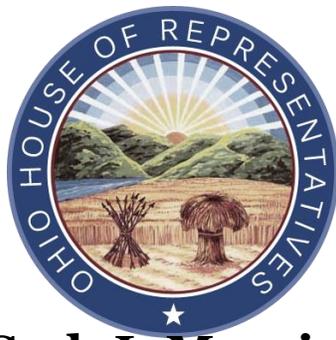


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Gayle L. Manning State Representative

Committees

Primary & Secondary Education,
Chair
Commerce & Labor
Higher Education & Career
Readiness

Chairman Huffman, Vice Chair Antani, Ranking Member Antonio, and members of the Ohio Senate Health Committee, thank you for allowing me the opportunity to provide sponsor testimony on HB 5, which would revise the requirements for a chemical dependency counselor II license.

Some of our best bill ideas come from our constituents, and this bill is no different. The president and CEO of an addiction treatment center in my district informed me that there is a shortage of counselors to meet the needs of the treatment center and its patients. In 2017, Ohio had the second highest rate of drug overdose deaths involving opioids in the U.S., according to a study conducted by the National Institute on Drug Abuse.

It can be said that most, if not all, of our districts have been hit hard by the opiate crisis. Treatment centers, like the one in my district, are experiencing difficulties meeting the needs of the patients due to shortages in counselors. HB 5 would add two additional pipelines for individuals to be licensed as a Licensed Chemical Dependency Counselor II (LCDC II). These pipelines will ensure individuals are ready to enter the workforce while meeting the need of treatment centers and patients all across Ohio.

As I mentioned, HB 5 would add two pathways to licensure:

1. One option creates an intensive-practicum pathway for people who have already shown an interest in chemical dependency counseling by virtue of the degree that they pursued. The practicum would allow for qualified people to become LCDC II's faster, helping to fill the need in the time of the opiate epidemic.
2. The second pathway allows for people who have a lengthy record in the field and the appropriate level of training to sit for a licensure examination without having a specific degree in the field. I'll note this provision sunsets after 3 years.

Here are the details of the two pathways:

Pathway 1:

- **An individual must meet ALL of the following requirements:**
 1. Hold an associate's or bachelor's in either of the following with a specialization in chemical dependency counseling:
 - A behavioral science
 - Nursing
 2. Have a minimum of 180 hours of education in chemical dependency counseling



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3. While holding a valid chemical dependency counselor assistant certificate, have successfully completed, over the course of not more than two semesters, at least 240 hours of supervised practicum experience in a program that:
 - Includes 2 hours per week of supervised practicum experience
 - Provides intensive outpatient treatment or a higher level of care
4. Have at least 1,000 hours of compensated work as a chemical dependency counselor assistant
5. Provide a recommendation to the chemical dependency board from a supervisor
6. Pass one or more exams pursuant to Section 4758.22 to practice as a chemical dependency II counselor

Pathway 2:

- **An individual must meet all of the following:**
 1. Since at least 12, 31, 2008, continuously done one of the following:
 - Held a valid chemical dependency counselor assistant certificate
 - Practiced chemical dependency counseling while under supervision as required by division (B) of section 4758.59 of ORC
 2. Provide to the chemical dependency board a written recommendation from a supervisor
 3. Have a minimum of the number of hours specified in rules under section 4758.20 of the ORC of training in chemical dependency that meets the requirements specified in rules
 4. Pass one or more exams pursuant to Section 4758.22 to practice as a chemical dependency II counselor

During my work on this bill, I worked with the Ohio Department of Medicaid, the Ohio Department of Mental Health and Addiction Services, the Ohio Chemical Dependency Professionals Board, The Ohio Council, and the Ohio Council of Behavioral Health Authorities.

In the Senate Health Committee last General Assembly, concerns were expressed surrounding the first pathway. A compromise was reached among interested parties, and the product of that compromise is reflected in the bill before you today. The second pathway in this legislation remains unchanged from last General Assembly. The bill passed unanimously out of the House Health Committee and cleared the House with a vote of 93-2.

Once again, thank you for the opportunity to testify, and I am happy to entertain any questions you may have.