

AMERICAN COUNSELING ASSOCIATION

June 10, 2011

Jonathan Woodson, MD
Assistant Secretary of Defense for Health Affairs
Director, TRICARE Management Activity
Skyline 5, Suite 810
5111 Leesburg Pike
Falls Church, VA 22041-3206

Dear Assistant Secretary Woodson:

On behalf of the American Counseling Association (ACA), I am writing to urge the adoption of regulations to recognize all TRICARE-participating mental health counselors as independent mental health service providers, pursuant to Sec. 724 of Public Law 111-383. ACA is the nation's oldest and largest nonprofit membership organization representing professional counselors.

Professional counselors are licensed in all 50 states and the District of Columbia as master's level mental health service providers, meeting education, training, and examination requirements similar to—and in many cases, more stringent than—those of the other two master's level mental health professions of marriage and family therapy and clinical social work. Private sector health plans have reimbursed licensed professional counselors (LPCs) as independent mental health service providers for many, many years.

Nationwide, there are more than 120,000 LPCs licensed to practice independently under state law. In comparison, there are roughly 55,000 licensed marriage and family therapists (over 31,000 of which are located in California), and almost 203,000 licensed clinical social workers. In several states, the practice of these professions is overseen by a joint licensure board. All three professions share similarly strong scopes of practice, with the majority of states explicitly authorizing the independent diagnosis and treatment of mental disorders. Despite these similarities, TRICARE policy treats one of the three professions as substandard compared to the others.

Unfortunately, TRICARE beneficiaries cannot pick up the phone and make an appointment to see a licensed professional counselor. Instead, the beneficiary must first obtain a referral from a physician, who must also agree to supervise the outpatient psychotherapy provided by the counselor. Physician referral and supervision hasn't been required for either clinical social worker or marriage and family therapist services since the early 1990's. We are not aware of any significant quality of care complaints specific to the three master's level mental health professions over this period.

TRICARE has an access problem when it comes to psychological health care capacity, as noted in the TRICARE Management Authority's Fiscal Year 2011 Report to Congress, due in large part to a lack of providers. The report states: "[b]ehavioral health providers (psychiatrists and nonphysicians) generally

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report lower awareness and also lower acceptance of new TRICARE Standard and Medicare patients, than nonpsychiatrist physicians” (Evaluation of the TRICARE Program, p36). The need for more mental health service providers has been a long-standing theme voiced by Congress, DOD itself, and third-party analysts.


DOD can improve access to mental health services in a cost-effective manner, and simultaneously reduce administrative burdens, by simply allowing state-licensed professional counselors meeting current TRICARE participation requirements to practice independently, just as their peers have done for many years. The Institute of Medicine (IOM) issued a report last year (“Provision of Mental Health Counseling Services Under TRICARE”) which recommended allowing independent practice only for counselors with a degree from a graduate program accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP). However, adopting such a requirement would prevent the large majority of licensed professional counselors from practicing independently within TRICARE, despite being authorized by state law to do so. CACREP is a relatively new accreditation body, and many highly qualified, experienced, and well-trained counselors graduated from rigorous graduate programs that are not CACREP-accredited.

If DOD chooses to require counselors to graduate from a CACREP-accredited program in order to practice independently within TRICARE, we strongly encourage the simultaneous adoption of alternative pathways to practice without physician referral and supervision for those counselors with a degree from a program not accredited by CACREP. This could be accomplished by removing the physician referral and supervision requirement for licensed professional counselors who have been engaged in independent practice as fully-licensed providers for at least 5 years, for licensed professional counselors who have passed the National Clinical Mental Health Counselor Examination (NCMHCE), or for licensed professional counselors who have completed post-master’s coursework in addressing the behavioral health needs of military personnel, veterans, and their families, such as is provided by the DOD Center for Deployment Psychology (CDP).

Given the desperate need to increase TRICARE beneficiaries’ access to mental health practitioners, we urge you to bring TRICARE policies up-to-date with private sector health plan practices by recognizing licensed professional counselors as independent mental health service providers. Our staff would be happy to provide you with detailed information and resources on the counseling profession, and to work with TRICARE on increasing mental health provider participation in the program.

Thank you for your time and consideration, and for your service to our country.

Sincerely,



Marcheta P. Evans, PhD, LPC-S, NCC
President
American Counseling Association

cc: The Honorable Tom Rooney
The Honorable Larry Kissell
The Honorable Steve Stivers