



PAUL TITTL

STATE REPRESENTATIVE • 25TH ASSEMBLY DISTRICT

Assembly Committee on Health

Assembly Bill 487

January 7, 2020

First of all, I would like to thank you, Chairman Sanfelippo and committee members, for allowing me to testify before you concerning Assembly Bill 487 relating to the practice of psychology.

Many of the best ideas for legislation do not come from legislators sitting around a table in Madison. They come from people all around the state who suggest change based on their knowledge and their day-to-day experience and activities.

The legislation we are discussing now is a good example. It came to my attention from psychologists as part of the Red Tape Review process two sessions ago.

Because one of those psychologists will testify shortly, I will limit my remarks so you can hear directly from him and professional colleagues who have made the trip to Madison. However, before I turn it over to them I want to make a general comment about the current law and mention one about the bill.

First, Wisconsin's current psychology statute has not been revised since 1994, twenty-five years ago. A lot has happened in that period, and the changes we are proposing today are designed to revise our statute so we can move the state forward.

Second, I'll briefly highlight one of the changes the bill makes. It illustrates how a simple change can have a significant effect. The bill allows psychologists who have PhDs to obtain an interim license while they complete the supervised training required by statute. This simple change enables psychologists to transition more easily from the classroom to the workplace, where we especially need them.

Other proposed changes also remove unneeded regulations and artificial restrictions.

Following the senate hearing on the senate companion bill, we worked with the senate to make changes to a few of the provisions. We have introduced a substitute amendment with those modifications.

Following my testimony, either other speakers will discuss the substitute amendment or perhaps Legislative Council can provide a short summary of the differences between the substitute amendment and the bill.

Thanks again for hearing this bill. If you have any questions for me, I would be happy to discuss them.

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Alberta Darling
Wisconsin State Senator
Co-Chair, Joint Committee on Finance

Testimony before the Assembly Committee on Health
Assembly Bill 487
Tuesday, January 7, 2020

Thank you Chairman Sanfelippo and committee members for holding a public hearing on Assembly Bill 487. The legislation before you today seeks to modernize the state's psychology licensure laws which have not kept up with the profession since enactment in 1994.

Mental health needs are rapidly growing in our state. In 2016, Mental Health America ranked Wisconsin 44th in the nation for youth mental health. This report demonstrates both a high rate of mental illness and low access to treatment. Wisconsin needs to implement reforms in order to respond to growing mental health crisis.

Assembly Bill 487 removes barriers that make it difficult for health care organizations to hire psychologists, for psychologists to enter the workplace, and for people in Wisconsin to receive mental health services. It is our hope that this bill will put more qualified psychologists into the workforce faster, thus opening access to mental health services statewide.

This legislation is the product of a collaborative effort from Wisconsin's Psychology Examining Board and the Wisconsin Psychology Association with the goal of bringing Wisconsin statutes into the 21st century to better address the challenges facing our state.

I would like to thank Representative Tittl for his leadership on this issue. Thank you committee members for holding a hearing on AB 487, and I hope I can count on your support.

Gregory Jurenec, Ph.D.
Wisconsin Psychological Association
Assembly Health Committee Hearing
Synopsis of Testimony
January 7, 2020

I. Introduction

- A. I am representing the Wisconsin Psychological Association (WPA). I chair the WPA workgroup that has been working with the Psychology Exam Board on this bill for at least 3 years.
- B. This proposed legislation has received support from :
 - 1. Rogers Memorial Hospital
 - 2. Marshfield Clinic
 - 3. Medical College of Wisconsin (MCW)
 - 4. Milwaukee County Behavioral Health Division
 - 5. Wisconsin School of Professional Psychology
 - 6. Many presentations to psychologists across state have received enthusiastic support.

II. Why we need this legislation?

- A. Prior to 1994:
 - 1. Wisconsin had one of the weakest licenses in the country.
 - 2. Insufficient for insurance reimbursement
 - 3. Insufficient for credentialing for hospital staff privileges
 - 4. Therefore, most psychologists sought an additional credential**
 - a. National Register
 - b. CPQ (Certificate of Professional Qualification)
- B. The current statute was passed in 1994, which was needed to bring Wisconsin up to the standards of most states.
- C. What are the accepted education and training standards?
 - 1. Doctoral degree in psychology from a program accredited by the American Psychological Association (APA) (or substantially equivalent education/training)
 - 2. Predoctoral Internship: One year of continuous, structured, supervised practice in a health care/mental health setting, after the completion of coursework but prior to the completion of the doctoral degree. This internship is also accredited by the APA, or substantially equivalent.
 - 3. One year of supervised work experience under supervision of a licensed psychologist which follows the completion of the doctoral degree. (This is *not* necessarily structured, and does not require accreditation.)
 - 4. Passing score on a national psychology exam.
 - 5. This is very similar to the standards in Medicine:**
 - a. Medical school
 - b. 1st year of residency (aka "internship")
 - c. National Examination

- d. Licensure (limited to supervision at a clinical placement for a year)
- e. Residency (comparable to the post-doctoral experience in psychology)

D. However, since the 25 years since 1994, two very significant issues emerged:

1. In 2013, Act 21 and Executive Order 50:

- a. These required review of Administrative Codes to ensure that they were clearly supported by statute.
- b. Per this review, it was determined that the pre-doctoral internship requirement in the Code, was not supported by the statute. *Therefore, this nationally recognized standard could no longer be required.* This took effect when the Code was revised in 2016.

2. Health care reimbursement has changed since 1994:

- a. In 1994, it was easy to get a job and get paid while you were getting the 1500 hours of supervised experience required for the license if you had the doctorate, an internship and were working under the supervision of a licensed psychologist.
- b. However, *today*, insurers will not pay for services *unless you are licensed*. The only options for a new grad are:
 - 1) A formal post-doctoral fellowship program. These are structured 1 – 2 year programs that include both supervised clinical work (often in specialty areas) along with didactic instruction. While excellent, there are not nearly enough of these positions.
 - 2) Work for the State (e.g. Corrections) while getting the supervised experience.
 - 3) Work as a Licensed Professional Counselor, while getting the supervised experience (which is what most new grads have done.) However, this door may be closing, per the LPC Board.

E. Consequences:

- 1. New grads are now challenged in getting the essential post-doctoral experience (much like a residency in medicine). So we *must* address this problem.
- 2. Because of the internship issue, Wisconsin is now *below* standards of neighboring states and most of the country.
- 3. Since this change only recently took effect in 2016, everyone applying *has* had an internship. But...
 - a. We will eventually get people without this essential part of their professional training.
 - b. The Wisconsin license will no longer be recognized by payers because of the *substandard requirements* (i.e. no pre-doctoral internship).

4. **Therefore, those of us who work with trainees have been encouraging new grads to get an additional credential. This additional credential will document that you have all of the above elements.**

a. This is certainly burdensome....

b. And costly: For the National Register, this costs \$200 plus a \$225 credential verification fee, and \$200/year to maintain.

5. As our license *now* stands, reciprocity with other states is more difficult, because our licensing standards are lower than Minnesota, Illinois, and other neighboring states.

a. Therefore, Psychologists located in border states are at a competitive *disadvantage*.

1) Forensic anecdote

6. There is presently an advantage to being licensed in Minnesota, etc. than Wisconsin.

7. As we will have to license applicants *without* the standard level of training, this will present a concern about *public welfare*. Psychologists are called upon to make complex, high level judgments and decisions which require at a minimum the level of education and practice dictated by these standards.

a. Would you want a surgeon doing your surgery who had missed a crucial part of their training experience?

III. How do we fix this?

A. Bring standards up to those of neighboring states, which will be accomplished by AB 487.

1. This will eliminate the need for a costly additional credential.

2. Psychologists won't be encouraged to get licensed in Minnesota, Illinois, etc. because they will more easily obtain temporary licensure to practice across state lines.

B. Creation of an Interim license

1. Facilitates licensure for new grads

2. Streamlines the processes and removes what has become a barrier

3. With an interim license, they can get a paying job while meeting the requirement for a year of post-doctoral supervised experience.

4. Gets new practitioners into practice sooner

Assembly Bill 487

Comments by:

Jennifer Michels, PhD ABPP

Board Certified Clinical Psychologist

Director of Training - Adult Clinical and Health Psychology Postdoctoral Fellowship

Adjunct Faculty - University of Wisconsin School of Medicine and Public Health

Marshfield Clinic Health System

Department of Psychiatry and Behavioral Health

Marshfield, Wisconsin

- Marshfield Clinic Health System currently has 55 clinic locations and 7 hospitals across the upper half of WI with a referral base of more than 2 million people and over 3.5 million patient encounters annually. Everyday medical and behavioral health professionals at MCHS experience the challenges of mental health care workforce shortages and poor access to mental health care in rural WI. I made the trip here today to speak you about the importance of this bill for helping to change this.
- The scope of practice and competencies for a psychologist are extensive. Psychologists are integrated into Adult and Pediatric Primary Care, Inpatient Services, Adult and Pediatric Oncology, Stem Cell Transplant Services, Cystic Fibrosis Services, Adult and Pediatric Diabetes Management, Bariatric Surgery Services, the Sleep Disorders Clinic, Pain Management, Genetic Services, ADHD Diagnostic and Treatment Clinic, and Autism Clinic. Psychologists conduct of broad array of psychological testing services to facilitate psychiatric, behavioral, cognitive, and developmental diagnostic clarification and provide treatment recommendations in accordance with this. We also provide services in the Psychiatry and Behavioral Health Department such as diagnostic evaluations, individual and family psychotherapy with traditional psychiatric patients.
- Assembly Bill 487 is important legislation for psychologists in WI, psychology trainees seeking to train in our state, and for health care organizations and other businesses that provide behavioral health services to our state residents. The bill provides necessary updates the current 25-year-old outdated statute by incorporating important changes that have occurred in the provision of health care over the last 25 years.
- Assembly Bill 487 returns core aspects of the educational and training experience standards for psychology licensing in our state back to what they were before Act 21 and Executive Order #50 were implemented. Educational and clinical experience standards in psychology have been historically delineated in administrative code and now cannot be enforced in the same way following Act 21 and EO #50.
- This has weakened the license to such a degree that at Marshfield Clinic we are strongly advising our psychology trainees to establish and maintain additional credential banking through national credential banking organizations to maintain a record that professional education, training and clinical experience standards required by most states in the country have been met. This comes with added effort and annual costs to psychologists in WI.
- The bill also restores psychology licensing in WI to a level equivalent to our neighboring states and most states in the country. This becomes important for maintenance of licensing reciprocity agreements that typically exist between states which allow for short term practice across state lines when state licensing standards are recognized to be largely equivalent.
- An highly important provision in the bill is that it establishes an interim license for psychology trainees. The interim license will make it easier for highly trained doctoral level psychology graduates to enter the

workforce in WI and provide mental health services to our state population while they obtain the 2000 hours of supervised postdoctoral experience required for final licensure as a psychologist.

- Currently doctoral degree psychology graduates face limited options in WI for obtaining their final supervised clinical experience hours to meet licensing requirements.
- Postdoctoral fellows come into our program at Marshfield Clinic with a doctoral degree in psychology with over 3000 hours of clinical experience between graduate school and internship training. Yet, unlike medical residents at the same point in their training, we can only credential our doctoral level psychology trainees to provide care to Medicaid patients. They are prohibited from providing mental health treatment to our large population of Medicare patients and commercially insured patients without a provisional license even though the trainees are fully under the supervision of licensed psychologists. At Marshfield Clinic Health system, roughly 35% of our total patient population are 65 and older and insured by Medicare. 35% are commercially insured. In the last fiscal year, 88% of all services provided at Marshfield Clinic were to Medicare and commercially insured patients. An interim license would allow these high level trainees to treat more patient populations that are dominant in rural WI.
- The interim license provision of this bill will also encourage employers who provide behavioral health services to hire psychology trainees because employers will be able to bill more broadly for the services a trainee provides and ultimately recover more of costs of having a trainee. It will also incentivize psychology graduates to stay in WI after graduation because with expansion of the range and favorability of supervised training options to attain licensure following the doctoral degree with this provision.
- Finally, this bill also helps our state address the extensive workforce shortage of qualified mental health professionals by enabling new graduates to move through the training pipeline more easily. Data suggests that graduates who stay in WI to complete the final stage of supervised clinical experience tend to stay in the state for employment.
- Thank you for your consideration of these important provisions of Assembly Bill 487 that maintain quality standards of education and clinical training in psychology, improve the psychology training pipeline in WI, and ultimately improve mental health care access for WI residents.

• Thank you for your time and attention today.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION

Milwaukee County

January 7, 2020

Dear Representative Sanfelippo,

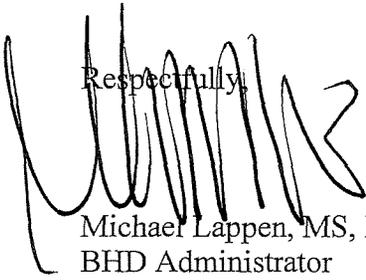
We are writing to you on behalf of the Milwaukee County Behavioral Health Division (BHD) in support of Assembly Bill 487 relating to the practice of psychology. The BHD currently employs 14 psychologists and 2 psychology postdoctoral fellows, so this bill is extremely relevant to the clinical services that we provide. The bill contains provisions which return the psychology licensing laws to a level that is on par with neighboring states and national standards. This is critical to Wisconsin psychologists if they are to be competitive with psychologists in neighboring states. This bill also contains provisions needed to facilitate the licensure of new psychologists, which includes psychology postdoctoral fellows. Not only will this help these young psychologists to enter the job market more quickly, but it will also address the shortage of trained mental health professionals. Therefore, we are urging you to become a co-sponsor of this important bill.

This bill contains provisions that are urgently needed to bring Wisconsin's requirements for licensure of psychologists up to national standards and equivalency with neighboring states. Presently, the requirements for education and supervised experience are *below* those of most states, including our neighbors. This may jeopardize the ability of Wisconsin psychologists to practice across state lines and could prevent Wisconsin psychologists from providing telehealth services outside of Wisconsin. This will put the small businesses run by private practice psychologists in Wisconsin at a competitive disadvantage with psychologists in other states. A second essential provision is the establishment of an interim license for new graduates in psychology. Such licensure will make it much easier for these new graduates to obtain employment, in the process obtain the year of supervised work experience needed for full licensure. There has also been growing concern about the difficulty citizens face in accessing competent mental health services. This measure will help increase the availability of highly trained mental health professionals.

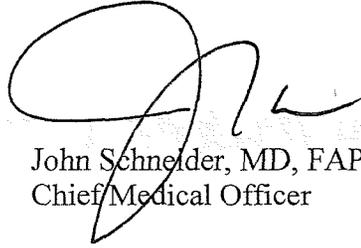
Lastly, it is important to maintain standards for the professional practice of psychology (that are consistent with those of states nationwide) so as to protect the welfare of our citizens. Poor and incompetent psychological services can certainly cause serious harm.

Please support Assembly Bill 487. It is important for improving safeguarding the continued integrity of psychological practice and improving access to high quality psychological services. Feel free to contact us if we can be of any further help on this matter. I would appreciate it if you would let me know about your decision on co-sponsoring this legislation.

Respectfully,



Michael Lappen, MS, LPC
BHD Administrator



John Schneider, MD, FAPA
Chief Medical Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION

Milwaukee County

January 7, 2020

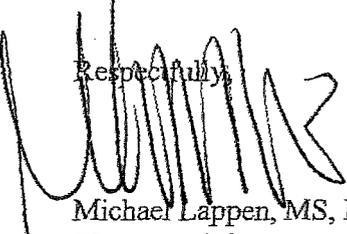
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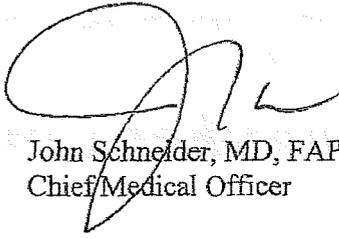
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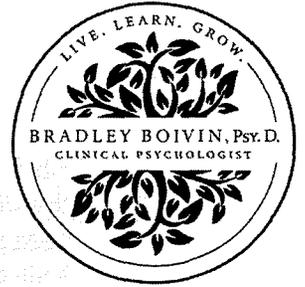
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Respectfully,

Michael Lappen, MS, LPC
BHD Administrator


John Schneider, MD, FAPA
Chief Medical Officer

January 7, 2020



Dear Chairman Sanfelippo, Vice-Chairman Kurtz, and Committee Members:

First, it should be noted that I am not testifying on behalf of any professional organizations of which I am a member, or the boards by which I am credentialed, and I have no conflicts of interest to disclose. Although I have consulted with many of my psychologist colleagues both in Wisconsin and throughout the country, the opinions shared in this testimony are my own.

I am writing to express my support of Assembly Bill 487, Substitute Amendment 1.

On October 24, 2019 I testified before the Senate Committee on Public Benefits, Licensing and State-Federal Relations in *opposition* to the original companion senate bill (SB378). While I supported some parts of the senate bill, several of my colleagues and I identified sections of the bill that created additional barriers to licensure that were neither clinically supported nor enhanced the primary purpose of licensure – to protect the public.

Some of the concerns with the original draft of the bill included: (1) conceding too much authority to boards and professional organizations, (2) creating unnecessary barriers to licensure for early career psychologists, (3) not adequately recognizing the diversity of training that exists between various doctoral programs, and (4) not clearly articulating the parameters for obtaining supervised practice hours.

Over the past two months, I have collaborated with the office of my state senator, Chris Kapenga, colleagues from the Wisconsin Psychological Association (WPA), as well as with the WPA's representative, Mr. Joel Kleefisch, who reached out to me in an effort to collaborate with him and his client on ways to improve the bill.

I am grateful to all parties for listening to and respectfully considering my concerns with the original bill. A considerable amount of time and energy went into recognizing and addressing my concerns while also preserving the overall integrity and intention of the bill. I believe what has emerged from our good faith collaboration is a strong piece of legislation that all committee members will be able to support.

Time does not allow me to highlight all that is accomplished by this bill, but I would like to highlight a few things that stand out:

- The bill preserves the authority of democratically elected members of the Wisconsin State Legislature by not giving broad authority to out-of-state national professional organizations to set the licensing standards for Wisconsin citizens.
- The bill redefines the “practice of psychotherapy” in a way that is consistent with other Wisconsin statutes and department rules - e.g., 457.01(8m), MPSW 1.02(2m).

- The bill clarifies the language of current statute with regard to supervised practice hours. Rather than using vague language such as, “one year of appropriate experience” [see current statute, 455.04(1)(d)], which has resulted in confusion and varying interpretations, this bill clearly articulates that applicants must complete 3,000 hours of supervised practice in order to be licensed to engage in the independent practice of psychology, bringing the training hour requirement in Wisconsin more in line with adjacent states.
- The bill requires the board to recognize the significant differences that exist between training programs as it relates to supervised practice by eliminating duplicative training hours for many applicants and allowing those applicants to be licensed and begin providing services in their communities up to one year earlier than what is currently allowed. In other words, this bill necessarily recognizes that not all training programs are alike; that some training programs are “*less appropriate for the student planning on a primarily practice-oriented career*” (Clinical Psychology Doctoral Program, University of Wisconsin) while others provide a training model “*similar to law and medical schools, in which graduate training provide[s] considerable clinical experience...taught by practicing clinical psychologists (Clinical Psychology Doctoral Program, Wisconsin School of Professional Psychology)*”. Many applicants graduate from practice-oriented programs that require 3,000 or more hours of supervised practice before receiving their degree, compared to non-practice-oriented programs that may require only 1,500 hours of supervised practice to earn the doctoral degree.
- The bill requires the board to create an interim license that allows individuals to practice under the supervision of a licensed psychologist while completing their final 1,500 hours of supervised practice (when required) and/or preparing to sit for the professional practice examination.

This bill effectively clarifies ambiguities in the current statute as it relates to supervised practice hours. But more importantly, it requires the board to exercise flexibility during the licensing process by recognizing the diversity of training that currently exists in the field of psychology. As a colleague told me last night, “This legislation is a God-send to early career psychologists, especially those chomping at the bit to start their careers, earn a living and start paying off their student loans.” I could not agree more.

Thank you for your time and consideration. Please do not hesitate to reach out to me if you have any follow-up questions.

Thoughtfully and respectfully,



Bradley Boivin, Psy.D.
 Licensed Psychologist, Wisconsin
 Health Service Psychologist, National Register



TO: The Honorable Members of the Assembly Committee on Health

FROM: Heather M. Smith, PhD, ABPP-CG
Associate Professor
Department of Psychiatry and Behavioral Medicine
Medical College of Wisconsin

DATE: January 7, 2020

RE: Testimony in Support of Assembly Bill 487, Relating to the Practice of Psychology

MCW respectfully requests your support for Assembly Bill 487 (AB 487), legislation which will modernize Wisconsin's psychology laws, while removing barriers to providing high quality mental healthcare for patients in Wisconsin.

First, AB 487 allows for the updating of the Wisconsin licensure law to bring it into accord with the psychology licensure laws of the majority of other states. One of the current law's primary shortcomings is that the requirement for an internship is not part of, or even allowed, under the state statute. However, a year-long, full-time clinical internship is a minimum professional training standard for psychologists that is recognized by all professional organizations within the field, including the American Psychological Association, as well as by the licensing laws of other states. This bill addresses that deficiency.

The licensure provisions within the bill also enhance telepsychology, by allowing psychologists to provide greater continuity of care for patients who reside out-of-state for various periods of time (snowbirds, etc.), but who require ongoing psychological services. Whereas our current psychologist licensing law does not meet professional requirements for the practice of telepsychology, the proposed bill would enable Wisconsin licensed psychologists to be recognized as telehealth providers by Psypact, which waives the provisions for licensure by each state in which we might have telehealth patients.

The bill also greatly enhances the training and retention of licensed psychologists in Wisconsin. Unlike other states, Wisconsin law does not allow for provisional licensing of post-doctoral applicants. This type of provisional licensing is analogous to the provisional license a physician obtains for a medical residency training program.

Unfortunately, the lack of a provisional license results in most post-doctoral trainees leaving Wisconsin for paid positions out-of-state, as these training programs are financially supported by the revenue generated while performing as provisionally licensed providers. This prohibition is also a significant barrier for MCW in regard to expanding our post-doctoral psychology fellowship training programs, as MCW assumes the financial burden of these offerings.

Under the bill however, the provisional licensing would create a revenue stream enabling healthcare systems to offset the expenses of providing the post-doctoral training required for full psychologist licensure. The provisional licensing will also prevent doctoral-trained providers from being forced to obtain a lower license (e.g., licensed professional counselor) in order to be employable while obtaining the supervised post-doctoral hours necessary for full psychologist licensure.

Through this systematic change, MCW will be more likely to retain our high-caliber post-doctoral fellows long term, and enhance the overall supply of providers for mental healthcare in Wisconsin, as well as improve MCW's ability to educate future practitioners throughout the entire continuum of psychology training.

From an educational and training perspective, the bill also elevates the quality standards of online programs, by requiring face-to-face supervision of doctoral students training in psychodiagnostic testing and psychotherapy for one year during any on-line program in which they participate. This allows for the appropriate training and development of clinical skills which cannot be adequately completed by a solely online learning platform.

Finally, the bill vests more discretion in the Psychology Examining Board to evaluate and determine options for demonstrating competency to practice. MCW believes that this type of licensure flexibility is an appropriate function of the examining board.

Thank you again for your time, attention, and consideration. If you have any questions following the conclusion of today's public hearing, please do not hesitate to contact Nathan Berken, Director of Government Relations at 414.955.8217, or nberken@mcw.edu.

Andrew W. Kane & Associates, S.C.

Clinical, Consulting & Forensic Psychology
2815 North Summit Avenue
Milwaukee, Wisconsin 53211-3439

September 19, 2019

TO WHOM IT MAY CONCERN

Re: SB378, Pertaining to the licensure of psychologists.

I am writing to you to strongly urge your support of SB-378. The changes to the current licensure requirements are necessary for psychologists to be able to continue to practice across state lines, as they have for years. Forensic psychologists often need to cross state lines in order to practice their profession, and non-forensic psychologists sometimes have a patient or client temporarily in another jurisdiction.

As a co-author of seven editions of **Psychological Experts in Divorce Actions**, published by Wolters Kluwer legal publishers, one of the sections I worked on for each edition has been a table listing the criteria for "interjurisdictional practice," i.e., whether a psychologist working in any of the 50 States or 10 Canadian Provinces is permitted to go to another of the 60 jurisdictions and conduct an evaluation, such as a child custody evaluation, and return at a later date to testify in court if necessary.

I have read the available statutes, rules, and other information on each of the 60 web sites, and have become familiar with the requirements for interjurisdictional practice. Virtually every jurisdiction **requires** that the psychologist visiting a given jurisdiction come from a state or province in which the requirements for professional **practice are equal to or greater than the requirements in the jurisdiction to which the psychologist wishes to go and conduct a psychological practice for a brief period of time.**

As you may know, Wisconsin administrative rules had to be changed due to Act 22 and Executive Order 50, because some key elements of the Code were not adequately supported by statute. As a result, educational requirements were weakened, and a pre-doctoral internship (1500 hours of supervised experience) could no longer be required. **Prior to** this change, a Wisconsin-licensed psychologist would have had no difficulty meeting the requirement that the standards for the Wisconsin license be equal to or greater than the requirements in the visited jurisdiction. SB 378 restores those standards so that Wisconsin is again on par with neighboring states and most other states in the U.S. and in Canadian provinces. If SB 378 is not passed, a Wisconsin psychologist would no longer be able to go to another American or Canadian jurisdiction to practice psychology on a temporary basis. Wisconsin psychologists would no longer be considered to have a license equal to or greater than that of virtually any other American or Canadian jurisdiction.

Andrew W. Kane, Ph.D., ABAP
Licensed Psychologist
Board-Certified Assessment Psychologist
Professor, Wisconsin School of Professional Psychology



WISCONSIN SCHOOL OF PROFESSIONAL PSYCHOLOGY, INC.

Representative Joe Sanfelippo
Chair, Assembly Health Committee
Room 314 North
State Capitol
P.O. Box 8953
Madison, WI. 53708

January 6, 2020

Dear Rep. Sanfelippo,

I am writing to you as both a psychologist and the President of the Wisconsin School of Professional Psychology in support of AB 487 relating to the practice of psychology. This bill contains provisions that return our licensing laws to a level that is on par with neighboring states and national standards. This is critical to Wisconsin psychologists if they are to be competitive with psychologists in neighboring states. This bill also contains provisions needed to facilitate the licensure of new psychologists. Not only will this help these young psychologists to enter the job market more quickly, but it will also address the shortage of trained mental health professionals. Therefore, I am urging you to support this important bill.

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A second essential provision is the establishment of an interim license for new graduates in psychology. Such licensure will make it much easier for these new graduates to obtain employment, in the process obtain the year of supervised work experience needed for full licensure. There has also been growing concern about the difficulty citizens face in accessing competent mental health services. This measure will help increase the availability of highly trained mental health professionals. Lastly, it is important to maintain standards for professional practice of psychology (that are consistent with those of states nationwide) so as to protect the welfare of our citizens. Poor and incompetent psychological services can certainly cause serious harm.

AB 487 is important for safeguarding the continued integrity of psychological practice and improving access to high quality psychological services. Feel free to contact me if I can be of any further help on this matter.

Respectfully,

Dr. Kathleen M. Rusch
President
Wisconsin School of Professional Psychology
9120 W. Hampton Avenue, Suite #212
Milwaukee, WI. 53225