



Chair Cirino, Vice Chair Rulli, Ranking Member Ingram and members of the Senate Workforce and Higher Education Committee, thank you for the opportunity to submit comments regarding Senate Bill 60 on behalf of the Ohio Counseling Association (OCA). OCA is the professional association representing licensed professional clinical counselors, licensed professional counselors, and counselor educators throughout Ohio.

While OCA agrees with the spirit and intent of this legislation to create a new licensed profession in this state, we cannot offer our support to such an approach. The sponsor of this legislation, as well as the proponents, have rightly highlighted the increasing need of Ohioans to access mental and behavioral health services. In a recent report from the Ohio Association of Community Action Agencies, titled “The State of poverty in Ohio”, researchers cite statistics that 75 of 88 Ohio counties are either partially or entirely considered “shortage areas” in terms of mental health workers. And that 22 of Ohio’s 88 counties have no mental health providers registered with Medicaid. These are grim statistics indeed and warrant attention from Ohio’s policymakers.

However, we do not see creating an entirely new class of providers as a solution. The bill does not guarantee that these new providers will be credentialed or reimbursed by any payors, as they have no record of effectiveness, let alone existence. We also suspect that those who choose to enroll in this new program, if created, would have otherwise pursued a degree in an existing mental health field, and this wouldn’t result in a net gain of providers.

Instead, we recommend the Ohio legislature work to bolster the workforce that already exists. In fiscal year 2022, there were about 11,200 licensed counselors and licensed clinical counselors in Ohio. This is not a small number. These are mental health professionals already in the field with extensive training, proven education standards, and established codes of practices. Ohio should be further supporting these existing professionals by cracking down on harmful insurance practices, reducing insurance administrative burdens, and further addressing low reimbursement rates. Without some of these reforms, we can envision certified mental health assistants having many of the same challenges we experience.

In addition, we don’t see why an insurer would be more likely to contract with and fairly reimburse a CMHA than they would a counselor. Our members across the board are seeing narrow insurance networks, low reimbursement, and high administrative demands as reasons many of our counselors have become strictly private pay. Ohio’s priority should be seeking solutions to those problems and reducing barriers to increase access to mental health services.

The OCA appreciates the work that has been done by this body to bolster Medicaid appropriations to allow the Department to draft modest rate increases for the first time in over a

decade. You have also dedicated funding for behavioral health internships, recruitment and retention bonuses, and other supports that will hopefully pay dividends for Ohioans seeking mental and behavioral health services. We would prefer to see the state build upon these strides than try to reinvent the wheel. Additionally, if these efforts were realized, we would envision a drastically different workforce, one that may be able to leverage the existing systems, structures, and knowledge of counselors and other mental health professionals to bridge the gaps in that administration and management of psychotropic medication.

Thank you for your consideration of this perspective.