 there's not enough time. What you are proposing to do is
5 not only heartless, but it is unethical to take away the
6 mental health support for tens of thousands in Michigan.

7 In addition to my concern for my clients, this
8 is about me and my family, too. In 2012 I was divorced
9 with two young kids to care for. At that time I alone
10 could not support us securely. I went back to school to
11 rebuild myself and did everything the State of Michigan
12 said I had to do to become a licensed counselor.

13 I finally built my own practice and have what I
14 was going for, a stable career to support me and my kids.
15 And now you are saying nevermind, we're changing the
16 rules and you're about to potentially lose most of your
17 career. To say that I am angry after everything I have
18 done to meet the State's requirements is an
19 understatement. I am furious at how careless you are
20 with my livelihood. Your proposed rule change would all
21 but end my career. This is reckless and unethical.

22 I am asking you to identify if, how and why
23 specifically LPCs are failing to meet the needs of those
24 that seek our help. And if and where there are failures
25 work with us to create proposed solutions as opposed to

1 abruptly ending our careers and mental health support for
2 tens of thousands of Michiganders.

3 MIA REID: Hello. My name is Mia Reid, M-I-A,
4 R-E-I-D, and I am here to speak on behalf of all the
5 LPCs, all the LLPCs in Michigan.

6 About eight years ago I lost my child to
7 murder. By the grace of God I have been able to cope
8 because I saw an LPC. Okay? When I walked in that
9 office he said the three words you are -- well, four --
10 you are not alone. Those are the words that helped me be
11 able to talk, be able to eat, be able to sleep, be able
12 to cope.

13 Because of that it inspired me to go back to
14 school because I already had a degree in psychology, but
15 I wanted to be a clinical mental health counselor because
16 I wanted to do what that counselor did for me. So, now I
17 have a practice and it is called Change Happens Today,
18 and I have clients and I am helping them and I want to
19 continue to help them. I want for them what was done for
20 me, help.

21 MELISSA ESTERLING: Good morning. My name is
22 Melissa Esterling, that's M-E-L-I-S-S-A,
23 E-S-T-E-R-L-I-N-G. And I am here today representing
24 Compassionate Christian Counseling. We have offices in
25 Spring Lake, Jenison, and Fremont. I am here today to

1 express my opposition to the proposed general rule change
2 for counselors. Specifically, I have concerns with
3 limiting their ability to practice their therapies in
4 addition to prohibiting them from billing insurance
5 companies. This would, in large part, end the careers
6 and shut down my agency, leaving the thousands of people
7 we help without the therapists they depend on.

8 At Compassionate Christian Counseling we help
9 people in Muskegon, Ottawa, and Newaygo, and beyond.
10 According to a 2019 community health needs assessment for
11 Muskegon, Oceana and Newaygo Counties there is not enough
12 access to mental health providers. This should be
13 considered a crisis as in Muskegon County men and women
14 are almost twice as likely to be sexually abused when
15 compared to the national average in addition to 25
16 percent higher rates of physical abuse. The county rate
17 for suicide also exceeds that of the state rate by nearly
18 25 percent.

19 Now is not the time to reduce access to mental
20 health therapists. At Compassionate Christian Counseling
21 we have 28 therapists, 14 of which are either LLPCs or
22 LPCs. These LPCs and LLPCs see over 200 new clients per
23 year, which includes over 5,000 sessions per year with
24 them. Of those seen, approximately 85 percent bill
25 insurance. Our agency and those seeking our help depend,

1 for the most part, on their ability to bill their health
2 insurance companies.

3 I am asking you to identify how and why
4 specifically LPCs are failing to meet the needs of those
5 that seek our help. If there are failures work with us
6 to create proposed solutions as opposed to abruptly, for
7 the most part, ending the careers of many of our
8 therapists. Thank you very much.

9 MS. DITSCHMAN: I ask -- we are going to try to
10 speed this up a little bit, so if are planning on
11 speaking and you're in the next row come down here and
12 like two or three of you so we can keep going really
13 quickly. I want to get as many people as we can.

14 BARRY BRIGHAM: Thank you for the opportunity
15 to allow me to speak to you today. My name is Barry
16 Brigham, B-A-R-R-Y, B-R-I-G-H-A-M. I am a licensed
17 professional counselor, have been in practice for 29
18 years, much of that in private practice with a group of
19 folks in the Kalamazoo, Michigan area. I've been sworn
20 into the Family Court as an expert witness, a mental
21 health witness, in five different counties in Michigan.
22 I have my Master's degree from Western Michigan
23 University. As I said, I'm a licensed professional
24 counselor.

25 My primary concern with the amendments that

1 LARA's proposing is that it would definitely, it would
2 definitely hobble my colleagues', and mine, ability to
3 provide services to our clientele. These are individuals
4 who need counseling so severely, they need ongoing
5 compassionate care and treatment, would be forced to
6 accept alternative services such as the services that
7 would be much more infrequent in their visits, or some of
8 the clients would stop altogether the services, and that
9 would be a tragic thing for them and their families.

10 So, we already have a mental health crisis, as
11 was stated. The Mental Health in America report states
12 that over 70 percent of youth with major depression are
13 still in need of treatment. More than 10 million adults
14 have an unmet need for mental health treatment. That
15 number has not declined since 2011.

16 So, the proposed rule changes would further the
17 mental health crisis, and that's not a crisis that we
18 need in Michigan at all for our residents. We've just
19 come through a Flint water crisis not that long ago. We
20 don't need another one.

21 My colleagues and I provide quality
22 professional counseling. And we want to ask, implore
23 that LARA would hold off on these proposed changes and
24 implementation of the changes. Thank you for the
25 opportunity to speak to you today.

1 MS. DITSCHMAN: After the break if you want to
2 speak keep a seat and we'll come back to you.

3 TEAH DOYLE: My name is Teah Doyle, T-E-A-H,
4 D-O-Y-L-E. I've been a counselor for 17 years, 8 of
5 which has been under my LPC here, and I work in
6 Kalamazoo, Michigan. I have a Master's in counseling at
7 a CACREP accredited school in Texas. My training
8 included diagnosis and treatment, treating mental
9 disorders.

10 I work in a group practice where we treat
11 things such as depression, suicide prevention, trauma
12 recovery. I'm here to advocate for myself, all of the
13 other LPCs, the 150,000 clients, and the family members,
14 co-workers and employers of all of those clients across
15 the state.

16 I'm highly concerned about the welfare of all
17 of the current clients and those on the waiting list
18 waiting to get in for counseling services even before
19 this change. Even if they can find someone with
20 openings, the whole therapeutic relationship will be
21 severed and have to be re-established, which interrupts
22 and often ends treatment. Many clients will not be able
23 to find services or will refuse to take another chance on
24 another provider.

25 Myself, personally, this would send my family

1 into financial crisis. We would most likely have to
2 relocate outside of the state. It occurs it me that all
3 the other LPCs would be in the same position. In
4 addition, I have a 13-year-old daughter who I adopted who
5 has services with an LPC. And, as we all know, teenagers
6 are very finicky, can be at least. It took two years and
7 three therapists to find the right fit for her. She now
8 has someone that she works with that she trusts and opens
9 up to in a way that she doesn't with anyone else. Please
10 don't take that away from her and please don't -- well,
11 actually, I'll just end with please let us continue
12 caring for the forgotten and the outcast of our
13 community. Thank you.

14 LAURA KELLICUT: My name is Laura Kellicut,
15 L-A-U-R-A, K-E-L-L-I-C-U-T. I'm a licensed professional
16 counselor. I've been practicing for over ten years. I
17 was first licensed in the State of Tennessee. Part of
18 the licensing process was a test known as the national
19 clinical mental health counselor examination. This
20 specifically tested my ability to accurately diagnose and
21 make treatment plans for my clients. So, I was trained
22 and then tested at the state level with a
23 nationally-recognized exam to diagnose and treat my
24 clients. My training and special scope of practice
25 included these things, and I transferred that same

1 license to Michigan.

2 I have now been practicing in Michigan for over
3 five years. I'm currently finishing my Ph.D. in
4 counselor education. I'm trained to and have supervised
5 others for full licensure, and I teach both undergraduate
6 and graduate level counseling classes at multiple
7 institutions.

8 I see clients three days a week as well. My
9 entire livelihood depends on my LPC. My family has
10 sacrificed so much for me to pursue my degrees and we
11 cannot make ends meet without me working.

12 My clients come to me because they are seeking
13 a safe place to unburden themselves and receive treatment
14 for their various struggles. Making the changes that
15 LARA has proposed will take away my ability to provide
16 for my family, as well as causing unnecessary anxiety and
17 stress for my many clients who already struggle with
18 anxiety, depression, trauma, and various other things.
19 This will be detrimental to the progress that these
20 clients have made with many who would struggle if they
21 had to start with someone new. That concept is
22 terrifying to many of my clients.

23 I ask that LARA not follow through the proposed
24 changes and allow time for HB4325 to pass. Thank for
25 your time.

1 TRAVIS ERICKSEN: Hello. My name is Travis
2 Ericksen, T-R-A-V-I-S, E-R-I-C-K-S-E-N. I'm a licensed
3 professional counselor. I have three kids, two of them
4 are adopted, one sees an LPC therapist. I earned my
5 Master's degree in counseling from Spring Arbor
6 University. I've been providing diagnostic and
7 counseling services for over ten years to older adults in
8 nursing homes as a program coordinator.

9 I'm extremely concerned that LARA does not
10 grasp the full scope of the crisis it would create if the
11 rules were adopted. Being an over-assessor, Federal law
12 requires that I diagnose serious mental illness in
13 nursing home settings and ensure that appropriate
14 specialized mental health services are being provided.
15 One out of every eight mental health assessors in
16 Michigan are LPCs. If you take away our current ability
17 to diagnose we can't do our jobs or continue to assure
18 the well-being and the safety of nursing home residents
19 or insure that access to needed mental health services.

20 There's already a shortage of mental health
21 professionals serving the older adult population.
22 Previously I worked at a rural CMH agency and was
23 literally the only person in the entire county providing
24 in-home counseling services to older adults.

25 For the sake of our most vulnerable residents

1 of our state I urge LARA to not swap out a reduced LPC
2 scope of practice for an exponentially expanded scope of
3 crisis for mental health services in our state. Thank
4 you.

5 KATHRYN ZUVERINK: My name is Kathryn Zuverink,
6 K-A-T-H-R-Y-N, and then last name is Z-U-V-E-R-I-N-K. I
7 hold a Master's degree in counseling from one of the top
8 counseling programs in the nation. I am an LPC. I am an
9 LLPC supervisor. I'm a small business owner. And I am
10 on faculty in the counseling program at Aquinas College.

11 First, I want to thank you for the opportunity
12 to speak. I will be very brief. My small office that I
13 own I supervise very several limited licensed counselors.
14 55 percent of our staff are LPCs or are LLPCs. They all
15 have full caseloads.

16 We can all talk about tens thousands of
17 Michigan citizens who will be impacted, but I'm here
18 specifically on behalf of the 27 adults and adolescents
19 my small office serves who are actively fighting suicidal
20 thoughts or significant self-harm. For the 17
21 adolescents we see who are bullied mercilessly every day
22 we are in the trenches with them every week, sometimes
23 multiple times per week, trying to keep them safe and
24 healthy. Please do not get in the way of their
25 treatment. I strongly urge you to hold off on the rule

1 change and allow time for House Bill 4325 to pass the
2 House and Senate and become law, which will clarify any
3 question regarding scope of practice. Thank you.

4 CHRIS PATTERSON: Chris Patterson. I'm a
5 licensed attorney and I work for Fahey, Schultz, Burzych,
6 Rhodes, PLC in Lansing, Michigan. I'm here to actually
7 address the proposed rules as well. As I reviewed the
8 action and events that led up to today it appears that
9 these rules are actually being promulgated in violation
10 of both the Public Health Code and the Administrative
11 Procedures Act.

12 Before this morning it was actually unclear to
13 me who was potentially promulgating these rules because
14 under the Public Health Code it is the Board of
15 Counseling who is provided with the authority to actually
16 promulgate rules relating to the licensure
17 re-examination, renewal and passing of examination
18 scores. And we already heard before I testified five
19 board members, themselves, who objected to the rules and
20 also unanimously rejected the proposed rules at their
21 June 12th, 2019 meeting.

22 Section 16145 of the Public Health Code
23 specifically vests the authority for the promulgation of
24 these rules in the board. Section 16141, likewise,
25 prohibits this department from promulgating these rules.

1 The proposed rules, and this is conceded in the
2 regulatory impact statement, that it is actually a change
3 in the scope of licensure. And specifically Rules 72
4 through 78 all relate to licensure, relicensure and
5 renewals. Proposed changes to Rule 74 relate to
6 licensing examination and passing scores.

7 All of these are areas that are within the
8 realm of what the board promulgates, not the department.
9 In fact, there's significant policy reason for this
10 because the board is vested with this authority because
11 they're the licensed individuals with the expertise and
12 experience to actually determine the appropriate
13 counseling therapies and the principles that provide to
14 their scope of practice.

15 With respect to the statements that the
16 statutes that underpin the rules do not authorize
17 diagnosis purposes there are multiple terms that can be
18 read broad enough to basically underpin and allow the
19 rules that currently exist. Thank you.

20 CASSANDRA PATTERSON: Hi. Okay. So, my name
21 is Cassandra Patterson, C-A-S-S-A-N-D-R-A, Patterson,
22 P-A-T-T-E-R-S-O-N. I'm just one of the many LPCs here
23 today that could be negatively impacted by the rules
24 changes. We're licensed professional counselors, so
25 obviously I'm here to express my objection.

1 So, according to the Centers for Medicaid and
2 Medicare Services counselors comprise the largest
3 percentage of the U.S. behavioral health care workforce.
4 So, LARA's decision to possibly move forward with the
5 proposed rules and deny the largest sector of the
6 behavioral health care workers the ability to diagnose is
7 senseless.

8 Licensed professional counselors should not be
9 expected to treat a disorder of which they cannot
10 properly diagnose first. This practice is similar to
11 expecting a physician to diagnose and treat a broken bone
12 without allowing the physician to first review an x-ray.
13 This implies that LPCs are qualified to treat mental
14 disorders but not to diagnose them. Laws in 31 states
15 explicitly authorize LPCs to diagnose mental illness.

16 CACREP standards have aspects of diagnosing
17 process that are all included in all of our coursework.
18 The ACA, the largest organization, states in its 2014
19 code of ethics that counselors not only have the ability
20 to diagnose but we can refrain from making a diagnosis if
21 it causes harm to the client.

22 The National Board for Certified Counselors
23 includes test items on diagnostic and assessment
24 services, which appear on the NCE, national counselor
25 exam, an exam which the board has adopted as an exam in

1 Michigan.

2 Clarity, safety, accuracy are some of the words
3 I heard from LARA this week. An LPC's clinical training,
4 educational requirements, and supervised experiences
5 clearly, safely and accurately provide counselors the
6 ability to diagnose. The proposed rules changes should
7 be denied. Thanks for your time.

8 LISA KLEIN: Good morning, afternoon. I'm not
9 exactly sure what it is right now. It's been quite an
10 amazing time. All of my people.

11 My name is Lisa Cline, L-I-S-A, K-L-E-I-N, and
12 I'm proud to be a licensed professional counselor. I
13 opened my private practice in Awakenings Christian
14 Counseling nearly two years ago after spending an amazing
15 time at a Christian counseling center, Cornerstone
16 Christian Counseling, in Kalamazoo under the supervision
17 of Barry Brigham. I have also one of the heads of the
18 program that I was in at Western Michigan University
19 here, so I better do a good job with this.

20 Just to give you a brief background on my
21 education, I have a Bachelor's degree in psychology from
22 Central Michigan University, a Post Baccalaureate in
23 education from Western Michigan University, and in 2006 I
24 earned a Master's degree in counseling from Western
25 Michigan University, which is a CACREP accredited

1 institution. I am so proud of what I have done there and
2 everything that I do. I have 600 hours of training under
3 the supervision of a Ph.D. psychologist in Munson. But I
4 see I don't have much time, so I want to get to my
5 personal information, why I did this.

6 The reason why I got into becoming an LPC was
7 because I have three children, six children together, but
8 three angel babies and three children surviving. I was
9 diagnosed 27 years ago with multiple sclerosis, and by
10 the grace of God I am standing before you and I am
11 healed. I also was actually given less than a year to
12 live due to a skin cancer dynamic in which it was
13 misdiagnosed, and I am still here today.

14 I'm fighting with you. You are not entry level
15 practitioners. You are licensed professional counselors
16 and you deserve to be there for the people who need you
17 the most. I want you to walk with my MS clients and my
18 medical clients, and I will continue to be on that walk
19 and stand beside you. This is Jericho and I feel like
20 Joshua and we need to move forward.

21 LYNN BOZA: Hello. My name is Dr. Lynn Boza,
22 L-Y-N-N, B-O-Z-A, and I'm representing LPCs as well as
23 the counselors I work with at Henry Ford College in
24 Dearborn.

25 LARA is recommending repeal of rules that

1 define the LPC scope of practice under R338.1751,
2 particularly the practice of counseling techniques and
3 relatability to diagnose and identify the problem.
4 Repeal of these rules is another example of the
5 devolution of professionalism in our society and in our
6 state. Professionally trained counselors have been
7 fighting for recognition of their practice for over 40
8 years. Professional training includes a minimum of 45
9 credits beyond a Bachelor's degree, a supervised
10 practicum or internship, and 2,000 hours of supervised
11 work.

12 When the counselor licensure law was passed in
13 1988 it defined who was considered a licensed
14 professional counselor. It restricted use of the term
15 counselor and recognized the professional skills that
16 LPCs bring to their practice, including the practice of
17 counseling techniques and ability to diagnose and
18 identify the problem. We finally were recognized for our
19 professional ability to practice. Without these and
20 other definitions the counseling scope of practice is
21 severely limited. Many individuals will lose their
22 ability to work in professional settings, and people,
23 students, who expect to move into the field will face
24 restricted employment opportunities.

25 I'm opposed to the repeal of the rules that

1 define an LPC scope of practice under R338.1751. Thank
2 you.

3 MS. DITSCHMAN: We're going to take one more
4 speaker person to make comments and then we're going to
5 take a five-minute break. We ask that you not leave. If
6 you do leave you wouldn't be let back in. Is that my
7 understanding? People that are in the room. So, you're
8 going to want to stay in the place that you're at.

9 Again, if you want to put something in writing
10 and not wait to speak you can do that, use the back of
11 your card, submit it up here and then you don't need to
12 wait. When we take the break don't move around. Okay?
13 Everybody's coming in at a certain time and we're trying
14 to get you based on when you did come in as much as we
15 can, so if you move around we're hoping you'll just not
16 take someone else's seat. I think that's it.

17 ROSANNE RENAUER: Hello. I'm Rosanne Renauer,
18 R-O-S-A-N-N-E, R-E-N-A-U-E-R. I'm a 36-year career
19 professional with Michigan Rehabilitation Services, the
20 State of Michigan's vocational rehabilitation counseling
21 agency, and I'm currently a doctoral candidate with
22 Michigan State University in the rehabilitation
23 counseling education program.

24 Today I am speaking as an authorized
25 representative and as a board member of the Michigan

1 Rehabilitation Association. These comments are also
2 supported by Michigan State University's rehabilitation
3 counseling program. The Michigan Rehabilitation
4 Association and Michigan State University respectfully
5 oppose a number of the proposed rules for counseling
6 licensure published by the department recently,
7 specifically those at Rule 338.1751, definitions.

8 The Michigan Rehabilitation Association
9 consists of rehabilitation counselors and other
10 rehabilitation professionals who specialize in the
11 habilitation and rehabilitation of individuals with
12 disabilities, including those with mental health
13 disabilities. There are approximately 1100
14 rehabilitation counselors in Michigan, many of whom are
15 licensed professional counselors or limited licensed
16 counselors. The professional training and standards for
17 rehabilitation counselors are very similar to those of
18 other professional counselors in Michigan. They work in
19 public and private settings, in special education, in
20 post secondary education, in mental health agencies, and
21 in rehabilitation organizations throughout the state.
22 They work with well over 10,000 individuals who have
23 mental health conditions. Many of these individuals will
24 be negatively opposed by the, would be negatively
25 affected by the proposed rule changes. Thank you.

1 (Short recess had from 11:16 AM to 11:26 AM.)

2 CAROL BERGER: Hi. My name is Carol burger,
3 C-A-R-O-L, B-E-R-G-E-R. I got my license, I became a
4 professional counselor in 1999, went to work on a Native
5 American reservation, and then went back to school to get
6 my school counseling license, which takes extra classes.
7 I then was required to take six graduate level credits
8 every five years or the equivalent. So, I have 70
9 credits. I also have extensive postgraduate training in
10 trauma recovery.

11 But I want to tell you about two stories from
12 the alternative high school that I worked at, the school
13 that served our most vulnerable children in Michigan who
14 have been bullied their whole life, moved 15 times by the
15 time they got to us. So, the first one is I'm a calm
16 person usually, and I'm trained in handling other
17 people's strong emotions, but one day, early morning, a
18 boy came straight in my office and he said Carol, I need
19 you to get me out here or I'm going to kill people. And
20 I knew he was telling the truth because I had never had
21 this reaction before. My whole body was trembling. And
22 I asked myself do I feel safe? Am I safe to take him
23 home? And I knew that I was, but I knew that I had to
24 get him out of there.

25 He had a big knife on him and he handed it over

1 to me because I had a therapeutic relationship with every
2 kid in that school and most of their parents. I called
3 his mom and I told him I was bringing him home. I went
4 home with him. I took him home. I de-escalated the
5 situation, debriefed, safety plan, and discussed next
6 steps. That boy never came back to school. He was
7 petrified. What had happened to him, he had got cornered
8 and threatened by the two kids, students that had never
9 gone to that school. It was a tragic situation.

10 The other situation was an 18-year-old girl who
11 was living in a shelter because neither of her parents
12 could house her or wanted to house her.

13 PAULA DENYES: My name is Paula incident yours,
14 P-A-U-L-A, D-E-N-Y-E-S. I live in Troy and I have been
15 an LPC for nearly 20 years. I practice as a licensed
16 professional counselor at a clinic in Bloomfield Hills,
17 and I am also an LLPC supervisor. I received my degree
18 from Oakland University, a CACREP accredited program.

19 My education included diagnosis, treatment
20 planning, and counseling techniques. I know how to
21 diagnose. I know how to plan treatment based upon my
22 diagnosis and how to appropriately use counseling
23 techniques. It was part of my professional training. It
24 is part of what I do every day. It is something I've
25 done successfully hundreds and hundreds of times.

1 My education did not end when I received my
2 Master's degree and my license. I have sought out and
3 paid for countless classes and seminars over the course
4 of my career in an effort to provide the very best care
5 for my clients, including specialized training in EMDR,
6 which is used in the treatment of those who suffer from
7 the effects of trauma.

8 In the clinic where I practice my schedule is
9 completely full and I have a waiting list. The clients I
10 see are people with whom I've developed a trusting
11 relationship. They're human beings who are hurting.
12 They are people with challenges such as anxiety,
13 depression, grief, loss, trauma, and PTSD. Some come
14 with suicidal ideation.

15 These are people who depend on me, who trust
16 and want me to help them. What am I supposed to tell
17 them if I'm no longer able to practice? How am I going
18 to explain these are rule changes. How do I rip the rug
19 from underneath these people? How do you think people
20 who are depressed and full of anxiety will respond to the
21 news that I can no longer see them? What are the
22 ramifications for them? What will they do and where will
23 they go?

24 ALEJANDRA MEDINA: Good morning. My name is
25 Alejandra Medina, A-L-E-J-A-N-D-R-A, M-E-D-I-N-A. I am a

1 bilingual counselor in Oakland County and I am an owner
2 of a small counseling business. I speak English and
3 Spanish. I see anybody who wants to come and seek
4 therapy from me in either language. I treat women and
5 men to help them overcome depression and anxiety. I
6 treat families and their children to learn ways to
7 regulate and to connect so aggressive behaviors or
8 unhealthy patterns decrease or disappear.

9 I treat adoptive families and their children to
10 adjust and to develop new and healthier ways to interact
11 among them so the developmental trauma does not take
12 over. I treat men and women with bipolar disorder and
13 clients with obsessive compulsive disorder who are
14 learning they are more than an illness and who are
15 finding ways to thrive and to be happier.

16 I treat underserved families and individuals
17 who are falling in the cracks of the system that would
18 not take them because their mental illness is not too
19 severe and whose mental crisis are not a priority to get
20 service at a public health facility.

21 Diagnosing and applying counseling, which is
22 what allows me and every counselor to help these
23 population. The changes of the proposal will affect all
24 of this and the services we can provide; 40 clients of
25 mine, their 40 families, their environment will be

1 affected once this takes effect.

2 And I want to finish with a question to LARA
3 because I don't know if they have spoken to the
4 Department of Education about all 10,000 or so counselors
5 that will not be able to repay their student loans as
6 myself because of a lack of charge.

7 SUZANNE MEINKE: Good morning. Thank you for
8 the opportunity to speak. My name is Suzanne Meinke,
9 S-U-Z-A-N-N-E, M-E-I-N-K-E. I'm here representing myself
10 and my private practice, Meaningful Connections
11 Counseling from Kalamazoo, Michigan.

12 As an LPC, a licensed marriage family
13 therapist, a certified advanced alcohol and drug
14 counselor, and a nationally certified counselor I've
15 treated hundreds of individuals, perhaps more. Just
16 thinking about how many of these folks have canceled
17 their day today so that they could be here and stand up
18 for ourselves and our clients, probably hundreds, maybe
19 thousands of sessions canceled just today, sessions that
20 woer rescheduling for tonight into the late hours, for
21 this weekend, into next week, and taxing ourselves to be
22 there for our client.

23 We are well-trained. We are well-educated. I
24 personally train many LLPCs, I have many on staff,
25 students as well at the end of their Master's degree. I

1 know that these individuals are prepared and they are
2 doing amazing work. We single-handily at times keep
3 people out of the hospital. We save lives every minute
4 of every day. The risk of us not being able to do what
5 we do by these proposed changes is detrimental to the
6 health and safety of Michigan without question.

7 Some of the populations that we serve that are
8 most at risk are first responders, police, fire, EMS. We
9 help folks with bipolar, people struggling with the pain
10 and despair of infertility, severe trauma survivors, and
11 at least one-third of our practice is adolescents and
12 children. The students that we train go into the
13 schools, and some of our LPCs as well, and meet children
14 at the school because their parents would be unable to
15 provide them transportation to services. We help, we
16 make a huge difference, and we need to be able to do what
17 we do to continue to do this work. Thank you for your
18 time.

19 MS. DITSCHMAN: Just a reminder, if you came in
20 at 10:10 do not come up here yet. I'm moving all way to
21 the back. We'll come back and pick you up if your line
22 is called. But if you came in after the first break do
23 not get up to speak yet, please.

24 MONICA MICHAEL: Hello. I am Monica Michael.
25 My name is spelled M-O-N-I-C-A, M-I-C-H-A-E-L. I'm a

1 professional counselor for ten years in private practice
2 and a sole wage earner for my family. But I want to talk
3 about something different. I want to say this is already
4 been a e-mail submitted, so just a couple excerpts.

5 It's incomprehensible to me why my state's
6 licensing body would entertain a policy change that would
7 leave so many in the dual-sided relationship of
8 counselor-counselee stranded. I see LARA's proposed
9 changes as an aggressive act against a whole category of
10 mental health provider. Neither research nor practice
11 supports this kind of sweeping change that are being
12 proposed. The residents of Michigan have been receiving
13 quality care by LPCs for over 30 years under the current
14 regulations.

15 One second. When LPCs were granted their
16 license to practice they legally crossed over from the
17 category of layperson to professional. As such, they
18 will spend the rest of their lives liable to the
19 professional standards and responsibilities of their
20 ethics boards. To strip them of the ability to earn a
21 professional wage is a onerous thing. I urge you to
22 postpone the proposed LARA rules changes and let HB4325
23 take care of the needed updating of language.

24 ANTHONY MULLER: My name is Anthony Muller,
25 A-N-T-H-O-N-Y, M-U-L-L-E-R, and I have worked in the

1 behavioral health field for 23 years. I'm the director
2 of clinical and business development for a large
3 nonprofit organization called Wedgwood Christian
4 Services. I also have a document here.

5 I'm a well-respected member of the behavioral
6 health field. I sit on State subcommittees with the
7 Office of Recovery Oriented Systems of Care. Within the
8 past five years I have lead the creation and development
9 of substance abuse treatment programs in ten different
10 counties; Kent, Allegan, Muskegon, Ottawa, Newaygo,
11 Osceola, Mecosta, Montcalm, Ionia, and soon to be
12 starting Eaton.

13 In the last year, in response to the public
14 health crisis of the opioid epidemic I have created and
15 opened Suboxone clinics, one in Ottawa and one in Ionia.
16 There's five other programs I've started up in the last
17 five years and I'll skip those.

18 Programs I designed have won awards. In 2002
19 the program I designed won innovative of the year for
20 intensive outpatient program for adolescent substance
21 abuse. In 2019 in February we were also recognized as a
22 national program of the year at a conference in Colorado.
23 In the past, I'm a state-wide and national and
24 international trainer. In the past year I've led
25 trainings for Detroit Wayne Mental Health Authority, CMH

1 Partnership for Southeast Michigan, for Southwest
2 Michigan Behavior Health and the Lakeshore Regional
3 Entity, also for Michigan State University, I keynoted
4 the juvenile justice 2020 conference and many others.

5 At those trainings I trained LPCs, MSWs, LLPs
6 and LPs. People do not attend because of book knowledge
7 because the knowledge is learned through my ability to
8 assess and diagnose clients and implement counseling
9 techniques.

10 At Wedgwood I lead a team of 60; 16 of them are
11 LPCs and I am an LPC. My competency and value to the
12 field is not questioned by my peers. It is not
13 questioned by the Office of Recovery Oriented Systems of
14 Care, by directors of PHIPs, by directors of insurance
15 companies or CMHS, Judges or Court administration. This
16 is the only place in my state where my competence is
17 questioned.

18 I am one of 10,000 LPCs. I represent a
19 fraction of 1 percent of the valuable work being done.
20 LPCs matter. I humbly ask LARA to hold on the
21 implementation of its proposed new rules that would
22 impact these greatly needed services.

23 MICHAEL DALEY: My name is Michael Daley,
24 M-I-C-H-A-E-L, D-A-L-E-Y. I'm a licensed professional
25 counselor. I'm here today about great concerns about the

1 proposed rule changes which will impact the profession of
2 counseling in Michigan. I appeal to the LARA board not
3 to move forward with the rule changes without the current
4 House Bill 4325 in effect. Without careful consideration
5 an entire profession will literally be destroyed.

6 The Michigan Board of Counseling has voted
7 against the proposed LARA changes. The LARA changes will
8 repeal virtually all the rules that define the
9 counselor's scope of work under 338.1751. These rules
10 are, have been recognized as part of my scope of practice
11 since the passage of the licensed professional counselor
12 statute in 1989. Over 10,000 LPCs will be without a
13 profession if these rules will be adopted. And as a
14 conservative estimate, 150,000 current clients of
15 licensed professions will be abandoned.

16 I am in private practice with my wife for over
17 28 years in Rochester, Michigan who -- she's not able to
18 be here today because she is seeing clients in our
19 office. I'm also credentialed with Military One Source
20 as a mental health provider who can diagnose, treat,
21 plan, and crisis planning for service personnel and their
22 families, and I'm honored and privileged to serve not
23 only those members of the Armed Forces, but the Michigan
24 National Guard active and reservists, and the U.S. Border
25 Patrol officers and their families.

1 I am closing with this comment from my wife in
2 quotation. The proposed rule changes without the House
3 Bill 4325 signed into law will place the population at
4 risk and prevent counselors from doing their work. Thank
5 you.

6 MATTHEW PIERSON: Thank you, LARA, for giving
7 me the opportunity to speak in front of you on behalf of
8 licensed professional counselors. My name is Matthew
9 Pierson, first name M-A-T-T-H-E-W, last name
10 P-I-E-R-S-O-N.

11 I would like to start off with the basics. I
12 oppose LARA's regulations that limit our scope of
13 practice to take away our rights to diagnose and perform
14 psychotherapy, and I strongly support House Bill 4325.
15 It is my wish that LARA rescinds these proposals that
16 affect our careers and the livelihoods of our clients and
17 wait for House Bill 4325 to be law of the land.

18 I am a proud LPC, a proud graduate from Wayne
19 State University, as well as a certified alcohol,
20 certified advanced alcohol and drug counselor. As you
21 know, with that being said, I passed numerous exams that
22 cover diagnostics and psychotherapy.

23 It is my request that I ask LARA to do their
24 job to protect us and to protect our clients. There's
25 nothing redundant that can be said about the opioid

1 crisis and the suicide rates around here. The proposed
2 changes are unethical and will just put us at risk of a
3 mental health crisis. There's probably no point of
4 return if these proposed changes pass through.

5 So, I do ask LARA to please do the right thing,
6 do the ethical thing. Please do not affect our scope of
7 practice, and please do not affect the livelihoods of our
8 clients because I am here for them. Thank you again.

9 MARK PHELPS: My name is Mark Phelps, M-A-R-K,
10 P-H-E-L-P-S. My life was saved by an LPC. I won't get
11 into the details. His name was David Thomas, God rest
12 his soul. And I can feel his spirit here today.

13 I am not an LPC. I'm a marriage and family
14 therapist. And I stand with these colleagues, these
15 allies, these brothers and sisters of mine as we face the
16 challenges of addressing mental health in Michigan
17 because there is no health without mental health. There
18 is no health without mental health.

19 I wish that the board members were here because
20 what they'd be seeing is not just people commenting on a
21 rule, they would be seeing a bunch of people standing up
22 and saying wait a minute, if this goes into effect you're
23 going to have not just a mental health problem, not just
24 an employment problem, not just a financial problem.
25 You're looking at a cascading mental health, no, excuse

1 me, a cascading health crisis if this happens because
2 there is no health without mental health.

3 At Samaritan Marriage Counseling Center, of
4 which I am the executive director, 27 percent of our
5 clients are seen by LPCs. Imagine if 27 percent of, I
6 don't know, say the fresh water in Michigan were suddenly
7 unavailable because of some rule would that cascade into
8 the rest of life? It would. We are going to cut off --
9 and if 27 percent is any indication of what would happen
10 outside of my practice then we're talking about a lot of
11 people who would be cut off from something they
12 desperately need.

13 This is a tremendous mistake. There is no
14 health without mental health. And I would implore the
15 LARA board to pause this, to hit the pause button until
16 HB4325 is passed. Thank you.

17 KAYLA THRUSHMAN: Hi. Thank you for allowing
18 me to speak. My name is Kayla Thrushman, K-A-Y-L-A,
19 T-H-R-U-S-H-M-A-N. I'm an LPC and work at a private
20 practice called Willows Edge. I wanted to offer a
21 different perspective and tell you why I received my
22 degree in counseling in the first place.

23 I'm from Lake Orion, a small Metro Detroit
24 town, I've always had a passion for helping others in my
25 community. Beginning in 2006 in the span of a less than

1 10 years I lost 13 friends and classmates to suicide with
2 little to no warning. These were people I grew up with,
3 went to school with, worked with, even participated in
4 Girl Scouts with. I've been to more funerals than I can
5 count, and I witnessed firsthand what devastation, loss,
6 mental illness and tragedy look like.

7 This horrible loss is really what motivated and
8 inspired me to want to become a counselor, to help young
9 people like my friends, who were obviously struggling but
10 probably thought that they had nowhere to turn to. I
11 wanted to positively impact my community and be a person
12 young people with anxiety and depression could turn to
13 for support, which is why I went to college for eight
14 years in a row, never taking a break, and graduated with
15 my Master's degree at Wayne State at the age of 25 so
16 that I could get right to work helping people and
17 hopefully saving lives.

18 For the last five years I've been working at a
19 private practice called Willows Edge consisting of eight
20 LLPCs and LPCs. They are expected to have 5,000 sessions
21 this year and have over 300 active clients spread over
22 two locations. Our outreach covers approximately six
23 other townships. And I personally treat 48 active
24 clients. And I have counseled 74 clients and their
25 families in the past five years. Many of my clients are

1 adolescents who showed up with symptoms of depression and
2 anxiety, including trauma, suicidal ideation, and the
3 history of self-harm behavior and suicide attempts, and
4 they rely on me for support.

5 I ask that you reconsider allowing LARA's
6 proposed rules changes to take place that affect LPCs'
7 practice, or at least take more time to offer alternative
8 options for LPCs. I'm asking that you look at the
9 situation from our perspective. It is our job as
10 counselors to see and understand the perspective of
11 others, and we are damn good at what we do. It would be
12 irresponsible, careless and dangerous if the new scope of
13 practice were to go into effect, rendering our degrees
14 and licenses worthless if --

15 MR. MacINTOSH: Time.

16 THE WITNESS: Someone must be held accountable
17 for the damage to hundreds of thousands of people.

18 SYDNEY TREMONT: Hi. My name is Sydney,
19 S-Y-D-N-E-Y, Tremont, T-R-E-M-O-N-T. I am here today to
20 advocate for the passing of HB4325 and to immediately
21 reject the proposed rule change by LARA R338.1751. I am
22 a graduate of the Master's program at Wayne State
23 University in counseling and art therapy, and currently
24 I'm a licensed professional counselor and registered art
25 therapist in the State of Michigan.

1 It is upsetting and appalling that such a gross
2 violation of mental health needs is being proposed by
3 LARA. The number of lives, both as clients as
4 professionals, that would be devastated to this proposed
5 rule change is incomprehensible. How does the community
6 plan to handle the displacement of 150,000 clients seen
7 by 10,000 LPCs?

8 Part of my job is to sit with a person and
9 listen, to quietly observe their movements, dress manners
10 of speaking, thought processes, emotional responses, and
11 affect. I build a safe, non-biased atmosphere so that
12 when a child tells me that physical or sexual harm is
13 occurring I can report it and provide care. How will
14 LARA's proposed change impact the number of children who
15 will go without care? The number of people seeking
16 rehabilitation for drugs and alcohol who will go without
17 care? People struggling with psychosis, grief, anxiety
18 and depression can go without care? Who will provide
19 these spaces for people? And how will the lack of these
20 spaces impact our communities?

21 Not only will this proposed rule change impact
22 my clients, it will impact me. I have spent upwards of
23 \$100,000 on my graduate education, NCE testing, LLPC and
24 LPC licensing. I spent hours away from my children, my
25 husband and friends in pursuant of an education and

1 career to provide for people that I love. I made these
2 sacrifices intentionally to secure a future for myself
3 and family. If my profession is exterminated how will I
4 pay for housing and food for my family? How will I
5 continue to contribute fiscally to my community? What
6 will this proposed rule change do to our economic
7 climate?

8 JACQUELINE PARADISE: My name is Jacqueline,
9 J-A-C-Q-U-E-L-I-N-E, C. Paradise, P-A-R-A-D-I-S-E. At
10 the age of nine my son was diagnosed with anxiety and
11 panic disorder. He was immediately given drugs, which
12 only created more issues and did nothing to help him cope
13 with everyday life. For the next ten years of his short
14 life it was prescription after prescription and diagnosis
15 after diagnosis in an effort to hide the problems with
16 the right drugs.

17 We need more counselors who have the time and
18 ability to diagnose and identify the problem and help the
19 individual create coping skills to deal with their
20 issues. Prescription drugs are fine as a last resort,
21 not as the first course of action.

22 At a time we need mental health professionals
23 the most please don't jeopardize the careers of thousands
24 of counselors and leave thousands more without the help
25 they desperately need. I urge you to support House Bill

1 4325, which would strengthen the mental health counseling
2 profession and negate the need for LARA's rule changes
3 under R338.1751. Thank you.

4 LINDI JOHNSTON: Hi. My name is Lyndi
5 Johnston, L-Y-N-D-I, J-O-H-N-S-T-O-N. I'm a licensed
6 professional counselor living and working in the City of
7 Detroit. I have a private practice where I specialize in
8 working in the field of sexual health. I work with
9 individuals and couples. Many of my clients identify as
10 lesbian, gay, bisexual, trans or queer, and most live in
11 the City of Detroit, which, like the rest of the state,
12 suffers from a shortage of mental health professionals.
13 I currently have a waiting list of clients who want to
14 see me for therapy.

15 I graduated with my Master's degree in
16 counseling psychology from Lewis & Clark College in
17 Portland, Oregon in 2005. I was trained extensively in
18 diagnosis and treatment of mental health disorders. I
19 did an internship where I trained as a mental health
20 clinician. My entire education was focused on diagnosis
21 and treatment of mental health concerns. I've worked in
22 the field since then in different settings; in healthy
23 violent shelters, hospitals, hospital ERs, and most
24 recently in my private practice.

25 I've been a licensed professional counselor

1 since 2011, first in Oregon and now in Michigan. I have
2 additional training in sexual health through a year-long
3 sexual health certificate program at the University of
4 Michigan.

5 Overwhelmingly, the feedback I get from clients
6 is we are so glad we found you. While there are other
7 LGBTQ-affirming therapists who specialize in sexual
8 health in Detroit, they are also full and have waiting
9 lists themselves. This rule change that LARA is
10 considering will only make the shortage of therapists a
11 larger problem, and it's especially troubling for my
12 clients who are part of a very large population.

13 While I am very concerned about my clients'
14 with-being I'm also concerned about myself as a small
15 business owner. I'm the main income producer in my
16 family and I'm not sure how I will sustain my career and
17 business without the ability to diagnose and treat mental
18 health conditions. Again, this is what I'm trained to
19 do.

20 I'm here to encourage the LARA board to wait on
21 implementing the proposed rule changes. The solution
22 that meets both LARA's need and LPCs' need is the House
23 Bill 4325. Thank you.

24 HOLLY RHODE: Hello. My name is Holly Rhode,
25 H-O-L-L-Y, R-H-O-D-E. I'm here representing the National

1 Alliance of Mental Illness, NAMI Michigan. I'm the
2 president of the Board of Directors. NAMI happens to be
3 an organization that's the nation's largest grassroots
4 organization working to improve the lives of those living
5 with mental illness. And I'm here today representing a
6 large footprint in Michigan that opposes LARA's changes
7 in the scope of practice for licensed professional
8 counselors. It's our belief that we want to see access
9 to care widened and care improved for those living with
10 mental illness, and that this bill does quite the
11 opposite, so we oppose the changes.

12 My brother has schizophrenia, and my family
13 would gladly tell you that we've been through some very
14 dark times. NAMI understands and is made up of many
15 people that have experienced the same thing. And we
16 understand this gentle delicate balance that takes,
17 focuses mental illness to a place of recovery. We
18 respect that. And we do not want to see relationships
19 with therapists terminated over regulation.

20 Additionally, our pulse of the mental health
21 network here in Michigan tells us this would be
22 detrimental to a lot of agencies, and so, we urge LARA to
23 pump the brakes on their regulatory changes. Thank you.

24 KODA HAYNES: Hello. My name is Koda Haynes,
25 K-O-D-A, H-A-Y-N-E-S. And I'm here to talk to you today

1 because I'm not talking as an LPC. I'm talking as a
2 parent of a 13-year-old autistic son who just spent
3 almost three hours yesterday crying and having a complete
4 meltdown, finding out he might lose his therapist of six
5 years, the therapist who has helped him not only be able
6 to take all general ed classes for the first time and be
7 prepared for high school, who I can go out in public now
8 and he's not having a meltdown because there's too many
9 people.

10 He understands his triggers. He is learning
11 how to communicate. And you're wanting to take away
12 something that ultimately will not only destroy him, it
13 will destroy the relationship I have with him. It will
14 destroy his school education because he will not be able
15 to learn how to continue to function. And he will
16 regress.

17 So, I am hoping that you will think about this
18 and remember that it's not just a staffing. There are
19 people that will be detrimental to their health, their
20 lives. Thank you.

21 JENNIFER BLOUGH: Hi. My name is Jennifer
22 Blough, J-E-N-N-I-F-E-R, B, as in boy, L-O-U-G-H. I am
23 the owner of Deep Water Counseling and I am an LPC. I
24 employ nine counselors. We have a waiting list of at
25 least 30 people. I cannot bring on counselors fast

1 enough. And I think I speak for every person in this
2 room, every person outside, what an honor it is to sit
3 across from a client who's about to graduate and hear
4 them say to you you saved my life.

5 And I want to tell you really briefly why I am
6 qualified, why all these people are qualified to save
7 lives. I went to school in California. I got my
8 Master's degree, with distinction I might add. I have a
9 specialization in marriage and family therapy, as well as
10 professional clinical counseling. Besides my graduate
11 program I had a thousand hours of practicum in
12 internships, seeing clients. Then I came back to
13 Michigan and had 3,000 additional hours seeing clients.
14 I have postgraduate certifications in supervision, grief
15 and loss, compassion fatigue, and trauma.

16 I can't fathom what I will say to my clients if
17 I can no longer see them. When my client says I'm
18 currently suicidal, I'm depressed, you are the one thing
19 that's keeping me going I don't know how I'm to tell them
20 that I will no longer be able to see them.

21 So, like look my colleagues, I just ask you to
22 please, please support HB4325. Thank you.

23 ROBIN PADILLA: Hi. My name is Robin Padilla.
24 R-O-B-I-N, P-A-D-I-L-L-A. And I am a licensed
25 professional counselor.

1 I'd like to add to my comments in support of
2 the colleagues that have spoke today in the form of our
3 ethical duty. Based on the ACA code of ethics I'd like
4 to speak to a few specific ACA codes. A.4A, avoiding
5 harm. Counselors act to avoid harming their clients.
6 LARA's proposed changes will, in fact, cause us to
7 violate this code, as it is evidently clear that by, in
8 effect, prohibiting ourselves from being able to continue
9 to counsel our clients would affect counselors into a
10 position of causing harm to our clients, in some cases
11 creating such harm as to create the further trauma in a
12 client's live.

13 Which leads to Code A11C, appropriate
14 termination. Due to the speed and narrow time constraint
15 that LARA's proposed changes are to be made, appropriate
16 termination is not something that we will be able to
17 ethically do without most clients feeling abandoned.

18 This then also leads to Code A12, abandonment
19 and neglect. Counselors do not abandon or neglect
20 clients in counseling. Not only will we be violating
21 this code by forced to abandon clients, but as a result
22 of the shortage that already exists in the State of
23 Michigan our clients will truly have nowhere to go.

24 Finally, Code C2E, consultations on ethical
25 obligations. Counselors take reasonable steps to consult

1 with other counselors, the ACA ethics and professional
2 standard departments, or related provisions when they
3 have questions regarding their ethical obligations or
4 professional practice.

5 Following my code of ethics, as I have been
6 thoroughly trained to do, I am here today and I have
7 questions. How is it possible then that the very code of
8 ethics that, if we were in any way to violate, would mean
9 the loss of our professional license, that is now the
10 proposed changes by LARA would, in fact, cause us to
11 violate these same code of ethics.

12 How is conscionable that neither 150,000
13 patients be suddenly left without treatment and no clear
14 way of receiving or affording treatment elsewhere? And
15 how is it that the State of Michigan claims that it's
16 trying to attract and build more jobs is in a position to
17 actually wipe out tens of thousands of jobs in one field
18 that has already got a shortage?

19 AMY SZARAZ: Good morning. Thank you for
20 allowing me to speak. My name is Amy Szaraz,
21 S-Z-A-R-A-Z. I graduated in 1995 with my professional
22 counselor degree from Central Michigan University.

23 It was the regulatory impact statement that
24 allowed LARA to advance on this path of changing the
25 scope of practice for 10,000 plus licensed professional

1 counselors in Michigan, LARA's proposed rules change of
2 LPC's scope of practice so severely that immediately upon
3 implementation of the proposed rules any LPC whose job
4 depends on the ability to diagnose and provide
5 psychotherapy services will be immediately unable legally
6 to do their job. This includes any LPC working in a
7 prison, an emergency room, or substance abuse recovery
8 center.

9 The regulatory impact statement states at least
10 nine times that small businesses will not be affected by
11 the rules changes economically or otherwise, and that
12 it's only licensees that be affected by the proposed rule
13 changes, there is no expected significant impact on job
14 elimination because of the rules, Mr. MacIntosh wrote.

15 I would like to inform you that hundreds, if
16 not thousands, of small businesses will be severely
17 damaged or forced to close entirely if LARA's rules
18 changes are implemented before House Bill 4325 is signed
19 by the governor.

20 LARA also states that the department has no way
21 of knowing how many small businesses will be affected
22 because they do not have access to that kind of data.
23 How can that possibly be true when LARA has an e-mail
24 address and professional disclosure statement for every
25 licensee. And if LARA had even e-mailed a thousand

1 licensees and asked how the licensees' place of
2 employment would be affected by LARA's proposed rules you
3 would have access to the kind of data that nearly
4 100 percent of business where LPCs are employed would be
5 debilitated or have to close. Hospitals, prisons,
6 Community Mental Health, and more would be severely
7 debilitated. Lastly --

8 MR. MacINTOSH: Time.

9 MS. DITSCHMAN: We're going to -- thank you.
10 You want to submit your --

11 AMY SZARAZ: Yes, I will submit it with the
12 report and I would like to request that you --

13 MS. DITSCHMAN: We're going to take a break.
14 The good news is that you can leave the room. You can go
15 use the restroom. We're going to take a quick 20-minute
16 break for lunch, and you can't leave the building,
17 though, because if you do there are other people waiting
18 to get in, you won't be allowed back in, so you're at the
19 end of the line.

20 Just a second. When you do come back in please
21 take the same seat so you're not getting in front of
22 someone else to speak. And you had a question about
23 taking cards? No, you don't need the card as proof. Is
24 that correct, Kerry?

25 MS. PRZYBYLO: Right.

1 MS. DITSCHMAN: And if you want to submit the
2 card of comments again you can do that. Let's do it
3 right up here. But if you leave your card I can't say it
4 will be there when come back, so you may just want to
5 keep it on you. Any other questions, any other comment,
6 Kerry? Okay. Twenty minutes.

7 (Short recess had from 12:06 PM to 12:32 PM.)

8 ANGIE LANDRUM: I am Angie Landrum. I am
9 representing myself and my business, a Brighter Tomorrow
10 Counseling. I am an LPC. I am also a Board certified
11 telemental health and I'm also clinical military
12 counselor certified. I have my own practice in
13 Coldwater, and I've had it for about seven years.

14 I work with -- I am contracted with Child
15 Protective Services and foster care. I work with
16 children, children and adults. I work with kids who have
17 been traumatized. I work with kids who have been removed
18 from their parents. Some of them have been in multiple
19 foster homes and residential homes. They suffer from
20 abandonment, rejection, trust. They have behavioral
21 problems, PTSD, low self-esteem.

22 I am recognized by the Branch County Court as
23 an expert for neglect and abuse. I also extensively work
24 with child sexual abuse. Children, the child sexual
25 abuse stats is one in three girls and one in six boys

1 will be abused by their 18th birthday.

2 I also work with the general public. I work
3 with suicide. I work with depression, anxiety. I'm
4 concerned for these children. I'm concerned for my
5 clientele. These kids, you have to build a trusting
6 relationship with them. And if you -- they don't want
7 somebody else. It takes a while to even build that
8 relationship to where they'll even talk to you. And now
9 we're going to abandon them, which is against our code of
10 ethics.

11 So, I'm asking that you put this on hold and
12 that you wait for Bill 4325 to pass. There are like
13 13,000 children in foster care, and I don't even think
14 that's counting the ones in the CPS system. I do not
15 work outside of my scope. I don't do testing.

16 ERIKA ALEXANDER: Hello. My name is Erika
17 Alexander, E-R-I-K-A, A-L-E-X-A-N-D-E-R. And I'm a
18 licensed professional counselor, having earned my
19 Master's degree from Oakland University 20 years ago. In
20 addition to my Master's degree I hold postgraduate
21 certification in advanced alcohol and drug counseling and
22 I'm a certified clinical supervisor.

23 The proposed LARA rules changes specific to
24 techniques and diagnosis seek to eliminate my ability to
25 practice what I have been trained to do. Moving

1 diagnosis and counseling techniques to the education
2 section alone will prevent Michigan LPCs and LLPCs from
3 operating a business. I am terrified for the individuals
4 and families currently being seen by LPCs and LLPCs who
5 will find themselves suddenly without counselors should
6 the LARA rules go in effect.

7 I have worked for the past 19 years at a
8 private nonprofit agency which provided counseling
9 services to more than 2,000 children and adults in the
10 last year alone. If the proposed rules are adopted more
11 than 1,000 individuals will go without treatment as LPCs
12 make up half of our clinical staff.

13 Our agency, like many across the state, treats
14 vulnerable individuals, trauma survivors, foster
15 children, parolees and probationers, veterans, domestic
16 violence victims, people suffering from addiction and
17 mental health disorders. We do so in a state-wide market
18 that is void of an adequate workforce to begin with,
19 including LPCs and LLPs. But my agency is only one
20 organization.

21 All clients being seen by an LPC or LLPC across
22 the state will be impacted greatly by the loss of their
23 therapist should these rules be adopted. There is no
24 reason to prohibit the working men and women in the
25 counseling profession from doing the work they've been

1 trained to do. Thank you.

2 THOMAS KLEIN: Hello, and thank you for
3 allowing me the opportunity to speak today. My name is
4 Thomas Klein, T-H-O-M-A-S, K-L-E-I-N. And I'm a licensed
5 professional counselor and a nationally certified
6 counselor.

7 In my time as a counselor I've worked with
8 people suffering in the grip of the opioid crisis, people
9 who have wanted to complete suicide, couples on the brink
10 of divorce, and children who have been bullied so badly
11 they are thinking about bringing a gun to school. I have
12 also worked with parolees and probationers integrating
13 into society who have been convicted of domestic violence
14 and criminal sexual conduct. In many of these cases I
15 see myself as one of a select few people who is qualified
16 and willing to do this work. The schooling I received at
17 Oakland University gave me the skills I need to be able
18 to accurately diagnose these clients and to take steps I
19 need to build rapport.

20 I'd like to focus on the treatment of sexual
21 abusers. The Department of Corrections made sure that I
22 am qualified to do this work with additional training in
23 diagnosis and assessment. At one point there were only
24 88 of us working in this program, and I was solely
25 responsible for St. Clair, Huron, Sanilac, Tuscola,

1 Saginaw, Genesee, Shiawassee, and Livingston Counties.
2 This work has given me purpose I have not known in
3 previous jobs. And I know there are less victims of gun
4 violence, domestic violence and sexual assault because
5 I'm able to do what to do.

6 I'm here today to ask you to help me work to
7 make Michigan safe for all of us. I'm not here to ask
8 for an expansion or even a change to our scope of
9 practice. I have no interest in that at all. I'm here
10 asking for preservation of the scope of practice that has
11 been implied and implemented precedent for 30 years.

12 I'm asking that I be able to continue to
13 provide for my family and to continue allowing me to help
14 the 62 clients I currently serve and, thereby, their
15 families, friends and countless others. Please consider,
16 reconsider your changes and allow House Bill 4325 the
17 opportunity to pass. Thank you.

18 ANNA KLEIN: Hello. Am I loud enough? Thanks.
19 My name is Anna Klein. Thomas is my husband. My name is
20 spelled A-N-N-A, K-L-E-I-N. I am a registered nurse here
21 in support of LPCs. I'm a labor and delivery nurse. I
22 work with women and mothers in some of the happiest and
23 saddest times of their life. One in seven women
24 experience perinatal mood disorders during the pregnancy
25 and postpartum period.

1 If this bill change passes, if LARA's proposed
2 changes take effect mother and infant morbidity and
3 mortality will see a huge increase in the State of
4 Michigan. Please reconsider. Thank you.

5 SCOTT ADAMS: Hello. My name is Scott Adams,
6 S-C-O-T-T, A-D-A-M-S. I'm an LPC and I'm also an Air
7 Force veteran. I have a Master's in counseling from
8 Eastern Michigan University, which is a CACREP accredited
9 program. I am also a nationally Board certified
10 counselor.

11 As a veteran I have an insight into what
12 veterans experience that differs from many in the
13 population. I am well-aware of the amount of men and
14 women who have served our country in these counseling
15 services. When the response to a veteran is they can go
16 to the VA there's a part of them that don't understand
17 the shame dealing with the need veterans. I have had
18 many veterans that I've worked with tell me that because
19 I am a veteran and that I work outside of the VA they
20 feel more comfortable talking with me.

21 We are all aware of the high number of veteran
22 suicides and how crucial not just access to mental health
23 therapy is but therapeutic rapport. Therapeutic rapport
24 is something that would be greatly damaged if LARA's
25 proposals go through. As we have heard, we have many

1 mental health crises in the state, from suicide, opioid
2 addiction, to veteran suicide.

3 Along with veterans I work with refugees from
4 around the world, along with clients from many different
5 backgrounds. My goal and hope is to continue to provide
6 my brothers and sisters who have served our country the
7 counseling services that they need and require, along
8 with all my other clients.

9 I want to end asking one simple question.
10 Where is LARA? Where are other people who are intent on
11 destroying our ability to practice, and are they willing
12 to accept the responsibility for the mental health,
13 trauma and abandonment that their decision will cause?
14 I'd like them to speak up if they'd like to talk. Thank
15 you very much.

16 ADAM HAMILTON: Hello. My name is Adam
17 Hamilton, A-D-A-M, H-A-M-I-L-T-O-N. I'm here
18 representing Oakland Community Health Network, which is
19 the prepaid inpatient health plan, and CMH in Oakland
20 County, Michigan. Oakland Community Health Network and
21 its staff provide a network, touches the lives of
22 approximately 27,000 people annually. It's estimated
23 that 25 to 30 percent of the public mental health system
24 workforce is comprised of LPCs. LPCs working across our
25 system work in harmony every day with practitioners of

1 other disciplines. OCHN opposes the implementation of
2 this rule, supports the passage of House Bill 4352.

3 Thank you.

4 LAURIE RUDOLPH: Hi. Thanks for letting me
5 speak. My name is Laurie Rudolph, L-A-U-R-I-E,
6 R-U-D-O-L-P-H. I am a licensed professional counselor, a
7 certified advanced alcohol and drug counselor, and a
8 national certified counselor, and a certified trauma
9 specialist.

10 I'm a veteran, I'm a private practice owner,
11 and I'm a widow of a 100 percent disabled veteran who had
12 100 percent PTSD. I've worked for 14 years as a
13 therapist. I started in a victory clinic, a Methadone
14 facility, and then I started my private practice, which
15 I've had since 2013.

16 I now work six days per week from 9:00 a.m. to
17 9:00 p.m. to handle my caseload. I see veterans. I see
18 people who have addiction, people in Drug Court, Sobriety
19 Court, trauma victims, including children, people with
20 suicide ideation and PTSD. I want to know who, what
21 licensed psychologist, psychiatrist, who is going to work
22 the way that I do to provide for my clients. I am there
23 when they need to call me. I'm there when they need to
24 meet with me. I don't know who. Maybe 10:00 a.m. to
25 4:00 p.m. isn't going to work. Irregardless, my clients

1 will be abandoned if you implement these LARA
2 regulations. Thank you.

3 MR. MacINTOSH: We're going to pause the
4 counseling rules for a second. We have two folks who are
5 going to speak to the engineer's rules.

6 JAMES McLAUGHLIN: Thank you, Madam Chairman.
7 I'm thoroughly chilled, but my voice is still working. I
8 do have some written comments.

9 I'm James McLaughlin. I am associate counsel
10 for Kettering University. I'm also a PE. I'm also a
11 patent attorney. And I'm speaking about the, as we see
12 it, deficiency in the continuing education requirements
13 for people who are particularly in academia who did
14 research and are not civil engineers necessarily. I have
15 submitted to the good lady here some written suggestions
16 on augmenting the rules, particularly in continuing
17 education.

18 What we do is research. What we do is high end
19 things. And the rules as proposed and is as existing
20 make it very difficult for us to appear to satisfy the
21 rules. But, of course, we're continually doing that kind
22 of thing. Again, I warmly encourage the passing of the
23 written materials on down the chain.

24 And I note that we had no inkling that we
25 should be here at 9:00 o'clock, no inkling at all. And

1 I'm sorry to have interrupted the flow of things. These
2 good people out here have been so civil. This is the way
3 the constitution intended petitioning the government.
4 There's no flattery in that. Thank you kindly.

5 And next is our dean of engineering who wants
6 to tell you some more of the things that are not covered
7 by the present rules.

8 CRAIG HOFF: Hi. I'm Dr. Craig Hoff, the Dean
9 of engineering at Kettering University, and I'm
10 representing 12 faculty members who are mechanical and
11 electrical engineers, and the issue is the requirements
12 for continuing education.

13 While this is a really important thing and that
14 we need to have this done, the rules as they are written
15 right now doesn't really cover our particular
16 circumstance. So, as an automotive engineer I would want
17 to take classes through the Society of Automotive
18 Engineers. As the rule is written I couldn't do that for
19 continuing education credit. Instead, the offerings are
20 through professional engineering organizations which are
21 geared toward civil engineers. And I would just like to
22 broaden what those options are.

23 The other thought is as an engineering
24 researcher we are actually developing the knowledge
25 that's going to be passed down through future continuing

1 education courses. Right now I'm working in the area of
2 connected and autonomous vehicles. So, cars are going to
3 be different. And you can't go take a class on this
4 stuff. But I'm working on writing the rules and writing
5 the education. And there ought to be a way to better get
6 recognized for that as staying current in the discipline.
7 So, with that, that's my comments. Thank you very much.

8 MS. DITSCHMAN: So, we're going back to
9 counseling rules.

10 KEITH MATTHEWS: My name is Keith Matthews.
11 K-E-I-T-H, M-A-T-T-H-E-W-S. I'm a licensed professional
12 counselor in Michigan. I have my own practice. I work
13 primarily with single parents and their families. And
14 with any war those in the military know you have to have
15 BOG, boots on ground, and that's what LPCs are. We're
16 the front line. Without intelligence you can't win a
17 war.

18 I have a student/client that I was informed
19 that threatened to kill a teacher. When I went to the
20 school and asked about it the teacher told me she was
21 told not to make waves. Now, I'm obligated to report it.
22 Once I reported it we had a school hearing. At that
23 school hearing seven different teachers had statements
24 that this young man threatened to shoot and kill them.
25 It was not reported. I had to report it to the board. I

1 had to report it to the office. Without front line
2 soldiers, LPCs, the mental health war is lost.

3 ANTOINETTE MALLETT: Hello. My name is
4 Antoinette Mallett, A-N-T-O-I-N-E-T-T-E, Mallett,
5 M-A-L-L-E-T-T.

6 In looking at the regulatory impact statement
7 and cost benefit analysis form that was approved for us
8 to even get to this proposition hearing today there are a
9 few discrepancies that shouldn't have passed, that should
10 have been more closely reviewed. These include Question
11 Number 8, describe how the proposed rules protect the
12 health, safety and welfare of Michigan citizens while
13 promoting a regulatory environment in Michigan that is
14 the least burdensome alternative for those required to
15 comply. LARA's answer that the proposed rules supply a
16 regulatory mechanism for the practice of counseling. So,
17 to protect the health, safety and welfare of Michigan
18 citizens.

19 And they also said that this is important to
20 the members of the profession to adhere to the education
21 and professional standards. However, all counselors in
22 the State of Michigan programs have a requirement of
23 classes that are already now listed and clarified in the
24 educational section of the new LARA changes. Therefore,
25 counselors are practicing within our scope of practice,

1 including diagnosis, which is in all counseling programs
2 in the State of Michigan, as well as psychotherapy
3 techniques in which LARA is saying has been misread.

4 Also, the changes will negatively affect over
5 150,000, if not more, citizens who are directly receiving
6 these services through LPCs and which is within our scope
7 of practice, verbatim, our education. Our scope of
8 practice is based on what we are trained to do based on
9 our education.

10 There has been already small business being
11 addressed, but I also want to address mainly Question 32
12 and 33, which is how the proposed rule will impact
13 business growth and job creation in Michigan, as well as
14 disproportionately affect the rules of the industrial
15 sector, segment of the public, business size, or
16 geographic location.

17 MS. DITSCHMAN: Time. Thank you.

18 JAMES HANSEN: Hi. My name is Dr. James
19 Hansen, H-A-N-S-E-N. I have a specialized perspective on
20 this issue that is informed by my relatively unique
21 professional. I'm a counselor and a psychologist.
22 Specifically, I'm a licensed professional counselor, a
23 fully licensed psychologist, have a Ph.D. in clinical
24 psychology, and have been working as a professor in the
25 department of counseling for nearly 25 years.

1 My consistent observation throughout my career
2 has been that there is no difference between the ability
3 of counselors and psychologists to diagnose and implement
4 counseling techniques. In fact, in many cases I have
5 observed that counselors have superior abilities in these
6 areas. My observation should not be surprising given
7 that counselors receive extensive training in counseling
8 techniques and diagnosis.

9 Furthermore, research has consistently
10 demonstrated that there are no significant differences in
11 client outcomes as a function of professional discipline.
12 Therefore, there's no rational basis to change the
13 longstanding scope of practice for counselors.
14 Counselors diagnose and implement counseling techniques
15 at least as well as their colleagues in related fields
16 who have these privileges.

17 Like many others, I'm also concerned about the
18 devastating impact these changes would have on consumers
19 of mental health services. Counselors serve a large
20 portion of mental health clients in the State of
21 Michigan. Suicide rates are on the rise. Gun violence,
22 depression, anxiety, the opioid crisis, and substance
23 abuse are just a beginning list of the problems that
24 professional counselors work to alleviate on a daily
25 basis.

1 Furthermore, counselors tend to help people
2 from lower socioeconomic groups who may not have the
3 means to access help from other professionals. If the
4 proposed changes were implemented counselors would be
5 forced to stop providing the services and abandon their
6 existing clients. It is difficult to overstate the harm
7 this would cause the consumers of mental health services
8 and the State of Michigan as a whole. Thank you.

9 SEBI FISHTA: Hello. My name is Sebi Fishta.
10 I am a licensed provisional counselor and a national
11 certified counselor. I work as a counselor in a
12 community mental health setting assisting people with
13 severe and persistent mental illness. Additionally, I
14 work in private practice. I supervise LPCs. I am a
15 special lecturer at Oakland University as well as Ph.D.
16 candidate.

17 I thank you for this opportunity to speak here
18 with you in regard to the misguided new proposal to
19 change the rules for LPCs. The disappointing proposal
20 takes away the LPCs' and ultimately my abilities to
21 diagnose and provide psychotherapy techniques necessary
22 to serve the clients, essentially disabling me from
23 practice.

24 I work daily shoulder to shoulder with
25 psychiatrists, psychologists and social workers. At the

1 community mental health where I work 38.5 percent of
2 clients are served by LPCs and LLPCs. This agency
3 actively serves about 6,000 clients.

4 My clients suffer from schizophrenia, major
5 depressive disorder, bipolar disorders, anxiety, eating
6 disorders, et cetera. A good portion of clients on my
7 caseload started services due to thoughts of suicide.

8 I will go to the end. Dear honorable members
9 of this important licensing board, finally, I would like
10 to share with you my biggest dilemma. I don't even know
11 where and how to discharge all of my current clients. I
12 do not know how to explain to them what has happened.
13 And I can promise you this will be a total devastation to
14 their emotional and mental health recovery.

15 My recommendation to you is that we can keep
16 what is successfully in place. This is definitely --
17 there is definitely no room for all of us mental health
18 professionals to co-exist because the demand of such
19 services is so great.

20 MS. DITSCHMAN: So, I just want to remind
21 everybody. Sorry. I have a new job here. I'm working
22 the timer. I just wanted to remind everybody that just
23 came in that when come up you need to state your name and
24 then spell it for her so that she can get it right in the
25 record. We are keeping a record of today.

1 If you have written comments that you've
2 already submitted you don't need to submit them again.
3 If you want to submit written comments today and you
4 don't want to sit and wait to speak you can do that. You
5 can either do it on the card by putting your information
6 on the front and writing it on the back and dropping that
7 off up here, or you can just submit a letter with your
8 name on it, or you can wait to speak.

9 How we're -- once the comment goes into the
10 record we have that comment. If someone doesn't want to
11 wait to make the same comment again you don't have to do
12 that because once one comment is seen on that that
13 comment brings up that issue.

14 Just so that you know, we do work for LARA.
15 I've been asked multiple times. The director is not here
16 today. We are basically putting this into the record.
17 That's what we're here for today. So, if you see us busy
18 doing something else or doing the timer or not looking up
19 it's not that we're not paying attention. We don't have
20 to -- this is all going into the record. That's what we
21 review later. So, if you see us looking away it's not
22 that we're ignoring you for a few minutes. We're keeping
23 track of all the other stuff we need to do here.

24 You've been brought in, so that if you have
25 been in here since, before 10:10 you should be going

1 first. After that we're going to direct you as to how we
2 go through the, how you get to get up and make a comment.
3 If you have a card you'll be able to give the card over
4 there to staff and then you can come over to make a
5 statement. Make sure you have all the details.

6 If you try to leave the room I believe that you
7 won't get back in. I think they're still doing that.
8 Stephanie? They can't leave the room, right, at this
9 point?

10 STEPHANIE: I think it's fine. I think it's
11 fine. Keep track of your seat because we don't have more
12 people out there that we're letting in.

13 MS. DITSCHMAN: Okay. So, I can only answer
14 about logistics, not about the subject matter.

15 UNIDENTIFIED SPEAKER: So, when do the two
16 minutes start, when we say our names or after you type
17 that?

18 MS. DITSCHMAN: When you say your name is when
19 it begins. Yeah. And I'll let you know one minute and
20 I'll let you know please stop. So, we're trying to get
21 as many people. This does end at 5:00 o'clock today.

22 UNIDENTIFIED SPEAKER: So, this information
23 gets put on the record by you, and how is that
24 distributed? Do you get portions of it or do the rest of
25 the LARA read through all of these things?

1 MS. DITSCHMAN: So, there's a procedure,
2 there's a rule-making procedure. I'm not going to go
3 through all that right now, but the record does include
4 everything that is spoken here today and all of the
5 written comments are a part of our records.

6 UNIDENTIFIED SPEAKER: Who sees it?

7 MS. DITSCHMAN: I'm not going to go through
8 that today because you want to be able to speak. I don't
9 want to waste any more time. Some people have been here
10 since 8:00 o'clock. So, I'm going to keep going.

11 UNIDENTIFIED SPEAKER: Thank you.

12 MS. DITSCHMAN: So, on with the information.

13 CHELSEA RUMOHR: Okay. Good afternoon. My
14 name is Chelsea Rumohr. It's C-H-E-L-S-E-A, R-U-M-O-H-R.
15 I want to thank you for the opportunity to speak today.

16 I am currently pursuing a Master's in mental
17 health counseling at a CACREP accredited institution. My
18 journey into the field of counseling started in 2015 when
19 I was diagnosed with postpartum depression after the
20 birth of my daughter and diagnosed with postpartum
21 anxiety after the birth of my son in 2016. I struggled
22 with fear, isolation and suicidal thoughts because I
23 didn't believe I was good enough for my husband or my
24 three children. My counselor saw through the fog of my
25 postpartum depression and anxiety and helped save my

1 life. I was the one in five moms who suffer from
2 postpartum depression, and I was one of the 90 percent of
3 moms that suffer from postpartum anxiety.

4 Suicide is the number one cause of death for
5 moms in the first year after their baby is born, and I
6 almost joined that statistic. Because of my counselor my
7 husband has a happy and healthy wife, and my three
8 beautiful children, Gavin, Emory and Clair, have a happy
9 healthy mom. Because of my counselor I'm able to stand
10 in front of you today.

11 Because of the impact my counselor had on me
12 I'm dedicating my life to help other moms struggling with
13 perinatal mood and anxiety disorder. We need our
14 licensed professional counselors.

15 These changes will not only have devastating
16 consequences for every licensed professional counselor,
17 but it will be catastrophic for every single individual
18 who is currently receiving support from a counselor.
19 These changes will have a horrific impact on our state in
20 ways I don't want to imagine. We need our licensed
21 professional counselors. Counselors save lives and I'm
22 living proof of that. Thank you.

23 CHERYL MERCHANT: Good afternoon. My name is
24 Dr. Cheryl Merchant, C-H-E-R-Y-L, M-E-R-C-H-A-N-T. I've
25 been practicing as an LPC approaching 20 years in the

1 Southfield Lathrup communities in Oakland County, and I
2 am the originator of the wildly spread and signed
3 petition titled protect licensed mental, I'm sorry,
4 licensed professional counselors licensure, where as of
5 9:13 a.m. today, 45,700 supporters.

6 I'm also a member of the Michigan Mental Health
7 Counselors Association. I have a Master's in counseling
8 and a Ph.D. in psychology. I supervise LPCs and I am a
9 full-time psychology professor at one of our Michigan
10 colleges.

11 I'm speaking on behalf, first, of our clients,
12 of LLPCs and LPCs and all Michigan families. One of the
13 first ethical principles of health care in general and
14 mental health specifically is do no harm. So, my first
15 question for LARA's record is how do the clients of our
16 Michigan communities benefit from the expulsion and
17 unemployment of nearly 10,000 LPC mental health
18 providers? There is currently a deficit in mental health
19 providers and client waiting periods as long as three
20 months in many cases.

21 My second question for LARA's record is is
22 there a realization that the current unemployment rate in
23 Michigan as of August, 2019, BLS.gov, of 4.3 percent will
24 increase due to unemployment of LPCs. My final comment,
25 do no harm, LARA, to our clients.

1 MS. DITSCHMAN: Your time is up.

2 CHERYL MERCHANT: Thank you.

3 MICHELLE ZUKOWSKI-SERLIN: Okay. Good morning.

4 My name is Michelle Zukowski-Serlin, M-I-C-H-E-L-L-E,
5 z-U-K-O-W-S-K-I, S-E-R-L-I-N. And I am your first LMSW
6 to speak today. I'm the owner and co-founder of Choices
7 for Change Counseling Agency, which is 28 years old. And
8 I have ten therapists that work for my agency of all
9 levels, all professions, five being LPCs, and I train
10 LPCs. I'm also the president of the Psychotherapy
11 Consortium of Southwest Michigan.

12 And I am here as a social worker, and I have
13 been one of the lead organizers in this because I am here
14 for my brothers and my sisters who are out there every
15 day working hard to help clients with trauma, to help
16 people have better and healthier lives. It is for 30
17 years the scope of practice has included diagnosis and
18 psychoanalytic techniques that, in fact, the scope is, of
19 practice for LPCs, is to do diagnosis.

20 More importantly, as LARA administrators you
21 have been charged with protecting our community. It is
22 never in the best interest of the community to force
23 10,000 people out of work. It is never in the best
24 interest of the community to have 150,000 plus clients be
25 left without their therapist.

1 Public safety would be at risk if an unelected
2 regulatory body decides to make such sweeping changes on
3 its own in a very short period of time. I'm telling you
4 that's not what you want. All the stakeholders here have
5 legitimate concerns. But we don't want a situation where
6 we end up with winners and losers and the legacy of
7 bitterness among professionals, because that could very
8 well be the result of this.

9 Therefore, I highly recommend allowing House
10 and Senate to complete legislation that incorporates all
11 these concerns. And I think the House bill has. The
12 State legislature is the branch of government closest to
13 the people and best able to see the big picture in
14 Michigan. The House has a very strong bill which
15 clarifies explicitly the language spelling out what the
16 different branches of the behavior health community can
17 do and cannot do. I highly recommend House Bill 4325 be
18 passed, sent to the Senate, reconciled, and then sent to
19 the governor for signature. And then LARA will assume
20 its roll as an enforcement body. Thank you.

21 CAROL TILLOTSON: I'm Carol Tillotson and I'm
22 an LPC. Tillotson, T-I-L-L-O-T-S-O-N, Carol, C-A-R-O-L.
23 I graduated at 61 years old with a Master's in counseling
24 degree, a 72-hour credit program. I've been educated
25 level and trained for the scope of practice. The

1 equivalent level of coursework as a Master's degree
2 psychologist. And for 30 years you licensed us under the
3 current scope of practice.

4 Currently I provide for a nonprofit
5 organization, substance abuse counseling, for
6 approximately 300 male and female parolees annually in a
7 18-session, closed session program in a residential
8 re-entry program, and too many of them are opioid users.

9 The proposed changes will limit my ability as
10 an LPC to gain work, to bill government and private
11 insurance providers, affect my ability to obtain
12 liability insurance, and the risk of violating APA codes.
13 It will also cause me hardship to pay back my student
14 loan, 28,000, doubled because of the 6.9 percent FAFSA
15 interest rate, and \$250 LARA licensure fees, 3,650
16 supervision costs, 1,040 professional liability
17 insurance. That's a total of 60,000, 61,000 financial
18 investment, with 10,000, 11,000 hours of time investment,
19 supervision, practicum internships.

20 And so, what I'm asking you today is to
21 reconsider restricting our scope of practice and wait for
22 the House Bill 4325 to pass, at minimum have a
23 grandfather clause.

24 TAMERA LAGALO: Good afternoon. My name is
25 Tamera Lagalo, T-A-M-E-R-A, L-A-G-A-L-O. I'm pleading

1 with you as a resident of Michigan, a small business
2 owner, a survivor of domestic and sexual assault, and a
3 mental health advocate for the State of Michigan.

4 I'm the founder of The Support Group, a mental
5 health billing company that serves providers locally and
6 nationally, along with being the owner of Spring Forest
7 Counseling in Okemos. My private practice is comprised
8 of both LPCs, LMSWs, and a Ph.D. In just two years we've
9 grown from a one-room suite to a brand new 12-room space
10 and a satellite office in Holt, Michigan.

11 This growth was fueled by the dedication of all
12 our clinicians. However, our licensed professional
13 counselors treat approximately 51.9 percent of the
14 clients served and contribute over 56.9 percent of the
15 practice operating income. We currently serve 493
16 clients in our practice.

17 Without the financial contribution of the LPCs
18 at our practice I would be forced to default on a
19 seven-year lease, putting myself \$279,000 in debt
20 overnight. The impact would not only be destructive to
21 10,000 LPCs whose careers would end, leaving 200,000 plus
22 clients without a provider. Many of these LPCs are small
23 businesses. The small businesses pay taxes. The State
24 of Michigan stands to lose \$38 million in revenue from
25 LPCs. LARA, you stand to lose \$1.2 million a year if

1 LPCs don't renew their licenses. Billing agencies like
2 mine will lose thousands of dollars a year if LPCs are no
3 longer able to bill insurance.

4 If we lose our licensed professional counselors
5 ability to treat and diagnose, their ability to bill
6 insurance, where will you turn in a time of need? How
7 easily will you find care for your spouse, your child, or
8 your loved one. If we take 10,000 clinicians out of a
9 game that is already in triple overtime there's no chance
10 our state or future will win.

11 SARAH BRABBS: Hi. My main is Sarah Brabbs,
12 S-A-R-A-H, B-R-A-B-B-S. I'm not a mental health worker,
13 but I am a professional speaker and I'm an author, and I
14 am directly connected all the time to mental health
15 workers in what I do. I wrote a book about assholes.
16 So, I didn't know if I swear, but that's okay. Anyway, I
17 don't think anybody here blames any of you specifically
18 for this, so we appreciate you listening to all of our
19 concerns.

20 I mostly am concerned -- I live in a rural
21 community in southeast Michigan. I see a lot of people
22 that are impacted all the time by LPCs. When I first
23 heard about this I thought that it couldn't be true. I
24 also teach at a college, and I have always told my
25 students if something this early makes you angry, raging

1 or scared it's likely not true. But that was not the
2 case with this. And I think it's extremely
3 short-sighted. I.

4 Think LARA will end up with egg on their face
5 at the least, and a huge amount of money and potentially
6 lawsuits at the most, including the deaths of many
7 people, as many people have said. So, I think you've
8 heard lots of stories. You would probably not disagree
9 with that at this point, if I had to guess. But it would
10 be really, really appreciated if you would slow things
11 down and give this a lot more thought, have a lot more
12 communication around it. It's not a simple issue.

13 I think, LARA, you are part of the problem, and
14 so, you fixing it in this way to me is like putting a
15 criminal in charge of a crime scene. I know that's not
16 what you mean to do, but that's how it comes across. And
17 your legacy is going to change if you do this. Thank
18 you.

19 COTRENA CHAMBLISS: Hi. My name is Cootrana
20 Chambliss. I'll spell it. C-O-T-R-E-N-A, and the last
21 name is Chambliss, C-H-A-M-B-L-I-S-S. And I am here
22 today to speak on behalf of counselors like myself. I
23 support the HB4325 bill passing.

24 As counselors we serve the clients of the
25 community and we need to continue practicing and

1 providing mental health therapy to clients. Counselors
2 in mental health have been providing services to women,
3 men, children and families for many years. Clients are
4 in treatment right now as we speak and will be affected
5 with treatment and many clients are at critical, critical
6 stages of change in their lives. Counselors are in the
7 middle of diagnosing and providing treatment with
8 clients, and they need the support, the clients need the
9 support of the therapist. This change would put
10 counselors in a situation of not being able to provide
11 clinical and ethical services to the mental health field.
12 Thank you.

13 HENRY D. WILLIAMS, JR.: My name is -- well,
14 first of all, I want to thank you for the invitation to
15 be here. Can you hear me? Now you can. It's an honor
16 to be here today. And I want to thank this audience and
17 you, too, for being here and allowing us to have our
18 voices.

19 COURT REPORTER: Name?

20 HENRY D. WILLIAMS, JR.: I'm sorry. Some call
21 me Rev, but you can call me anything you like, but don't
22 call me late for dinner.

23 Henry D. Williams, Jr. is my name. But I also
24 want to thank two individuals, Napoleon Harrington and
25 Dr. Katherine James for always being in the forefront to

1 face the challenges that can impact the livelihood of
2 counselors past and present.

3 There's three points I wanted to share with
4 you. First, included in this repeal is a practice of
5 counseling techniques and the related ability to diagnose
6 and identify the problem. Without these and numerous
7 other definitions the counseling scope of practice is
8 several limited.

9 Secondly, these changes in scope will put
10 Michigan's LPCs and LLPCs and our supervisors in
11 violation of the American Counselor Association Code of
12 Ethics; E5, a proper diagnosis. Additionally, insurance
13 companies will likely stop reimbursing for the services
14 of LPCs due to the significant limits, the scopes those
15 rule changes would impose.

16 Thirdly, the deeper impact is the clients who
17 have entrusted in me over time as a counselor. I have
18 been prepared for this journey to walk with them. I
19 earned two similar degrees, a Master's degree in pastoral
20 counseling, a Master in theological seminary, and a
21 Master's of divinity from Garrett Evangelical Theological
22 Seminary in theology and ethics.

23 Finally, my colleagues are clinically trained
24 and spiritually adept --

25 MS. DITSCHMAN: Your time's up.

1 HENRY D. WILLIAMS, JR.: -- which them as LPCs
2 and LLPCs to give diagnoses for treatment in a
3 spiritual --

4 JON RITZ: Good afternoon. My name is Dr. Jon
5 Ritz, J-O-N, R-I-T-Z. I am currently a student in the
6 Master's of Arts in counseling program at Spring Arbor
7 University. I am also on the faculty at Michigan State
8 in a different field and serve as an advisor to
9 undergraduate students.

10 I've been teaching at the college level for 20
11 years, and in that time I worked closely with college
12 students and have seen firsthand the impacts of mental
13 health issues on this population. A few years ago I
14 decided to pursue training as a therapist so I might have
15 some positive impact outside of the classroom.

16 I researched both the MSW and MAC degrees
17 thoroughly and came to the conclusion that earning a
18 Master's of Arts in mental health counseling en route to
19 become an LPC was the best fit for me primarily due to
20 the number of courses on counseling theory,
21 psychopathology, diagnosis, case conceptualization and
22 treatment I would have an opportunity to take.

23 This is actually my third graduate degree,
24 including a Ph.D., and many ways it has been the most
25 rigorous. I'm now doing my clinical intern year at

1 Michigan State's counseling center. There I'm working
2 with real clients doing diagnosis and treatment under the
3 supervision of experienced clinicians from our full-time
4 staff, which includes five LPCs and LLPCs. At the end of
5 our internships my classmates and I will have 700 hours
6 of clinical experience. We will complete another 3,000
7 hours and pass a national exam to earn full licensure as
8 LPCs.

9 If LARA's proposed changes go through my
10 classmates and I will not be able to practice or use our
11 degrees in Michigan for all intents and purposes. I
12 respectfully ask LARA to delay their proposed changes
13 until a legislative remedy has been achieved, an outcome
14 I truly believe is in the best interest of everyone in
15 our state. Thank you.

16 BRAD PRZYSTAS: Hi. Thank you for allowing me
17 to speak today. My name is Brad Przystas, B-R-A-D,
18 P-R-Z-Y-S-T-A-S. I am not here today as a LPC but has a
19 husband and father. I'm here to advocate for my wife
20 Christine Zouaoui who is an LPC, our family, and the
21 tens, the 10,000 other LPCs, their families and their
22 clients whose careers, way of life and mental health
23 well-being are in jeopardy. I'm here to express my
24 strong opposition to LARA's rule changes for their scope
25 of practice and that you give House Bill 4325 a chance to

1 pass.

2 The proposed changes from LARA would repeal
3 nearly the entire scope of practice for LPCs in the State
4 of Michigan which has been operating under the current
5 scope of practice for the last 30 years. If these
6 changes go through it will completely eliminate my wife's
7 career here in the State of Michigan. My wife has worked
8 in private practice as a LPC and as a mental health
9 specialist with Lansing School District for over 17 years
10 and is specialized in trauma.

11 I am a stay-at-home dad who takes care of the
12 kids in the house and dealing with a child who has an
13 autoimmune disorder. If these proposed changes are
14 adopted my wife and other LPCs will not be able to
15 diagnose or administer therapy to help other people, such
16 as myself, who use LPCs for their own mental health.

17 These changes will also make it so LPCs will
18 not be reimbursed by insurance companies, which is how my
19 wife provides for our family. If these proposed rule
20 changes are enacted thousands of LPCs in the state,
21 including my wife, will be at risk of losing their jobs.
22 By allowing these changes you are essentially evicting
23 10,000 residents from the State of Michigan so they can
24 go do their jobs that they have been doing, been trained
25 to do, have been educated to do, are licensed to do, and

1 have a code of ethics they follow to provide essential
2 mental health to residents of the State of Michigan but
3 will now have to practice in different states. Thank
4 you. Please support House Bill 4325.

5 MICHELE FIGUERO: Hi. My name is Michele
6 Figuerero. M-I-C-H-E-L-E, F-I-G-U-E-R-E-O. I'm an LPC
7 from Grand Rapids, Michigan. I have clients who have
8 histories of trauma, and I'm trained in EMDR, eye
9 movement desensitization and reprocessing therapy. Over
10 one-third of EMDR therapists in Grand Rapids hold LPC
11 licensure. I work with veterans, first responders, and
12 women with past sexual abuse as they attempt to heal.
13 These are individuals who have experienced traumatic
14 events through service to our country, the general
15 public, or as a child, and are struggling to function and
16 live normal lives. Several individuals travel over
17 40 miles to see me as they either do not have a provider
18 who specializes in trauma in their area or because other
19 practitioners are unable to accept new clients. This
20 population as an elevated risk for self-harm and suicide
21 attempts due to the horrific traumas they have endured.

22 I shutter to think what will happen to my
23 clients and hundreds of thousands of others should their
24 counselors be forced to abandon them. For many this will
25 be a continuation of longstanding pattern of abandonment

1 and will compound their trauma. I can say with
2 completely honesty that I will fear for the safety of
3 several of my clients' lives. We know that
4 discontinuation of mental health services on this
5 astronomical scale will lead to increased suicides
6 throughout the state. The statistics speak for
7 themselves. And yet, these are just figures.

8 You don't know the faces, the stories and the
9 true picture of what this will look like the same way we
10 do. To briefly illustrate with a true story, a small
11 school district in Kent County reduced the number of
12 counselors to address students' mental health needs.
13 Within a couple years of this removal their district saw
14 a increase in suicide attempts and completed suicides
15 amongst the middle and high school students. It was not
16 until a seventh-grader, Kyle, hung himself from a tree
17 behind the middle school that they admit that their
18 decision had led to the devastating effects for their
19 community due to lack of access to mental health care.

20 I use this to illustrate on a very small scale
21 the reality of what removing these life-saving services
22 will look like. But the good news is you can prevent
23 these needless tragedies. You can allow House Bill 4325
24 to pass.

25 MS. DITSCHMAN: Your time is up.

1 ALEX BALENGER: Hello. My name is Alex
2 Balenger. That's A-L-E-X, B-E-L-A-N-G-E-R. And I'm a
3 counseling student at the University of Detroit Mercy,
4 and I have received extensive training in assessment,
5 diagnosis and treatment as part of my coursework.

6 These rule changes would render counselors
7 unable to do the very things they're trained to do, and
8 it would make me unable to legally utilize my thorough,
9 lengthy and expensive education. Coursework in my
10 program include mental health diagnosis and treatment,
11 testing and evaluation, advanced issues and assessment,
12 and treatment, as well as counseling skills.

13 So, I am urging you not to pass the proposed
14 rule changes on counselors, instead HB4325 as it
15 addresses the scope of practice without the negative
16 ramifications.

17 Additionally, I question why the Michigan
18 Psychological Association is opposed to HB4325. Are they
19 not ostensibly dedicated to helping others? Ostensibly
20 dedicated to helping why would they want something, why
21 would they support something that's going to hurt people
22 by decreasing the availability of mental health services.

23 So, actually, the most famous psychologist in
24 history probably best describes this as Narcissism of
25 small differences, and that is the tendency for

1 communities with adjoining territories to engage in feuds
2 and ridicule because of hypersensitivity to details of
3 differentiation.

4 So, you know, the negative impact of these rule
5 changes has already been eloquently expressed by many
6 people, so I'm not going to rehash that. I'm just going
7 to end it there and I'll say thank you for your time.

8 SHELLY WIGGINS: Good afternoon. My name is
9 Shelly Wiggins. Thank you to LARA for allowing us to
10 share the facts of our stories for this is at the heart
11 of our work. The skill of reflective listening is
12 happening here today in this room. This is allowing all
13 the LPCs here to decompress from the fear of being deemed
14 incompetent to diagnose and treat in our specialty areas.

15 Many of us here today have diagnosed and
16 implemented mental health treatment throughout the State
17 of Michigan for 25 years. Myself and other LPCs have had
18 the pleasure of serving children's residential treatment
19 programs, counseling agencies, private practices, all in
20 the capacity of a licensed professional counselor.

21 I currently serve in the educational system and
22 have had a private practice for ten years. There is a
23 huge gap between education and mental health, but that
24 gap is being bridged by LPCs that work within the
25 schools. The suicide stats have already been stated. If

1 LARA makes changes in the rules and the House Bill 4325
2 bill does not pass I ask who will reach the children and
3 the teenagers who are either suicidal or have lost a
4 loved one in this manner? I implore the governor please
5 sign Bill 4325. And I stand to celebrate all the lives
6 that have been saved because of the professional caring
7 hearts of those who are LPCs.

8 I also pause reverently remembering those who
9 are no longer with us because they had no one to talk to
10 at the critical moment. Semicolon. An old proverb says
11 there is wisdom and a multitude of counselors. And the
12 turnout today speaks for itself.

13 My name is Shelly Wiggins, S-H-E-L-L-Y,
14 W-I-G-G-I-N-S.

15 AMBER JAMES: My name is Amber James,
16 A-M-B-E-R, J-A-M-E-S. I'm the president-elect and
17 legislative chair for Michigan Association of Art
18 Therapy. We have opposed the proposed rule changes from
19 LARA and we support House Bill 4325.

20 I'm not an LPC. I hold a Master of Science
21 degree in art therapy and am a Board certified art
22 therapist. I'm here today to urge you to reconsider the
23 regulatory impact statement before making a decision on
24 the proposed rule changes affecting the scope of practice
25 for LPCs. The RAS does not reflect the impact, the true

1 impact that these rule changes will have. It doesn't
2 reflect the impact the rules change will have on the art
3 therapists and the services we provide.

4 Art therapy is a unique mental health
5 profession that uses the processes in art-making to reach
6 individuals who do not have yet have the words to express
7 what they are feeling. Our therapists work with kids in
8 the foster care system, those battling substance abuse,
9 veterans experiencing PTSD, and those who are mentally
10 ill, just to name a few.

11 Art therapy is not yet a licensed profession in
12 Michigan. For this reason many art therapists have taken
13 on the significant in burden of completing a second
14 Master's degree to become an LPC, despite a significant
15 overlap in coursework and requirements and a ridiculous
16 amount of student loans.

17 It is worth noting that I literally sat next to
18 both clinical psychology students and mental health
19 counseling students in my classes for my art therapy
20 degree, specifically on the classes for diagnosis,
21 psychopathology and assessments. We are all in the exact
22 same classes.

23 Many of my colleagues chose to repeat classes
24 in counseling theories and techniques to meet CACREP
25 standards in order to obtain a license. And now you're

1 proposing to take the credibility of that license away.

2 The art therapists who are not licensed in
3 another field are already in the position you are
4 proposing to put 10,000 more professionals in. Many of
5 us work multiple jobs, are in a grant-funded positions,
6 or take positions for which we are overqualified while we
7 watch in agony as clients who would benefit from our
8 services go without.

9 NANCY CURTIS: Good afternoon. Thanks for this
10 will opportunity to speak today. My name is Nancy
11 Curtis, and I'm a licensed professional counselor, a
12 licensed marriage and family therapist, and a certified
13 advanced alcohol and drug counselor. I live in Hastings,
14 Michigan, which is the county seat of Barry County. We
15 have 7500 residents in Hastings.

16 And I work for Pinerest Christian Mental Health
17 Services as a marriage and family therapist. I also
18 provide substance use disorder treatment in my clinic.
19 Hastings is one of Pinerest's several outpatient clinics,
20 and we currently have six therapists in our clinic. It's
21 a small clinic. We've grown from three therapists three
22 years ago, when I started working at Hastings, to six
23 therapists, and that's due to the increasing demand for
24 mental health and substance use services in our area.

25 This is a small rural community and we serve

1 people who are Court ordered. Many of my clients are
2 Court ordered to do substance abuse treatment. And if
3 this bill, if these proposed changes are passed we're
4 going to have a huge impact in our community. Three of
5 the therapists in my office are LPCs, so our staff will
6 be cut in half immediately, which will reduce the amount
7 of services that we can provide in our community.

8 Our community has recently seen an increase in
9 methamphetamine and opioid use, so they need substance
10 use services. I'm the only person in my office who can
11 provide those services. And those services will be
12 greatly minimized if we're eliminated from the
13 profession.

14 MS. DITSCHMAN: You're time's up.

15 NANCY CURTIS: Thank you.

16 MICHAEL JOY: Good afternoon to members of
17 LARA. Thank for having us speak today. My name is
18 Michael Joy, M-I-C-H-A-E-L, last name is spelled J-O-Y.
19 I am the president of the Michigan Counseling
20 Association, but more importantly, I'm a licensed
21 professional counselor. And we are here today basically
22 to not have a fight, but just to have a discussion how
23 much common ground we all really have in this room.
24 Because the common ground that we all have is that we
25 know that licensed professional counselors do great work.

1 And why we do great work is in the proof. It's in the
2 proof because we all know that we take rigorous courses
3 accredited, ultimately, by CACREP, that we get trained in
4 the various areas of the scope of practice that you guys
5 are potentially going to eliminate such as diagnosing and
6 counseling techniques.

7 I'm not going to bore you with the details that
8 have already been discussed today, but just to highlight
9 a few facts. Up to 10,000 professional counselors may
10 lose their jobs and also harm 50,000, and millions and
11 millions of economic impact will be filled. And it all
12 comes at a time when suicide rates are going up.

13 And I just want to let you guys know that it's
14 been great to work for the last 30 years as licensed
15 professional counselors. It's been quite a journey. I
16 mean think of all the things we've been able to do
17 because of this rule being in place. We've been able to
18 save millions of lives. We've been able to help a bunch
19 of people who have come to treatment that maybe
20 considered it for years but never took that step.

21 We all play for the same team, we all care
22 about the care of our clients, and we want to keep this
23 going moving forward. We respect the need for you guys
24 to update the rules and do your jobs. We just ask that
25 you respect the ability to do our jobs as well.

1 And what I want to say is this. Think about
2 the human impact that this is going to make. And when I
3 say human impact I'm not just talking about statistics,
4 but I'm also talking about the abandonment and the
5 emotional devastation people will experience. So, all I
6 ask is that you hold off on doing any sort of, you know,
7 these sort of rules that could really affect our ability
8 to do what we do and that you support HB4325 in the
9 process. Thank you.

10 ALANA NICOLAZZO: Hello. Thank you so much for
11 having us this morning, especially you, Miss Court
12 Reporter, who's been tirelessly working away. My name is
13 Alana Nicolazzo, A-L-A-N-A, last N-I-C-O-L-A-Z-Z-O.

14 I would first like to take a minute to thank
15 all of the LPCs, LLPCs, psychologists, social workers who
16 have come out not only support on this day but how we've
17 come together as a profession. Every single one of you
18 should be proud of yourselves.

19 We are at the very front line in the trenches
20 with the EMTs, with the doctors, with the hospitals, with
21 the psychologists and psychiatrists. Our degrees, our
22 licensures, our profession should not be taken lightly.
23 And I don't think anybody in this room or anybody who's
24 waiting outside to get in to testify will disagree with
25 that.

1 I have been trained in multiple areas, like
2 everybody else in this room. I graduated from Oakland
3 University under some phenomenal professors, some of
4 which you have heard today speak. It is important to
5 note that Michigan is second from the bottom in this
6 country of services for mental health. It is really
7 important that LARA take their time to not have premature
8 and disruptive changes in this pending legislation that
9 would render such rules obsolete for us to practice.

10 We are qualified, as you heard, and I just want
11 to say how proud I am of everybody for standing up to a
12 potential law change that was clearly written by somebody
13 who does not understand our education practices and our
14 ethics that we follow on a day-to-day basis. So, thank
15 you, LARA, for your time, thank you everybody in this
16 room. You all should be proud of yourself no matter how
17 this ends.

18 CHRISTINA POLK: Good afternoon. My name is
19 Christina Polk, C-H-R-I-S-T-I-N-A, P-O-L-K. I'm a
20 licensed professional counselor here in Michigan. I'm an
21 Oakland County University alumnus, a CACREP accredited
22 program for counselors. I'm the clinical director of
23 resources for an organization called New Oakland Family
24 Centers. I currently supervise close to 50 LPC and LLPC
25 interns. I have nine years of experience in this field

1 with specific emphasis and training in crisis and trauma.
2 Professional counselors make up a solid 50 percent of our
3 staff and 30 percent of our leadership.

4 I'm here to vehemently oppose the licensing
5 board's proposed rules changes for counselors' scope of
6 practice. I understand the statute and rules for
7 counselors in Michigan are outdated and the language
8 needs adjusting. However, the answer is not to limit the
9 services we've been providing to consumers for 30 years.
10 It is not us, as counselors, who need updating. Our
11 rigorous training in theories, multicultural issues,
12 testing and assessment, the diagnostic manual, group and
13 individual therapy, research and statistics, and our
14 experience in practicum, internship, and 3,000 additional
15 hours post grad meet 2019's needs for the mental health
16 crisis in the State of Michigan.

17 The waitlist and needs for these consumers are
18 already overwhelming us. Cutting resources and
19 clinicians from an overburdened system is not a good
20 idea. LARA's responsibility is to protect the people of
21 this state, and this is not the answer.

22 The immeasurable impact this would have on our
23 state colleges universities congress running counseling
24 programs would be absolutely devastating. It would be
25 calamitous to small businesses. And the list of loss

1 goes on and on.

2 Again, the effects of this rash decision go far
3 beyond the language in the statute. The job loss and
4 financial effects on our state would be astronomical.
5 The psychologists who support these changes,
6 respectfully, have very little understanding of our
7 curriculum and scope as evidenced by comments made in
8 recent hearings and in their newsletter.

9 I urge everyone in this room with any
10 legislative power to turn your attention to the passing
11 of House Bill 4325. I urge you to look at me and the
12 many other counselors in this room. I certainly hope
13 that we never have to meet any of you under the
14 circumstance that you or your loved one is dealing with a
15 mental health crisis, but the statistics tell us that
16 this is likely.

17 MS. DITSCHMAN: Your time is up.

18 ELIZABETH TEKLINSKI: My name is Dr. Elizabeth
19 Teklinski. I'm a Ph.D., an LPC. T-E-K-L-I-N-S-K-I. I
20 am a spiritual care advisor and I'm a professional
21 counselor working in palliative medicine in hospice in
22 northern Michigan based out of Traverse City.

23 Every day the very best medical specialists,
24 physicians, psychologists, nurses, social workers, nurse
25 practitioners, physician assistants, and others refer

1 patients to my services. I often hear that my services
2 for people losing hope are, quote, better than any other
3 kind of medicine there is.

4 I'm here to share a personal story that informs
5 my professional mission and work as an LPC. Twenty years
6 ago when my daughter was born in rural northern Michigan
7 with a life-threatening congenital disorder she was
8 removed from my arms, given platelet transfusions,
9 air-lifted to University of Michigan Mott Children's
10 Hospital. There she was admitted to the most serious
11 neonatal intensive unit. I was told by a rather cold and
12 dismissive neonatologist that she would die. Quote,
13 sometimes babies just don't come home.

14 She was fed formula through a feeding tube
15 while I saved breast milk. She was intubated and placed
16 on a respirator. I was not allowed to touch her too
17 much. I was utterly alone, I believed, without hope. My
18 grandmother recommended that I pray.

19 A miracle happened. She survived and lived
20 well beyond the 25 percent chance of a one-year life
21 expectancy. She just celebrated her 20th birthday.

22 Today I'm fortunate to work as part of a highly
23 skilled and trained interdisciplinary team who is led by
24 the only two Board certified, fellowship trained
25 palliative medicine physicians north of Grand Rapids.

1 Our medical director, Dr. Roman Barraza, M.D. and Mayo
2 Clinic trained Ph.D., created my position to integrate
3 spiritual, existential-filled life support care to all,
4 to patients in northern Michigan facing life-limiting
5 terminal illnesses. I am brought bedside to patients in
6 the hospital as soon as the medical treatment is deemed
7 limited in cure. We treat when hospice founder, Dr.
8 Cicely Saunders --

9 MS. DITSCHMAN: Your time is up.

10 CYNTHIA GRIMMER: Greetings. My name is
11 Cynthia Grimmer. That's spelled G-R-I-M-M-E-R. I'm here
12 representing abused children, the most vulnerable
13 underneath these proposed changes.

14 I have a message for the governor. We know how
15 the Flint water crisis went. Please don't let it be the
16 mental health crisis on your watch. I have a message for
17 LARA. Please don't bar treatment for even one child, not
18 even one abused child.

19 I am an LPC. I'm a survivor of severe sexual,
20 physical and emotional child abuse. And I also have
21 clients who are severely abused. The turmoil and the
22 train wreck that happens as a result of abuse is huge.
23 The anguish that comes back and comes back and comes back
24 cannot be explained. Please don't bar help for them.

25 Abuse looks like this. My father pushed me

1 into the ground to kick my knee that just had surgery 24
2 hours earlier when I was 16 years old. Why? Because I
3 didn't put the paper away. What was the real reason?
4 Because he was mentally ill and did not have access to
5 the LPCs that I have access to. These LPCs gave me new
6 hope and future.

7 I am an occupational therapist. I also am a
8 founder of an institution that serves 138 families with
9 academic services per week. Why? Because of the help I
10 received from LPCs that stopped the mental illness from
11 going any further. I'm also a mom with three successful
12 children.

13 A child I'm working with currently was
14 punctured by -- this is HIPAA compliant --

15 MS. DITSCHMAN: Time's up.

16 STEPHEN BARDZILOWSKI: Hi. My name is Stephen
17 Bardzilowski, and I'll spell that. It is S-T-E-P-H-E-N,
18 B-A-R-D-Z-I-L-O-W-S-K-I. I'm employed -- yeah, that's
19 right. I'm employed by Rainbow Rehabilitation Center
20 that treats traumatic brain injury. I'm a Master level
21 counsel for the past 30 years.

22 And he just want to get to the point I oppose
23 the changes made by LARA, it must not be adopted, and I
24 support House Bill 4325. And I just want to say, I mean
25 this respectfully, I found this out, the changes of

1 losing license, a couple of days ago just by a co-worker,
2 and I just wanted to say that it would be like -- I'm a
3 first responder, along with my other comrades here, but
4 first responders for major issues, mental health crisis.
5 And the analogy would be if I'm an EMT driver and they
6 said you don't have a license, so we can't practice. So,
7 I mean that respectfully, but I look at that as a need to
8 help people in need and in crisis, and it's also a public
9 health safety issue, and to those also impacted directly
10 by mental health issues within the families.

11 So, I strongly support the Bill 4325 and the
12 needs to help with people with mental illness. Thank you
13 very much for your time and I appreciate it.

14 ANGELA HALLISY: Hello. My name is Angela
15 Hallisey, A-N-G-E-L-A, H-A-L-L-I-S-Y. I am a graduate of
16 Central Michigan University. We have been trained and
17 supervised in application of all of our therapy skills as
18 well as our diagnostic skills before we are ever allowed
19 to receive our license.

20 I am representing River Trail Counseling
21 Associates where we see adoptive and foster care kids and
22 families deal with trauma, mood disorders and other
23 issues. Our clients come from the areas of Monroe
24 through Flint to our office in Auburn Hills due to the
25 level of need and our level of expertise. With this

1 population there are a few options for care. They have
2 been left by life family and peers.

3 Removing our LPC therapists will compound their
4 abandonment and trauma. The work we do with these
5 families, reducing violence in the home and preventing
6 violence in the schools. We address the underlying
7 trauma while supporting the family to improve their
8 skills as well.

9 I ask that LARA stop the implementation of the
10 rule change to allow time for HB4325 to pass. If the
11 rule change goes into effect the children that we see in
12 treatment will be once again abandoned and traumatized,
13 this time at the hands of our own government.

14 I also work for a company called Wright
15 Behavioral Consultants. We work with traumatic brain
16 injury clients. These clients have already been put in a
17 place of stress because of the changes to auto no-fault.
18 They are facing removal of essential services in the next
19 year. We had hope that we could help them through this
20 transition. Our entire company is employed by LPCs and
21 LLPCs. Our employer is Dr. White. She has a Ph.D. in
22 counseling and an LLP. She employed LPCs because every
23 time what she's looking for for these brain injured
24 clients she sees more often than what we receive in our
25 training in therapy. We already are fighting, all the

1 language insurance --

2 MS. DITSCHMAN: Your time is up.

3 THE WITNESS: Thank you.

4 LANEISHA MURPHY: LaNeisha Murphy, L-A, capital
5 N-E-I-S-H-A, M-U-R-P-H-Y. Thank for your time. Licensed
6 professional counselors are uniquely trained and
7 qualified to accurately perform what their title
8 exemplifies, the work of counseling. By passing these
9 new rules LARA will be violating the Public Health Code
10 of Michigan, specifically Act 368 of 1978, Sections
11 333.18101, and 333.18214, Section 5, by prohibiting the
12 use of counseling principles, methods or procedures and
13 counseling techniques, the former of which is a clinical
14 term that includes both diagnosis and counseling
15 techniques/psychotherapy.

16 In my graduate program from Capella University,
17 which is CACREP accredited, I took two courses that
18 specifically focused on diagnosis of mental illness, one
19 course on assessments, and five separate courses on
20 counseling techniques.

21 Today I oversee 60 to 75 home-based children
22 and adolescent family cases as a supervisor at one of the
23 largest non-CMH mental health providers in Oakland
24 County. In this position I carry a caseload of three to
25 ten cases because there's a dearth of mental health

1 clinicians in my county, in addition to my supervisory
2 duties. I oversee the supervision of counselors, social
3 workers, and psychologists. I'm in private practice
4 carrying a caseload of 15. I'm an approved clinical
5 supervisor, earning a national credential, which means I
6 can supervise LPCs.

7 What you are doing today will devastate this
8 state. I am just one person. Over my short tenure of
9 seven years I have had the privilege to serve over 100
10 different families using psychopathological therapy and
11 family therapy.

12 Hundreds of Michigan children and adolescents
13 will be put directly at risk. Think of the child that
14 will be not served by a licensed professional counselor
15 whose training helped them divulge the abuse and neglect
16 that was going on in their home. Think of the young
17 adult that no longer --

18 MS. DITSCHMAN: Your time is up.

19 LaNEISHA MURPHY: -- has their licensed
20 professional counselor when the urges to cut resurface.
21 Think of the young adolescent who did not have his
22 licensed professional counselor to talk to and decided to
23 take matters into his own hands against a school full of
24 bullies. Think of what you're doing to this state.

25 ANNE PARPAS: My name is Anne Parpas, A-N-N-E,

1 P-A-R-P-A-S. I have been an RN for over 20 years, as
2 well as an LPC for six years which I integrated into my
3 practice. I'm also a LLPC supervisor with the State of
4 Michigan. I'm the owner and one of the therapists of
5 Integrated Health Consultants in Wyoming, Michigan, a
6 multidisciplinary private practice that I started six
7 years ago.

8 I have a team of clinicians ranging from LLPC,
9 LPC, LMFT, LLP, PsyD and psychologists for the purpose of
10 collaboration, consultation, and integrative care to
11 bridge the gap between medical and behavioral health. We
12 treat couples, veterans, all presenting mental health
13 issues, infants, parents, adolescents. We get weekly
14 referrals from Metro Health, Spectrum Health, Mercy
15 Health providers, psychiatrists, as well as throughout
16 our local schools, organizations, businesses and
17 community members.

18 We currently have 22 clinicians, 10 of them
19 being LPCs. We see 350 to 400 clients a day. We
20 currently have 848 active clients and average 106 new
21 clients per month.

22 I'm an independently credentialed licensed
23 professional counselor with 18 insurance company and
24 EAPs, which is important to me so that they can have
25 access for care for the community. In order to

1 participate with insurance companies an LPC must have and
2 maintain and meet qualification standards. A provider,
3 exercising prudent clinical judgment, would provide to a
4 patient for the purpose of preventing evaluating,
5 diagnosing and treating symptoms.

6 I would be in breach if the LARA changes are
7 put into place. If these changes are made by LARA half
8 of our practice would not be able to treat clients,
9 forcing us to abandoned hundreds of clients, which is
10 unethical, illegal and criminal.

11 It would create a devastating loss of a team of
12 half of our team of practitioners, loss of wages, loss of
13 clinicians that provide quality evidenced-based
14 treatment, significantly decrease the support and
15 collaboration that we have with our referral sources,
16 leaving them to deal with the ramifications of patients'
17 loss of their amental health provider, which would
18 further increase the gaps and barriers to mental health
19 treatment --

20 MS. DITSCHMAN: Your time is up.

21 ANNE PARPAS: -- and substance abuse treatment.
22 Please, I strongly oppose LARA changes and House
23 Bill 4325 to move forward. Thank you.

24 PETER CAPPON: Thank you for the platform for
25 my peers and for me to voice our concerns today. I'm

1 here because I have some unfortunate news and I have some
2 good news.

3 My name is Peter Cappon, and I have been an
4 LLPC in Michigan for about 16 months. Before that time I
5 spent a little under three years of full-time graduate
6 level counseling education pursuing not just one, but
7 actually my second entire Master's degree in the field of
8 counseling. You see, in Michigan, Michigan does not make
9 it particularly easy to become a professional licensed
10 counselor. In fact, it is quite the opposite.

11 I received my first Master's degree in
12 counseling in another state, and upon moving back to my
13 home state it was made clear that my first degree would
14 not get me the licensure I was pursuing. There are many
15 people who have graduated from that first program who
16 currently work in that very state, as well as countless
17 other states across the country. However, I, along
18 with -- I'm going to have to jump forward here.

19 I think my point is basically this. We have
20 high standards. You can do the research. You can look
21 for yourselves. But we actually make it quite difficult,
22 and compared to the rest of the country even. We are
23 competent, highly trained counselors and we are held to
24 high standards. I ask that you please push back at least
25 the rule changes you're talking about. Give us a chance

1 to move House Bill 4325 with no amendments as quickly as
2 possible so that we can continue to take care of people
3 in this state. Thank you.

4 (Short recess had from 1:59 PM to 2:11 PM.)

5 KIMBERLY STAGG: Hi. My name is Kimberly
6 Stagg, K-I-M-B-E-R-L-Y, S-T-A-G-G. And I'm not an LPC.
7 I'm an advocate, a friend and a client. If LARA's
8 proposed rule changes go into effect I will be one of the
9 hundreds of thousands in Michigan who will lose a
10 therapist.

11 Let me tell you about my therapist. She's the
12 first person I've been completely real with. I have no
13 secrets from her, and her treatment of me has never
14 wavered. This level of trust is not common in my life.
15 She accurately and effectively diagnosed and worked with
16 me when, due to a change in medication by my
17 psychiatrist, I became suicidal. She gave me the
18 language I needed to explain what I was feeling. She did
19 not placate me, nor did she blow off my concerns and
20 fears.

21 She was all in during my sessions and
22 encouraged specific behaviors and homework to work
23 through the overwhelming mental battles I was
24 experiencing. She followed up weekly and even had me
25 come in for an extra session a couple times. She didn't

1 let it go until she trusted I was all right. It was the
2 first time I had felt safe and supported in such an
3 honest way free of judgment.

4 Months later, back to work and successfully
5 living my life, I still use the tools she taught me. I
6 remember the conversations we had. I've rebuilt myself
7 based on what I learned from her. Yeah, my therapist is
8 amazing, but that's actually not my point.

9 So many people in Michigan have a counselor
10 that has changed or saved their life. So many don't.
11 The LPCs opposing the proposed definition changes are
12 passionate about helping their clients. They are the
13 ones that provide the tools, acceptance and support to
14 help us walk through life successfully.

15 Throughout this hearing you've heard many
16 arguments against LARA's suggested rule changes; the cost
17 to Michigan, the unemployment of thousands of therapists,
18 and more. Don't forget, though, your decision affects
19 the lives of clients like me every day. Save a life.
20 Keep Michigan's LPCs in practice and stop the proposed
21 rule changes. Thank you.

22 MICHELLE BRENNAN: Hello. My name is Michelle
23 Brennan, M-I-C-H-E-L-L-E, B-R-E-N-N-A-N. I'm a
24 registered nurse and an advocate for increased access to
25 mental health services in Michigan. In my line of work

1 with the elderly population I witness firsthand the
2 direct natural mental impact on patient outcomes when
3 mental health is not addressed as part of a holistic
4 treatment plan. Untreated mental health issues have the
5 tendency to develop into physical health issues.

6 Significant mental health issues are on the
7 rise, and as a health care provider I can confidently
8 state that a lack of access to mental health services
9 greatly increases the risk that patients will revert to
10 self-harming behaviors, including self-medicating,
11 suicide attempts, and engaging in abusive acts towards
12 themselves and others. Our community, at large, is
13 already in a disparity of the mental health services, and
14 with a population of people over the age of 65
15 anticipated to be a majority by 2030 any changes to
16 LARA's regulations to reduce the number of qualified LPCs
17 is sure to have not only immediate but also long-term
18 effects on positive patient outcomes.

19 As access to affordable health care declines
20 more seniors revert to suicide as they can see no other
21 option at a future. With appropriate intervention these
22 narratives have a potential for positive outcomes. We
23 cannot afford insurmountable costs associated with
24 ongoing and repetitive hospitalizations that occur as a
25 result of these self-harming and addictive behaviors.

1 The cost of conquering the opioid crisis is devastating,
2 lacking the resources to manage the overwhelming crisis
3 sweeping our nation.

4 As a nurse I rely heavily on an
5 interdisciplinary approach to health care for our
6 patients. LPCs are an integral component to ensure an
7 appropriate care plan and development, effective
8 treatment plans that our need to meet our patient's needs
9 and promote healing.

10 MS. DITSCHMAN: Your time is up.

11 MICHELLE BRENNAN: Thank you. I oppose the
12 changes.

13 BRYAN NIXON: Good afternoon. My name is Bryan
14 Nixon, and I'm an LPC in Grand Rapids. I've been
15 practicing for about 12 years and seen hundreds of
16 clients during that time. One thing that I've become
17 abundantly clear on is the reality that as humans we are
18 formed in relationship, we are harmed in relationship,
19 and we are healed in relationship.

20 Research clearly shows that the quality of
21 relationship between client and their counselor is
22 primarily what determines the outcome of treatment. LPCs
23 know this both explicitly and implicitly. In addition to
24 our extensive training in diagnosis, we are trained in
25 psychotherapy techniques that address the relational

1 trauma that exists within the fabric of most mental
2 health conditions. It is the relationship that heals.

3 The rule change that you are proposing will
4 change our scope of practice which has been the precedent
5 for the past 30 years and will cause a massive shock-wave
6 to tear through the state that you are sworn to protect.
7 It will instantly sever the relationships of 10,000 LPCs
8 with their clients. The relationship trauma of ripping
9 clients away from their counselors will be devastating on
10 its own, but it won't stop there. It will exacerbate
11 current mental health struggles that clients are having.
12 It will resurrect past mental health struggles that
13 clients and their counselors have worked hard to
14 overcome, and it will create an irreparable rupture in
15 the trust of Michigan citizens in the mental health care
16 system in the state. It will affect not only LPCs, but
17 therapists of every stripe.

18 I beg you, on behalf of LPCs and our many
19 clients and the future of mental health care in Michigan
20 wait just a little longer, allow House Bill 4325 to
21 continue making its way through the legislative process
22 as it will eliminate the need for the rule change. Do
23 not pull this trigger unless you're prepared to have this
24 blood on your hands.

25 BENJAMIN REISTERER: My name is Benjamin

1 Reisterer, B-E-N-J-A-M-I-N, R-E-I-S-T-E-R-E-R, and I'm a
2 proud licensed professional counselor. I'm also a
3 supervisor to limited license professional counselor.
4 I'm an Afghanistan veteran. And I stand before you in
5 opposition to these proposed changes for LPCs.

6 I used my post 9-11 GI bill to become an LPC.
7 He went to war to be able to help people heal. I left my
8 wife, my two-year-old daughter, my friends and my family
9 to go to the other side of the world to qualify for this
10 benefit so I could get the training, the supervision and
11 experience that you all asked of me to become an LPC.

12 If you make this change it will essentially
13 mean that you have stolen my GI bill from me, that the
14 time spent away from loved ones and the hardships that I
15 endured will have been for naught simply to satisfy
16 arbitrary words on paper.

17 According to an article in the Lansing State
18 Journal last month, which also happened to be suicide
19 awareness month, the suicide rate in Michigan is 16.9
20 people per hundred thousand. For veterans, though,
21 that's much higher at 26.2 people per hundred thousand.

22 The VA has established vet centers all over the
23 country and Michigan is lucky to be home to eight of
24 them. Yesterday I took the time to call all eight
25 centers and found out that the LPCs represent over

1 20 percent of their staffs combined. When you ponder
2 whether or not to implement this change please think
3 about the stats I cited and recognize that this could
4 essentially strip many Michigan veterans of the
5 therapeutic relationship they are relying on, while also
6 creating longer lines. How much worse would these
7 veteran suicide stats get if the proposed changes were a
8 new reality in the coming weeks?

9 I ask you to hold all those affected in your
10 mind before act. For you this is as simple as a stroke
11 of a pen or a keystroke that could be forgotten, but for
12 us, for us it is literally lives and livelihoods. And I
13 urge you to scrap these changes and allow the legislature
14 to pass House Bill 4325. House Bill 4325 is the humane
15 and just solution to this issue. Thank you for your
16 time.

17 JENNY ERMIGER: Hi. My name is Dr. Jenny
18 Ermiger, J-E-N-N-Y, E-R-M-I-G-E-R. I am blessed to be
19 the director of counselor education at Siena Heights
20 University. Personally I've been a practicing counselor
21 for 23 years. I am representing Siena Heights University
22 and the students we serve.

23 Changing the scope of practice directly impacts
24 both current and former students. Many are here today.
25 In good faith a student enters into a contract with the

1 university and completes a rigorous plan of academic work
2 and training that leads to counseling licensure. Imagine
3 just graduating and hearing this recent news and learning
4 your profession could essentially be dismantled. Imagine
5 just learning there is no longer a solid career plan to
6 pay back thousands of student loans and your ability to
7 practice has been significantly changed. Just imagine.

8 Part of the Siena Heights' mission is to
9 advocate for social justice. I am here because this just
10 doesn't feel just. I urge you to reconsider these
11 proposed changes. They will interfere with our students
12 and the thousands of counselors that serve the
13 underserved. Let's continue to honor the sacredness of
14 the client and therapist relationship. Thank you.

15 DIANA BELYEA: Hi. I'm Dr. Diana Belyea.
16 That's D-I-A-N-N-A, B, as in boy, E-L-Y-E-A. And I have
17 been a high school counselor for 21 years and a clinical
18 counselor for 21 years. So, I have both perspectives,
19 and I don't think you've heard enough from the school
20 counselors.

21 People think that school counselors don't need
22 to diagnose and treat. However, we're the mental health
23 professionals that are working with families. Where else
24 would a family meet a mental health professional? I will
25 be the person that it's a mother, that her daughter's

1 depressed, suicidal, and she needs to take her to Arbor
2 Oaks immediately or she cannot come back to school. I
3 have to threaten the parents because the parents are so
4 scared, they don't want to believe for a second that
5 their child could be that ill.

6 So, I do diagnose as a high school counselor
7 and I have for 20 years. Who else is going to recognize
8 what children are going through? When their parents come
9 to my office I have to be able to give them information.
10 I'm the person that tells them where to go from here.
11 Many, many parents, not because they don't love their
12 children, it's hard for them to understand that their
13 child actually needs to see a mental health professional.

14 You will not have mental health professionals
15 in the school, you won't. Just like the teachers, where
16 are they now? We used to have a thousand teachers for
17 every job, but now we have a shortage. I wonder why. I
18 think we've had a lot changes to the teaching profession
19 and now we're doing it to the counseling provision. I
20 don't think we really care about children here, we just
21 say we do. Thank you.

22 CHERI LaLONE: Hi. My name is Cheri,
23 C-H-E-R-I-E, LaLone, L-A-L-O-N-E. I am a licensed
24 professional counselor, one of the few in the room that
25 represents the Community Mental Health system. I work

1 for a six-county agency, Community Mental Health for
2 Central Michigan. My first three years I spent in
3 Isabella County, and then I transferred in January of
4 2018 to Clare County.

5 Of the six counties that we serve five are in
6 the top eleven most impoverished counties in the State of
7 Michigan. Clare County is the third. There are
8 literally no resources, no pediatricians, very few
9 primary health care physicians, it's about 3,000 to 1 for
10 primary health care. And average caseloads in my agency
11 for an outpatient therapist are 70 to 85 each.

12 I transferred, like I said, in January of 2018.
13 Three weeks ago we finally got fully staffed in our
14 outpatient and our home-based programs. That is
15 unconscionable that now LARA, to avoid or to push the
16 legislature into acting, is put my clients, my patients
17 and my livelihood in the middle of this juxtaposition.
18 LARA doesn't have the ability to make law. That's what
19 the legislature is for. Let 4325 do it is job.

20 The senators and representatives are listening
21 to us for the first time because we're coming together as
22 a unified voice with social workers and with licensed
23 professional psychologists. We have to be able to do
24 this job.

25 I can't look at the 80 clients that I have on

1 Monday and say I didn't come here and fight for you.
2 They're hearing the news. They're devastated. They've
3 spent their entire lives in situations that we wouldn't
4 want to spend five minutes in; and yet, they trust me. I
5 provide that therapeutic rapport in my office. I share
6 with them I understand your anxiety and your depression
7 because I was there 20 years ago after my first, my
8 second child was born.

9 MS. DITSCHMAN: Your time is up.

10 CHERI LaLONE: Thank you.

11 JULIE ARTINIAN CALLAWAY: Thank you for
12 allowing me to speak today. My name is Julie Artinian
13 Callaway, J-U-L-I-E, A-R-T-I-N-I-A-N, Callaway,
14 C-A-L-L-A-W-A-Y. I'm an LPC, NCC and LLMSW. I graduated
15 from Eastern Michigan University in 1999. I also
16 graduated from my MSW -- that was my LPC. I graduated
17 with my MSW from EMU in 2015. I have 20 years of
18 experience as a counselor and two as a social worker.

19 As a NNC I've kept up on CEUs since graduation.
20 Having worked in a variety of settings from nonprofit to
21 the LLC private practice that I own now, I worked with
22 various types of clients who have experienced trauma and,
23 of course, been trained in trauma. I've also been
24 qualified as an expert in court.

25 In counseling I was supervised for 700 hours of

1 counseling during my program and 3,000 hours postgraduate
2 while working with clients. To be clear, in order to
3 move from LLPC to LPC we have to obtain 3,000 hours of
4 supervised training in a work setting after we graduate.

5 Over the years I've attended hundreds of hours
6 of training in trauma, play therapy and supervision, just
7 to name a few. In my current practice I work with two
8 other LPCs and two LMSWs. We have four years left on our
9 office lease agreement. We don't know how we will pay
10 this.

11 Since working in the same downtown of Adrian
12 for the last 16 years of my career I've come to know many
13 families in our community. In my practice families may
14 begin counseling, learn to cope, and reach their
15 treatment goals, then refer others to me. Some of the
16 folks with trauma are children from foster care, kids and
17 adults who have been abused sexually and/or physically,
18 and, of course, veterans and their families, just to name
19 a few types.

20 With this rule LARA is changing the scope of
21 our practice for LPCs. We've already been diagnosing, as
22 you already know.

23 MS. DITSCHMAN: Your time is up.

24 THE WITNESS: Please wait for the HB4325 to
25 avoid all this damage. Thank you.

1 SHAWN ARCHER: I'm Shawn, S-H-A-W-N, last name
2 is Archer, A-R-C-H-E-R. I am also LPC and a nationally
3 certified counselor. I have a Master's degree in
4 leadership and counseling, as well as a Master's degree
5 in gender study. I have been doing this work for about
6 20 years ago.

7 And I brought my visual aid. This is one
8 binder that I have of trainings I have attended above and
9 beyond my counseling license, not required by LARA,
10 something I believe in, but it's important to do to stay
11 within my scope and to give the best to my clients.
12 Because of those 20 years, I work in a nonprofit, huge
13 turnover, I'm able to share this information with new
14 people coming in the door. They don't have to start from
15 scratch. I can help get them settled so they're not
16 burned out within six months. This is important.

17 These rule changes will take this, my degree,
18 all of these degrees off the table, and that's just not
19 acceptable. So, I ask you just to pause and let us get
20 through HB4325. Thank you.

21 RAIZEL WEISS HEITZER: Hello. My name is
22 Raizel Weiss Heitzer, R-A-I-Z-E-L, W-E-I-S-S, no hyphen,
23 H-E-I-T-Z-E-R. I'm an NNC and an LPC. I'm here to add
24 my support to House Bill 4325 as a positive solution to
25 this issue.

1 Rather than a comment I have a few questions
2 for LARA. LARA's mission statement states to provide
3 outstanding service to our customers, both internal and
4 external, by assisting with the reduction of rules and
5 regulations, advancing good public policy and best
6 practices as relates to consumer, economic activity and
7 workforce improvement through policies or statutes. If
8 it is your intent to provide outstanding service why are
9 you not offering a positive solution by supporting House
10 Bill 4325?

11 I will not repeat the exact coursework in
12 diagnosis and training methodology or the hours of
13 vigorous training that LPCs go through, although it bears
14 repeating. It has been documented. We are highly
15 educated and experienced mental health providers who help
16 over 100,000 people in Michigan every year. Clearly
17 these changes will hurt LPCs and all the adjacent staff
18 and agencies, our vulnerable clients, the unemployment
19 rate, our university programs, overburdening the systems
20 in place who work in mental health, and overall health of
21 the State of Michigan.

22 So, I ask you who is pushing for these changes?
23 Who would benefit from these changes?

24 AMANDA SANDLES: Hello. My name is Amanda
25 Sandles, A-M-A-N-D-A, S-A-N-D-L-E-S. My sister is an

1 LPC. I've been a grateful patient of an LPC. I am a
2 survivor of sexual assault. And I am coming from the
3 medical school where our dean was sentenced to jail for
4 misconduct in office regarding the Larry Nassar abuse,
5 and was tried for his own criminal sexual assault against
6 students.

7 I am currently applying to an emergency
8 medicine residency here and across the country. I began
9 working in medicine in the ER registration ten years ago.
10 Now that I'm back in the ER full-time I can tell you that
11 the length of stay for psyche patients in the emergency
12 room has increased drastically, and I have seen multiple
13 patients who have been waiting for over a month to get
14 placement.

15 And ER is a stressful if place for someone
16 seeking physical health care, let alone an acute
17 psychiatric event, and the simulation in an ER can
18 actually precipitate further progression and severity of
19 their symptoms. Just recently we had a patient who was
20 on hold for psyche placement who was near a loud patient
21 and he was triggered by loud noise. The patient who was
22 on psyche hold choked the other patient. A staff member
23 had to get involved. The staff member got assaulted, the
24 other patient got assaulted, and then the psyche patient
25 had to end up in restraints. And it never had to happen

1 in the first place because an ER isn't equipped to deal
2 with mental health care.

3 Lack of billing code leveling for psyche
4 medical care makes it so that there's no financial
5 incentive for hospital systems to provide extra mental
6 health support staff in the ER. ERs and other health
7 care systems are being overburdened due to the lack of
8 systemic support for mental health care and mental health
9 professionals in this country and in this state.

10 In the closing of the State's Caro inpatient
11 hospital has further increased the burden where now the
12 waiting list for inpatient treatment is over 250 people.
13 These patients are left looking for outpatient treatment
14 and left relying on health care options that aren't built
15 to provide proper care for them like emergency rooms.
16 Taking away 10,000 LPC providers from a community that is
17 already suffering from --

18 MS. DITSCHMAN: Time.

19 THE WITNESS: -- of total providers will cause
20 harm to the people we have all collectively committed to
21 serve. Please pause until HB4325 is passed.

22 KATHRYN WATSON: Hello. My name is Kathryn
23 Watson, K-A-T-H-R-Y-N, W-A-T-S-O-N. I am an LPC and NCC.
24 I've been counseling for several years, and I graduated
25 from Eastern Michigan University in the mental health

1 care program. I am a mom of two boys, two and three.
2 They are well-fed, loved, nurtured, have a home,
3 clothing. But every day I work with many children that
4 do not have this experience.

5 I work at Beatty Early Learning Center
6 Community in Ypsilanti, Michigan with three and
7 four-year-old children. This is a preschool for low
8 income families. Many of our students have faced
9 homelessness, trauma, gun violence in their communities,
10 neglect, difficult life transitions such as having a
11 parent incarcerated or a family member die in their home.

12 For the 127 students in our school I am the
13 only consistent mental health care provider that is there
14 each and every day. I work one-on-one with these
15 children to establish trust, build relationships and
16 teach coping skills for the anxiety and behavioral
17 changes. Many of these preschoolers have learned from
18 their early life experiences not to trust adults and fear
19 change. I know through the work we do together I have
20 become a constant in their lives, someone they can trust
21 and count on even if it's just a few hours a week.

22 What will happen to these preschoolers, these
23 three and four-year-olds, who many have attachment
24 disorders and fear of abandonment if I can no longer
25 provide services? You only hear me speaking right now,

1 but when you look at me think of 127 children that will
2 be affected by this. Look at this room filled with
3 people that represent clients they serve. Can you
4 imagine if we brought them all here today how we'd fill
5 the room and the streets with our clients?

6 Thank you for your time.

7 SHEILA HIBBS: Hello. My name is Sheila Hibbs,
8 S-H-E-I-L-A, H-I-B-B-S. And I am a licensed professional
9 counselor. I have been fully licensed since 2007 and
10 have held many clinical positions throughout that time.
11 I also serve as the director of quality and management at
12 Integrated Services of Kalamazoo, which is the community
13 mental health and support program for Kalamazoo County.
14 Integrated Services of Kalamazoo services close to 7,000
15 individuals annually, and we employ 30 other limited
16 license or fully licensed professional counselors.

17 Each of these counselors and therapists are
18 educated, trained, qualified and appropriately licensed
19 to diagnose and provide therapy. It is also a
20 requirement of the community mental health services
21 program, per our contract with the Michigan Department of
22 Health and Human Services to achieve network adequacy,
23 capacity and standards that are necessary to meet the
24 needs of our community. Without licensed professional
25 counselors we would not be able to meet those

1 requirements.

2 I am humbled on a weekly basis to have the
3 privilege to listen to, support and provide therapy to
4 youth, adults and families. I work with youth
5 experiencing suicidal ideation, bullying, insecurities,
6 anxiety and depression. I work with young adults who
7 have recently lost a parent who was their whole world.
8 They have been working through the grieving process,
9 including the feeling of guilt to once again experience
10 happiness and joy that they didn't think was ever
11 possible. I have sat with individuals in emergency
12 departments who have overdosed as a suicide attempt and
13 had the true belief that there was no other reason to
14 live.

15 The impact statement by LARA for Number 32 says
16 explain how the rule, proposed rule changes impact the
17 business growth --

18 MS. DITSCHMAN: Your time is up.

19 SHEILA HIBBS: Thank you.

20 ANNA RICHARDS: Hello. My name is Anna
21 Richards. That's A-N-N-A, R-I-C-H-A-R-D-S. And I'm here
22 to oppose LARA's proposed rules and in support of HB4325.

23 I am a licensed professional counselor as well
24 as a nationally certified counselor. I graduated from an
25 accredited program. It has been my life's mission to

1 become a mental health clinician. For me it started with
2 an inspirational Alan Thicke from watching Growing Pains,
3 a psychiatrist Mike Seaver, when I was a child.

4 From the time I was ten I've been on this path
5 and carefully chose a program that would not only allow
6 me to work as fully licensed practitioner and allow me to
7 open my own private practice, but one with moral values
8 and code of ethics resonated with me in a way in which I
9 am unable to describe with words. I found a home, a
10 tribe if you will, with my program, my colleagues and our
11 scope of practice, something that has been in place 30
12 years, as you have heard, and specifically 16 years prior
13 to my choosing a profession.

14 Let me discuss my background a bit, if I may.
15 I specialize in grief and loss and trauma and anxiety.
16 One of the specialties is adults with foster children. I
17 also discuss that my resume includes working at Beaumont
18 Hospice also in Ann Arbor, Schoolcraft College. I'm very
19 well-rounded in medical nonprofit career educational as
20 well as clinical type settings. My accredited degree and
21 licensure has afforded me the ability to gain experience
22 in these areas.

23 I now have my own private practice in
24 Ann Arbor. One of the areas I specialize in for my
25 educational setting is identifying perfectionism and its

1 often crippling effects. It brings significant amounts
2 of anxiety with it. In the educational setting you might
3 meet someone who has straight 4.0s, and that's an area of
4 conversation. I work with highly successful people,
5 including employees from U of M, St. Joe's. I work with
6 high level competent professionals; nurses, dentists,
7 occupational and art and music therapists, social
8 workers, pharmacists, graduate fellows, Ph.D.s, research
9 coordinators. Many of these are navigating --

10 MS. DITSCHMAN: Your time is up.

11 JENNIFER BURGER: Hello. My name is Jennifer
12 Burger, J-E-N-N-I-F-E-R, B-U-R-G-E-R. I represent Hegira
13 Health, Incorporated and also the LPCs in the State of
14 Michigan. I'm a licensed professional counselor and a
15 nationally certified counselor. I earned my Master's
16 degree from Vanderbilt University, which is a CACREP
17 accredited program. I've been in practice for 15 years
18 and have dedicated my career to the treatment of severe
19 mental illness, including bipolar disorder,
20 schizophrenia, and those with severe trauma resulting in
21 post-traumatic stress disorder.

22 I've been able to do this difficult, but
23 rewarding, work because I am qualified. I've received
24 training in the assessment, diagnosis and treatment of
25 those with mental health and substance use problems. I

1 completed a practicum and internship in both the
2 community mental health and hospice settings. I've taken
3 and passed past two national counseling exams, the
4 national counselor exam, and the national clinical mental
5 health counseling exam. I provided 2700 hours of
6 clinical experience under supervision prior to being able
7 to work independently. I'm definitely qualified.

8 For the past eight years I've worked for Hegira
9 Health, Incorporated, a nonprofit agency in Wayne County.
10 I'm the administrator of our adult outpatient services
11 department. The individuals we are honored to serve not
12 only struggle with the symptoms of mental health and
13 substance abuse disorders, but struggle with these
14 symptoms under the threat of funding cuts regularly in
15 the mental health arena.

16 With the proposed changes to LPC rules are we
17 now have to tell them that they will lose their counselor
18 altogether? At Hegira alone LPCs have served over 6,790
19 individuals during the last fiscal year that just ended.
20 Think of the magnitude of that and how that echos
21 throughout the State of Michigan.

22 With the proposed rule changes LARA is changing
23 the scope of practice for LPCs who have practiced for 30
24 plus years. Please pause on implementing these changes
25 and allow HB4325 to work its way through the legislative

1 process. Thank you.

2 BETH PETERSON: Whoever handed a Poptart over
3 cell door of the bathroom thank you. That's a
4 hypoglycemic therapist.

5 My name is Beth Peterson, B-E-T-H,
6 P-E-T-E-R-S-O-N. I am a licensed professional counselor.
7 I'm trained in EMDR. I'm also a doctoral student in
8 counselor education and supervision at a CACREP
9 accredited school, university. And I have given up a
10 whole day of studying for my competency exams. I'm in my
11 third year and I'm facing those this fall. So, thank you
12 for hearing me.

13 I am also the owner of Milan Christian
14 Counseling. In the school year of 2010 and 2011 there
15 were a number of students at Milan High School who had
16 taken their lives to suicide. There were countless other
17 students who had attempted suicide or who struggled with
18 suicidal thoughts, and the increase of non-suicidal
19 self-injury was on the rise. So, my former business
20 partner and I opened up Milan Christian Counseling at
21 that time. And since then we have received numerous
22 voices of gratitude from former clients for saving their
23 lives or for improving the quality of the lives that they
24 lead.

25 I just want to speak briefly to the way we

1 coordinate with medical professionals, psychiatrists,
2 primary care physicians, and nurse practitioners who
3 prescribe medication for our clients. Every time I meet
4 with a client I ask them how compliant they are with
5 taking their medication. I look for new symptoms and I
6 speak frequently with their medical providers. We have
7 psychiatrists and primary care physicians who often look
8 to us for our expertise and they want to know what we are
9 seeing in the counseling room.

10 MS. DITSCHMAN: Your time is up.

11 OLIVIA DORGAN: I want to first thank for the
12 opportunity to speak with you. My name is Olivia Dorgan,
13 O-L-I-V-I-A, D-O-R-G-A-N. I am an office manager at a
14 private practice, Pawsitive Counseling Center located in
15 the small town of Fremont. Pawsitive Counseling Center
16 is an LPC-owned practice specializing in the counseling
17 of young children under the age of 12 through play
18 therapy and canine assistive therapy.

19 The changes proposed will affect me directly as
20 I will lose my job of two and-a-half years, a job I love
21 coming to each day. LARA's proposed repeal of
22 definitions under the LPC rules will change the scope of
23 practice for counselors, including their ability to
24 diagnose. This will have a devastating effect on
25 thousands of patients in the state. At Pawsitive

1 Counseling Center alone this will affect over 60
2 patients, at least 80 percent of those patients being
3 under the age of eight.

4 There is already a mental health crisis and a
5 shortage of mental health professionals. As an office
6 manager I handle the scheduling of patients we see. Due
7 to the already existing shortage of available therapists
8 in the area I have a waiting list exceeding 50 people.
9 Most of these are children under the age of eight. It's
10 hard enough to tell people that they have to wait because
11 there's no one else able to see them, but taking away the
12 one person in our area that can see them would be
13 absolutely devastating.

14 I ask you to please wait on implementing the
15 proposed rule changes. The solutions that meet -- the
16 solution that meets both LARA's needs and the LPCs' needs
17 is HB4325. Give us time to pass it into law. Continue
18 to protect the public and allow LPCs to continue to
19 practice as they have been. Thank you for listening.

20 MARY ROTTIER: My name is Dr. Mary Rottier
21 tear, M-A-R-Y, R-O-T-T-I-E-R. And I am a counselor at
22 Positive Counseling Center. I actually own the practice.
23 I'm currently licensed as an LPC in both the states of
24 Georgia and Michigan. I'm also a registered play
25 therapist supervisor with the Association for Play

1 therapy. I have a Master's degree in clinical psychology
2 from Georgia Southern University and a doctorate in
3 counseling psychology from the American School of
4 Professional Psychology.

5 I have 20 years of counseling experience,
6 including two internships and three years under the
7 supervision of both a psychologist and an LPC supervisor.
8 I currently own two practices, one in Georgia and one in
9 Michigan, that specialize in seeing children and their
10 families.

11 Six years ago I was excited about the
12 opportunity to move to Michigan to continue furthering my
13 career. However, now I'm disheartened that after 20
14 years of practice I may no longer be able to provide
15 counseling services to the clients I serve. It is also
16 extremely confusing to me why I would be able to continue
17 to serve clients in Georgia but not in Michigan,
18 especially with the same credentials and at the highest
19 degree possible in my field of counseling. I've had
20 plenty of extensive training in diagnosis, as well as
21 counseling techniques.

22 I currently serve about 68 clients in my
23 private practice. In fact, I have just recently extended
24 my hours to accommodate the needs of children in my
25 community. I'm the only provider that specializes in

1 working with youngs kids as young as three in the fields
2 of anxiety, trauma, and attachment.

3 The rules that LARA proposes would be
4 catastrophic for my clients. We have very few providers,
5 the majority which are LPCs. Where would all these
6 clients go? Who would help the young sexual abuse
7 victims I see, the children whose parents are divorcing,
8 the children who have lost a parent, the suicidal
9 teenagers, or the kids who are engaging in self-harm
10 behaviors.

11 I was trained as a therapist to do no harm.
12 The current rule changes would force me to do that, to
13 abandoned clients that are in desperate need of services.
14 Please pass 4325. It meets the needs of both LARA and
15 the clients in our community. Protect the mental health
16 crisis. Thank you.

17 FELICIA MOSES: My name is Felicia Moses,
18 F-E-L-I-C-I-A, last name spelled M-O-S-E-S. I want you
19 to remember that name today when you go to sleep. I am a
20 Central Michigan University grad student with a GPA of
21 3.98. Every class that's on this list on Page 6 I have
22 taken except of practicums and internship, which is next
23 year.

24 I stand tall with the LPCs. I stand tall with
25 the LLPCs. I stand tall with the doctors. I stand tall

1 with all the classmates. I stand tall for myself.
2 Because you know why? I'm spending thousands of dollars
3 in a program. When I left Federal Court working there
4 for 22 years God put it upon my heart to work with people
5 that are lot of people that are addicted, people who have
6 controlled substance, people who are abused, people who
7 are addicts. I am that person to stand tall for them.

8 Do not strip me of my dream to become an LPC.
9 Do not strip me of my chance to be able to leave this
10 world, to leave CMU and stand and say come on, my name in
11 Felicia Moses, may help you today. Do not strip that
12 chance for me to be able to graduate from a program
13 because LARA decides that they want to repeal some
14 language.

15 As I leave this place today, sitting in this
16 chair since 8:00 a.m., I have to say to Dr. Morgan, to
17 all the doctors and the ministers and all the
18 psychologists and the psychiatrists and the social
19 workers whether you're with us or not I stand tall today.
20 I am with you. I will pray for you.

21 And as I have learned humanistic approach,
22 cognitive behavior I'm going to leave here with you by
23 saying I will pray for you. I will forgive you.

24 TANYA BANKSTON: My name is Tanya Bankston.
25 I'm a Central Michigan student. My graduation date is

1 December 12, 2019. I just finished my 600 hours of
2 internship. I don't have the initials to go behind my
3 name, but what I do have is the real life case study from
4 a real client.

5 My client I met in December. He was suicidal.
6 I spent the first two months gaining his trust,
7 developing suicide safety plans, talking to his family
8 members, making sure that those words that he spoke were
9 not idle threats. Okay? Months two and three I gained
10 more trust. I convinced him to go to a doctor to get
11 some medication. His doctor called me to ask me what
12 were my thoughts, what should I do for the client. This
13 is a medical doctor asking me for my opinion.

14 Seven months later my client is still with me.
15 Now he's asking me Tanya, is there real hope? He's still
16 with me, and I saw him just two days ago. And I finished
17 my 600 hours in July. I'm still seeing him today to let
18 him know that somebody cares. I support HB4325.

19 T-A-N-Y-A, B-A-N-K-S-T-O-N, Tanya Bankston.

20 RICHARD POWELL: Hello. My name is Richard
21 Powell, R-I-C-H-A-R-D, P-O-W-E-L-L. I'm an attorney.
22 I'm a counselor. I'm a Ph.D. candidate at Oakland
23 University. And I'm happy to be here. I'm also here to
24 represent the Rochester Center for Behavioral Medicine.

25 Administrative rules must be a reasonable

1 interpretation of the law. The current regulatory
2 definition of counseling techniques is a reasonable
3 interpretation of the law. Since 1978, starting with an
4 exemption written into the scope of practice of
5 psychology, the words counseling techniques in the
6 Michigan Public Health Code have been understood to allow
7 counselors to practice various approaches to
8 psychotherapy and diagnosis consistent with counselor
9 training and a code of ethics.

10 In 1993, in response to a request from the
11 Board of Counseling, the Attorney General agreed with
12 inclusion of diagnosis and psychotherapy and counseling
13 techniques in the scope of practice definitions. And
14 since that time the rule has largely been challenged from
15 a statutory construction point of view.

16 In 1995, 2003, 2012 the Board of Counseling,
17 the Legislative Service Bureau, LARA, and the Attorney
18 General's Office reapproved the wording in our scope of
19 practice. Our statute includes the practice of
20 psychology through our training and counseling
21 techniques. Counseling techniques are nationally,
22 regionally and locally, academically, professionally and
23 scientifically understood to include diagnosis and
24 psychotherapy.

25 Has everyone been wrong? What makes more sense

1 is that the original rules definitions reflect the
2 believable rational understanding of the words counseling
3 techniques. To assume otherwise is to adopt a pre-1970s
4 understanding of mental health and the law. Thank you.

5 REBECCA VANNEST: Hello. I'm Dr. Rebecca
6 Vannest, R-E-B-E-C-C-A, V-A-N-N-E-S-T, LPC, nationally
7 Board certified, licensed school counselor, small
8 business owner, adjunct professor, supervisor, pending
9 registered play therapist.

10 School counselors in Michigan have the second
11 worst caseloads in Michigan. I personally have had
12 anywhere between 350 and 950 students on my caseload at
13 any one time. In my first year in counseling I called
14 Child Protective Services 60 times to protect children.
15 I also conducted 200 suicide assessments. This means
16 sick students were in danger. The students were between
17 the ages of four and ten.

18 In approximately 15 years I have conducted
19 around 200 suicide assessments in schools. School
20 counseling offices have essentially become ERs due to the
21 suicide and mental health crisis.

22 Some say we are a danger to the public. I have
23 reviewed data from LARA's website for 2019. The State
24 Board of Counseling did discipline some counselors, a
25 quarter of 1 percent of the profession. I'll say that

1 again. A quarter of 1 percent of the profession. Yet,
2 we could lose 30 percent of our providers.

3 Michigan is bottom of the nation for mental
4 health, school counseling ratios, child abuse, human
5 trafficking, and water. Let's get on the right side of
6 this issue.

7 As I have listened to my brothers and sisters
8 today for six hours I have realized we need a
9 multidisciplinary committee of mental health providers to
10 advise the governor on the mental health crisis in the
11 State of Michigan, which I believe is important to her.
12 I will be first in line to serve.

13 JASON VANNEST: Good afternoon. Thank you for
14 having us to speak before you today. My name is
15 Dr. Jason Vannest. That's my hot wife that just got done
16 speaking.

17 I'm a licensed professional counselor, a
18 licensed school counselor, a nationally certified
19 counselor, and in the final stages of certification as a
20 registered play therapist. It's in the mail. I'm a
21 trained clinical supervisor, university professor,
22 therapist, and perhaps most importantly, school counselor
23 for children ages four to ten years old.

24 Most people when they hear that they say oh,
25 how cute, little teeny babies, four-year-old, and it is

1 cute, and it is a lot of fun. What some may not realize
2 is that some of these kids are born drug addicted, these
3 kids have genetically predisposed towards severe mental
4 health disorders. They come from homes where they are
5 beaten, starved, raped by siblings and/or parents. They
6 bring debilitating pathological struggles to school with
7 them each and every day, and they need help.

8 I service nearly 1,000 children each school
9 year, that's three zeros, and cannot begin to meet their
10 needs on my own. This is why I rely on these good people
11 out here to refer to to get them the necessary help and
12 support.

13 Children are dying for help, literally dying.
14 Suicide is the second leading cause of death for people
15 10 to 34 years of age. LPCs provide 30 to 35 percent of
16 that care. I'd like to know which board members,
17 politicians or legislators want to add their name to a
18 movement to rob mental health services and care from 30
19 to 35 percent of our children, teens, sisters, brothers,
20 and parents whose lives depend on it.

21 Nothing against you folks, but I am literally
22 disgusted by the bureaucracy and red tape bull crap --

23 MS. DITSCHMAN: Your time is up.

24 JASON VANNEST: -- that is preventing these
25 mental health mental health services from the people who

1 depend on it.

2 ALEXANDRIA PHELPS: Hello. I should say good
3 evening. It feels like the evening because I've been
4 here since 8:00 in the morning. My name is Alexandria
5 Phelps, A-L-E-X-A-N-D-R-I-A, P-H-E-L-P-S. I'm an MA,
6 SCL, LLPC and NCC. I currently work as a school
7 counselor in the number two school in Michigan, and I
8 hope to speak for those today in the education system
9 that may not even be aware of this or how this day will
10 affect them should LARA rules go into effect.

11 Michigan is the 49th worst state for school
12 counselor to student ratios in the country. One to 250
13 is recommended. Michigan average is 1 to 732. Anxiety,
14 depression, and suicidal ideation are at the forefront of
15 my conversations in the school system with 14 to
16 18-year-olds every single day.

17 LARA's proposed rule changes would cause
18 significant loss of referrals for school counselors in
19 Michigan and even longer wait times for students to
20 receive mental health services. These laws would
21 directly affect my ability to follow my American School
22 Counseling Association code of ethics to refer out when
23 students require additional mental health care.

24 School counselors should not be long-term
25 mental health service providers. I already face symptoms

1 of burnout at just 25 years old. It is pivotal that LARA
2 stop or delay the implementation of these rules changes
3 in order to allow House Bill 4325 to become law so
4 overworked school counselors and overworked and untrained
5 teachers do not become students' only available mental
6 health providers. Thank you.

7 DEANNA KEMPKE: Hi there. My name is Deanna
8 Kempke, D-E-A-N-N-A, Kempke, K-E-M-P-K-E. I'm a licensed
9 professional counselor and a nationally certified
10 counselor. I have a small business, a full-time
11 counseling practice in Ann Arbor. The proposed rule
12 changes will put me out of business, affecting not only
13 my two high school age kids but the women I counsel in my
14 practice and the community I serve.

15 My practice is within walking distance of the
16 University of Michigan, as well as two high schools and
17 one middle school. I work primarily with young women,
18 many of whom have experienced emotional abuse and sexual
19 trauma. Many of my referrals come from the university's
20 counseling center. For those of you who may not be
21 familiar with university counseling centers, you need to
22 know that the waitlist is often long and the sessions are
23 limited to six. This simply is not enough time to meet
24 the needs of someone who has been sexually assaulted,
25 self-harmed, and has persistent suicidal ideation.

1 The university relies on me and other
2 professional therapists in my community to help these
3 women. I also receive referrals from the psychiatric
4 emergency room, as well as Ann Arbor public school
5 counselors who, again, do not have time to counsel
6 students presenting with mental health issues.

7 My practice is robust. I typically fill 145
8 sessions a month. Since Me Too I've had to create a
9 waitlist. I am repeatedly told by my patients that it's
10 hard to find a therapist. It takes a lot of courage to
11 ask for help and, unfortunately, when people muster up
12 the wherewithal to do so they often encounter roadblocks.
13 Practices are full. There simply are not enough
14 therapists to meet the growing demand for mental health
15 services.

16 If the proposed rule changes go into effect
17 I'll have to close my business. I am then ethically
18 bound to refer my patients to another clinician. I have
19 no idea where I will find help for the 45 women on my
20 caseload.

21 MS. DITSCHMAN: Your time is up.

22 DEANNA KEMPKE: Gee whiz.

23 MICHELLE SIEV: Hello. Thank for allowing me
24 to speak. My name is Michelle Siev, M-I-C-H-E-L-L-E, S,
25 like Sam, I-E-V, Victor. I am a licensed professional

1 counselor, a nationally certified counselor. And I have
2 been helping clients since 2012. I work in traumatic
3 rehabilitation, traumatic brain injury rehabilitation
4 programs and community agencies from 2012 to 2016.

5 I'm now the owner of a private practice which
6 will essentially go out of business if this rule goes
7 into effect. I am well-educated as you have heard
8 already from all the other LPCs in the room. And because
9 of my code of ethics I took time to learn my skills and
10 to learn my profession before I went into private
11 practice. I wanted to make sure that I had the things
12 that I needed in order to serve my clients.

13 I became a counselor because I wanted to make a
14 positive difference in people's lives. I was a teacher
15 prior to becoming a counselor, and I was making a
16 positive difference there, but I felt that the need was
17 so great to be able to work individually with people.

18 I imagine many of you in LARA have the same
19 motivation, and that is to, you know, help other people,
20 but this change is not going to be helpful. This change
21 is going to be devastating. And, you know, there's an
22 expression that doing the right thing is often the harder
23 thing, but in this case the right thing is actually the
24 easy thing. Just hold on, let HB4325 pass, and thank you
25 for your consideration because if you do what you're

1 saying you're going to do this will be a devastating
2 step. Thank you.

3 CAROL ANN HINES: Hi. I'm amazed as at what
4 you guys are doing. I'm back there crying. I'm not an
5 LPC. I'm a recipient.

6 MS. DITSCHMAN: Can you state your name?

7 CAROL ANN HINES: Oh. My name is Carol Ann
8 Hines, H-I-N-E-S. No Es on either first part.

9 Anyway, yeah, I graduated in '70. I've been
10 getting help almost all my life. And it's a good thing,
11 too. I'm still alive. That counts. I know people who
12 haven't been alive. These are grief bracelets. Okay?
13 People die from suicide or depression. I don't want to
14 die, thank God.

15 I've got the support of my God, my church.
16 I've got the support of 12 step programs, but that's not
17 enough. And I got a counseling session on Tuesday and I
18 took my meds this morning. Seeing someone to talk to
19 regularly has helped me work. Not a glamorous job, but
20 I've worked. I've even got an Associate's degree. I've
21 been hospitalized fewer times and I'm alive. Those are
22 three big things that help save money.

23 I'm representing a group that is a mental
24 health peer support group on FaceBook. We're called
25 Broken People, and we're over 500. We vote, too. And

1 yeah, my dad used to say well, this is a funny part, I
2 was in Pinerest, they said that my caseworker suggested I
3 get testing from the psychologist. I wanted testing. I
4 wanted the real diagnosis to stand up. They gave me
5 memory testing. Oh, yeah, my memory's fine. I wondered
6 where theirs was. Oh, well, that's supposed to be funny.
7 I wish you would just slow down. Maybe you're moving too
8 fast. Thank you.

9 KIMBERLY MATEUS: You have a good personality.
10 My name is Kimberly Mateus, K-I-M-B-E-R-L-Y, M-A-T-E-U-S.
11 Thank you for giving me the opportunity to speak with you
12 today and hopefully holding a second hearing to allow the
13 hundreds of people waiting outside those doors to speak
14 as well.

15 I obtained a Master's degree in counseling from
16 Michigan State University in 2008. Over the past ten
17 years I have worked with individuals who suffer from
18 traumatic brain injury and spinal cord injury. Due to
19 the unexpected acute trauma suffered by my clients and
20 their families there is also a need for family therapy as
21 well. I have also been asked to provide testimony at
22 courts for concerns related to guardianship for my
23 clients.

24 Due to the nature of my client's injuries,
25 which are typically the result of motor vehicle

1 accidents, many suffer from PTSD as well as face
2 difficulties with obtaining transportation to sessions.
3 Therefore, this necessitates that most therapy sessions
4 are held at their residences. Many of these residences
5 are in rural settings with few therapists in their
6 community. If you change the scope a practice for
7 counselors, including our ability to diagnose, you would
8 deprive my clients from having access to essential
9 counseling services.

10 It is the State's responsibility to shepherd
11 and protect the public. Taking the therapists of many
12 clients is not productive, and there is currently a
13 mental health crisis and a shortage of therapists.

14 I'm not sure how much time I have, so --

15 MS. DITSCHMAN: 30 seconds.

16 KIMBERLY MATEUS: Great. As a small business
17 owner and the head of a single income family I would have
18 no way of paying for basic necessities such as food and
19 shelter, much less pay back my student loans to get my
20 Master's degree in counseling.

21 I strongly urge you to wait, slow the process
22 down so that the legislative system can work and HB4325
23 has time to pass. Thank you.

24 KATE SELLERS: My name is Kate Sellers,
25 K-A-T-E, S-E-L-L-E-R-S. I am your patient. The only

1 reason I am alive and standing here as a productive
2 member of society is because of the dedicated and
3 consistent work of trained counselors like y'all. I am
4 your daughter, I am your wife, I am your mother.

5 My parents, my husband and my son have been
6 spared the pain of attending my funeral due to the
7 compassion and availability of licensed professionals
8 that have been able to diagnose and treat me. By working
9 with multiple LPCs through the years I have discovered
10 different types of psychotherapy and the combination that
11 keeps me functional in my job and in my life. Through
12 many group therapy sessions I have attended I have met
13 over 500 people in this same situation. Without people
14 like you, their counselors, they would be dead, in a
15 hospital, homeless or jobless. Because of LPCs they are
16 able to live, to work, to pay your taxes, to vote, and to
17 get fulfillment out of life.

18 Since I had been admitted in the St. Lawrence
19 psychiatric ward after a suicide side attempt in May of
20 2017 counselors have held my hand, sometimes literally.
21 Along the path of recovery, from the initial diagnosis to
22 awareness of available medication, to finding the
23 combination of therapy techniques that work best for each
24 and every individual patient it is education, training
25 and professionalism of how these LPCs that have kept me

1 and hundreds of people like me above ground, out of the
2 ER, and on the road to their best life.

3 LARA, I beseech you, do not put through the
4 proposed changes. Please wait until HB4325 is approved.
5 I ask this for myself, on behalf of all the other people
6 that have benefited from the training of LPCs. And I am
7 terrified of what may happen to me, my family, and my
8 friends if the guidance of these counselors is taken
9 away.

10 This is a life and death issue. If the
11 proposal goes through LARA has issued a death sentence.
12 Yes, it is that serious and it is that simple. LARA's
13 arbitrary proposal is not more important than my life.

14 LAURIE ORLANDO: Good afternoon. I'm Laurie
15 Orlando, L-A-U-R-I-E, O-R-L-A-N-D-O. I'm an attorney
16 practicing in Michigan for 33 years. I am also a very
17 proud LPC. I've been licensed in this state since, it's
18 been a little over 14 years now. I'm also trained in
19 supervision and I supervise many people. I have two
20 private practices, one in Macomb County, one in Oakland
21 County, so I'm representing both of those practices
22 today, Treeside Psychological Clinic in Lake Orion and
23 Orlando Counseling Services in Macomb.

24 I am at a loss to understand why LARA feels the
25 need to push through on these proposed rules. The

1 regulatory impact statement that I have heard and based
2 on all the testimony today is insufficient. There's not
3 been enough consideration given to the impact that those
4 rule changes would make. To say that LARA wants to clear
5 things up that they've done wrong in the rules before
6 just makes absolutely no sense.

7 We have an entire state, an entire industry
8 where LPCs are embedded in our institutional settings, in
9 all of our hospital and health care systems, in private
10 practices. And every single one of those businesses will
11 be detrimentally affected for no reason. To wipe out an
12 entire profession does, yes, it hurts our clients most,
13 but it also hurts us.

14 I drove up here today with my son, who just
15 incurred \$50,000 in student loan debt to get his Master's
16 in counseling, who now is licensed and just starting out
17 in his career that's going to be wiped away. I also
18 drove up here with another LLPC I supervised who just
19 gave up her 25-year career somewhere else to go full-time
20 into the practice of counseling. She's also fighting,
21 suffering from, or recovering from breast cancer --

22 MS. DITSCHMAN: Your time is up.

23 LAURIE ORLANDO: -- and sitting outside. This
24 is wrong, just wrong.

25 DEBRA LOVING: My name is Minister Debra,

1 D-E-B-R-A, Loving, L-O-V-I-N-G. I have owned a private
2 practice for seven years, and during that time I employ 8
3 employees, 35 contractual clinicians comprising of social
4 workers and LPCs and LLPCs. We are Joint Commission
5 accredited. We are substance abuse certified. We work
6 with children as young as three. Our eldest client is 91
7 years old.

8 We have accomplished many things. We see about
9 20 new clients per week coming through our door. We
10 service over 300 people a week. That's just at the one
11 agency. We had three agencies open up by year three, and
12 all that was done by an LLPC or an LPC.

13 Today I am standing in awe, and everybody, all
14 my brothers and sisters that are all here, all the social
15 workers and psychologists. I have a team that's
16 comprised of two psychiatrists and a psychologist. What
17 we accomplished we have accomplished together.

18 There are a few that are opposing. There's
19 always going to be somebody opposing. When you're trying
20 to do something good something bad is not far behind.
21 But this is what I say today is I can't sit here and
22 believe that everybody sitting inside LARA is these
23 horrible and terrible people, so I'm speaking to the
24 individuals that have the power to make change. I'm
25 speaking to your character. You're going to have to go

1 against some adversaries and you're going to have to go
2 against some people that would otherwise want something
3 different.

4 But you have heard too many testimonies today
5 to understand that if HB4325 does not go through you've
6 heard the travesty. So, please, today I'm asking that
7 any member of LARA make a conscious decision. And please
8 don't forget everybody that everybody that is sitting in
9 this room, is standing in this room, and will be standing
10 in this room, you have already preapproved our license.
11 You said it was okay to practice. And now that we're
12 doing amazingly great things people are feeling a little
13 vulnerable and a little worried. But it's going to take
14 a whole village. The village needs to come back, it
15 doesn't need to dissipate. So, I speak to your character
16 today and speak to your reputation. Thank you for
17 letting me speak.

18 ROLISIA SIEBERT: Hello. My name is Rolisia
19 Siebert, that's R-O-L-I-S-I-A, S-I-E-B-E-R-T. I'm an LPC
20 in private practice. I'm a supervisor and I'm a
21 qualified intellectual disability professional. My
22 clients need me, and that's who I'm speaking for today.

23 I started in field because I wanted to speak
24 for the ones whose voices are hidden due to trauma or
25 abuse. I'm here representing the children and adults who

1 struggle with abandonment and inconsistency. Yes, this
2 is my livelihood, but that's not why I'm here today. My
3 clients struggle with suicidal thoughts, self-harming
4 behaviors, anxiety, depression. They trust me with their
5 deepest and their darkest secrets.

6 I followed the requirements. I completed my
7 training. I was supervised for the required amount of
8 time. I invested in myself because I wanted to be an
9 investment for my clients. If I cannot practice in the
10 scope that I have been doing for the last 15 years it
11 will be detrimental to my clients and to the State of
12 Michigan. It will impact our environment. It will
13 impact our community.

14 LPCs are part of the team. We all know our
15 parts. We know our scope. And we play the part. So,
16 then they don't take that part. We work together. And
17 before LARA makes a decision we're all playing our part.

18 Thank for our time today. I want to say thank
19 you. I get up every single day ready to save the world
20 one client at a time. Please do not take that from me.
21 Thank you very much.

22 SCOTT BANGHART: My name is Scott Banghart,
23 B-A-N-G-H-A-R-T. I'm a licensed school counselor, an
24 LPC, and a national certified counselor.

25 I am here today to speak on behalf of my

1 transgender son. After his attempted suicide my wife and
2 I had to wait nearly two months to find a therapist who
3 could treat him. He has developed a healthy relationship
4 with his counselor, who is an LPC. When he and I are
5 discussing last night the potential fallout of LARA's
6 decision he looked at me and his eyes were the look of
7 fear, saying dad, I'm not telling my story again.

8 So, as a father I'm asking you to please let
9 House Bill 4325 run its course and allow my son to
10 continue to see his therapist. Thank you.

11 CHRISTINE LYON: Thank you for sharing that.
12 My name is Christine Lyon, C-H-R-I-S-T-I-N-E, L-Y-O-N.
13 I'm an LPC. I'm nationally certified. I graduated with
14 an MA. I have the credentials.

15 I scratched out my entire speech while I was
16 sitting here because I've been sitting in the room with
17 you guys, you guys, and it's led me to some insights and
18 I'd like to share them. I get that you're frustrated by
19 having to wait for State statute to be fixed, and I'd
20 even go so far as to guess that you wish you weren't
21 forced to be in this position. I believe that you feel
22 that you need to do this. And as every counselor knows,
23 accountability is important.

24 Our previous bill didn't make it through the
25 State Senate. We didn't get it done. We didn't show up

1 like we're showing up now. But you guys got us moving
2 and, as you may have noticed, we're mobilized. We will
3 work tirelessly until this bill passes. We need you to
4 believe in us.

5 Every counselor also knows that a first pass at
6 an intervention can be a vital building block toward
7 healthy and last change. The previous bill was that
8 building block. Please notice the difference in the
9 climate, in the advocacy, and the support for this bill.
10 Please consider pausing, delaying your actions and
11 letting State statute catch up to where we already are.
12 Thank you.

13 MARCY SZNEWAJS: Hi. My name is Marcy
14 Sznewajs, M-A-R-C-Y, last name is S-Z-N-E-W-A-J-S. I'm
15 an LPC, a NCC, and a certified clinical trauma therapist.

16 And I'd like to address LARA's stance, kind of
17 similar to what Christine was just saying, that they must
18 move forward because we didn't take action on the last
19 bill, and the last bill failed and they don't want to
20 wait for this one. Well, it's my understanding that the
21 prior similar bill failed because of late hour
22 unnecessary and harmful changes that were made by the
23 Senate. And that was in part caused by a
24 disproportionate influence that was given by the people
25 that aren't in our profession. And we weren't aware,

1 and, you know, that's on us. But now we are aware.

2 And I would like to please ask that LARA listen
3 to the people who know our profession rather than the
4 people who don't know our profession and don't know our
5 board and don't know our ethics. We're here. We're
6 ready to educate. And going from this point forward we
7 are passionately advocating and educating both the
8 Senate, the House and our governor about what it is that
9 we do, our ethics, our credentials, our training.

10 We can get this done, but we need time. So,
11 please give us the time we need. We're here. We're
12 ready to advocate. We're ready to educate. We just need
13 time. So, please stop, pull back, withdraw, give us the
14 time that we need. Thank you so much.

15 JEANINE MADSEN: It's been a really long day.
16 And I have rewritten -- my name is Jeanine Madsen,
17 J-E-A-N-I-N-E, M-A-D, as in dog, S, as in Sam, E-N. I'm
18 an LPC, NCC, CAA, EC, EMDR trained therapist.

19 I'm giving my personal testimony as an LPC who
20 will be directly impacted if LARA changes our implemented
21 and, in fact, our scope of practice. By now you are
22 aware of the disbelief and shock that licensed
23 professional counselors are living. The idea that via a,
24 quote, small change by LARA we could all lose our
25 livelihoods is incredible. I understand the need of the

1 State to have consistent and clear standards, and that is
2 filled at a Master's level. Psychologists, social
3 workers and licensed professional counselors should all
4 be able to practice what they've been educated and
5 trained to do.

6 We all have a little different approach and we
7 are all needed in the face of the growing opioid and
8 mental health crisis that is currently present in
9 Michigan. My clients will be greatly impacted if I am
10 unable to see them. I work with vulnerable populations,
11 people who have substance abuse problems, teenagers with
12 self-harming behaviors, high suicidal anxiety.

13 My normal conversations with clients include
14 talking extensively about self-harm, suicide, access to
15 guns, casual drug use, shooting up, probation, physical
16 and sexual abuse. Can you imagine discussing whether or
17 not a client has access to means to take their own life?
18 Now imagine if you or one of your loved ones is one my
19 clients.

20 By holding off on changes to LPCs' scope of
21 practice and waiting for HB4325 to go through the
22 approval process you will ensure that thousands of
23 licensed professional counselors can continue to do what
24 we love, maintain access for the citizens of Michigan who
25 need prompt and professional care for mental health, drug

1 and alcohol abuse, and other issues. Thank you.

2 LAURA MAMMEN: Hi. My name is Laura Mammen,
3 L-A-U-R-A, M-A-M-M-E-N. I'd like to first start by
4 saying that it's been a privilege to be in this room the
5 last few hours and listen to everybody and their moving
6 stories. It's been very moving to sit in this room and a
7 privilege to hear from all my colleagues and clients and
8 other professionals that are supporting us.

9 I am a licensed professional counselor, a
10 licensed marriage and family therapist, a nationally
11 certified counselor, and approved clinical supervisor. I
12 am also chair of the Board of Marriage and Family
13 Therapy, although today I'm not representing the board,
14 I'm representing my interest as an LPC.

15 I graduated from a CACREP accredited program
16 that focused on techniques. I have been practicing for
17 18 years now, and am a clinical program manager at a
18 nonprofit in Grand Rapids, Michigan. We primarily serve
19 children and families, mostly the Medicaid population.
20 We like to refer to it as mission-driven work because we
21 all know that we require such a high level of education
22 compared to the compensation that we get in our
23 profession.

24 I oversee six programs of different, serving
25 different children and their needs, and in five of six of

1 those programs we employ counselors. And I am terrified
2 of losing those counselors because they would be unable
3 to practice. I speak with other nonprofits in Grand
4 Rapids and we are all having great difficulty finding a
5 therapist that we need to serve the clients in our
6 community. There's not enough therapists in our
7 community to meet all the mental health needs.

8 I am asking that LARA not move forward on
9 putting the counseling techniques and diagnosis in the
10 education section. We need that in our scope of
11 practice. We need to identify a problem so that we can
12 treat it. Thank you.

13 SARAH KOON: My name is Sarah Koon, S-A-R-A-H,
14 K-O-O-N. I attend today with grave concern related to
15 the proposed LARA rule change that will directly impact
16 LPCs in the State of Michigan. I practice as an LPC in
17 Kent County as a contractor for the local CMHC. And
18 without a doubt, the children, family and adults I, as
19 well as my colleagues, serve will be greatly impacted by
20 this rule change. Ethically I will be abandoning my
21 clients and morally I would be -- I can't read that
22 word -- oh, restricted from participating for the greater
23 good, which only puts the community in which I live and
24 serve, only hurts the community in which I live and
25 serve.

1 The rule proposed by LARA is contradicted by
2 the over three decades of service LPCs have contributed
3 to the mental health communities in Michigan. And what a
4 shame it would be for Michigan to abandon not only 10,000
5 plus licensed professionals, but also leave 150,000 plus
6 patients without proper care or concern. I urge LARA to
7 slow down and allow for House Bill 4325 to pass. Thank
8 you.

9 (Short recess had from 3:32 PM to 3:42 PM.)

10 LEA DICKSON: Hello. My name is Lea Dickenson,
11 D-I-C-K-E-N-S-O-N. I am a student in the clinical mental
12 health counseling program. I'm almost halfway through
13 the program. Currently I understand that the language in
14 the rules and how it's understood is being
15 challenged/changed, that our profession is at stake of
16 losing our ability to diagnose and to use the term
17 psychotherapy. I find it slightly amusing that the class
18 that I am taking this semester is diagnosis and
19 conceptualization. So -- and here's the DSM-V to prove
20 it.

21 So, in this class we are trained extensively on
22 how to diagnose from a treatment plan, to conceptualize
23 cases, give a presentation, and conduct an intake
24 session. I'm actually working right now on a
25 presentation with a classmate, so I find this very

1 baffling. Not to mention we will be thoroughly studying
2 every section of the DSM-V, which is same tool used by
3 other mental health professions.

4 If we are being trained in diagnosis it would
5 make sense that we use it. Diagnosis class is required
6 to be taken by any student in the clinical mental health
7 counseling program, so why are you treating us like we
8 aren't qualified?

9 Our American Counseling Association code of
10 ethics also addresses diagnosis. It states that
11 counselors take special care to provide proper diagnosis
12 of mental disorders, techniques, including personal
13 interviews used to determine client care, locus of
14 treatment, type of treatment, recommended follow-up are
15 or carefully used. If we are not allowed to diagnose
16 then we're not able to ethically do the job we are
17 trained to do.

18 LARA's rule change will put us in direct
19 violation an of our code of ethics. If these changes are
20 made they will have drastic effects on the hundreds of
21 thousands of patients that seek care from counselors.
22 10,000 counselors will not be able to get insurance
23 reimbursement if we are not allowed to diagnose, leaving
24 us with no jobs and the need to move out of state. It is
25 wrong to leave hundreds of thousands of people without

1 affordable care with suicide and the opioid crisis on the
2 rise.

3 I plead that you rethink this change. And I
4 also want to be able to counsel in the state in the
5 future, if these changes happen I will be forced to move.

6 MS. DITSCHMAN: Your time as up.

7 HANNAH BONENFANT: Hello. My name is Hannah
8 Bonenfant, spelled H-A-N-N-A-H, B, as in boy, O-N-E-N-F,
9 as in Frank, A-N-T. I am a second year student in the
10 clinical mental health counseling Master's program at
11 Oakland University. I am speaking before you today to
12 express my deep concerns about LARA's proposed rule
13 changes regarding counselor's scope of practice.

14 The majority of our work as counselors involves
15 diagnosis and treatment, or counseling techniques as LARA
16 puts it. And if we aren't allowed to provide those
17 services to our clients then we can't help them at all.

18 I understand that there is a substantial amount
19 of confusion about whether counselors are trained in
20 diagnosis and counseling techniques, but the truth is
21 that at our program at Oakland University all clinical
22 mental health counselors in that track are trained in
23 diagnosis and case conceptualization. And all
24 counselors, including school counselors, are trained in
25 the same theories of psychotherapy techniques that all

1 other mental health counselors are trained in.

2 If LARA's rule changes were to be put into
3 effect counselors in the State of Michigan would be in
4 direct violation of the ACA code of ethics, E5, a proper
5 diagnosis, which requires counselors to give each client
6 a proper, carefully constructed diagnosis so that the
7 counselor can provide proper treatment and services to
8 that client. This would be akin to expecting a doctor to
9 treat a patient without knowing what is wrong with them.
10 It is an unethical, dangerous and impossible task to ask
11 of any mental health professional.

12 This will leave over 150,000 people without
13 mental health services mainly due to an inability to pay
14 for their services of a psychologist or a psychiatrist,
15 who both charge exponentially more for their services
16 than counselors. Limiting mental health services to only
17 those who are wealthy enough to pay for them is simply
18 not a step in the right direction. Therefore, I urge
19 LARA to rethink their rule changes. Thank you.

20 AMENA KHAN: Good afternoon. My name is Amena
21 Khan, that's A-M-E-N-A, K-H-A-N. I'm currently a student
22 in the Master's program for counseling at Oakland
23 University. As a counselor in training and a resident of
24 Michigan my concern regarding these proposed changes is
25 linked not only to all the client but specifically the

1 immigrant community of the state.

2 I have a personal connection to this community
3 as my immediate and extended family immigrated from
4 Bangladesh in the early 1990s. Legal entry into the
5 United States is a complex and extensive process. For
6 this reason my relatives immigrated at different points
7 in time. This disjointed travel with stressful, and
8 those who arrived first had the additional pressure of
9 being alone in a new country with an unfamiliar language.
10 At that time the Bangladesh community was still growing
11 and resources were limited.

12 If LPCs from diverse backgrounds had been
13 available to this population of new immigrants they may
14 have eased the transition into American life. The
15 presence of LPCs in Michigan has been needed for decades
16 and continues to be a necessary means to address the
17 diverse mental health concerns of Michigan residents.

18 I was drawn to this profession due to the need
19 of mental health professionals in my community as well as
20 Michigan as a whole. The City of Hamtramck, which is my
21 hometown, contains Yemen, Polish, Bangladeshi, Albanian,
22 and Bosnian families, as well as a large Muslim
23 population. It is important to note that a cultural and
24 ethnic center, such as Hamtramck, demands culturally
25 competent counselors who have the ability to diagnose and

1 treat as needed. How much time do I have left?

2 MS. DITSCHMAN: 30 seconds.

3 AMENA KHAN: Another consequence of this
4 proposed change would be the inevitable loss of clients.
5 If clients cannot be diagnosed and treated at their
6 counselor's office they will reasonably look for other
7 professionals. However, many counselor serve clients
8 with insurance companies which may not be wildly
9 accepted. Leaving LPCs without the ability to diagnose
10 and treat would likely result in clients who may not have
11 other options for mental health care.

12 I strongly encourage LARA to wait for HB4325 to
13 pass, as this bill would negate the need for any of the
14 proposed rule changes to LPC practice. Thank you for
15 your time and consideration.

16 LORI GOLDEN: Hi. I'm Lori, L-O-R-I, Goldin,
17 G-O-L-D-I-N. I'm an LLP and an LPC and I practice in a
18 rural Community Mental Health Agency in northern
19 Michigan.

20 Fifteen years ago I had something life-changing
21 happen to me. I made the decision to leave my
22 high-paying career in which I traveled around on a
23 private jet as a personal assistant to a very wealthy
24 family. I made the decision to go back to school. But
25 I'm not here to talk to you about my education because

1 everybody in this room is educated. I'm not here to
2 discuss my two hour and twenty minute round trip. I'm
3 not here to discuss my student loan debt because
4 everybody here in the room has that. I'm not here to
5 discuss my financial concerns should I lose my job if
6 LARA made these changes. I'm not here to discuss my
7 highly trained and educational forte because everybody
8 here in the room is highly educated and trained as an
9 LPC.

10 But what I am here to discuss is I am trauma
11 trained. I am the DBT consultation leader at my agency,
12 and I am EMDR trained. But I'm also here to assist my
13 clients. I have a caseload of 46 in my rural community
14 that I practice in. And if LARA makes these changes who
15 is going to take the calls of suicidal clients? Who's
16 going to answer the phone when they're calling me because
17 they have a knife in their hand and they want to cut or
18 they have a knife in their hand and they want to slit
19 their throat? Who is going to take the phone calls when
20 they want to overdose? Who is going to take the phone
21 calls when they want to put the gun in their hand and
22 pull the trigger? Who?

23 It won't be me because you will have changed
24 the rules and I'll be out of a job. So, I'd like your
25 phone number because you're going to have to take the

1 calls of my clients because all of the LPCs in my agency
2 and all the LPCs in our state will be out of a job.

3 So, thank you for allowing me to speak and I
4 hope you reconsider. Thank you.

5 ISAAC WATTS: I am Isaac Watts, I-S-A-A-C,
6 W-A-T-T-S. I have been an LPC for 15 years. I am a
7 private practitioner doing community work with the adult
8 and children's legal system. I am a member of the
9 community critical response team. I'm the only
10 African-American male Master's level clinician in the
11 Kent County Community Mental Health system. That's
12 psychologists, psychiatrists, MSWs, LPCs. I am it.

13 With Kent county I work as a crisis
14 intervention therapist treating persons who are suicidal
15 and/or homicidal. In order to work with this population
16 I had to prove to the CMH that I could, that I had a
17 Master's degree in counseling, counseling psychology,
18 social work or psychology, that I was certified, licensed
19 to practice in the State of Michigan, that I was
20 credentialed through the Michigan Certificate Board for
21 Addictions Professionals, a thorough working knowledge of
22 the practices and principles of psychological, emotional,
23 sociological, assessment and diagnosis, thorough working
24 knowledge of professional ethics, standards and
25 practices, lived experience with mental illness, and the

1 list goes on and on and on.

2 Leaving the Grand Rapids Theological Seminary I
3 was told that you wouldn't have the credentials and you
4 wouldn't have the education to be able to serve the
5 community. And when I went into Network 180 I proved all
6 those people wrong. I am able to assess and diagnose and
7 create treatment plans to help the most severe of the
8 people that we work with in our community.

9 And I would urge -- and I would urge LARA -- I
10 would urge LARA to slow their roll and know that we are
11 more than capable in our education. If I, from lowly --

12 MS. DITSCHMAN: Your time is up.

13 ISAAC WATTS: -- Grand Rapids Theological
14 Seminary, is capable of doing this work I know the rest
15 of us are capable to do it as well.

16 CLARISSA SANTANA: Hello. My name is Clarissa
17 Santana, C-L-A-R-I-S-S-A, S-A-N-T-A-N-A. I'm a counselor
18 training at Wayne State University.

19 Prior to joining Wayne State's counseling
20 program I was an advocate for a nonprofit organization,
21 and one of the clients assigned to my case was a
22 16-year-old that was suicidal. This teenager attempted
23 so many times to take their life, and the only thing that
24 was holding them back was the four point restraints that
25 they were in. One day as I sat with them, brushing their

1 hair and talking to them they looked at me and said thank
2 you for caring, but you know I'm going to do this and I'm
3 going to be successful one day.

4 I went home knowing that I wasn't trained
5 enough to help them, that I didn't know the skills, the
6 techniques, any theories to apply to be able to help this
7 client. So, I researched and carefully selected a
8 program that was CACREP accredited, a program that is one
9 that is training me to become the licensed practicing
10 counselor that I aspire to be one day, one that is
11 training me successfully to become confident in my skills
12 and to be able to help clients these.

13 I didn't do this for the money. I didn't do
14 this to get a title. I did this because I'm passionate
15 for mental health. I care about clients. And I hope
16 that one day I will be able to see what happened to that
17 client and to work with others just like them. I ask
18 that you support us so we can support our community.
19 Thank you.

20 DEQUINDRE JERNIGAN: Good afternoon. My name
21 is Dequindre D-E-Q-U-I-N-D-R-E, J-E-R-N-I-G-A-N. And in
22 2015 I began my journey to pursue a career as a licensed
23 professional counselor. The journey wasn't an easy one,
24 but I accepted the call to be challenged as a student at
25 Wayne State University. Now I'm at the finish line,

1 currently completing my requirements for internship.

2 And the thought of House Bill 4325 not passing
3 not only terrifies me, but breaks my heart that
4 thousands, if not more, people will be without adequate
5 mental health care. For me this is not just about not
6 having a career that I worked for four plus years after I
7 graduated, this is about the future of mental health for
8 my community, the State of Michigan, and for my two
9 future children, which is why I wear these two ribbons on
10 my chest today.

11 Don't take away the ability of LPCs to diagnose
12 patients and bill insurance companies. In doing so you
13 not only affect people currently in need of mental health
14 professionals but the generation of individuals yet to
15 come.

16 So, in closing, I just have one question. For
17 House Bill 4325 doesn't pass who's going to pay these
18 student loans?

19 CAITLIN FLEMING: Hello. My name is Caitlyn
20 Fleming, C-A-I-T-L-I-N, F-L-E-M-I-N-G. I'm a Master's
21 student at Wayne State University as well, in my last
22 semester, graduating, hopefully, in December.

23 My very first experience with mental health in
24 general was Court ordered counseling at the age of seven
25 for the effects that emotional and physical abuse had on

1 my family, as well as addiction. I have seen many mental
2 health professionals over the course of my lifetime, even
3 through a suicide attempt at the age of 16.

4 Eventually I met a counselor, an LPC
5 specifically, who was able to help me as if nobody else
6 had, who demystified the process of therapy, who gave me
7 the skills and techniques in order to completely change
8 my self-esteem. As a child I was told that I was a
9 burden to everyone caring for me. It took me years to
10 gain the confidence you see before you today. I'm a
11 product of successful therapy of LPCs who diagnosed me
12 with major depressive disorder. I have the confidence to
13 call a public forum and invite House Representatives,
14 which two of them came, this week to show their support
15 for House Bill 4325.

16 I'm dedicated to helping people in Detroit and
17 their mental health. I've heard that our response is a
18 little late. A little late is better than never. I also
19 wonder why we continue to struggle with climate change,
20 why there still is not clean water in Flint. There are
21 many things that we know are unjust, and yet, we have not
22 taken the action that we need to.

23 It's true that our profession has not united
24 before like we have today, but again, better late than
25 never. And just because these changes are not coming in

1 November does not mean that urgency is not needed. Also,
2 there's been 40 years of precedent where diagnosis has
3 been a part of our scope of practice, and precedent is
4 formally recognized in the rule of court.

5 Thank you very much. I ask that you please do
6 not pass these changes. They are detrimental to clients,
7 to mental health professionals, and everyone involved.
8 Please support House Bill 4325. Thank you.

9 ERIKA MAGERS: My name is Erika Magers. It's
10 spelled E-R-I-K-A, M-A-G-E-R-S. I'm a licensed
11 professional counselor in addition to being a Board
12 certified art therapist. I am primarily an art therapist
13 and also licensed as a counselor because that's how we're
14 able to practice in Michigan. I have two degrees, over a
15 hundred credit hours in graduate studies. Everything I
16 had to do for counseling I also had to do the art therapy
17 version, so I have double the education in diagnosis and
18 counseling and therapy treatments.

19 Since I became licensed I've continuously
20 worked with underserved and high risk populations. I've
21 worked as a therapist for adjudicated youth, for teens,
22 and for years doing in-home therapy for children with a
23 serious emotional disturbance diagnosis. I have worked
24 in private practice treating anxiety, depression and
25 PTSD.

1 Currently I work for a Tribal Behavioral Health
2 Department. I am the only provider that does trauma
3 work. I serve in a six-county area. It is essential
4 that I'm able to continue to practice because there will
5 be no one else there to do my job. We currently are down
6 a number of clinicians in our department because there is
7 such a shortage of therapists in northern Michigan that
8 there are people without services.

9 LPCs are essential for keeping people from
10 committing suicide, preventing additional deaths from the
11 opioid crisis. I'm particularly concerned about my
12 clients and other people of color who will be
13 disproportionately affected by these rules because
14 counselors do serve the underserved population.

15 So, I just want to encourage LARA to hold off
16 with the rule changes and be mindful of how this will
17 affect the Native American community and other people of
18 color.

19 GREGORY HAYES: My name is Gregory,
20 G-R-E-G-O-R-Y, Hayes, H-A-Y-E-S. I am a licensed
21 professional counselor. I received my education from
22 Western Michigan University, a CACREP program, which
23 means that I am educated in diagnosing.

24 I'd like to take you back to a very warm
25 July 20th, 1969. My neighborhood was crowded around a TV

1 set and we were watching men walk on the moon. And why
2 were we doing this? Because my father was one of the
3 lead engineers that designed the guidance system that got
4 us to the moon and back. And everybody congratulated him
5 on the work that he did. And he said you know what, it's
6 about the people that we serve. And that's what
7 counseling is about. It's about the people that we
8 serve. Don't rob us of that opportunity to serve.

9 Now I'll move forward to 2012, December. I
10 graduate with my Master's. And my father said to me
11 remember, it's about the people that we serve.

12 MR. MacINTOSH: Just another reminder. We're
13 at the top of the hour, 4:00 o'clock. Again, the hearing
14 closes at 5:00. So, we have a couple more rows to go.
15 So, if you don't feel like you're going to get a chance
16 to speak you should certainly get your comments in via
17 e-mail or you can write them on your comment card. We
18 can set them up here right on the stage. So we're coming
19 on 4:00 o'clock, one hour.

20 DAWN WISEMAN: My name is Dawn Wiseman,
21 D-A-W-N, W-I-S-E-M-A-N. And this is a very emotional
22 subject for me, so please bear with me. I'm here to
23 represent adoptive parents and foster parents and
24 children out of the foster program.

25 And I would like to recognize my 12-year-old

1 daughter who left the house with me at 6:30 today and has
2 the stamina to survive with all of us adults. She wanted
3 to come today because she thought, when she heard I was
4 coming, that it was important to hear, to be here and be
5 present. So, I am so proud of her for that.

6 It is very hard to find services for our
7 children that we adopt through the foster program. I am
8 an educated adult adopting children, and I am struggling
9 to find the services for my children. What I ask of LARA
10 today is I understand -- I'm a very literal person, and I
11 understand lining things up so they make sense and
12 they're across the board, but what I would like you to do
13 is look outside of the norm and join us in giving us the
14 support to our government elected officials to pass this
15 legislation that we so desperately need so that we are
16 aligned and we have the literal same verbiage. That
17 would be the way to send our energy in the way that would
18 best serve the laws and the people of our community so
19 that we continue to be served, we continue to be able to
20 work, and we continue to love and have long effective
21 lives for our children. Thank you.

22 RONALD FLEMING: My first name is Ronald, my
23 last name is Fleming, F-L-E-M-I-N-G. I am an
24 African-American clinician. I'm going to say it one more
25 time. I am an African-American male clinician. There

1 are not a lot of me. Okay? And you're going to take
2 what is LPCs African-American male and sideline this.
3 Okay? African-Americans are not in the system to help
4 make decisions like they should be.

5 And so, when we start hollering words like
6 institutional racism that's what these kinds of things
7 that are coming up now that we're talking about today, we
8 would include that in institutional racism because you're
9 going to take 10,000 people and remove them from the
10 system and the people that need them the most will not
11 have access.

12 And there is a theory that's being tossed
13 around in the African-American community about trauma,
14 and they're stating that 80 percent of us are traumatized
15 from the Jim Crow era back. Okay? And so, in order for
16 that trauma to be evaded you're going to need people like
17 us, especially people like me and the African-American
18 clinicians that are in this room. Amen. All right.

19 KRISTEN DeLANGE: Hello. My name is Kristen
20 DeLange, K-R-I-S-T-E-N, D-E, capital L-A-N-G-E. I have a
21 Master's of Science in mental health counseling. I'm a
22 licensed professional counselor, a national certified
23 counselor, a certified advanced alcohol and drug
24 counselor. I've been a counselor for almost 11 years,
25 and before that I did several years of crisis work using

1 my Bachelor's degree, a double major in psychology and
2 Spanish.

3 Thank you for taking the time to listen to my
4 testimony. I am really so grateful for everyone who came
5 to support us and our opposition of LARA's proposed
6 changes for counselors. This is changing our profession
7 identify. And I don't want to repeat all the coursework
8 that we have taken to give us the ability to diagnose and
9 utilize counseling techniques to service our clients and
10 our communities.

11 One thing I have not heard in the hours that
12 I've sat here is since I speak Spanish I serve and work
13 with the Latino-Hispanic population, and they're a
14 grossly underserved population despite their enormous
15 presence in our state. And last night I was taking
16 pictures off my phone and I got an error message on a
17 computer that read catastrophic failure. And that is how
18 I see these proposed changes for our system, a
19 catastrophic failure, because our system cannot support
20 the amputation of 30 percent of our helping
21 professionals.

22 We need to be on the ground to help. Help us
23 work together. Work with us. We want to continue to do
24 our jobs and do it to the best of our ability to serve
25 our communities because it affects not only us, not only

1 our clients, but their families, their communities, their
2 schools, their employers, and the criminal justice
3 system, and beyond. Help us to make Michigan better and
4 be part of the solution. Thank you very much.

5 RUTH SPALDING: Hi. I have a time here. Help
6 me out. My name is Ruth Spalding, R-U-T-H,
7 S-P-A-L-D-I-N-G. I'm a licensed Master of social work
8 and a certified advanced alcohol and drug counselor. I
9 work in private practice that serves LBGTQ plus other
10 folks. We have a waiting list that's much longer than
11 three months, so the three-month figure has been put in a
12 lot.

13 But I'm here as a colleague. And LPCs have
14 been operating in our system for three decades. They're
15 fully integrated into every aspect and layer of mental
16 health and infrastructure. I rely on my colleagues for
17 consultation, for support, for clinical coverage.

18 I know folks have talked about wait times for
19 clients, about abandonment, about suicide rates, the
20 opioid epidemic, but imagine forcing all of that on the
21 remaining providers who cannot possibly absorb clients.
22 Imagine not being able to find any clinical coverage or
23 being able to get any time off. Imagine the amount of
24 burnout that would increase. There's already burnout.
25 Let's get real about that. But the burnout, it's just

1 not sustainable. Imagine the loss of depth and breadth
2 of knowledge from colleagues that would no longer be able
3 to give input on diagnosis or therapeutic techniques.

4 I've been blown away, by the way, for everyone
5 sharing their stories. All of that would be lost. So,
6 please delay and allow passage of House Bill 4325. Thank
7 you.

8 TAMARA EPSON: Good afternoon and thank you.
9 Excuse me. I'm very nervous. My name is Tamara
10 Epson(sp). I've been a fully licensed LPC for 12 years.
11 I was licensed in Georgia. I attended Georgia Southern
12 University and earned a Master of Science in clinical
13 psychology. I took courses in neuropsychology,
14 psychopathology, personality assessment, intellectual
15 assessment, developmental psychology, and psychotherapy
16 skills. These were the titles of my courses. That, in
17 itself, indicates that I am qualified to do what I do,
18 just as all of the people that have spoke before me have.

19 I moved back to Michigan with my family about
20 six years ago and I transferred my license from Georgia
21 to Michigan, and you told me that it was okay. I've been
22 doing this for six years. I've been an LPC. I've been a
23 supervisor.

24 Currently I'm working in private practice.
25 Half of us are LPCs. Our practice will fall apart if we

1 cannot continue doing what we are doing. This practice
2 is at risk of going out of business, and we have
3 currently a two to three-week waiting list. Psychiatry
4 in Calhoun County where I work has a three to four-month
5 waiting list. Other offices that do not accept Medicaid,
6 Medicare clients as we do, do not have the capability to
7 support what we do, to pick up our slack if we cannot
8 continue what we are doing.

9 We are not seeking to expand our scope of
10 practice. We are seeking to maintain the standard of
11 care that we have all been trained and overly qualified
12 to do for over 30 years. Please support HB4325. Thank
13 you.

14 FREDERICK HOGAN, II: My name is Frederick
15 Hogan. F-R-E-D-E-R-I-C-K, H-O-G-A-N, II. I am here on
16 behalf of 43 people on my caseload to give them a voice
17 since they're not even aware of what's going on in this
18 state. And if pausing or slowing down isn't an issue I
19 would just ask LARA to simply desist in harming the
20 residents of this state. Thank you.

21 ANTHONY SOLITRO: Anthony Solitro,
22 A-N-T-H-O-N-Y, S-O-L-I-T-R-O. The opportunity to speak,
23 thank you. The opportunity to have a voice, to be
24 listened to, that's what we do. Right? That's what
25 we're all about. Right? For Michiganders, for the

1 people of our state. The power to listen.

2 As a licensed professional counselor using
3 knowledge and education, skills and training, Diagnostic
4 and Statistical Manual, of course, trauma training, I'm
5 daily struck by the opportunity and the continued need
6 for what we do. I've heard numbers, numbers this week,
7 like 150,000 human lives, clients, would be affected in
8 mental health crisis if this tragic ruling goes through.

9 The debate over what I've now determined comes
10 down to the nomenclature, the title of our license mode
11 of practice, not our education or skill set. And
12 selfishly, I was driven to think of my own clients, the
13 people I've come to know, to see grow, to be healed, to
14 achieve lasting progress and freedom from the effects of
15 trauma through my and my colleagues' skill and
16 empirically-based techniques.

17 And most importantly, for those whose journey
18 is far from over, and imagine telling them that in the
19 midst of their crisis, in the midst of an era of
20 epidemics like the opioid crisis and teen suicide
21 epidemic. And the courage of such victims to speak out,
22 that their skilled mental health clinician must turn them
23 away because they simply chose the wrong mental health
24 professional to go to.

25 I heard this presiding body, and our decency

1 and our objectivity, please, if not for the thought of
2 us, let your conscious rule be on behalf of the client,
3 on behalf of the people, on behalf of Michigan. Thank
4 you.

5 URSULA BROWN: Hello. My name is Ursula Brown.
6 I am an LPC in Detroit, Michigan, and I am in private
7 practice, so this will directly affect me. My whole
8 business will be gone, and the 70 people that I serve
9 will be without a therapist.

10 I'm also unique. I'm a woman of color, and
11 there's not that many of us. Nationally
12 African-Americans are 20 percent more likely to be
13 diagnosed with mental health issues. And the biggest
14 barrier is because they don't find people who look like
15 them. It is a cultural barrier. The majority of my
16 clients are women of color like me, and that's why they
17 came to me, because they felt comfortable that I would
18 understand what they were going through. I want to be
19 able to continue my work.

20 I went to a CACREP accredited college. I did
21 everything in good faith. And now you're telling me that
22 it's not good enough. What more do I have to do? I'm
23 looking at this impact statement, and all the things,
24 you're actually increasing the requirements of what we
25 have to do in order for us to prove that we are able to

1 basically do clinical work. And yet, and still, you're
2 taking away diagnosis. That doesn't make sense.

3 I would like for you guys to really look at
4 what you're doing. Look at how this is going to affect
5 the people. And please look at what you're actually
6 asking of us, because if you want us to do more then you
7 also need to do more as well.

8 Just allow us to do the job that we have been
9 asked to do, that we've did, that we did in good faith.
10 We did everything that was asked of us. I don't want to
11 leave the women of color without another woman of color
12 to basically serve them.

13 MS. DITSCHMAN: Your time's up.

14 NASREEN PAYTAS: Hi. My name is Nasreen
15 Paytas, N-A-S-R-E-E-N, P-A-Y-T-A-S. I'm an LPC from
16 Midland, Michigan with Stillwater Professional
17 Counseling. We're all LPCs. I love what we do, as we
18 all do. But it's not about me.

19 You know, we all submitted paperwork to LARA to
20 get licensed and there was never an issue. In our
21 disclosure statement we kind of have to say what we do,
22 how we do it, and if there's any problems where to send a
23 complaint to. And LARA, with that disclosure statement,
24 issued our license. Beyond that it's almost like a bait
25 and switch. You go through the education, you go through

1 everything that is required, you submit the paperwork,
2 and then sorry. I understand.

3 I was in child welfare program manager for
4 foster care licensing. I understand the legislative
5 rules and statutes. There's the precedent that we have
6 diagnosed. We have done treatment plans. We do
7 interventions. We are good at what we do. But how can't
8 LARA bring the precedent and work with the legislature to
9 make this right, not just for us. I mean, yeah, it's our
10 livelihood, it's our vocation, but also, mostly, greatly
11 for our clients.

12 That yes, there's the hardest, the most worst
13 cases, but there's also people just like you and I who
14 just need a little bit of help for a little bit of time.
15 And we do that for them, too.

16 MS. DITSCHMAN: Time's up.

17 NASREEN PAYTAS: Thank you.

18 MOLLY SOWELS: Good afternoon. Thank you for
19 having us all here. My name is Molly Sowels. I am an
20 MMA, LPC, licensed in the State of Michigan. I'm also
21 licensed as a trauma focus cognitive behavior therapist,
22 also certified by the State of Michigan to do this
23 therapy with children who have been traumatized ages 7 to
24 18.

25 So, two minutes is what we're allowed to talk,

1 120 seconds, the time allotted for me to speak today. By
2 the time I'm done speaking in that two minutes research
3 tells us that three people will have suicided. Current
4 statistics show that every 40 seconds someone suicides.
5 It is also a fact that suicide is the second cause of
6 death for our young people age 15 to 24 in the State of
7 Michigan.

8 Recent research from America's health rankings,
9 the annual report in 2018, tells us, quote, suicide may
10 be prevented through strategies that empower individuals,
11 families, and communities, including, number one,
12 improving clinical and community preventative services;
13 number two, enhancing treatment and support services.

14 And I question today what the hell's going on
15 when we're actually decreasing. The proposed changes
16 that LARA's making are actually, they will decrease
17 preventative services, including all of the LPCs.

18 You've heard the numbers, 10,000, 150,000
19 people affected. And we will be doing the opposite, we
20 will not be enhancing treatment and support services.
21 And I would speak to -- I don't care at all to talk about
22 myself or my education, my profession. I can find
23 something else to say. But all of the people that would
24 be affected, it's tragedy. It's tragedy that's going to
25 happen.

1 HANNAH FADIL: My name is Hannah Fadil,
2 H-A-N-N-A-H, F-A-D-I-L. And I'm currently a graduate
3 level mental health counseling student at Grace College.
4 And after I graduate I plan to pursue licensure as a
5 licensed professional counselor in the State of Michigan.

6 First off, I'd like to extend my greetings and
7 gratitude to LARA for allowing myself and others to
8 testify on behalf of LPCs and LPC students as myself.
9 The program I am currently attending is a CACREP
10 accredited program, meaning that in order to graduate
11 from the program I am required to be proficient in
12 identifying mental health disorders as identified by the
13 DSM, creating treatment plans, and using psychotherapy to
14 treat those disorders. I must also be able to provide
15 group counseling.

16 These required proficiencies for all
17 counselors, regardless of specialization, are stated
18 clearly in the CACREP standards, which I provided for
19 you. I have also taken the liberty of underlining where
20 in the CACREP standards it is written that all CACREP
21 approved counseling programs, whether Master's level or
22 doctoral level, and regardless of specialization, are
23 required to teach their students how to properly diagnose
24 and treat mental health disorders, as well as use proper
25 assessments and psychotherapy techniques when treating

1 clients. This means career counselors can diagnose.

2 The information that I have mentioned can be
3 found in the CACREP standards on Pages 10 to 14. The
4 original document can be found on the CACREP website
5 under resources.

6 My question to you, if CACREP and LARA, in the
7 education section of the rules, as a counseling student
8 to learn how to properly diagnose mental health
9 disorders, is required, and as well as learning to use
10 the prior psychotherapy techniques, if all that's
11 required why are you limiting my ability as a counselor
12 to practice what I've learned and am qualified to do,
13 then what is the point of my education? Is not the point
14 of education to impact the world?

15 I will be fully educated and qualified to
16 assess and diagnose mental health disorders. I will be
17 fully educated and qualified to treat clients who are
18 suicidal, fighting addiction, struggling with PTSD,
19 suffering from anxiety, et cetera, et cetera.

20 MS. DITSCHMAN: Your time is up.

21 HANNAH FADIL: Thank you so much.

22 KERRIE CLARK: My name is Kerrie Clark. I'm a
23 licensed professional counselor with a private practice
24 in Grand Rapids. I currently have 60 clients.
25 93 percent of my clients use insurance. I see people of

1 all ages for a lot of issues, but I specialize in working
2 with people with trauma, especially children and
3 transgender individuals, people that are underserved and
4 the most vulnerable.

5 Cutting my clients off from services would not
6 only be a difficulty for many of them but could also be
7 dangerous, as has been discussed because many of them
8 will become suicidal when one of the only people that
9 they trust in their life abandons them. As proof of
10 this, of how some people don't have the support network
11 that they need, I have a message from a client of mine
12 earlier this week that said thank you for being more than
13 all I have some days.

14 Everyone has been very selfless in their
15 clients today. I'm going to be a little selfish for a
16 second. Because losing the ability to charge insurance
17 would be personally devastating as well. I've been in
18 private practice for over six years. I'm very proud of
19 the business that I have created. I am proud that I got
20 my Master's degree. I had all the right training. I did
21 what I was supposed to do. And now through no fault of
22 my own I could lose everything I worked for.

23 I just moved into a new building with three
24 other LPCs. We signed a seven-year lease with a
25 30,000-dollar build-out, amortizing that lease. So, not

1 only would I have to close my shop, but I would have no
2 way to pay a bill that I would still be charged with. I
3 am also the main breadwinner for my family of three. I
4 have a four-year-old son. We lead a modest but
5 comfortable life. If this goes through we will be
6 completely dependent on the State and would probably lose
7 our home and have to move in with my mother at age 36.

8 MS. DITSCHMAN: Time's up.

9 KERRIE CLARK: So, please pause on these
10 changes. Thank you.

11 BRYAN FUNK: Good afternoon. Thank you for
12 your time and opportunity. My name is Bryan Funk,
13 B-R-Y-A-N, F-U-N-K like the music. I am an MA licensed
14 professional counselor and have been in Michigan for 15
15 years. And I'm a licensed mental health counselor in the
16 State of Indiana, which I have been for the last 20
17 years.

18 I am highly educated. I have a Master's degree
19 in applied behavioral science, a Master's degree in
20 counseling, a dissertation short of a Ph.D. in counseling
21 education supervision. I've worked for 26 years in the
22 field of juvenile justice and child abuse and neglect.
23 I'm currently in my position for the last 18 years,
24 providing therapy to juveniles who have sexually
25 offended, in addition to being abused and hurt and

1 traumatized and locked in bird cages in their lives.

2 In that years of experience there is very few
3 in Michigan who treat juveniles who have sexually
4 offended. It's not a population most people raise their
5 hand and go yup, that's the one I want to work with. It
6 seems very difficult, and it is every day.

7 I have three therapists I supervise in my
8 practice and office. Two of them are also LPCs in
9 addition to that. So, our entire facility pretty much
10 would be shut down and no treatment. These young men
11 will have to go somewhere, likely back to the community,
12 again, not served by LPCs, which literally places the
13 community at risk. Thank you very much.

14 LAURA MAES: My name is Laura Maes, L-A-U-R-A,
15 M-A-E-S. And I'm a licensed professional counselor and a
16 nationally certified counselor. I've been in the mental
17 health field since 2008. During this time my job as a
18 home-based counselor also allowed me to spend so much
19 time advocating for my clients in court that I was deemed
20 an expert witness by the Courts in my county due to my
21 ability to diagnose and counsel.

22 I'm able to use the trauma focus cognitive
23 behavioral therapy modifier as I've been recognized by
24 the State of Michigan as having completed my training in
25 TFCBT. I've also completed training to supervise limited

1 licensed professional counselors. I've previously been
2 an outpatient therapist for six years. In January of
3 2019 went into private practice.

4 Before I knew what was going on with this I
5 bought a building because I'm expanding rapidly, that I
6 needed more space and was planning on hiring more staff
7 to help with the waitlist we currently have in Jackson
8 County of people needing mental health services. I
9 currently have a caseload of approximately 50 people and
10 have added an extra day to my practice to see clients.

11 I believe that the number of 100,000 clients
12 being affected is low, as I'm not sure how many of the
13 10,000 LPCs only have 10 people on their caseload. The
14 repercussions of losing 10,000 clinicians is astronomical
15 to me, along with being neglect. I should also ad that
16 our local CMH is made up of 56 percent of LPCs of their
17 clinical staff.

18 If we lose our ability to diagnose and practice
19 within our current scope this would mean that we no
20 longer be able to do what we have been doing and we would
21 have to cease seeing our clients or face the possibility
22 of being sued by the department. It we stop seeing our
23 clients we could be accused of abandonment. We are in a
24 terrible situation in either of those scenarios.

25 I could not only lose my business but my home

1 due to the loan I've taken out to get the building, on
2 top of having to pay back student loans for a degree that
3 I will not be able to use. I'm sure that I'm not the
4 only one that is in this type of situation, as one of my
5 colleagues has recently bought a house.

6 MS. DITSCHMAN: Your time's up.

7 LAURA MAES: Thank for your opportunity to
8 speak.

9 MESHIA SCHULTZ: Thank you for giving me an
10 opportunity to talk. My name is Meshia Schultz,
11 M-E-S-H-I-A, S-C-H-U-L-T-Z. I'm an LPC. I also have my
12 NCC. I actually practice right here right in Old Town
13 right down the road. So, this place I frequent.

14 I just wanted today say a couple things. I
15 feel like a lot of things have already been said. I have
16 80 clients on my caseload. I have a private practice. I
17 see an average of 35 clients per week. 60 percent of my
18 caseload are children. And that increases -- I mean ever
19 every time an adult leaves my caseload a child comes on
20 my caseload. Like many of us, I work five to six days a
21 week. I work late nights. The children that I see I
22 can't just terminate. They are Court-appointed to me. A
23 Judge signs a piece of paper, sends them to me. They are
24 required to see me. They can't just get a new counselor.

25 And I am so worried about what's going to

1 happen to them. They're experiencing abuse and divorce
2 and neglect. These are the kids that break my heart.
3 But we celebrate every single day. And I get messages
4 and they do well in school and they finish full days at
5 school.

6 I just want LARA to just step back and pause,
7 but really reflect on we all have the education here. We
8 all have great educations. I graduated from MSU, dual
9 specialization in community counseling and school
10 counseling. We have the skills. We just want to keep
11 doing what we're doing. Thank you.

12 MELISSA SATTI: Good evening. My name is
13 Melissa Satti, M-E-L-I-S-S-A, S-A-T-T-I. I thank LARA
14 for allowing me to speak today. I'm a licensed
15 professional counselor, certified clinical trauma
16 therapist, and EMDR therapist, as well as a trained
17 clinical supervisor and small business owner. I
18 graduated from Eastern Michigan University.

19 I speak to you today in reference to the small
20 business section, specifically Items 19 and, 24 which
21 both indicate no harm to small businesses. And that the
22 proposed rule changes are for individuals, not
23 businesses. To clarify, our license is our business. My
24 license has offered me the ability to build a fairly
25 large group practice in Ann Arbor, Michigan. You can't

1 throw a rock in Ann Arbor without hitting a therapist.

2 We're actually, we have more clinical
3 therapists per capita than any other county in Michigan.
4 But despite that, my practice, which employs 24 staff
5 members, 20 of which are clinicians, are full. And we
6 are constantly getting referrals from outside agencies.
7 We see 825 active patients right now, 75 of which are
8 women and children. But the economic impact that this
9 could potentially have impacts businesses like mine,
10 which would not be able to survive without 60 percent of
11 the clinical staff that I employ since they are
12 counselors.

13 It won't just impact them, it will impact the
14 social workers, administrative staff, the medical biller,
15 psychiatric nurse practitioner, and medical assistant
16 that work for me as well. We have mortgages to pay. We
17 have rents that we lease out. We have bills to pay,
18 educations to fund for our children. It will impact our
19 livelihood.

20 I urge you not to pass any changes to the LPC
21 licensure as what you are doing is actually limiting our
22 scope of practice which we've been doing for 30 years --

23 MS. DITSCHMAN: Time is up.

24 MELISSA SATTI: -- and allow HB4325 to pass.

25 Thank you.

1 MELANIE POPIOLEK: My name is Melanie Popiolek,
2 M-E-L-A-N-I-E, P-O-P-I-O-L-E-K. I'm an LPC, a NNC, a
3 Ph.D. candidate writing my dissertation, an adjunct
4 instructor at Oakland University teaching in person
5 addictions, and a supervisor. I also work at Grace
6 Counseling in Chesterfield. My whole life is counseling.

7 I had the great honor of serving my profession
8 as past president of the Michigan Counseling Association
9 and as a past chair of the midwest region of the American
10 Counseling Association. My whole life is counseling.

11 As a dedicated practitioner who works primarily
12 through the lens of feminist theory I am here to talk to
13 you specifically today about the disparate impact the
14 rule changes would have on Michigan women, specifically
15 women business owners.

16 ACA reports that 74 percent of their members
17 are women. Think about that as a snapshot of our
18 profession. It indicates clearly that our field is
19 comprised largely of women. The success of women is
20 important. When women do better their families and
21 communities do better. Multiple studies show the
22 intergenerational impact of class, mobility and families.
23 This means that the proposed changes that LARA's
24 considering today will have an impact for generations.
25 This is why LARA needs to consider everything they're

1 hearing today very carefully. A large number of our
2 current and future citizens of our state depend on it.

3 Personally eliminating my ability to practice
4 will bankrupt my family. My husband needs a kidney
5 transplant. My son has a condition called PKU that
6 requires medications that cost \$7,500 a month paid for by
7 insurance that I won't be able to afford if I can't work.

8 I'd also like to address something I recently
9 heard in the news I believe through NPR. I don't have
10 the quote, but it read something like a LARA
11 representative said that these rule changes have been
12 proposed for years, but LPCs hadn't responded adequately,
13 so it's too late now, it's our fault, we shouldn't be
14 complaining. I'd like to say there's a difference
15 between making information available and making it
16 accessible. A lot of us didn't know about this until
17 recently.

18 MS. DITSCHMAN: Your time's up.

19 MELANIE POPIOLEK: So, I would say that
20 indicates that maybe LARA needs a little more
21 transparency.

22 HEATHER O'FARRELL: Hi. My name is Heather
23 O'Farrell, O, apostrophe, F-A-R-R-E-L-L. I'm currently
24 in my Master's program at Central Michigan University
25 where I'm doing my internship. I think it goes without

1 saying the amount of training that I've had to get to get
2 to this point where I'm able to see clients, diagnosis,
3 counseling techniques, everything that's already been
4 stated.

5 I can't tell you how many nights I have missed
6 putting my four-year-old son to bed because I've had a
7 crisis call with a client at the women's center that I
8 work at where they have suffered domestic violence or
9 sexual assault and had to be for with them and miss out
10 on my own child. I can only imagine what other LLPCs or
11 LPCs have had to sacrifice to be there for the client and
12 to be the voice that they need.

13 I just wanted to say that these proposed rule
14 changes would be a slap in the face not only to the hard
15 work that I have put in so far as a student, but to all
16 the hard work that is put in by other LPCs and LLPCs, and
17 also to the clients who depend on us for services and to
18 be the voice for them. Healing is not linear and I feel
19 that neither should our rules. Thank you.

20 ALYSSA MONTAGUE: Hello. My name is Alyssa
21 Montague, A-L-Y-S-S-A, M-O-N-T-A-G-U-E. And I am a
22 licensed professional counselor and a certified advanced
23 alcohol and drug counselor. I graduated from Spring
24 Arbor University in 2012, where I was fully trained in
25 diagnostics and counseling techniques. I'm the first

1 person in my family to have a Master's degree. I am the
2 primary provider for my family, and I have two small
3 children.

4 I am here to support HB4325 with no amendments
5 and ask that LARA make no changes at this time to our
6 rules because doing so LARA will be changing our scope of
7 practice. The change will impact LPCs personally and
8 professionally. It will be devastating to our clients.
9 LARA will cause unnecessary harm to our clients.

10 I have been working in the front lines of our
11 current drug crisis. I have worked as the primary
12 clinician in an adult community corrections program that
13 focused on opiate addiction, and was one of the first of
14 its kind in the state, and in multiple juvenile
15 residential centers across the state.

16 I currently provide substance use treatment
17 through the Michigan Department of Corrections and work
18 as an outpatient clinician for a nonprofit substance use
19 center where I provide services primarily through
20 Medicaid and Midstate Health Network.

21 According to NIDA, in 2017 there were 2,033
22 overdose deaths involving opiates in Michigan. That's
23 over 263 deaths per day. That is roughly 11 people per
24 hour since we started today. Consider what these numbers
25 will be if we remove a third of our mental health

1 practitioners.

2 I recently received a card from a
3 seven-year-old daughter of one of my clients saying thank
4 you for giving me my mother back. Her mother was a
5 long-term IV opiate user and she recently lost her father
6 to an opiate overdose.

7 This is more than a profession. This is not a
8 job. This is passion. This is love. We love what we
9 do. People need us. LPCs are -- like --

10 MS. DITSCHMAN: Your time is up.

11 ALYSSA MONTAGUE: -- we are irreplaceable and
12 we save lives. We're not going anywhere.

13 RENISHA SIMPKINS: Greetings. I am Renisha
14 Simpkins, R-E-N-I-S-H-A, Simpkins, S-I-M-P-K-I-N-S.
15 Eighteen years experience in mental health. Female
16 African-American minority. I own practice in Clinton
17 Township, Michigan called Out of Mind Counseling Center.
18 I earned my education from a CACREP accredited
19 university, as some other people here. And I'm duly
20 licensed in the States of Arizona and Michigan.

21 Listen. Any mental health provider, whether
22 they're a psychologist, psychiatrist, LPCs, MSWs, know a
23 few things about our ethical code, which you've heard
24 today, which is do no harm. Okay? If you was to change,
25 LARA was to change the actual way it's written right now,

1 something that I heard no one else mentioned. First of
2 all, with the amount of power that lawmakers possess
3 comes immeasurable responsibility. But the truth is,
4 whether you are merely a layman such as myself or a
5 legislator in the position of great power, you, like me,
6 are either good or evil, for the people or against the
7 people, you care or you don't care. Unfortunately, if
8 you choose not to care then you made the choice to be a
9 mass murderer because hundreds of people who would die,
10 commit suicide, kill, scenarios that are preventable when
11 they have LPC counselors leading them back in the right
12 direction.

13 I can't say that someone in the top 1 percent
14 slipped you a check to make the decision to aide in the
15 genocide of the mentally ill, but that's what your
16 decision will amount to. It's amazing to me that some
17 humans are more sympathetic to animals than their fellow
18 man. If you, for whatever reason, decide to not
19 empathize with the LPCs community because of your
20 personal payola or whatever was more important to you, or
21 your bottom line, good luck trying to sleep at night
22 because you choose to still kill and destroy just like
23 Adolf Hitler. That's exactly what you'll be doing.
24 Thank you.

25 HEATHER LAFOLLETTE: Good evening. My name is

1 Heather Lafollette. Last name is spelled
2 L-A-F-O-L-L-E-T-T-E. I am an LPC, and I've been working
3 in the field for the past 11 years. I graduated from
4 Oakland University in 2008, which is a CACREP accredited
5 program. I have primarily been working in a Community
6 Mental Health agency. I provide training to new
7 therapists, to interns, and I provide services for our
8 clients. I've worked both as a supervisor as well as a
9 therapist. I've also done contractual work, and I've
10 also just recently in the last five months opened my own
11 private practice.

12 These rules that are proposed that would change
13 our scope of practice are going to affect everything,
14 everything that I do, everything that all LPCs do. And
15 yeah, it's about us, but it's more importantly about the
16 clients, and I think that's what the focus is, is that
17 all of the clients, 150,000 or more, are going to be
18 affected by these changes in taking away our ability to
19 provide the services that we do. This is why we need
20 HB4325 to pass and we need it to go through before these
21 rules. Thank you.

22 DONNA WIDMAN: Hello. Thank you so much for
23 the opportunity to speak with you. My name is Donna
24 Widman, and that's D-O-N-N-A, last name W-I-D-M-A-N. And
25 I am a licensed professional counselor and nationally

1 certified counselor. I've been in private practice for
2 11 years and recently opened my own private practice,
3 small business, in May of this year. Currently I serve
4 about 45 clients myself. So, I think that number of
5 150,000 affected is grossly underrated. I think there's
6 going to be a lot more.

7 Approximately 90 percent of my clients can only
8 afford counseling by using their medical insurance. I
9 serve clients from lower socioeconomic backgrounds, first
10 generation immigrants who put their trust in us as mental
11 health professionals, to see them in crisis, suicide
12 prevention, grief, chronic mental illness, anxiety,
13 depression, and more. If the proposed rules changes from
14 LARA are to occur these clients would suddenly be left to
15 seek out mental health services in other places that are
16 already overflooded, and many of them would not get care,
17 which would put them in a crisis situation.

18 LARA and licensed professional counselors share
19 a common goal of keeping our clients in Michigan, keeping
20 people in Michigan safe. Our clients have placed their
21 trust in LPCs. Now, we, as LPCs, place our trust in
22 LARA, that with a better understanding of the impact that
23 your decision will have that you will vote against these
24 proposed changes and let us do our job. Thank you.

25 GINA HARDY: Hello. My name is Gina Hardy,

1 G-I-N-A, H-A-R-D-Y, and I'm a licensed professional
2 counselor. I live in Macomb and I'm a partner in a
3 private practice in Madison Heights, where I've been
4 practicing for the past seven years.

5 In my private practice, with my nine other
6 clinicians, we see approximately 200 clients per week.
7 Everyday we are fielding phone calls from perspective
8 clients who we are routinely trying to find referrals for
9 or are placing them on a waitlist, as we are consistently
10 to capacity on our caseloads. Among the clients we see
11 weekly are individuals who are dealing with trauma,
12 suicidal ideation, depression, anxiety, and a list of
13 other mental and emotional disorders.

14 I have great concern for these clients if the
15 proposed rule changes were to go into effect and I am
16 unable to provide services as I have in the past seven
17 years to them. Currently we're struggling to find
18 counselors and psychologists for the volume of clients
19 that our office has. Taking away 10,000 licensed
20 professional counselors would only increase the deficit
21 of mental health practitioners that our state already has
22 as we face increased suicide rates and addictions.

23 In addition to the detriment this would cause
24 to my clients, whom would overnight lose their access to
25 their counselor, it would force my small business to shut

1 down. Counselors' inability to work and losing our
2 livelihood has far-reaching impact that expands beyond
3 mental health, but to all of the other businesses that
4 support my small business, such as my landlord and
5 biller, to name a few.

6 I respectfully request to stop or delay the
7 implementation of the proposed rules to allow the HB4325
8 to make its way through legislation, which would bring
9 the statute in line with the administrative rules. Thank
10 you so much for your time.

11 CHRISTIN McFADYEN: Hello. Thank you for the
12 opportunity to speak. I'm trying to go to go quickly so
13 as many of us can speak before the 5:00 o'clock hour. My
14 name is Christin McFadyen, C-H-R-I-S-T-I-N, McFadyen,
15 M-C, capital F, as in Frank, A-D-Y-E-N. I'm a licensed
16 school counselor, I am a national certified counselor,
17 and I am an LPC. I received my Master's in the
18 counseling CACREP program at Northeastern Illinois
19 University. And I have been a counselor in Michigan
20 going on seven years.

21 I have rewritten this, I don't know, maybe 20
22 times as I've been sitting in here today, as I'm hearing
23 story after story after story that is exactly the same as
24 my own. And so, while I'm still going to repeat some
25 things that you heard, I'm going to change it a little

1 bit, anyway.

2 I could tell you about my experience working
3 with youth as a high school and middle school counselor
4 for six years, but, instead, I have some questions for
5 LARA. For decades before I even joined the counseling
6 field it's been interpreted that counselors can diagnose
7 and treat. I'm trained to diagnose and treat. LARA says
8 that we should have known that this was coming, but I
9 received no notification from LARA. I found out through
10 FaceBook that this was going on, not through my licensing
11 agency.

12 And you say LARA says that they are not taking
13 away anything that we do, that we never should have been
14 able to do this. Then why have we been practicing for so
15 long, and why have hundreds of people been her telling
16 you how we treat and diagnose patients who need help?
17 That shouldn't be an issue then.

18 Whole universities have brought training around
19 this interpretation of the rule. And so, you're ignoring
20 30 years of precedence and saying that maybe we shouldn't
21 have been able to do this, but we have been and we are
22 doing it and we're killing it. We are making a
23 difference. And so, you can't say that you're not
24 stopping us because you are stripping away our right to
25 help people.

1 Please stop with the proposed changes and
2 support HB4325. Thank you.

3 BRAD MESSENGER: Good afternoon. My name is
4 Brad Messenger. That's M-E-S-S-E-N-G-E-R. I'm the CEO
5 of Clinton County Medical Center Psychological Services,
6 Gratiot Psychological Services, Midland Psychological
7 Services, and Carson City Psychological Services. I have
8 an MSW from MSU. I've been working for 11 years in the
9 field, and I have 10 years of small business experience.

10 My position is unique because I employ and
11 supervise licensed psychologists, MSWs, and LPCs alike.
12 I currently have 43 providers working for me, and I
13 oversee 100,000 individual psychotherapy sessions a year.
14 I am personally million dollars in debt to provide mental
15 health care to underserved populations.

16 These changes would remove a third of my valued
17 staff and one-third of my gross receipts, or \$2.3 million
18 in insurance reimbursement this year alone. I want to
19 know who does it benefit to remove 2.3 million in
20 insurance payments from a small business that's just
21 trying to provide treatment? What will I tell the
22 families that we treat? How will I keep track of my
23 families? How will I help my work families be supported?
24 How will I pay them their hard-earned money? How will I
25 sit them down and tell them that they're fired? In a

1 world where money talks, with this kind of money being
2 saved by insurance companies who is really benefiting
3 from denying services to the needy? Insurance companies
4 are for-profit organizations who stand to make millions
5 of dollars from these changes, and this is not a
6 coincidence. Thank you.

7 CASEY SLAGER: Okay. My name is Casey Slager,
8 C-A-S-E-Y, S-L-A-G-E-R. Thank for letting us speak
9 today. I am an LLPC. I left my work as a teacher to
10 spend three long years completing over 60 credit hours as
11 a student in the counselor education program at Western
12 Michigan University, a CACREP accredited program.

13 Standing here today I have the training
14 required by CACREP that is recognized by the ACA and was
15 made official by LARA. In fact, I was granted my LLPC so
16 recently, September 16th to be exact, that I just
17 received an e-mail from LARA asking about my satisfaction
18 with the licensing process.

19 I will be honest. I was nervous about the
20 process. I made a small typo at the bottom my
21 professional disclosure statement. I said complaints
22 could be sent to Landing, Michigan instead of Lansing.
23 What wasn't a typo was when I made clear my intention to
24 assess and diagnose clients and use psychotherapy
25 techniques to address mental health concerns.

1 Incidentally, neither of these things prevented me from
2 getting my LLPC.

3 I'm a life-long citizen of Michigan. I'm also
4 a life-long client. I owe my life to the LPCs who have
5 been there for me. I have, after years of work and
6 dedication, finally reached the point where I can give
7 back to my home state. I want to contribute to the
8 mental health of the 150,000 or more clients receiving
9 counseling. I want to keep seeing my own counselor.

10 Please do not pass these rule changes. This
11 change will render my training, my license, my massive
12 student loan debt all useless. The ramifications will
13 ripple far beyond counselors and their clients alone.

14 MS. DITSCHMAN: Your time's up.

15 CASEY SLAGER: Thank you.

16 HEIDI ZABIK: Hello. My name is Heidi Zabik,
17 H-E-I-D-I, Z-A-B-I-K. I am the proud mama bear of
18 Kathryn Zabik, K-A-T-H-R-Y-N, who I am speaking for her
19 today. She has asked me to read this message.

20 My name is Kathryn Zabik. I received my
21 Master's of arts in counseling from Oakland University in
22 2011. I am an LPC and nationally certified counselor. I
23 have been certified in trauma-focused cognitive
24 behavioral therapy in Michigan since 2014.

25 The stigma of mental health is already too much

1 of a barrier and a deterrent for people in need of
2 treatment. It takes our client a significant amount of
3 courage just to take that first step when they initiate
4 psychotherapy. As skilled practitioners we seek to
5 empower them as they develop trust.

6 When clients face their trauma it is not
7 uncommon for them to experience an increase in symptoms
8 for a period of time during their healing process, and
9 they are counting on our alliance to guide them as they
10 work through all of that pain. The commitment to healing
11 can be an ongoing challenge for them. If clients are cut
12 off from the LPC at any point in their healing process as
13 a result of these rules changes it will be an entirely
14 new trauma for them directly associated with their
15 experience of the therapeutic process. Even a temporary
16 suspension of the services triggered by your rule changes
17 will cause devastating and irreparable damage.

18 This impending tragedy is entirely preventable
19 if you would please just delay the filing of the rule
20 changes so that HB4325 has the time it needs to pass into
21 law. Please protect our mental health warriors.
22 Hundreds of thousands of people in Michigan are counting
23 on you. Please don't let us down. Thank you.

24 RYAN ZABIK: Hello. My name is Ryan Zabik,
25 last name Z-A-B-I-K. And while I'm an engineer, I'm

1 actually not here to talk about the civil engineering
2 rule changes. I am here to support my wife and to talk
3 about the proposed rules changes that will affect her and
4 the thousands of other LPCs throughout the State of
5 Michigan, as well as the thousands of clients that they
6 serve.

7 I urge LARA not to implement this rule change
8 or, at the bare minimum, delay it until the house bill
9 has gone and been passed fully into law. As I'm sure
10 many have said already, the impact upon these counselors
11 in this community, in Michigan would be absolutely
12 catastrophic. There are many Michigan citizens dealing
13 with complex emotional issues, thoughts of suicide.
14 These counselors are often the only people holding these
15 citizens back from the edge. Do not tie their hands even
16 for a moment behind their backs or else we will all lose.

17 If even me, as an ordinary citizen and as a
18 husband, if I can see how clearly and desperately we need
19 these LPCs in this state, then surely LARA can see this
20 as well and stop this rule change from going into effect.
21 I urge you to stop this and just stop this nonsense.
22 Thank you.

23 MS. DITSCHMAN: It's now 5:00 o'clock. The
24 hearing is closed.

25 (Hearing concluded at 5:03 PM.)

CERTIFICATE

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STATE OF MICHIGAN)
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COUNTY OF INGHAM)

I, Claudia M. Weekly, Certified Shorthand Reporter, do hereby certify that I reported stenographically the proceedings had in the above entitled matter, at 525 West Ottawa Street, Lansing, Michigan, on October 4, 2019; and do further certify that the foregoing transcript constitutes a true and correct record of my stenotype notes.


Claudia M. Weekly (CSR-2963)
Notary Public, Genesee County, MI
My commission expires: March 6, 2025



Dated: October 14, 2019