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STATE REPRESENTATIVE • 25TH ASSEMBLY DISTRICT

Assembly Committee on Health
Assembly Bill 63
February 17, 2021

First of all, I would like to thank you, Chairman Sanfelippo and committee members, for allowing me to testify before you concerning Assembly Bill 63 relating to the practice of psychology.

This bill is the same bill the Assembly passed on a voice vote last year. In the process it had passed through this committee unanimously. It also passed unanimously in the senate committee before the COVID situation halted further progress.

AB 63 bill is important, because Wisconsin's psychology statute has not been revised since 1994, twenty-seven years ago. A lot has happened in that period, and the modifications in the bill are designed to align our statutes with current practice.

One of the very significant change relates to licensing. I want to specifically mention this provision, because it illustrates how a simple change can have a very significant effect.

The Center for Disease Control has reported that half of all Americans say their mental health has been negatively affected by the events of the past year. That is the highest percentage since World War II. AB 63 responds to this situation by making it easier for psychologists who have received their PhD's to transition to the workplace.

Current law requires graduates to complete 2,000 hours of supervised psychological experience in no more than 24 months after graduation in order to obtain a license to practice. The bill allows them to receive an interim license for a 24 month period while they complete that supervised training. That simple change enables them to transition more easily from the classroom into the mental health profession where they can provide needed mental health services. It also makes it easier for them to receive compensation more commensurate with their training and the services they provide.

The bill makes several other changes as well, including removing some unneeded regulations and artificial restrictions. In that sense AB 63 could be characterized as a red tape bill, updating our statute and positioning Wisconsin to continue moving forward in the years ahead. I am very pleased psychologists have joined us today to address these matters.

Thanks again for hearing this bill. The psychologists who will testify shortly will be able to provide more detail. However, if you have any questions for me, I would be happy to address them.

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TO: Members of the Assembly Committee on Health
FROM: Senator Rob Stafsholt
DATE: February 17, 2021
SUBJECT: Testimony in favor of Assembly Bill 63

Thank you Chairman Sanfelippo and members of the Assembly Committee on Health for allowing me to testify in favor of Assembly Bill 63 regarding the practice of psychology.

This bill pertains to the licensure of psychologists, aims to update and improve a 1994 statute greatly in need of both. Assembly Bill 63 may sound familiar to you. The Senate was about to vote on it on March 25th last year, when the Senate's session was cancelled because of COVID. The bill had already been passed by the Assembly on a voice vote. It had passed the Senate Committee on Public Benefits, Licensing and State-Federal Relations, after some key amendments by Senator Kapenga.

Let me give you an overview of the important features of this bill...which are especially important in the midst of this ongoing health care crisis which, in addition to the effect on our economy, is taking a toll on the mental health of Wisconsin citizens. This has resulted in a surge in the need for highly trained mental health professionals. This bill addresses 3 broad issues:

- 1) It ensures that those practicing psychology and caring for our citizens meet nationally recognized training standards.
- 2) While doing this, it also streamlines the licensure process such that new graduates can be licensed to practice more quickly. This is accomplished in 2 ways:
 - a. The requirements for supervised clinical experience have been modified so that it is possible that many who finish their doctoral training will be eligible to apply for licensure *as soon as they earn the doctoral degree*.
 - b. Those who have finished the doctoral degree but *do not* have sufficient supervised experience (or have not yet passed the national examination) will have the opportunity to obtain an *interim license*. This *interim license* will permit them to practice (and get *paid*) while they are completing the supervised experience requirement and/or preparing to pass the national exam.
- 3) This bill will also remove duplicative regulation of the practice of school psychology. Currently, school psychologists are certified by the Department of Public Instruction AND by the Psychology Examining Board. While those presently licensed as psychologists will be able to retain their license so long as they complete continuing education requirements and pay the renewal fee, the Psychology Examining Board will no longer require master degreed school psychologists to be licensed by the Psychology Examining Board.

In summary, this bill streamlines the licensure process for doctoral psychologists, while ensuring that training meets nationally recognized standards. This will facilitate the licensure of new graduates, and as a result, enable highly qualified mental health providers to enter the workforce more quickly and provide badly needed services to our citizens.

Again, thank you for hearing this bill today. I encourage you all to join me in supporting this piece of legislation.

ASSEMBLY

Jurenec, Ph.D.
Insurance Work Group
Psychological Association
Committee on Health
January 17, 2021

to talk with you about this bill, AB-63. I am
Psychological Association (WPA). I chair the WPA
working with the Psychology Exam Board on this bill

Winter we worked with Sen Kapenga and the Senate
Committee on Public Benefits, Licensing and State-Federal Relations. With key
amendments, it was passed out of committee. We then testified before *this*
committee. After passing the Assembly on a unanimous voice vote, it was
scheduled for a vote on the Senate floor for March 25th....but the session was
cancelled b/c of COVID.

C. So, *WE ARE BACK*.

D. 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. The Wisconsin Psychological Association
7. Many presentations to psychologists across state have received enthusiastic support.

II. Why we need this legislation?

- A. The current law is over 26 years old and doesn't line up with the standards & needs in the practice of psychology in 2021.
- B. Prior to 1994, Wisconsin had one of the weakest licenses in the country.
 1. Insufficient for insurance reimbursement
 2. Insufficient for credentialing for hospital staff privileges
 - 3. Therefore, most psychologists sought an additional credential**
 - a. National Register
 - b. CPQ (Certificate of Professional Qualification)
- C. The *current* statute was passed in 1994, which was needed to bring Wisconsin up to the standards of most states at the time.
 1. Key provisions in that law:
 - a. A doctoral degree in psychology
 - b. A predoctoral residency/internship (i.e. supervised clinical experience in a health/mental; health setting)
 - c. One year Post-doctoral supervised experience.

- d. A passing score on the national exam (EPPP)
2. This worked well at the time:
- a. We were comparable to other states and national standards.
 - b. The additional credential was no longer necessary.
 - c. Getting a paid position during which you could get the post-doc experience was no problem.
- D. However, in the 25+ years since this 1994 statute, many things have changed which created problems operating under this outdated law.
1. Health care reimbursement has changed since 1994:
- a. In 1994, it was easy to get a job and get paid with a doctorate while you were getting the Post-Doc supervised experience required for the license. If you had the doctorate, a residency/internship and were working under the supervision of a licensed psychologist, you could bill for your services.
 - b. However, *today*, insurers will *not* pay for services *unless you are licensed*. Therefore, 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. (However, there are problems with this as well, which Dr. Michels will explain).
 - 2) Work for the State (e.g. Corrections) in a Master’s level position while getting the supervised experience.
 - 3) Find someone to supervise you for a year, while you work for free or a reduced rate.
 - 4) New grads used to work as a Licensed Professional Counselor while getting the supervised experience. But even this door has closed, per the LPC Board.
 - c. Thus the requirements for supervised experience in the current law are far more difficult to meet than they were in 1994.
 - d. The current license requirements are causing a waste of talent and resources:
 - 1) As you can see in the written testimony of Dr. Michels and Dr. Smith...
 - 2) Those currently in advanced post-doctoral training are *unable to be paid by Medicare or private insurers*.
 - 3) Therefore, while Marshfield Clinic has a waiting list of over 800 adults seeking psychotherapy, these post-doctoral fellows are only able to see patients with Medicaid.
2. In 2013, Act 21 and Executive Order 50:

- a. These actions required a review of Administrative Codes to ensure that they were clearly supported by statute.
 - b. Per this review, it was determined that the *pre-doctoral residency* 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.
3. Today's training programs often provide far more quality supervised clinical experience than they did 25 years ago.

E. Consequences:

1. New grads are now challenged in getting the required post-doctoral experience. As a result, it takes at least a year after completing the degree to meet the requirements for licensure, and therefore to be able to get a good job.
2. Because the Board can no longer require the pre-doctoral residency/internship for licensure, we again have fallen below the standards of our neighboring states and most of the country.
3. Since this change only took effect in 2016, everyone applying *has* had a residency/internship so far. But....
 - a. We will eventually get people without this essential part of their professional training.
 - b. The Wisconsin license may no longer be recognized by payers because of the substandard requirements (i.e. no pre-doctoral residency).
4. We will then have to license applicants *without* the recognized level of training, which 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. Examples
 - 1) Evaluations for competency to stand trial
 - 2) Testimony regarding involuntary hospitalization and guardianship.
 - 3) Evaluation and intervention in medical settings:
 - i. Transplant recipients
 - ii. Survivors of physical trauma
 - iii. Neuropsychological evaluation
 - b. To make a medical analogy: Would you want a surgeon doing your surgery who hadn't done a residency?

III. What are today's nationally accepted standards?

- A. Doctoral degree in psychology from a program which is accredited by a recognized body, such as the American Psychological Association (APA) (or substantially equivalent education/training)
- B. Predoctoral Residency/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 residency/internship is also accredited by the APA, or substantially equivalent.
- C. A total of at least 3000 hours of supervised practice experience.
- D. Passing score on a national psychology exam.

IV. AB 63 addresses these problems, while retuning our licensing requirement to a level on par with national standards.

- A. Consistent with the national trends, the experience requirements have been *streamlined* such that they can be met more quickly and efficiently. **This is done by recognizing the quality supervised experience many applicants have accrued *before* the completion of the degree.**
 - 1.As a result, many will be able to apply for licensure upon completing their residency/internship and degree.
 - 2.This is because they will be given credit for the quality supervised experience they obtain *while* completing their degree requirements. [This is not permitted under the present statute.]
 - 3.***This will enable new grads to become licensed more quickly and facilitate their entry into employment. This will then accelerate the availability of highly skilled practitioners who can provide the MH services that are now in such high demand.***
- B. This bill re-instates the pre-doctoral residency/internship training requirement.
 - 1.As explained above, this provides the statutory authority to enforce a requirement that we had for over 20 years, and only recently lapsed.
- C. **Creation of an Interim license** will also facilitate the movement of new grads into the workforce, and enable their availability to provide reimbursable services.
 - 1.An interim License would be granted to an applicant who:
 - a. Has completed the doctoral degree requirements
 - b. Has completed a predoctoral residency/internship of at least 1500 hours
 - c. But has yet to:
 - 1) Complete the full 3000 hours of supervised experience, and/or
 - 2) Pass the national examination.
 - 2.This Interim License will facilitate the movement of new grads into professional practice and shortens the time until they are available to provide services.

3. This interim license will allow someone who has completed their degree (including the pre-doctoral residency/internship) to obtain an Interim License to practice under supervision:
 - a. The can then practice while they obtain any remaining supervised experience they may not yet have, and/or....
 - b. Until they pass the EPPP
 4. Therefore, with an interim license, they can get a *paying job and provide services* while completing the 3000 hour supervised experience requirement.
 5. As Dr. Michels' written testimony explains, this will be invaluable for post-doctoral training programs like one at the Marshfield Clinic. By virtue of this bill, their post-doctoral fellows would no longer be limited to Medicaid patients, but would be able to provide services for ANY patient.
- D. This bill also broadens the activities that will count towards the **40 hours of CE**:
1. Professional activities such as service on the Exam Board, APA Council of Representatives or task force, WPA Board or Committee.
 2. This is in addition to Teaching a new course, providing workshops or professional presentations, publishing, or "Board Certification".

V. Why is this good?

- A. This streamlines licensure requirements, which students will love.
- B. It functionally will help get psychologists into paid employment more quickly...
- C. And will more quickly make highly trained providers available to Wisconsin citizens in need of services.
- D. All while maintaining our training requirements a level consistent with national standards.
- E. Lastly, by streamlining the process, *it may make Wisconsin a more attractive state in which to get licensed and practice.*

I thank you for the opportunity to testify before this committee.

Daniel Schroeder
Chairperson

Marcus Desmonde
Vice Chairperson

David Thompson
Secretary

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Chair, Senate Committee on Insurance, Licensing and Forestry
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Dear Senator Felzkowski and Representative Sanfelippo,

On behalf of the Psychology Examining Board of the state of Wisconsin, I am writing to express the Board's enthusiastic support for Assembly Bill 63 and Senate Bill 77, an Act to amend Wisconsin's 1994 Psychology statute (Chapter 455).

This bill proposes to revise and update the governing statute for the practice of Psychology in several ways that the Board considers to be significant. These important updates include the provisions regarding the composition of the Psychology Examining Board, licensure for private practice school psychologists, the scope of practice and licensure requirements for the practice of psychology in Wisconsin, interim licensure, and continuing education for license holders.

The Board considers this bill to be a modernization of the statute that will have a profoundly positive impact for multiple stakeholders within Wisconsin. The Board believes that the citizens of Wisconsin will benefit from the increased access to providers of psychological services that the provisions of this bill will enable. Employers of psychologists will benefit from increased opportunities to attract and retain talented individuals under these revisions. Licensed psychologists themselves will benefit from holding their credentials under the "best practices" jurisdiction this bill will establish because this will enhance their employment opportunities both within Wisconsin and beyond.

The Psychology Examining Board wholeheartedly supports this legislation.



Daniel A. Schroeder, Ph.D.
Chairperson, Psychology Examining Board



Date: February 17, 2021

To: Honorable Members of the Wisconsin Senate - Committee on Insurance, Licensing, and Forestry

From: Jennifer Michels, PhD, ABPP
Clinical Psychologist
Director of Training – Adult Clinical and Health Psychology Postdoctoral Fellowship
Department of Psychiatry and Behavioral Health
Marshfield Clinic Health System

Re: Testimony in Support of Senate Bill 77 – Relating to the Practice of Psychology

Thank you for the opportunity to provide written testimony in support of Senate Bill 77 regarding the practice of psychology in Wisconsin. Marshfield Clinic Health System (MCHS) employs psychologists as core professionals in our broad efforts to deliver quality behavioral health services to our rural patient population. MCHS supports this bill.

Marshfield Clinic Health System currently has 55 clinic locations and 10 hospitals across WI with over 3.5 million patient encounters yearly. We are a national leader in rural health care delivery to include providing mental health services in the rural setting. Our patient demographics skew heavily toward older populations. In fact, 51% of gross charges for the organization in FY 2019 were for patients insured by Medicare, which covers patients 65 and older.

Senate Bill 77 is important legislation for licensed psychologists in Wisconsin, for psychology trainees in residency and postdoctoral training, and for organizations like Marshfield Clinic Health System. The bill updates the current psychology licensing statute to incorporate important changes in the provision of mental health care services and psychology training occurring over the last 27 years since the previous statute became law.

Senate Bill 77 provides important updates to psychology licensing to move psychology trainees through the training pipeline more effectively and efficiently. The bill allows for recognition of high quality clinical practicum hours completed during graduate school to be used towards accrual of direct training hours for licensure in combination with one year of residency training.

The bill, in effect, decreases barriers to completion of training, job placement, and clinical practice engagement for early career professionals in psychology. The bill also establishes quality standards for online graduate programs to ensure appropriate training and oversight of the development of core clinical skills for the profession of psychology.

Senate Bill 77 enhances training opportunities for postdoctoral psychology trainees via implementation of provisional licensing. Unlike other states, Wisconsin currently does not have provisional licensing for postdoctoral psychology trainees. This type of interim licensing is common in doctoral level professions such as the provisional license physicians obtain during medical residency training. The provisional license will make it easier for postdoctoral psychology trainees to enter the workforce in Wisconsin and provide mental health services to our state population while obtaining final supervised training hours for full licensure.

Currently, the MCHS postdoctoral psychology fellowship program can only credential our postdoctoral fellows as Qualified Treatment Trainees (QTT) in Wisconsin. QTTs are permitted to provide billable mental health services to only Medicaid patients. QTTs are unable to provide mental health treatment to our large population of Medicare patients and to commercially insured patients. In fiscal year 2019, Medicare patients and commercially insured patients comprised 88% of the total gross medical charges in our health care system. Medicare and commercially insured patients together comprise 68% of total gross charges in Psychiatry and Behavioral Health. Current restrictions on our postdoctoral trainees not only limit patient access to needed mental health care but also limit training opportunities for our fellows.

The lack of a provisional license for postdoctoral trainees in psychology results in many trainees leaving our state for clinical positions in other states. Training programs in any postdoctoral profession are costly. Program costs are partially supported by revenue generated by provisionally licensed professionals. Lack of a provisional license for psychology trainees in Wisconsin limits expansion of psychology training in organizations like MCHS given the financial burden we directly assume for these programs.

I expect that this bill, if signed into law, will increase training opportunities at the postdoctoral level for trainees wanting to stay within the state. The provisional license also holds much promise to improve access to mental health care for our state residents. To provide of glimpse of the gravity of the shortfall of mental health providers in rural Wisconsin at present, here is data reflecting MCHS’s waitlist for mental health care as of last week. We have never seen waitlists for mental health care this extensive.

Referred To Mental Health Specialty:	Number of patients as of 2/13/2021 awaiting access for a 1 st appointment:
Adult Medication Management (Psychiatrist)	228
Child Medication Management (Psychiatrist)	104
Psychotherapy-Adult (Psychologist or Master’s level clinician)	837
Psychotherapy-Child/Adolescent (Psychologist or Master’s level clinician)	398

In summary, Senate Bill 77 provides important updates to Wisconsin's 27-year-old psychology licensing statute. This bill helps our state address the shortage of qualified mental health providers by enabling new graduates to move through the training pipeline to employment and clinical practice in service to our state residents more easily. Provisional licensing in the bill facilitates postdoctoral psychology trainees to have broader training experiences for their final supervised clinical training hours. Postdoctoral fellows will be able to provide clinical services to Medicare and commercially insured patients in addition to Medicaid patients, helping state residents access mental health care. Finally, the provisional license encourages new psychology graduates to stay in Wisconsin after graduation and establish clinical practice versus departing for other states that offer more favorable practice conditions for early career psychologists.

Thank you for your consideration of Senate Bill 77. This bill maintains quality standards in psychology training, improves efficiency in the psychology training pipeline in Wisconsin, and improves mental health care access for Wisconsin residents at a critical time. Your time and attention to this important bill is appreciated. If you have any questions following the public hearing, please do not hesitate to contact me at 715-387-5744.



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: February 17, 2021

RE: Testimony in Support of Assembly Bill 63, Relating to the Practice of Psychology

The Medical College of Wisconsin (MCW) respectfully requests your support for Assembly Bill 63 (AB 63), legislation which will modernize Wisconsin's psychology laws, while removing barriers to providing high quality mental healthcare for patients in Wisconsin.

AB 63 allows for the updating of the Wisconsin licensure provisions to bring them into accord with the psychology licensing laws of the majority of other states. One of the current law's primary short-comings 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 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 bill also greatly enhances the training and retention of licensed psychologists in Wisconsin, while streamlining the process for graduates to obtain the license. Unlike other states, Wisconsin law does not allow for provisional licensing of post-doctoral applicants. This type of provisional licensing is analogous to the interim license a physician obtains for a medical residency training program.

Unfortunately, the lack of an interim license results in most post-doctoral psychologists leaving Wisconsin for paid positions out-of-state, where they are recognized by payor sources, and therefore are financially supported by the revenue generated while performing as provisionally licensed providers. The lack of an interim license is a significant barrier for MCW and other healthcare systems with regards to expanding post-doctoral psychology fellowship training programs and in retaining high quality recent graduates.

Under the bill however, the provisional licensing would create a revenue stream enabling healthcare systems to offset the expenses of employing recently graduated psychologists in the process of obtaining any remaining required supervised experience and/or awaiting successful passing of the EPPP.

Through this fundamental change to the psychologist license, MCW will be more likely to retain our high-caliber graduates long term and to enhance the overall supply of providers for mental healthcare in Wisconsin.

In addition, by allowing practicum experiences to be included in the required training hours for licensure, the bill will enable graduates to more quickly enter the workforce, thereby providing essential access to high quality mental healthcare more efficiently.

In sum, AB 63 vastly improves our existing psychology licensing law by modernizing its outdated elements, addressing the state's paucity of highly trained mental health providers by allowing new graduates to move through the licensure process more swiftly, expanding access to high quality mental healthcare throughout the state, and improving the retention of new doctoral psychologists in Wisconsin after graduation.

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 MCW, at 414.955.8217 or nberken@mcw.edu.