Quaker Valley Counseling Services

E1475 Owens Drive
La Valle, WI 53941-9529
Phone (608) 985-7187

Fax (608) 985-8187
E-Mail oakmik@mwt.net

November 20, 2007

State Representative Leah Vukmir, Chair
Assembly Committee on Health and Health Care Reform
PO Box 8953
Madison, WI 53708

Dear Representative Vukmir,

We are writing this letter in support of AB 463 which changes Wisconsin Statute 632.89 (1) (e) by adding mental health professionals licensed under Act 80 to allow us to receive insurance payments when we work outside state certified mental health clinics.

We operate an outpatient mental health clinic in rural Sauk County where Sauk, Juneau, Vernon and Richland Counties come together. We've been here since 1984 providing services to families, couples and individuals. We take great pride in the quality of our services provided by three Licensed Clinical Social Workers. We are the choice of physicians and attorneys who are referring their patients/clients. We are the choice of the physicians and attorneys themselves when they have problems. We also see an increasingly larger percentage of people with Medical Assistance insurance. Most people in our area who come here want or need to use their health insurance benefits.

We derive almost all our income from insurance benefits paid to us by a large number of companies, some of whom are headquartered in Wisconsin. Some are HMO's and PPO's. The health insurance companies headquartered in Wisconsin do not have to pay us for our services now unless we work in certified mental health clinics. We can not be paid for providing mental health services to people with Medical Assistance/Badgercare unless we have the clinic status. We have many contracts to honor and we are credentialed separately by almost all of these companies. We accept the payments they give us, no matter what we charge. We are like farmers in the sense that we don't set our earnings by what we must earn over expenses to make a profit. We have to accept what others have decided we deserve, or the least amount they can offer us and keep us in their networks. We either accept their non-negotiable contracts or we don't see people with that insurance coverage. We've been accepting less and less reimbursement (inflation adjusted) since the late 1980's. Overall, mental health services as a percentage of the total cost of medical care in the US has gone down steadily since the early 1990's from 9% to about 3%.

We still love our work and the fact that we genuinely help people improve their lives. It's a gift and a privilege to be able to do what we do. That said we want to be treated with dignity like the professionals we are. We want to be allowed to bill insurance companies

Myron (Mike) Mickelson, MSW, LCSW
Lenore DeLoughery, MSW, LCSW
David Dati, MSW, LCSW, LMFT

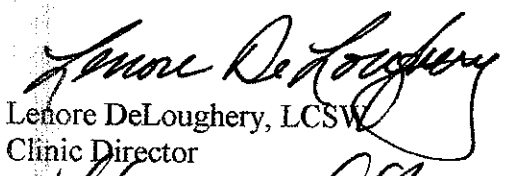
Wisconsin State Certified
Outpatient Mental Health Clinic

for our services like other medical professionals can within WI Statute 632.89. We want to be able to practice our profession within our licenses, governed by the Wisconsin Department of Regulation and Licensing. We do not need to have the Department of Health and Family Services duplicating our oversight. This increases our overhead and becomes a restraint of trade, an unfair practice, when our competitors, psychologists and psychiatrists, do not have to practice within certified clinics in order to receive insurance payments. The certification of clinics is an annual expense imposed on clinics only. The staff time spent administering the rules is an overhead expense that MD's and Ph.D psychologists are not required to have in order to be in the business of doing psychotherapy. These expenses are in addition to the already tiered system of payment that third party payers use to pay Master's level psychotherapists less than licensed psychologists and psychiatrists. Private psychotherapy practices should be allowed to do business in a way that is least financially burdensome in order to pass savings on to consumers. This allows the competition of the marketplace to work.

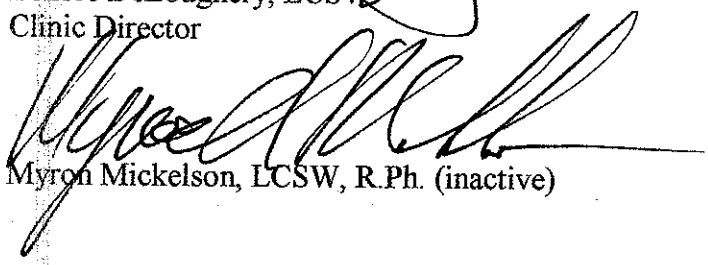
Wisconsin-based insurance companies may use the current rule as an excuse to limit access to services provided by licensed psychotherapists. Since we have become licensed, there is no longer the excuse that DHFS must oversee our work to ensure quality of care. Most people are sophisticated enough to stop coming to a therapist if they are not making progress toward their goals or do not feel comfortable with a particular therapist. Other areas of medical care are not subject to this level of state rulemaking. There is a marketplace in medical services even within the limitations imposed by HMO's and PPO's. We work within those bounds as well. While we acknowledge the special vulnerability of the chronically mentally ill, our licenses specifically allow us to practice our profession independently. Working in a state certified clinic, which does not have to employ licensed psychotherapists, cannot guarantee that excellent services are being provided.

We have appreciated being considered fully competent professionals by Medicare and Tri-Care, both programs administered by the federal government. I could go to any of the other 49 states and be licensed and receive insurance payments – no certified clinic needed. Wisconsin is not doing it better; we're just behind the times. We would like to see WI Statute 632.89 updated to reflect the reality of outpatient mental health care in Wisconsin as provided by licensed professionals today.

Sincerely,



Lenore DeLoughery, LCSW
Clinic Director



Myron Mickelson, LCSW, R.Ph. (inactive)

Support of AB 463

JILL R. TURCOTT-NIELSEN, MSSW, LCSW
Turcott-Nielsen Psychotherapy Assoc.
10625 W. North Ave. — Suite 225
Wauwatosa, WI 53226
414.258.600
jillturcott@wi.rr.com

Small Business Owner – Private practitioner for 30 years
Self-employed for 21 years
Established State Certified clinic in 1994

Financial Obstacles re: remaining a small business owner in mental health practice:

Psychiatric supervision as required by DRL for sole practitioner LCSW

1. I receive a reduced fee of $150/40 minutes. This does not allow time for more than the psychiatrist to sign a number of required forms. If there is to be any actual discussion of specific patients, much less, each patient, the number of supervision sessions would be 4-6/month at least for any LCSW with a roster of 60 patients. The cost for the LCSW paid to the psychiatrist would be 4-6 x the agreed fee.

2. Most psychiatrists do not want to take on supervision duties. It is a significant financial loss for them. It is not unusual for a psychiatrist to bill $150 for a 10-15m minute medication check. This would allow for the M.D. to bill out between $600 to $900 in 60 minutes. This makes it difficult to find a psychiatrist who is willing to do supervision, especially at the reduced fee of $150/40 minutes.

3. At times, the psychiatrist whom I have paid for supervision has 10 to 20 years less experience in the mental health field — particularly in providing direct psychotherapy; however, since s/he is a psychiatrist, these sessions meet the regulation for an LCSW.

State of Wisconsin

1. An annual fee of $350 per clinic

2. An annual fee of $50 for LCSW

3. Excessive paperwork

4. Malpractice insurance

5. Mandatory 30 CEUs (excellent requirement)

Additional Expenses

1. Office rent
2. Office insurance
3. Professional organization fees
4. Office supplies
5. Yellow page listing/Internet listing/site
6. Temporary office help as needed for paperwork
7. CEU courses
8. Professional seminars, classes, etc.
9. Professional journals, texts, etc.
10. Transportation, lodging, meals and conference expenses
11. Medical billing service fees

Being Self-Employed

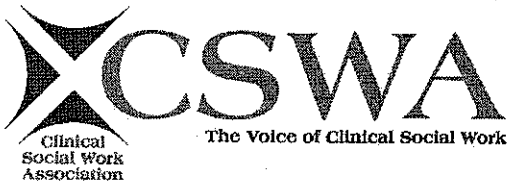
1. No health insurance
2. No paid vacations, holidays or sick leave
3. No pension plan
4. No compensation for CEU courses, etc.

CHOOSING TO BE AN LCSW

1. Acknowlegment that finances will probably always be a concern.
2. Desiring to be closely involved in the lives and issues of the people who seek help.
3. Accepting a personal value system that causes one to pursue his/her vocation rather than a job.
4. Understanding that there are significant risks in working closely with people who have mental health issues:

   Stalking; threatening phone calls; vandalism; potentially violent acting out in the office; needing to involve the police department with homicidal patients and waiting to see if there will be repercussions; unannounced office visits by psychotic, drunk or drugged patients, threats against family members, etc.

LCSWs are well-educated, highly trained and required to continue their education throughout their years of practice. It takes a certain kind of person to be an LCSW. We have to be willing to be at the bottom of the food chain regarding professional standing and financial remuneration in most cases. We do, however, have the benefit of working daily with the people whom we choose to serve.



November 16, 2007

Carolyn Moynihan, LCSW, President
Wisconsin State Society for Clinical Social Work
8283 N. Riley Road
Verona, Wisconsin 53593

Dear Ms. Moynihan:

Thank you for the opportunity to comment on Assembly Bill 463 currently being considered by the Wisconsin Assembly. The Clinical Social Work Association has had a great deal of experience in working on licensure laws and rules which affect the practice of clinical social work. CSWA, the only national association dedicated to representing the interests of licensed clinical social workers, with members in every state, will provide comments on the major provisions of AB 463 in the context of other state laws which address the issues of independent clinical social work practice and Medicaid providers.

There are 200,000 licensed clinical social workers (LCSWs) in the country (Association of Social Work Boards, 2003) who provide the largest portion of mental health treatment of any single mental health discipline (between 40-50%, SAMHSA, 2003, and NASW, 2001.) Approximately 6000 of these LCSWs are not allowed to practice independently outside of a mental health clinic, those in Wisconsin and Michigan. During the past 20 years, the overwhelming majority of states have recognized that clinical social workers have the training and expertise to have their own licensure laws, Boards, supervision, and disciplinary standards without the need for oversight by other professions.

As examples of the effectiveness of clinical social workers, I would like to mention two articles in *Consumer Reports*, "Drugs and Talk Therapy," October, 2004, and "Does Therapy Help?", November, 1995. These articles surveyed about 4000 consumers for each article about their experiences in mental health treatment. Among other findings, these articles showed that the successful results of consumers in psychotherapy and counseling with clinical social workers were on a par with the results consumers had with psychologists and psychiatrists, and better than the results with other mental health professionals (CR, 1995.) As an aside, the articles also showed that mental health treatment works, with greater benefit coming from greater time in treatment, and a combination of medication and mental health treatment being more generally effective than medication alone (CR, 2004.)

The ethical standards of clinical social workers are among the highest of any mental health profession, reflected in the rate of actionable complaint against clinical social workers (.9%, or less than one percent, ASWB, 2006) across the states. This statistic is meaningful in Wisconsin because most clinical social workers in other states are not in clinics or required to be supervised by any other mental health professional. The

requirement in Wisconsin law which has forced clinical social workers to be in certified clinics to be reimbursed by insurers is a barrier to treatment which CSWA believes harms Wisconsin citizens who could benefit from the mental health treatment provided by licensed clinical social workers independently. For these reasons, CSWA strongly supports Section 1(30g) of AB 463 which would allow licensed clinical social workers to practice independently without supervision and be reimbursable by insurers.

One of the primary insurers in Wisconsin is the Medical Assistance program. AB 463 also addresses the right of Medicaid enrollees in Medical Assistance to be treated by licensed clinical social workers. Currently LCSWs may treat MA-covered beneficiaries only under supervision in certified clinics. This represents a significant barrier to treatment which can lead to increases in medical conditions, lack of ability to work, absenteeism, domestic violence, and other social problems. While there may be a temporary increase in cost if beneficiaries are given the services they need, the decreases in health care costs overall, corrections costs, and more productivity in the workplace more than make up for these costs. Mental health disorders require mental health treatment and medication alone cannot adequately treat these disorders. Therefore, the CSWA recommends the inclusion of LCSWs as independent reimbursable Medical Assistance providers, which at least 25 other states, including Illinois and Minnesota, have in place.

Wisconsin's tradition of populism and citizens' rights is perfectly in line with AB 463. The CSWA hopes your legislature will consider the important role being played by LCSWs in Wisconsin and give them the right to be independently reimbursable, in public and private systems. Most states recognize the skills of LCSWs as an important component in the development and implementation of mental health policy and systems. I would be pleased to discuss AB 463 further with your legislators and/or other stakeholders if this would be useful. Please send my regards to all the fine clinical social workers in the Wisconsin State Society for Clinical Social Work.

Sincerely,

Laura W. Groshong, LICSW (virtual signature)

Laura W. Groshong, LICSW
Director, Government Relations
Clinical Social Work Association
4026 NE 55th Street
Suite C
Seattle, WA 98105
206-524-3690
lwgroshong@comcast.net

Summary of CSWA Position on Wisconsin Assembly Bill 463

November 20, 2007

Laura Groshong, LICSW, Director, CSWA Government Relations

The Clinical Social Work Association is pleased to offer the following summary of our comments on Assembly Bill 463 being heard by the Wisconsin Assembly Committee on Health today.

- 49 other states and jurisdictions do not require licensed clinical social workers to have additional oversight, i.e., 'certified clinics,' besides becoming licensed to practice independently; LCSWs provide 40-50% of all mental health treatment in the country (SAMHSA, 2001, Bureau of Labor Statistics, 2005)

- Clinical social workers are qualified to diagnose all disorders in the Diagnostic and Statistical Manual-IV-TR, treat all disorders which can be treated through psychotherapy or counseling, and refer to physicians and other providers for other needed services (Social Work Licensure Laws in 40 states and jurisdictions)

- Clinical social workers have provided successful treatment results on a par with psychologists and psychiatrists (*Consumer Reports*, 1995, 2004)

- Clinical social workers have one of the lowest actionable complaint rates of any mental health discipline, less than one percent of all 200,000 licensed clinical social workers, across the Unites States (Association of Social Work Boards, 2006)

- Clinical social workers are providers for Medicaid enrollees in about half the states and thus reduce health care costs overall, corrections costs, and inability to work which occur when mental health services are not available (President's New Freedom Commission on Mental Illness, 2003) Temporary increased usage of mental health services will be offset by reductions in hospitalization and corrections costs.

The Clinical Social Work Association supports AB 463 and the ability of Wisconsin's licensed clinical social workers to work independently in private practice and public systems.

November 19, 2007

Leah Vukmir and members of the committee
Wisconsin Assembly Committee on Health Care
State Capitol
Madison, WI

Dear Chair Vukmir and committee members:

I am a new resident of the State of Wisconsin, as of July 2007. I relocated from Minnesota to attend the University of Wisconsin to pursue my Master's Degree in Social Work with a concentration in Mental Health. I will be graduating this May, and plan to become a Licensed clinical social worker. I am writing to convey my support of Assembly Bill 463, the Mental Health Access and Equity Bill sponsored by Rep. Gary Bies and Sen. Mark Miller. This bill modifies WI Statute 632.89, eliminating duplicative and unnecessary regulation of licensed clinical social workers, licensed professional counselors and licensed marriage and family therapists in Wisconsin.

This bill will increase the access to services of Wisconsin consumers. Licensed clinical social workers and other master level psychotherapists are low-cost providers of mental health services. Undue regulation has driven small clinics out of business, which is especially a problem in underserved areas of the state.

In addition, Wisconsin consumers should have access to a variety of settings, including smaller clinics, not just larger, more impersonal corporate-run clinics or public funded facilities. Assembly Bill 463 will especially be helpful in making services available to poor, working class and middle income citizens, who must rely on insurance or Medicaid reimbursement. They will be able to use their insurance to pay for providers in the type of setting that fits their need.

As a new resident and soon to be graduate of social work, this bill directly affects me. I am currently completing an internship at a private practice and hope to, upon becoming certified and licensed, eventually obtain my own business. AB 463 may influence my decision to remain and practice in the State of Wisconsin.

Thank you for your time and consideration to this important matter.

Sincerely,

Carrie Young

Carrie Young BSW

MPA
MADISON PSYCHIATRIC ASSOCIATES, LTD.
SERVING THE MADISON AREA FOR 50 YEARS
1953-2003

PHONE: 608-274-0355 FAX: 608-274-5546

November 19, 2007

Leah Vukmir
Assembly Committee on Health/Healthcare Reform
State of Wisconsin General Assembly
Madison, WI 53702

Dear Rep. Vukmir:

On behalf of all the clinicians listed on our letterhead, I am writing in support of Assembly Bill 463. Madison Psychiatric Associates is the oldest independent mental health clinic in Wisconsin and has almost a 55 year history of providing high quality care. All of our clinicians must be licensed to the highest level of their respective disciplines. As one of the seven current partners in this small business enterprise, I share responsibilities for the operation of our clinic; our budget of approximately 1.5 million dollars is based entirely on our own revenue. We work with dozens of insurance companies, including Medicare and Medicaid, and must have high quality management information systems as well as high quality clinical care in order to survive in a highly competitive marketplace.

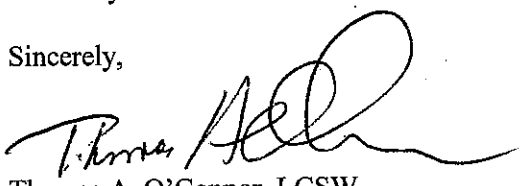
In the relatively recent past, all of our Master prepared social workers became fully licensed as independent practitioners by the Department of Regulation and Licensing. Prior to that, they were required to practice under the supervision of an M.D. or Ph.D. and in a certified outpatient clinic in order to collect third party reimbursement. The Department of Health and Family Services monitored that supervisory process. Because of that process many other standards were also implemented and regularly monitored by the department. Even though since then all of our clinical social workers are now fully licensed, the Department of Health and Family Services still wants to regulate much of what we do. That regulation requires compliance and, as you well know, compliance requires TIME; TIME to discuss forms; TIME to monitor forms; TIME to deal with problems of forms being done incorrectly; TIME to report on how all of the above is going. All of this TIME takes away from providing direct service to our clientele. In other words, it is an expense devoted primarily to paperwork and forms which does nothing to improve our quality or competitive edge. We are in a highly competitive, rapidly changing industry. We spent way too much TIME discussing, designing, re-designing, implementing, and internally monitoring the policies and procedures imposed by the state. We need to spend that TIME capturing more of the market share in this highly competitive industry. Creativity and competition are vital for entrepreneurship and they also require TIME.

5534 MEDICAL CIRCLE MADISON, WI 53719-1298

Because of our clinic's prestige in the Dane County marketplace we have contracts with DeanCare, Physicians Plus, and Unity Health Plans. In addition, we have contracts with other managed care organizations. All of these health care businesses require us to maintain certain standards which include a strong appeal process if one our patients is dissatisfied with our service. This appeal process will continue within the structure of Assembly Bill 463.

On behalf of all of the clinicians at Madison Psychiatric Associates as well as the many other mental health clinics in the state, the vast majority of which function as small businesses, I urge you to pass Assembly Bill 463.

Sincerely,



Thomas A. O'Connor, LCSW
President Elect

TAOC/jms

PSYCHIATRIC SERVICES, S.C.

2727 MARSHALL COURT ☐ MADISON, WI 53705 ☐ 608 238-9354 ☐ FAX 608 238-7675

November 20, 2007

To Whom It May Concern:

This is to document my support for Assembly Bill #463, giving independent privileges for billing. I support this bill on three levels

1) **Licensed Clinical Social Workers I have worked with are competent and well trained, very capable of independent work.**
2) **As a partner in a small business, the present rules provide an unnecessary layer of bureaucracy.**
3) **The present inefficiency causes a loss of time and money for businesses.**

Sincerely,

Charles J. Hodulik, M.D.
Psychiatrist

CJH: ljj

Family Counseling Center

Mary Z. Nervig, M.S.S.W.
8112 W. Bluemound Road, Suite 106
Wauwatosa, Wi 53213
Phone (414)258-5523

To: Representative Vukmir and Members of the Committee on Health Care Reform

My name is Mary Nervig and I am a Licensed Clinical Social Worker in private practice in Milwaukee. I would like to speak briefly in support of vendorship as part of our license to practice and to the impact on small business.

First, as you have heard from many others, licensure means the ability to practice in the area of the license. I have been in practice as a social worker for than 30 years and like my colleagues in the field, hold to the Code of Ethics for my profession. This Code of Ethics is the practice standard which clearly meets and exceeds the oversight requirements of the Department of Health and Family Services. The Department of Regulation and Licensing is duly authorized to address problems of malpractice in the area of licensed practice. Clients already have the protection of the professional Code of Ethics combined with the oversight by the Department of Regulation and Licensing. It is an unnecessary duplication of services to have two state oversight bodies.

Mandated mental health clinic structure is a now outmoded delivery model. It was important legislation when created more than 30 years ago to provide for professional practice of social workers and other mental health professionals. With licensure, it is an archaic and unwieldly structure that no longer meets the needs of current practice. To my awareness, as the past president of the Clinical Social Work Federation-Wisconsin, every other state in the country allows licensed mental health professionals to practice and to seek reimbursement from insurance companies within the scope of their licensure.

Second, in regard to the impact on small business, the rules promulgated by the Department of Health and Family Services for mandated mental health clinics are a burden on small business. My personal situation is an example of the financial burden when one chooses to practice in two locations more than 50 miles apart. I work in a private practice clinic in Milwaukee with a psychologist and pay the $350 annual fee for that clinic along with the accompanying business expenses of rent, phone service, local property taxes, etc. I have recently moved to Madison with my husband and would like to start a private practice here as well two days a week while maintaining my Milwaukee practice. To do so will require me to pay the additional $350 clinic fee and to duplicate all the requirements of the mandated mental health clinic rules in addition to the other business expenses.

The situation is further complicated by the question of tax accountability. My tax accountant is equally confused by these questions. Two clinics means billing separately under each clinic which means two different TIN numbers from the IRS, complicating what should be a simple Schedule C tax return. This is clearly an unnecessary financial burden for a one-person small business.

Thank you for your time and consideration for this very important Access and Equity Bill.

Mary Z. Nervig, LCSW

Madison Counseling Services

1050 Regent Street (Suite 204)
Madison, Wisconsin 53715
Telephone (608) 257-0800 Fax (608) 231-2123

November 19, 2007

Re Mental Health Access & Equity Bill,
2007 Assembly Bill 463, Modification of WI Statute 632.89

The mental health professionals currently practicing with Madison Counseling Services support and strongly urge passage of Assembly Bill 463.

We are all licensed by the State of Wisconsin and thus regulated by the Department of Regulation and Licensing, bound by all necessary ethical and practice requirements.

Wisconsin Statute 632.89 duplicates our professional licenses and causes unnecessary additional overhead costs, burdening us as small business owners with unnecessary documentation, time spent handling Statute-related micro-management of business operations, and paying annual fees to comply with clinic certification rules.

Because this regulation is duplicative, we can identify no benefit to any business owners, professionals or clients served. Its maintenance will not result in better service to any population.

Each of us has been in practice a minimum of twenty-five years, and between us hold both types of licenses: those which never required clinic-based practices and those which currently do. It is inappropriate and unfair business regulation to continue differentiating between us, now that all our professions are licensed.

We firmly request that outdated (now duplicative) regulation be eliminated with the passage of Assembly Bill 463. Thank you.

Deborah Hoffman, Ph.D.
Psychologist

Bernard Cesnik, LCSW
Social Worker

Tracy Lewis, LCSW
Social Worker

ANNE BEAL
1810 HELENA STREET
MADISON, WI 53704

November 16, 2007

Leah Vukmir and members of the committee
Wisconsin Assembly Committee on Health and Health Care Reform
State Capitol
P.O. Box 8953
Madison, Wisconsin 53708

Dear Chair Vukmir and committee members,

I am writing in support of Assembly Bill 463, the Mental Health Access and Equity Bill.

I am a citizen of the State of Wisconsin, and a graduate of the U.W. - Madison, with a major in Social Work. I have been a mental health therapist in Wisconsin for over 20 years, working both in a private practice clinic and in a nonprofit mental health clinic. Both clinics are state certified. Prior to going into private practice, I worked at an agency providing counseling, and received supervision by a social worker, which qualified me to then get credit for 3,000 hours of supervised practice so that I could provide psychotherapy in a state certified clinic. This occurred before social workers in Wisconsin were certified and then licensed. Since then, I went through the process of getting certified and then licensed by the Dept. of Regulation and Licensing. I currently practice as a Licensed Clinical Social Worker. My experience is similar to other Master's level providers. Now my work gets regulated by two different agencies.

With this preparation and 22 years of experience, today, as an independent contractor and business owner in a small private practice, I have to pay for monthly supervision by a psychiatrist to meet DHFS rules, and have an M.D prescribe psychotherapy in order to serve clients on Medicaid and Medicare - for which I am poorly compensated. (Many of my peers in private practice won't serve these clients due to the costs in time and money to do so, and the poor compensation. The added costs that come with dual regulation further discourage practitioners from working with low income clients.) Meanwhile, much of my collaborative work and consultation occurs with other experienced and skilled LCSWs. (In fact, around the country, most mental health services are provided by Master's level therapists.)

As an employee, at the nonprofit agency, I have been supervised over the past twenty years by managers who had master's degrees and became LCSWs. These people have been skilled and knowledgeable practitioners. Due to DHFS rules, at the same time, I have also been required to have regular supervision by a psychologist or psychiatrist - an added regulation and burden that does not necessarily enhance my work but does add time and costs for the agency and myself.

I enjoy, and find useful, collaborating and consulting with other therapists. Over the years, I have also supervised social work interns and served on consultative groups. I value that different disciplines and areas of expertise can enrich the consultative experience. But the unnecessary and duplicative rules and regulations under which I need to practice in order to make a living are a burden, adding extra costs to clinics and providers, and have led to clinics closing and people leaving the field. In my private practice, we are at risk of losing the M.D.s and PhDs as they are not

required to work in a state certified clinic in order to receive mandated reimbursement for services. If they leave to practice independently, and I can't practice independently, I will be out of business. A friend, operating a small clinic in a rural area, found herself struggling to get the required supervision, having to pay a psychiatrist travel and supervision costs to come to her agency to provide the required supervision. It was difficult to find anyone willing to travel to do this, and when that M.D. retired, my colleague ended up giving up her certified clinic status and then going out of business. For low income, rural and other under-served populations, the dual regulations add another obstacle to getting services. It isn't useful to me or my clients to have my practice regulated by two agencies, and it isn't useful to me or my clients to also have to be supervised by someone due to their degree and the lack of recognition for my license.

As a professional who has been licensed by the State of Wisconsin, I would like the recognition and same right to practice within my field that other professionals have. As you know, AB 463 modifies WI Statute 632.89, eliminating duplicative and unnecessary regulation of licensed clinical social workers, licensed professional counselors and licensed marriage and family therapists in our state. It does not add costs or expand benefits. But it would allow us to practice as independent professionals. And it is an important concern for clients' access to services and choice of provider, and for fairness with regard to licensure and the ability to practice.

Thank you for your attention to this important concern.

Sincerely yours,

Anne Beal

Anne Beal, MSSW, LCSW

LMPRC

November 19, 2007

To Whom It May Concern,

RE: Assembly Bill 463

In May of 2006 I received my Masters in Social Work from the University of Wisconsin-Madison and since that time have been working on my clinical hours at Lake Monona Psychotherapy & Recovery Center (LMPRC), a state licensed clinic in Madison. In addition to working on my clinical hours I manage the office at LMPRC, a job I have been doing for over four years. In both of my roles I am constantly dealing with the pressures that come along with being state licensed, both from a clinical and financial standpoint. In the past four years I have helped to oversee 3 state licensing visits, each of which has been included more regulations than the last and I have seen the Medicaid prior authorization requirements change (and become more stringent) at least 3 times. However, perhaps most importantly I have seen several wonderful clinicians opt out of clinical social work/professional counseling because it was not possible to earn a livable wage providing the care necessary to their clientele given the time spent on over regulation.

Based on these observations, along with he amount of time and energy that goes into conforming to unnecessary regulations that I am already experiencing while working on my clinical license, I question if this is a feasible career path to be following. For today I continue on in this field through the support and guidance of mentors and colleagues and the hope that Assembly Bill 463 will bring to an end this over regulation so that my true role as a social worker may resume. Too many people are in need of mental health and AODA services to allow clinicians to continue to flounder in red tape; we deserve a change and so does our clientele.

Sincerely,

APSW, SAC-IT

Bridget Cremin, APSW, SAC-IT

LAKE MONONA PSYCHOTHERAPY & RECOVERY CENTER
900 John Nolen Drive, Suite 100, Madison, WI 53713 608•256•5030 Fax: 608•256•5038

11/19/2007

To Whom It May Concern:

RE: Assembly Bill 463

I am registering strong support for AB 463 as a Wisconsin **SMALL BUSINESS OWNER, LICENSED CLINCAL SOCIAL WORKER** and last but not least as a **WISCONSIN TAXPAYER**. My colleagues, in concert with my professional organization (NASW) have compiled an excellent "fact sheet" on all the obvious reasons to pass this bill. I believe all committee members have a copy of this. I have attached a copy in the event that you do not-for your convenience.

I will attempt to comment briefly following this fact sheet outline as to my own experience, my staffs experience and the impact that all of these issues have had on my small business.

1. **Save State funds, currently being wasted on duplicative regulation.**

   I have been a practicing Social Worker in Wisconsin for over 30 years. When licensure for Social Workers and other mental health providers was obtained, I was ecstatic. I had long awaited and worked to see this happen only to have this licensure become meaningless and just one more expense to shoulder ***because*** of the outdated and unnecessary HFS 61.91. I might add that the this rule does not require that persons doing the oversight of our clinics **does not have to be a licensed mental health professional,** which makes these rules even more ludicrous. In the Madison area, the current reviewer, I believe, is a non-licensed social worker.

2. **Support small businesses by eliminating the cost of clinic certification**

   My small business/outpatient clinic is starting its 19th year, during that time, **one of the largest business expenses we have had is the maintenance of clinic certification**. On last count, in 2006, the average cost to my business of maintaining our certification was **$9600.00** ***PER YEAR.*** This amount reflects all costs associated with certification including but not limited to fees, consultants/supervisors, employee costs (support staff), administrative time, office supplies, etc. Additionally, I have been audited TWICE, once by the IRS (taking 2 years) and once by DWD (taking almost 3 years) for Independent Contractor issues and both agencies used HFS 61.91 to support their case. I survived and prevailed in both audits but ***incurred over $20,000.00 in legal and accounting fees***. From my perspective as an LCSW and small business owner, the worst part of this is the time and money that I have had to spend on government regulations and not doing what I was called to do which is Social Work and psychotherapy.

LAKE MONONA PSYCHOTHERAPY & RECOVERY CENTER
900 John Nolen Drive, Suite 100, Madison, WI 53713 608•256•5030 Fax: 608•256•5038

All this in the face of progressively decreasing reimbursement for services by insurance companies and Medicaid and Medicare.

3. Increase access to services for Wisconsin Consumers

This fact speaks for itself, I have nothing to add.

4. Provide equity for Licensed Clinical Social Workers and other mental health professionals in Wisconsin.

The only comments I have here is that, I am strongly considering an early retirement/career change due to, in part, the current licensure state of affairs in the state of Wisconsin and that I fear for the future of my profession, private mental health practice and my younger colleagues if things don't change **SOON.**

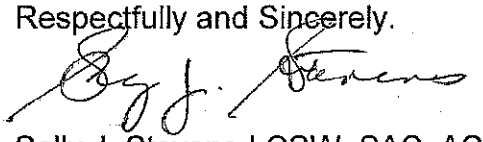
5. Finally, this bill will not expand the mandated benefits.

Again, this fact speaks for itself, I have nothing to add.

I implore you to pass this bill for all reasons stated and to bring relief to all of us as licensed professionals, taxpayers and small business owners.

Thank you for your consideration and representation.

Respectfully and Sincerely.



Sally J. Stevens LCSW, SAC, ACSW

Executive Director/Owner

Lake Monona Psychotherapy and Recovery Center

Madison, Wisconsin

FACT SHEET: MENTAL HEALTH ACCESS & EQUITY BILL, 2007
ASSEMBLY BILL 463, MODIFICATION OF WI STATUTE 632.89

Assembly Bill 463, sponsored by Rep. Garey Bies and Sen. Mark Miller, will *modify* WI Statute 632.89 by eliminating duplicative and unnecessary regulation of the practices of licensed clinical social workers, licensed professional counselors and licensed marriage & family therapists in the state. It will also change Medicaid rules to allow direct reimbursement for these mental health professionals.

Licensed mental health professionals are entitled to practice independently in Wisconsin, but their clients are not guaranteed mandated insurance coverage unless the professionals also have their clinics certified by DHFS. WI Statute 632.89 was written over 30 years ago when clinical social workers were not regulated by the Dept. of Regulation and Licensing. The Dept. of Health & Family Services was given the job of regulating unlicensed mental health professionals via clinic certification. The rules in HFS 61.91-98 were promulgated and mental health professionals, who wished to be eligible for the mandated insurance benefits, had to work in state certified outpatient mental health clinics. Medicaid rules were then written in concert with these rules.

Assembly Bill 463 will accomplish the following objectives:

1. Save State funds, currently being wasted on duplicative regulation. Since 2002, the practice of psychotherapy by Clinical Social Workers and other mental health professionals has been regulated by **2** state agencies: Department of Regulation & Licensing <u>and</u> the Department of Health and Social Services.

2. Support small businesses by eliminating the cost of clinic certification. Many of the 700 private outpatient mental health clinics in the state are small businesses, whose revenues are already limited by fees set by federal/state governments and corporations (HMO's and insurance companies). It costs business owners valuable time, as well as annual fees, to comply with clinic certification rules; but not to do so, jeopardizes their clients' eligibility for insurance coverage for mental health and substance abuse services
HFS 61.91-98 burdens small business owners of mental health practices by requiring:

1) unnecessary documentation
2) staffing requirements that are not always available in underserved areas
3) micro-management of clinic operations, most of which do not benefit the client/consumer

3. Increase access to services for Wisconsin consumers by allowing them to see qualified, licensed mental health professionals in a wide variety of settings:

large clinics, smaller private practices, in-home, or medical settings. Changes in the Medicaid rules would stop penalizing mental health professionals, who agree to work for low MA reimbursement, by requiring them to pay additional overhead costs to comply with clinic certification rules.

4. Provide equity for Licensed Clinical Social Workers and other mental health professionals in Wisconsin. Licensed psychiatrists and psychologists were never required to practice in certified clinics in order to be eligible for the mandated insurance coverage specified in 632.89 because they were regulated under DRL. Now that clinical social workers are also licensed under that agency, they deserve the same rights to practice. Wisconsin loses promising M. S. W. graduates because of the obstacles to practicing here. Clinical social workers moving to Wisconsin from other states are shocked and discouraged at the obstacles to practice in this environment of excessive and costly regulation.

5. Finally, this bill will *not* expand the mandated benefits.
Insurance companies are already mandated to reimburse these mental health professionals, so there will be no increased costs. HMOs will still decide which mental health professionals will be on their panels. This bill simply relieves WI mental health business owners of the burden of unnecessary regulation by DHFS and updates the Medicaid rules to reflect current clinical practice.

For more information, contact: marcherstand@tds.net

NASWWI/0707

Lucinda Thimm-Jurado
MSSW, LCSW

November 19, 2007

To Whom It May Concern:

We are writing this letter in support of the Mental Health Access & Equity Bill, 2007 Assembly Bill 463, modification of Wisconsin Statute 632.89.

We believe it is important for Licensed Clinical Social Workers, and other mental health professionals, to have equity to practice mental health in Wisconsin. We strongly encourage you to vote for this bill which will improve access to mental health for consumers in a wide variety of settings. Changes in the Medicaid rules will allow more consumers accessibility to services. Social Workers are qualified to provide the services that consumers deserve.

Thanks, in advance, for your time and consideration. Please vote for this bill.

Sincerely,

Susan A. Brown PhD, APNP

Susan Brown

Susan Neff, MD, PS

Susan Neff

Lucinda Thimm-Jurado, LCSW

Lucinda Thimm-Jurado

Mental Health Resources
402 Gammon Place Suite 290 Madison WI 53719-1075
Phone 608-833-9770, Ext. 4 Fax 608-833-1197

November 16th, 2007

Committee on Healthcare and Healthcare Reform
C/O Representative Jennifer Shilling
Room 120 North
State Capitol
PO Box 8935
Madison, WI 53708

RE: AB 497.

Dear Members of the Health and Healthcare Reform Committee:

I am writing to provide support for Advanced Practice Nurse Prescribers (APNPs) who under AB 497 would be given the authority to assume additional roles for the so named federal and state agencies. I am a Certified Registered Nurse Anesthetist at Tomah Memorial Hospital, Tomah, Wisconsin, and am also an Advanced Practice Nurse Prescriber.

The nurse clinicians (APNPs) I am familiar with in the Tomah area presently perform duties similar to those advanced in AB 497. In a collaborative relationship with a physician these APNPs are able to determine the differential diagnosis of various medical conditions in their areas of expertise. They perform history and physical examinations and obtain and interpret labs and diagnostic tests. They perform workman's compensation evaluations and assign disability ratings. Performing pre-employment physical examinations in order to determine physical or mental limitations that may affect work performance is well within their scope of practice. Due to their experience in this area of providing health care I believe that Advanced Practice Nurse Prescribers are capable of determining an illness or injury and capable of completing forms for the purposes as stated in the amendments.

Thank you for the opportunity to express my opinion regarding AB497. Please contact me if you require additional information.

Sincerely,

David Demask, CRNA, MSN, APNP
518 Kozarek Drive, Apt #1
Tomah, WI 54660

Adamczyk, Matt

From: KMAdams@gundluth.org
Sent: Monday, November 19, 2007 10:51 AM
To: Rep.Vukmir
Subject: AB 463

Dear Representative Vukmir,

I am writing in support of AB 463. As a Clinical Social Worker who is licensed to practice in WI, I am hindered from opening my own business due to the cost of oversight by DHFS. This oversight is not required by other states. In MN I could open an office and start practicing based on my licensure in MN. If a patient has a complaint, it is handled the same as if someone has a complaint against an MD, Nurse Practitioner or Physcians Assistant. The extensive oversight and rules came from years ago when there was a reaction to the early days of treating mental illness. We have better education as well a CME requirements and the research has advanced as well. Having someone from DHFS come to look at any patients charts (regardless of whether they are MA or not) is an invasion of the patient's privacy and with AB 463, this would be eliminated. DHFS has not been able to prove through any research that their oversight produces better outcomes. State government needs to be effective based on facts and not because "it is the way it has been done for a long time".

Special rules for mental health perpetuate the stigma of mental illness as something totally different than other ailments. The state can better spend it's resources on supporting high quality education than sending mental health surveyors around to "clinics" to make sure treatment plans are signed. DHFS may want to protect those jobs but I am hoping that unnecssary expenditures are being closely watched so we can decrease state government or at least allocate those dollars where it makes sense. In the case of AB 463, the Licensing Board is where the resources are more logically utilized.

It was my hope to testify in person but I have patient's scheduled for that day so please accept this as my testimony.
My cell phone # is 608-317-3938. Call me if you have questions.

Thank you for your attention to this important legislation,

Kay Adams MSSW
Gundersen Lutheran Behavioral Health
ext. 57953
pager # 7953
mail stop: ANNEX-01

New Horizons Counseling
Box 684
St. Germain, WI 54558
November 15, 2007

I would like to be in attendance myself at this hearing; however, living a four hour drive away prohibits me from doing so. I would like my voice to be heard for all the small agencies and individual mental health providers in the Northwoods of Wisconsin.

This is a low income rural community with many of our residents on Medicaid. We also have no mass transit facilities and many of our consumers have great difficulties driving 30 or more miles to mental health facilities in larger communities. With the increased cost in gasoline, this has become almost prohibitive for many of our clients. Most of us are not looking to get rich in our business, but rather have a vested interest in serving this underserved poor population.

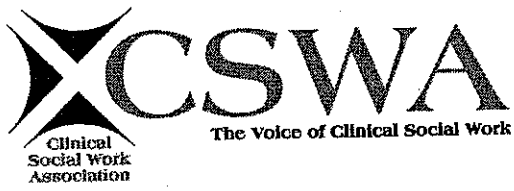
The regulations put upon us by DHFS make it very difficult to begin an agency. If our mental health providers were not financially restricted by the DHFS requirements, we would be able to serve our population more effectively in the communities in which they live. Because each agency is required to have a psychiatrist or psychologist providing services for the agency, this cost alone can be upwards of $3000.00 per month. The cost is not only the only problem with this regulation. We here in the Northwoods do not have the mental health resources available, and some of the providers at this level must drive 90 miles and more to reach us here.

We are licensed mental health practitioners, and are bound by a code of ethics. The Department of Licensing and Regulation has given us the right to practice after completing 3000 hours of work with clients and passing a rigorous four-hour exam. We are judged able to practice independently, but are not given the same reimbursement rights as other licensed mental health providers, such as psychologist and psychiatrists. We ask, as licensed professionals, to have the same rights as other licensed professionals and not be subjected to double oversight by two Departments.

In light of the above, I entreat you to consider the mental health needs of the poor and vote for Assembly Bill 463, Mental Health Access and Equity Bill.

Sincerely,

Arlene Langley, MSW, LSCW



November 19, 2007

State Representative Leah Vukmir, Chair
Assembly Committee on Health and Health Care Reform
P.O. Box 8953
Madison, Wisconsin 53708-8953

Dear Chair Vukmir:

Thank you for the opportunity to comment on Assembly Bill 463 currently being considered by the Committee on Health and Health Care Reform. The Clinical Social Work Association has had a great deal of experience in working on licensure laws and rules which affect the practice of clinical social work. CSWA, the only national association dedicated to representing the interests of licensed clinical social workers, with members in every state, will provide comments on the major provisions of AB 463 in the context of other state laws which address the issues of independent clinical social work practice and Medicaid providers.

There are 200,000 licensed clinical social workers (LCSWs) in the country (Association of Social Work Boards, 2003) who provide the largest portion of mental health treatment of any single mental health discipline (between 40-50%, SAMHSA, 2003, and NASW, 2001.) Approximately 6000 of these LCSWs are not allowed to practice independently outside of a mental health clinic, those in Wisconsin and Michigan. During the past 20 years, the overwhelming majority of states have recognized that clinical social workers have the training and expertise to have their own licensure laws, Boards, supervision, and disciplinary standards without the need for oversight by other professions.

As examples of the effectiveness of clinical social workers, I would like to mention two articles in *Consumer Reports*, "Drugs and Talk Therapy," October, 2004, and "Does Therapy Help?", November, 1995. These articles surveyed about 4000 consumers for each article about their experiences in mental health treatment. Among other findings, these articles showed that the successful results of consumers in psychotherapy and counseling with clinical social workers were on a par with the results consumers had with psychologists and psychiatrists, and better than the results with other mental health professionals (CR, 1995.) As an aside, the articles also showed that mental health treatment works, with greater benefit coming from greater time in treatment, and a combination of medication and mental health treatment being more generally effective than medication alone (CR, 2004.)

Continued....

The ethical standards of clinical social workers are among the highest of any mental health profession, reflected in the rate of actionable complaint against clinical social workers (.9%, or less than one percent, ASWB, 2006) across the states. This statistic is meaningful in Wisconsin because most clinical social workers in other states are not in clinics or required to be supervised by any other mental health professional. The requirement in Wisconsin law which has forced clinical social workers to be in certified clinics to be reimbursed by insurers is a barrier to treatment which CSWA believes harms Wisconsin citizens who could benefit from the mental health treatment provided by licensed clinical social workers independently. For these reasons, CSWA strongly supports Section 1(30g) of AB 463 which would allow licensed clinical social workers to practice independently without supervision and be reimbursable by insurers.

One of the primary insurers in Wisconsin is the Medical Assistance program. AB 463 also addresses the right of Medicaid enrollees in Medical Assistance to be treated by licensed clinical social workers. Currently LCSWs may treat MA-covered beneficiaries only under supervision in certified clinics. This requirement represents a significant barrier to treatment which can lead to increases in medical conditions, lack of ability to work, absenteeism, domestic violence, and other social problems. While there may be a temporary increase in cost if beneficiaries are given the services they need, the decreases in health care costs overall, corrections costs, and more productivity in the workplace more than make up for these costs. Mental health disorders require mental health treatment and medication alone cannot adequately treat these disorders. Therefore, the CSWA recommends the inclusion of LCSWs as independent reimbursable Medical Assistance providers, which at least 25 other states, including Illinois and Minnesota, have in place.

Wisconsin's tradition of populism and citizens' rights is perfectly in line with AB 463. The CSWA hopes your legislature will consider the important role being played by LCSWs in Wisconsin and give them the right to be independently reimbursable, in public and private systems. Most states recognize the skills of LCSWs as an important component in the development and implementation of mental health policy and systems. I would be pleased to discuss AB 463 further with your legislators and/or other stakeholders if this would be useful. Please send my regards to all the fine clinical social workers in the Wisconsin State Society for Clinical Social Work.

Sincerely,

Laura W. Groshong, LICSW (virtual signature)

Laura W. Groshong, LICSW
Director, Government Relations
Clinical Social Work Association
4026 NE 55th Street
Suite C
Seattle, WA 98105
206-524-3690

Adamczyk, Matt

From: Reeve, Jill [jill.reeve@dot.state.wi.us]
Sent: Monday, November 19, 2007 3:27 PM
To: Vukmir, Leah
Cc: Warren, Mitchell - DOT
Subject: Comments for APNP bill

Rep. Vukmir:
I was speaking with Chris from Rep. Molepske's office regarding AB497 and he asked me to send you a note regarding the APNP clause.
From the Medical Review Unit within DMV's perspective, AB497 only solidifies our current practices in respect to reporting medically impaired driver's or completing reports on behalf of medically impaired drivers. In late 2005, AB683 was introduced and passed shortly thereafter, and many of the APNP reporting issues were implemented at that time as a result of that legislation...this only solidifies those practices already in place and in Transportation Rule. APNP's are allowed to complete reports on behalf of the driver that are requested by DMV, as well as report potentially unsafe drivers to DMV.

If I can be of further assistance, please let me know.

Jill Reeve
DOT Program Supervisor
Medical Review Unit
608-264-7393
jill.reeve@dot.state.wi.us

FAMILY THERAPY CENTER OF MADISON, INC.

700 Rayovac Drive, Suite 220
Madison, Wisconsin 53711
(608) 276-9191 • Fax (608) 276-9144

November 16, 2007

Leah Vukmir and members of the committee
Wisconsin Assembly Committee on Health Care
State Capitol
Madison, WI

Dear Chair Vukmir and committee members:

I am a citizen of the State of Wisconsin and a Licensed Clinical Social Worker who practices independently in a small state certified mental health clinic. I have done so for over 25 years. I am in complete support of Assembly Bill 463, the Mental Health Access and Equity Bill sponsored by Rep. Gary Bies and Sen. Mark Miller. As you know, this bill modifies WI Statute 632.89., eliminating duplicative and unnecessary regulation of licensed clinical social workers, licensed professional counselors and licensed marriage and family therapists in our state.

This bill will increase access to services for Wisconsin consumers. Licensed clinical social workers and other master level psychotherapists are low-cost providers of mental health services. Undue regulation has driven small clinics out of business, which is especially a problem in underserved areas of the state. My own clinic has been in danger of losing some of the providers who are MD's or PhD's, and who are not bound by the requirement to practice in a state certified clinic in order to receive mandated reimbursement for services.

In addition, Wisconsin consumers should have access to a variety of settings, including smaller clinics, not just larger, more impersonal corporate-run clinics or public funded facilities. Assembly Bill 463 will especially be helpful in making services available to poor, working class and middle income citizens, who must rely on insurance or Medicaid reimbursement. They will be able to use their insurance to pay for providers in the type of setting that fits their needs.

As a small business owner, I have felt unduly burdened by the oversight and micromanagement of the Department of Health and Social Services, with requirements, including unnecessary documentation, which not only fail to benefit my clients, but in fact, burden them. I have decades of experience and am a licensed professional. This double oversight by two state agencies has felt discriminatory, since other disciplines (licensed psychiatrists and psychologists) have never been required to practice in certified clinics in order to be eligible for the mandated insurance coverage specified in 632.89.

Now that clinical social workers and other master's level providers are also licensed under DRL, they deserve the same rights to practice.

In addition to my direct practice, for many years I have also been a UW lecturer and supervisor of social work graduate students. I am well aware that Wisconsin loses promising new professionals because of the obstacles to practicing here. Colleagues who move to Wisconsin from other states have expressed shock and discouragement at the obstacles to practice in this environment of excessive and costly dual regulation. Some have moved on to other states specifically for this reason.

Obviously, it is more costly to our state to duplicate oversight and regulation by two agencies. At the same time, the new bill will NOT expand the mandated benefits. There will be no increased costs to insurance companies who are already mandated to reimburse mental health professionals. There will simply be more access to services by consumers and relief to Wisconsin business owners who up until now have shouldered the burden of excessive regulation by DHFS. The new bill will also update Medicaid rules to reflect current clinical practice.

This bill will decidedly help my small business, which includes me and 16 other practitioners. On behalf of Wisconsin mental health consumers and small business owners I urge you to pass AB463.

Thank you for your attention to this matter of critical importance to our citizens.

Sincerely,

Carol Faynik, MA, LCSW

Carol Faynik, MA, LCSW

In Home Therapy for Families and Children

Children with special needs and serious behavioral problems receive help in this program.

Therapist advises parents on techniques in the home environment. This is similar to home health care that licensed nurses have been performing in the home for many years.

But due to LCSW and other therapists needing to operate out of a clinic the clinic takes 40 to 20% of the gross money paid for our billable hours.

Medical billing services cost 3 to 8%.

The clinic is making a significant profit from my work yet provide nothing. (No office, etc.)

Submitted by LeAnn Spahn MSW-LCSW

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Submitted by LeeAnn Spahn MSW-LCSW

From: Pam Charles
Sent: Monday, November 19, 2007 12:35 PM
To: Rep.Benedict
Subject: Re: Assembly Bill 71

Chuck,
I am sorry that I won't be able to come to Madison to testify Tuesday, but I am attending the funeral of a friend. I am happy to write a brief summary of my experience with Meriter Hospital and UW physicians that prompted my discussion with you regarding the need for this bill. Thank you for reading my testimony to the committee on my behalf.

In May of 2004, I visited a UW Health surgeon for a consultation. The surgeon's office was located in a clinic owned by Meriter Hospital. I was charged $266.00 for the doctor visit which was billed directly to my insurance company. At the same time, my insurance company received a bill from Meriter Hospital for what they said was a doctor visit in the amount of $157.00. My insurance company told me that they basically received two doctor bills for one doctor visit. I called Meriter Hospital and asked why they billed me $157.00 and they said it was a fee for allowing the UW physician to use their office, staff, billing system, etc. They called it a "facility fee" but they billed it to my insurance company as an outpatient doctor visit.

On July I went back to Madison to see another UW surgeon for a second opinion. That surgeon was located in the building next door to Meriter. I was in his office for the same length of time, he provided the same consultation, and his bill was for $216.00. That's $50.00 less than the first doctor's bill or $207.00 less than the first doctor's bill if you include the additional "facility fee."

I told Meriter that the facility fee seemed unfair and appeared to be a duplicate billing of services for the following reasons:

1. I had no knowledge that I was in a Meriter facility at all since I had made my appointment through UW Hospital and was given the physician's address without any explanation that I would be going to Meriter Hospital to see the physician.

2. I was never told, by anyone, that I would be charged a facility fee by Meriter.

3. When a physician sets a fee, it is supposed to cover the physician's expenses, such as office, staff, malpractice insurance, billing, etc. If the physician's fee does not include these expenses and the patient is expected to pay for these separately as a "facility fee" then the patient should be billed that much less by the physician.

So, in summary, I saw two UW Health physicians. One of those physicians pays his overhead out of his billings, like most doctors do. With the other doctor, the patient is billed an extra $157.00 to pay the physician's overhead, but the physician's bill is not $157.00 less. So essentially, the fees for the overhead are being billed twice to the patient.

Both physicians were of the same specialty; both were UW employees; both provided the same service; one cost a total of $423.00 and the other only $216.00. If UW is going to use Meriter offices, they should pay Meriter out of their physician's billings. The patient should not be expected to pay twice for a doctor's overhead.

I hope this explains the need for AB 71.

Thank you,
Pam Charles, RN
Beloit, WI

Senator Leah Vukmier, Chair
Assembly Committee on Health and Health Care Reform
P.O.Box 8953
Madison, Wi. 53708

November 19, 2007

As a fully licensed LCSW in the State of Wisconsin, and being fully regulated by the Wisc. Dept of Regulation and LIcensing, I have been given the right to practice psychotherapy independently. However, I cannot treat consumers with MA benefits unless I work in a regulated Outpatient Mental Health Clinic.

Functionally, this means there is very little incentive for me to pursue work with some of the neediest children and families in Wi, because to do so, means I have to work within an outpatient clinic that will take anywhere from 20-30% of approximately the $65 earned for each hour of direct service. For me to ethically provide the direct psychotherapy services, I must complete much work that is never monetarily compensated, including the keeping of a behavioral record, treatment progress records, treatment planning, and supervision that is beyond the currently required rubber stamped, onerous variety. Effective clinical supervision is that which comes from other experienced and seasoned clinicians qualified to provide input on how to treat the complicated treatment issues that present in psychotherapy. An estimate of per hour reimbursement, would then drop to less than $15 per hour.

There's a story to be told. I did try to go along with the requirements, and fiscally survive. I successfully operated an Outpatient Mental Health Clinic for 6 yrs in an underserved rural area of Vernon County, in southwest Wisconsin. Fiscally, it was a disaster, as reimbursement costs for a Psychologist or Psychiatrist MD included pay for their direct service hours, and mandated supervision time, as well as matching pay for their travel. The MA clients self reported that they received effective psychotherapy matched to their rural needs, but as an LCSW provider, I simply could not earn a livlng wage, given the number of potential rural consumers requiring psychotherapy services, the income from that, and the clinic's operating costs. The Outpatient Mental Health Clinic doors closed, and the area lost a qualified provider because of the excessive and duplicative regulation imposed on this LCSW. A sad day it was.

If AB463 provisions had been in place, the MA consumers in that rural underserved area would still have access to professionally regulated psychotherapy services, that were matched with their needs as rural families and located indigenously within their home communities, the farmlands and small towns of Wisconsin.

My story is only one small story of how excessive and duplicative regulation has directly contributed to reducing the shrinking number of qualified providers of psychotherapy. In 1973 when the Mandated Insurance Benefits Law was developed, Wisconsin social workers had not yet obtained licensure. However, since 2002, this regulated licensure has indeed been in place, although the 1973 Mandated Insurance Benefits Law has still remained in effect, prohibiting the MA consumers from having access to psychotherapy provided by any LCSW that is not willing to work within the fiscally prohibitive confines of the Outpatient Mental Health Clinics. It seems that the intent was to protect the consumer. In reality, now, the consumer simply does not have adequate access to much needed direct psychotherapy treatment that matches their real needs. The MA clients and all other insurance clients are forced to only obtain psychotherapy services from Outpatient Mental Health Clinics, although this type of excessive and duplicity regulation of DHFS, over and above the Dept of Regulation and Licensing, occurs only in mental health professions.

Passage of AB463 could remedy this situation, adding licensed mental health professionals as a psychotherapy provider and allowing them to provide services to Medicaid recipients outside of an Outpatient Mental Health Clinic without onerous supervision and without a physician prescription. The reality of the current situation in Wisconsin, is that the psychiatrists are in short supply. Their time is consumed by the provision of medication treatment prescribing and monitoring, and they simply do not have or will they ever have , the time to carry out the protective intentions for the consumer that were established under current requirements. Passage of this Bill is an opportunity to fix something that's broken.

Thank you for considering these matters of extreme concern and importance.

Sincerely,

Linda Lee Fuller, L.C.S.W.