

SUBJECT: Faith-based chemical dependency treatment programs

COMMITTEE: Public Health — committee substitute recommended

VOTE: 6 ayes — Hirschi, Coleman, Delisi, Glaze, Janek, Maxey
0 nays
1 present, not voting — Berlanga
1 absent — Davila

WITNESSES: For — Robert Alcoser and David Perez, Victory Fellowship; Jimmy Heurich and Herb Meppelink, Teen Challenge; Coby Shorter, Rosewood Avenue Baptist Church
Against — Raul Portales; Fred I. Lewis
On — Janis Holmes, Association of Substance Abuse Providers; Joe McCullough, Texas Association of Alcohol and Drug Abuse Counselors

BACKGROUND : The Texas Commission on Alcohol and Drug Abuse (TCADA) licenses and regulates chemical dependent treatment facilities and professionals.

DIGEST: CSHB 2481 would exempt from TCADA licensing and regulations chemical dependency treatment programs conducted by a religious organization that were exclusively religious, spiritual or ecclesiastical in nature. Chemical dependency treatment providers or counselors in faith-based programs also would be exempted from licensure requirements. The program would have to register with TCADA.

A religious organization would mean a church, synagogue, mosque or other institution whose purpose was the propagation of religious beliefs and which was exempt from federal income tax under the Internal Revenue Code sec. 501(c).

The faith-based programs could not treat minors nor provide medical care, medical detoxification, or medical withdrawal services.

Exempted faith-based programs would have to conspicuously include in any advertisement or promotional literature a specified statement saying the program's services were exclusively religious in nature and not subject to TCADA licensure or regulation. No one could be admitted to the program without first signing a declaration acknowledging that the treatment would be exclusively religious in nature, nonmedical and not subject to TCADA oversight.

TCADA could revoke the program's exemption if it failed to inform the commission of any material change in its registration information; any advertisement or promotional literature failed to include required statements; or the program violated other requirements.

State agencies could not deny state or federal benefits to individuals participating in faith-based programs. The Department of Human Services would have to provide to the treatment program an individual's food stamp allotment if the individual designated the program as an authorized representative. A faith-based program could not compete against licensed programs for federal or state treatment funding.

The bill would take effect September 1, 1997.

**SUPPORTERS
SAY:**

CSHB 2481 would allow faith-based organizations to legally provide care and counseling to chemically dependent individuals in need of help, providing another line of defense, at no cost to the state, in the campaign against the growing problem of substance abuse and related crimes. Texas should be results-oriented and not process-oriented in its efforts to combat this problem; some of these programs have been operating successfully for many years and have received national recognition for their efforts and effectiveness.

Texas regulations require chemical dependency treatment centers to conform to a "medical model" of treatment, which rejects the unique nature and philosophy of faith-based programs and the potential healing properties of prayer, spiritual counseling and moral teaching. Some faith-based programs have been threatened with fines and closure because they failed to embrace the medical model, even though such actions would close off the availability of treatment that has worked successfully for many individuals. No one

form of treatment works for everyone; faith-based programs have been found to be especially effective for many addicts who have tried every other kind of treatment.

The likelihood of these programs harming or misleading clients is very small. Faith-based programs would be prohibited from holding themselves out as medical treatment facilities, and clients would have to sign declarations upon admission that they understood this, and could voluntarily leave any time they felt the program was no longer useful. The counselors, often former drug abusers themselves, are well experienced in alcohol and substance abuse conditions and know that they need to call for emergency and other medical assistance when such problems arise. Any clients harmed would still have recourse in court as would any injured party.

The use of the word “treatment” by these programs is appropriate; outside of the medical community, the word “treatment” has a generic connotation and is not generally considered to refer to medical treatment only.

**OPPONENTS
SAY:**

CSHB 2481 would could endanger the public by exempting faith-based programs from important minimum standards. The bill also would provide no recourse for clients harmed as a result of a faith-based program’s act or omission.

Individuals often choose chemical dependency treatment when they are in a very vulnerable, chaotic state and not fully sober and mentally competent. Declarations signed at admission would not guarantee that clients would understand the limitations of faith-based treatment programs and that no medical safety net would be provided.

By requiring faith-based programs to register with the state, CSHB 2481 would establish a public trust in untrained, unlicensed, and sometimes poorly educated counselors who may not be able to recognize the medical problems, complications and risk of death that can arise from alcoholism, substance abuse and detoxification conditions, or be able to distinguish, treat or refer to an appropriate health care professional clients with mental illnesses.

The fact that an organization is a recognized religion does not mean that its treatment approaches are valid and appropriate, or that all the individuals involved are competent, mentally healthy and mature or have a client's interest at heart, or that sufficient controls exist in the program to weed out bad actors. If faith-based programs are exempted from state requirements, administrative and other remedies would be lost that would penalize for offenses against clients.

OTHER
OPPONENTS
SAY:

CSHB 2481 should be modified to prohibit exempt faith-based organizations from promoting themselves as "treatment" alternatives; the word treatment should only be used in reference to programs that provide medical as well as spiritual and psychological treatments.

Faith-based programs deserve some relief from state requirements, but they should not be exempt from all requirements. Special regulatory requirements should be designed and imposed on faith-based programs that recognize the usefulness of such programs but that also protect the public.

NOTES:

The committee substitute required clients to sign a specified declaration upon admission and specified that individuals in faith-based programs would still maintain eligibility for state and federal benefits but that direct public funding of the programs would be prohibited.

The companion bill, SB 1070 by Sibley, has been referred to the Senate Health and Human Services Committee.