



## MaMHCA

Massachusetts Mental Health Counselors Association, Inc.

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### A Letter to Our MaMHCA Members, LMHCS, Aspiring LMHCS and the Wider Community regarding the “Counseling Compact”

Recently, we have been asked by members, consumers, educators, and others to give our assessment/understanding of and support to what is known as the counseling compact.

After studying all the currently available documents from the “compact”, and it’s supporting national associations, AMHCA and ACA, here is our current analysis:

1. The Compact is a legal agreement among states to provide the opportunity for licensees (LPCs, LMHCs) in the counseling field to apply for “the privilege to practice” in each participating compact state in which they wish to practice.
2. **It is NOT a national or multi-state-license agreement.** Therefore, license holders **MUST APPLY AND PAY FEES** in EACH “Compact” state they wish to apply for this privilege. If license holders wish to hold a LICENSE in a different state, they will still be required to apply for full licensure, as is the case now.
3. The Compact is implemented by each member state adopting the exact same, **unalterable** legislative language that is provided in the “Model Licensing Language.” Changing the language may ‘jeopardize the enacting of the state’s participation in the compact.”

As there is no flexibility in the model licensing language, there will be discrepancies between the standards required per the compact, and the standards required per our MA state licensing board for LMHC practice. (See below)

4. The public materials state that the “privilege to practice” represents uniformity among states’ various license laws and that the education and training requirements to achieve the “privilege to practice” are:
  - a. a 60 credit MA,
  - b. a supervised post-MA experience,
  - c. passing a nationally recognized exam, and
  - d. the ability to diagnose and treat in the scope of practice.

The applicants will have to meet the laws and regulatory **licensure** requirements for each member state to which they are applying.

5. **However, there are major contradictions between this latter statement and the language in the legislation that must be adopted.**
  - a. **Specifically, the provisions of the Model Bill DO NOT meet the requirements of Massachusetts LMHC license regulations.**
  - b. **The Model Law, if, and when enacted, would take precedence over our current Regulations.** Although it is the intention of the compact to allow for state regulations to continue to govern practice, **the discrepancies between the standards make it impossible to follow both MA regulations and the Compact Agreement at the same time.** Therefore, individuals with different standards from other states would be permitted to practice in MA without the same degree of education and training as our MA licensees.  
**Is this safe and fair for our clients? Is this safe and fair to our own Massachusetts licensees?**
  
6. Here are some of the important discrepancies and/or omissions In the Model Language Compact Bill:
  - a. **The language reads... “a 60 credit MA in counseling ... or 60 credits”;** meaning someone without an organized MA (in counseling) could receive the privilege to practice, while our regulations require this designated degree.
    - i. No other MA fields are included; none are excluded, as in MA in the legislative language, although they are more clearly defined in supporting documents.
    - ii. Required coursework does not include the specificity required in MA, for example, there is no Clinical Skills requirement.
  - b. **There are NO definitions or requirements for an Approved Supervisor providing the post-MA supervisory experience.** In MA, we have specific requirements for supervisory experiences to ensure that, for the continuity of our profession, LMHCs continue to participate in the clinical training of other LMHCs.
  - c. **The license exam could be the NCMHCE, or the NCE or the Certified Rehab Counselor Exam.**
  
7. While the Model Law does include language to protect existing state licensing laws, **NOWHERE** in the Model law does it state that applicants must meet ALL the licensing requirements of the state within which they are seeking to practice.
  
8. Further, the Compact Legislation, **NOWHERE DIRECTLY**, addresses the needs of clients (specifically in informed consent, to know and understand the potential differences in training, education, and supervision of licensing vs privilege to practice; familiarity with issues, conditions and resources where the client resides); nor does it

offer any recourse to clients outside the Home State should there be a problem with the clinician holding this privilege.

We have been told that the national Associations are working to bring about more consistency between their current statements about the Counseling Compact and the Model Law. We would support this. However, it is important to note that not only would all existing Compact Member states then have to adopt said NEW MODEL LAW, prior to MaMHCA considering supporting participation in the compact.

**For all the above reasons, MaMHCA cannot, at this time, support, endorse, or otherwise promote the Counseling Compact as it currently exists.**

We know that some aspects of the compact appeal to individuals both in this state and in others. However, any legislation changes that we here at MaMHCA support MUST be consistent with our ongoing dedication to protect the integrity of the current MA license holders, and the continuity of excellent care that our MA consumers of mental health counseling can expect from our LMHCs. At this time, the Counseling Compact as written does not present us with that opportunity. We will continue to monitor the progress of this initiative for further developments.

Jami Osborne, LMHC, President

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For the MaMHCA Board