

# Celebrating 40 Years of AMHCA By Looking at: How Far Advocacy Has Come, What's Still to Do

Since its inception in 1976, AMHCA has taken a strong position on the need to advance the profession through high standards for counselor preparation—including the establishment of licensure, credentialing, and payment for services. AMHCA leaders' and members' efforts to advance this agenda for the past 40 years has resulted in the rapid growth of clinical mental health counseling. Perhaps the profession's most important accomplishment has been reaching licensure in all 50 states. Here's a summary of some of our big wins:

**By James Finley,  
AMHCA Associate  
Executive Director,  
and Director  
of Public Policy**



## Progress on Professional Recognition

### 2006

- Congress approves legislation (P.L. 109-461) making LPMHCs eligible for employment as independent licensed practitioners within the VA health system

### 2010

- National Academy of Medicine (formerly IOM) reports standards for independent practice of clinical mental health counseling under TRICARE. IOM recommends uniform standards for education, examination/credentialing, and supervision of clinical practice experience
- VA releases job specifications for LPMHCs
- The final state—California—licenses clinical mental health counselors. Full licensure first was secured in Virginia in 1976.

### 2011

- Congress directs DoD/TRICARE to adopt regulations allowing "certified mental health counselors" to practice independently within the TRICARE program (January)
- DoD releases interim final rule establishing CMHC eligibility for independent practice (December)

## Amplify Our Voice!

Go to [www.amhca.org/take-action](http://www.amhca.org/take-action) to see AMHCA's Take Action tools, sample letters, background on our Medicare bills, How-to-Instructions for Face-to-Face Meetings with Members of Congress, a Medicare Briefing Sheet, and a Webinar entitled "Only You Can Make it Happen" on Medicare Provider Recognition.

## Recent Federal Progress

### 2012

- AMHCA calls on all mental health counselor education programs to seek CACREP accreditation
- SAMHSA adopts CACREP requirement for minority fellowship training program

### 2013–present

- VA slowly begin to hire LPMHCs as independent practitioners

### 2014

- TRICARE Certified Mental Health Counselor rule is issued; provider enrollment picks up
- NBCC announces all NCE/NCC applicants must, by 2021, come from CACREP-accredited programs

### 2015

- VA partners with first LPMHC training programs (CACREP required)
- LPMHCs and all state licensees are authorized for inclusion in the VA's Veterans Choice Program
- AMHCA finalizes agreement on portability standards with NBCC and ACES

## Plenty of Unfinished Business Remains

Despite many accomplishments, the profession still lacks unified standards for licensure, particularly with respect to portability and scope of practice. Significant differences also exist in scope of diagnostic authority, or in some cases testing. In addition, state licensure laws still differ greatly with regards to:

- **Licensure Title:** for example, "licensed professional counselor," "licensed mental health counselor," "clinical mental health counselor,"
- **Educational Requirements:** for example, CACREP or not, and in 48 vs. 60 semester-hour programs,
- **Hours of Supervised Experience:** usually anywhere from 2,000 to 4,000 hours, and
- **Examination Requirements:** NCE or NCMHCE.

AMHCA continues to focus on each of these areas of incongruence to advance the profession, in addition to these tasks:

- Passage of Medicare provider status
- Professional unification among the states: education, training/supervision standards, portability
- Increased VA hiring of LPMHCs
- Federal (PHS Act) definition of mental health workforce
- Department of Transportation Substance Abuse Treatment Recognition
- Increased collaboration on unification with American Association of State Counseling Boards (AASCB), Association for Counseling Education and Supervision (ACES), and NBCC
- Improved licensure portability

Perhaps our greatest challenge involves *grassroots legislative and regulatory advocacy* at both the state and federal level. CMHCs must work together to storm Capitol Hill. Please, see the adjacent box and help secure professional parity under the law for your profession. ●