

Good morning Mr. Chairman and members of the committee. My name is Dr. David Hayes. I am a board certified clinical psychologist, licensed in Ohio for more than 20 years, where I have practiced in inpatient, outpatient, private not-for-profit, independent, and corporate settings. I am President of the Ohio Psychological Association (OPA), and I am here today to speak in opposition to SB 213 in behalf of OPA's 1800 psychologist members around Ohio. I will also speak in opposition to an amendment to SB 213 being proposed by Representative Webster. The Ohio Psychological Association believes that both SB 213, which would change Ohio's involuntary commitment law, and Representative Webster's amendment, which would change the Marriage and Family Therapist licensure law, are ill conceived and unnecessary.

SB 213, as passed by the Senate, would expand the list of professionals who can authorize involuntary commitments, take individuals into custody and transport them to a hospital for mental health treatment. SB 213 proposes to add licensed clinical counselors (LPCCs) to the authorized health officer list. SB 213 would also take away local control of who may be designated to authorize involuntary commitments.

The Ohio Psychological Association is on record as opposing this legislation. This arbitrary expansion of the list of authorized health officers is not necessary, and it sets a dangerous precedent. This is a case of "if it isn't broken, don't fix it."

Currently, Ohio law already authorizes qualified individuals – any licensed psychologist, psychiatrist, licensed physician, health officer, parole officer, police officer or sheriff – to involuntarily commit an individual, to take an individual into custody or to authorize transportation of an individual to a hospital for evaluation. Law enforcement officers have access to specialized training for crisis intervention and people needing an officer to assist a mentally ill individual can request a Crisis Intervention Team trained officer.

Further, to assure that all areas of Ohio have an adequate number of qualified health officers, there is a mechanism already in place by which local mental health boards can designate additional officers as needed. This procedure establishes a clear process with adequate oversight to qualify other professionals, as needed, for this important responsibility. Licensed professional clinical counselors may apply to local boards to gain such authority without any changes in existing law.

SB 213 proposes overriding this local control of who is authorized to commit individuals and give blanket authority to all LPCCs. Expanding the list of authorized health officers threatens to increase involuntary commitments, to reduce individual protections against overly enthusiastic curtailment of individual rights, and to overload hospitals with involuntary patients who are awaiting evaluation.

Ohio has a good system for managing the involuntary commitment process to assure that qualified individuals are involved and that local needs are adequately met. This proposed change is not needed, potentially jeopardizes the rights of some Ohio citizens, and weakens an effective system that already exists. OPA urges you to vote against SB 213.

OPA also has significant concerns about the amendment proposed by Representative Webster, which is before you today.

First, Representative Webster's amendment proposes to authorize an even a longer list of professionals to initiate involuntary commitment. As I have already testified, OPA opposes this unneeded change to a system that is already effective, joining with our colleagues in the Ohio Psychiatric Association in doing so.

More importantly, this amendment reopens a contentious and currently unresolved debate about the appropriate scope of practice for Marriage and Family Therapists (MFT's) by placing it in the midst of an unrelated bill. The bill originally authorizing licensure of MFT's (Am. HB 374) produced considerable, polarized debate, and ultimately was passed including a compromise about the extent to which MFT's could practice independently. Specifically, the bill that was heard in the House Commerce and Labor Committee was amended by Representative Sally Conway Kilbane before it was reported out of committee, with the amendment requiring that MFT's consult with other designated independently licensed professionals when treating biologically based mental illnesses. In the five years since its passage, that bill has been dogged by almost constant disagreement and controversy.

The most immediate cause of the disagreement is that there is an internal inconsistency in the final language of the bill as it was enacted – the language in the amendment requiring consultation was included in the bill in one place, but unintentionally omitted at another. This internal inconsistency has resulted in questions about the legislative intent, and the Joint Committee on Agency Rule Review (JCARR) has more than once declined to promulgate rules implementing Am HB 374 because of this unclarity.

Representative Webster's amendment does not restore the legislative intent of Representative Kilbane and the 124th General Assembly. Instead, it seeks to overturn an undesired outcome by exploiting an inadvertent error. The appropriate fix here – unlike the involuntary commitment statute, this one *is* broken – should be a housekeeping fix, not a rewriting of the law. This matter should be considered in its own right, rather than as part of a debate about involuntary commitment.

OPA opposed the licensure of MFT's, but we worked to craft a compromise that addressed concerns on all sides. This amendment would undo that compromise. OPA has been actively involved in trying to reach an acceptable resolution to this MFT licensure problem, and we are committed to continuing that involvement. This amendment does not represent such a resolution.

Representative Webster's amendment would unnecessarily alter existing Ohio law regarding involuntary commitment and rush to a premature solution to the MFT issue where more a thoughtful response is needed. OPA strongly urges you to oppose this amendment.