



**Sub. H.B. 427**

127th General Assembly  
(As Passed by the General Assembly)

**Reps. Webster and Letson, Stebelton, Harwood, Evans, J. McGregor, R. Hagan, Brady, Coley, Dyer, Foley, Gerberry, Hughes, Luckie, Setzer, Skindell, D. Stewart, B. Williams, Yuko**

**Sen. Harris**

**Effective date: April 7, 2009**

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**ACT SUMMARY**

- Modifies the statutory definitions of "marriage and family therapy" and "practice of marriage and family therapy" to resolve an inconsistency regarding scope of practice.
- Increases the instruction a person must complete to obtain a license to practice as a marriage and family therapist or an independent marriage and family therapist.
- Prohibits an independent marriage and family therapist or a marriage and family therapist from acting beyond the therapist's competency and requires the therapist to make a referral if the client's needs exceed the therapist's competence.
- Permits independent marriage and family therapists to supervise professional counselors and social workers when those professionals diagnose and treat mental and emotional disorders.
- Permits an independent marriage and family therapist to directly supervise a social work assistant when the assistant provides certain human, social, and community services.
- Provides that a person may not be the public member of more than one of the professional standards committees of the Counselor, Social Worker, and Marriage and Family Therapist Board.

- Authorizes the Marriage and Family Therapist Professional Standards Committee to act on behalf of the Board on all matters concerning independent marriage and family therapists and marriage and family therapists.
- Revises the contract requirements of the Community Rehabilitation Program national accreditation compliance and monitoring program.

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## CONTENT AND OPERATION

### Counselor, Social Worker, and Marriage and Family Therapist Board

#### Marriage and family therapists

(R.C. 4757.01, 4757.03, 4757.04, 4757.21, 4757.26, and 4757.30)

Scope of practice. Prior to the act, certain statutory provisions governing the scope of practice of marriage and family therapists and independent marriage and family therapists<sup>1</sup> seemed inconsistent. Two provisions (R.C. 4757.01(G) and (H)) defined "marriage and family therapy" and the "practice of marriage and family therapy" as the evaluation, assessment, counseling, management, and treatment of emotional disorders, with no mention of mental disorders. Another provision (R.C. 4757.30(F) in prior law and 4757.30(E) as amended by the act), however, appeared to grant both kinds of therapists the authority to diagnose, as well as treat, both emotional and mental disorders.

The act modifies the definitions of "marriage and family therapy" and the "practice of marriage and family therapy" to make clear that they include the diagnosis, as well as the treatment, of emotional *and mental* disorders. It also eliminates a provision in the definition of the "practice of marriage and family therapy" that provided that this term did not mean any of the following: (1) the treatment of biologically based psychiatric conditions without consultation with an appropriate medical doctor or psychiatrist, (2) the use of psychotherapeutic techniques that are exclusive to the scope of practice of a licensed psychologist or

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<sup>1</sup> Continuing law provides for different licensure requirements for marriage and family therapists and independent marriage and family therapists. The requirements for licensure as an independent marriage and family therapist are more extensive than those for licensure as a marriage and family therapist. An applicant for licensure as an independent marriage and family therapist must satisfy the requirements for a marriage and family therapist license and, in addition, complete at least two calendar years of work experience in marriage and family therapy, including 1,000 hours of documented client contact in marriage and family therapy.

psychiatrist, and (3) any act that marriage and family therapists are not educated to perform. The act instead prohibits an independent marriage and family therapist or a marriage and family therapist from diagnosing, treating, or advising on conditions outside the recognized boundaries of the therapist's competency. The act requires the therapist to make appropriate and timely referrals when a client's needs exceed the therapist's competence level.

**Training.** An applicant for a marriage and family therapist license must complete training that includes instruction in research, professional ethics, marriage and family studies, marriage and family therapy, human development, appraisal of individuals and family, and systems theory. The act expands the training to include instruction in evaluation, legal and ethical responsibilities, diagnosis of mental and emotional disorders, and therapeutic theory and techniques for individuals, groups, and families.

Continuing law requires an applicant for a license to practice as an independent marriage and family therapist to document the completion of 1,000 hours of client contact in marriage and therapy. Former law required that 200 hours of those hours "be supervised." The act requires the 200 hours to include "face-to-face supervision."

**Supervision of other practitioners.** Formerly, the only practitioners who were permitted to supervise a professional counselor when the counselor diagnoses and treats mental and emotional disorders were psychologists, psychiatrists, professional clinical counselors, or independent social workers. The act permits independent marriage and family therapists to supervise professional counselors when the counselors diagnose and treat mental and emotional disorders.

Under law generally retained by the act, a social worker may diagnose and treat mental and emotional disorders only under the supervision of certain professionals listed in statute. In addition, a social worker may practice social work as an employee of a private individual, as an employee of a partnership, or as a group practitioner only under the supervision of one of the listed professionals. Formerly, these professionals included only psychologists, psychiatrists, professional clinical counselors, independent social workers, and registered nurses holding master's degrees in psychiatric nursing. To these professionals, the act adds independent marriage and family therapists.

Formerly, the only practitioners who were permitted to directly supervise a social work assistant providing human, social, and community services were psychologists, psychiatrists, professional clinical counselors, professional counselors, independent social workers, social workers, and registered nurses

holding master's degrees in psychiatric nursing. To these professionals, the act adds independent marriage and family therapists.

### **Professional Standards Committees**

The Board has the following members: (1) four professional counselors (including professional clinical counselors and professional counselors), (2) four marriage and family therapists (including therapists and independent therapists), (3) four social workers (including social workers and independent social workers), and (4) three members who represent the public and have not been involved in counseling, marriage and family therapy, or social work. The membership of the Board forms the membership of the Board's three professional standards committees: the Counselors Professional Standards Committee, Social Workers Professional Standards Committee, and Marriage and Family Therapist Professional Standards Committee.

The act prohibits the public member of the Counselors Professional Standards Committee from being the public member of either of the other professional standards committees. Likewise, the act prohibits the public member on the Social Workers Professional Standards Committee from being the public member of the Marriage and Family Therapist Professional Standards Committee. The effect of these prohibitions is that the public member of each of the professional standards committee is now prohibited from being the public member of either of the other committees.

### **Marriage and Family Therapist Professional Standards Committee**

Under prior law, only the Counselors Professional Standards Committee and the Social Workers Professional Standards Committee had full authority to act on behalf of the Board on all matters concerning the professionals the committees represent.<sup>2</sup> The act authorizes the Marriage and Family Therapist Professional Standards Committee to act on behalf of the Board on all matters concerning independent marriage and family therapists and marriage and family therapists.

### **Waiver of certain requirements to attain licensure**

The act eliminates a provision that authorized the Board to waive certain requirements to obtain a license to practice as a marriage and family therapist or

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<sup>2</sup> The Counselors Professional Standards Committee can act on behalf of the Board on all matters concerning professional clinical counselors and professional counselors, and the Social Workers Professional Standards Committee can act on behalf of the Board on all matters concerning independent social workers, social workers, and social work assistants (R.C. 4757.04).

independent marriage and family therapist since this authority expired on April 7, 2005.

**National accreditation compliance and monitoring program**

(Section 379.10 of Am. Sub. H.B. 119 of the 127th General Assembly; Section 3 of the act)

The most recent general operations budget bill (Am. Sub. H.B. 119 of the 127th General Assembly) included an appropriation to establish and implement the Community Rehabilitation Program national accreditation compliance and monitoring program to be administered by the Ohio Association of Rehabilitation Facilities. The act eliminates a provision of the appropriation that required the Rehabilitation Services Commission, no later than 30 days after the budget bill's effective date, to (1) enter into a contract in compliance with federal regulations governing the administration of state vocational rehabilitation programs and (2) convey the funds to establish and implement the compliance and monitoring program.

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**HISTORY**

ACTION	DATE
Introduced	01-09-08
Reported, H. Health	04-29-08
Passed House (95-3)	05-22-08
Reported, S. Health, Human Services, & Aging	12-11-08
Passed Senate (33-0)	12-16-08
House concurred in Senate amendments (96-0)	12-17-08

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