TONY KURTZ
STATE REPRESENTATIVE • 50th ASSEMBLY DISTRICT

2019 Assembly Bill 526

Relating to: requiring continuing education on suicide prevention for physicians, psychologists, social workers, marriage and family therapists, professional counselors, and substance abuse counselors and requiring the exercise of rule-making authority.
Public Hearing: Assembly Committee on Health
October 29, 2019

Thank you, Chairman Sanfelippo, and thank you to my colleagues on the Assembly Committee on Health for holding a public hearing on my bill, Assembly Bill 526 (AB 526).

This bill is a part of the package of bills that was recommended by the Speaker's Task Force on Suicide Prevention. The bipartisan task force was created in March of this year and held six public hearings around the state. The goal of the task force was to evaluate the current resource for suicide prevention and identify opportunities to target and assist at-risk individuals.

AB 526, with the substitute amendment, aims to assist in second goal by ensuring that every healthcare and mental health professionals that has continuing education requirements as a part of their licensure by the State of Wisconsin receive suicide prevention training. This amended bill requires at least two hours of continuing education on suicide prevention the first time that person renews that credential. Under current law, each of the types of professions named in the amended bill: physicians, psychologists, social worker, marriage and family therapists, professional counselor, and substance and abuse counselor, are required to complete thirty hours of continuing education training every two years. This amended bill will require that at least two of those hours will be on suicide prevention training. The training will need to be completed the next time the professional renews their continuing education requirements or the very first time they apply for the applicable license.

I thank you for your time and for listening to my testimony. I would be honored to have earned your support of AB 526.

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NASW WISCONSIN CHAPTER
National Association of Social Workers

NASW WI TESTIMONY REGARDING ASSEMBLY BILL 526 BEFORE THE ASSEMBLY COMMITTEE ON HEALTH ON TUESDAY OCTOBER 29, 2019

Representative Sanfelippo and members of the Assembly Committee on Health.

My name is Marc Herstand and I have served as the Executive Director of the National Association of Social Workers, Wisconsin Chapter since 1992. NASW WI represents 1500 social workers throughout Wisconsin working on a wide variety of settings including outpatient mental health clinics, county human services departments, schools, nursing homes, hospitals, non-profit community based organizations, colleges and universities and many other settings.

I appreciate this opportunity to testify on Assembly Bill 526. We are opposed to the bill in its current form. Later in my testimony I will recommend revisions to the bill to meet our concerns.

Social workers in general and NASW WI in particular are very conscious of the challenges of suicide in our state. We just completed our 45th annual conference, which attracted close to 560 attendees at which we offered three training sessions on suicide prevention-one focusing on Veterans Suicide, one on Youth Suicide and a general one entitled, "Working with Clients who are Chronically Suicidal". We also offered other sessions on depression and mental health stigma. Training in suicide assessment, prevention, and intervention also take place in our professional training programs at the BSW and to an even greater extent at our MSW programs, which prepare students to become clinical social workers.

It is a professional obligation of social workers to engage in competent practice and keep up with the latest trends in the field that affect their practice. Consequently every certified and licensed social worker is required to take 30 hours of continuing education every two years including four hours of ethics and boundaries. These requirements are close to universal throughout the nation for the social work profession. These hours and the ethics requirement were established by rules, not statute after deliberation by the Social Work Section and the Examining Board of Marriage and Family Therapists, Professional Counselors and Social Workers. Over the years individuals have raised the possibility of making other specific requirements for our profession, but the

Examining Board has not done so because of the variety of settings and type of work done by social workers, which I will discuss further below.

Our licensed clinical social workers are deeply immersed on a daily basis in suicide assessment, prevention and treatment. It is a basic part of their work. In addition to their work with clients they consult with their colleagues on difficult cases, including those that involve suicidality.

At the same time there are social workers like myself and those who work for policy organizations, who serve as Executive Directors and Senior Managers, community organizers and planners, who teach Social Work Policy and work in other venues where they don't serve clients at all and don't need training in suicide prevention. There are other social workers who work with clients but may rarely if ever deal with suicidality. An example would be a social workers working with dementia clients in an assisted living unit or nursing home. These social workers would likely need training on distinguishing between dementia, Alzheimer's and normal aging but maybe not on suicidality. Other social workers depending upon their clientele may need training on working with clients with eating disorders, who suffer from opioid addiction, or who suffer from a variety of adverse childhood experiences. If they are serving as a clinical supervisor they may need training on best practices in clinical supervision. They may need training on working with LGBT clients, African American men or women, Native Americans or immigrants. They may want to learn the best way to work with adoptive parents or foster children.

My point is that any given social worker has their own training needs to engage in competent practice and it may or may not relate to suicide prevention. To require that every social worker every two years takes a course on suicide prevention would be a waste of time for many social workers who actually have an important training need in another area.

On the other hand I do think each of the professional boards named in this bill should discuss this challenge in our state and decide how best to meet this challenge. I understand that the Psychology Board discussed this issue several years ago and determined that the best approach was to incentivize the taking of suicide prevention continuing education by granting 1.5 hours of continuing education for every one hour of suicide prevention continuing education. AB 526 actually prohibits this type of arrangement.

NASW WISCONSIN CHAPTER

National Association of Social Workers

As a general principle, continuing education decisions for professions need to be left with the professional boards and individual professionals. I am sure most of you on the committee, like myself did not know that there are psychologists who don't do direct practice just as there are many social workers who don't provide direct services to clients.

As an alternative to this bill, I would suggest requesting that each of the professions listed in this bill, through their professional boards, provide feedback to this committee on what they are doing or intend to do to address suicide in our state. This would require each of the professional boards to seriously consider if members of their profession are receiving the training they need and whether there needs to be an additional requirement or to incentivize this training, similar to what the Psychology Board has instituted.

Thanks for your attention to this issue and I am happy to answer any questions.

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From: **Barbara Moser, MD, Co-Chair, Prevent Suicide Greater Milwaukee**
Board-certified Family Medicine Physician
To: **The Assembly Committee on Health**
Date: **October 28, 2019**
RE: **Testimony regarding AB 526 for Committee Hearing on 10/29/19**

I would like to express my appreciation to the Members of the Assembly Committee on Health for listening to my comments regarding AB 526. I'd also like to express my thanks to Speaker Vos for appointing the Task Force on Suicide Prevention, as well as Representative Joan Ballweg and the task force members for their dedicated efforts to learning about suicide and prevention efforts in Wisconsin.

With regard to AB 526 which would require suicide prevention continuing education for medical and mental health professionals, I am in total agreement with the potentially life-saving intention of this bill which is to provide needed education on suicide for medical and mental health professionals who treat persons experiencing suicidal thoughts and behavior, and I want to thank Rep Kurtz for proposing this bill.

***In addition to my comments below, please see also the excellent summary document from the* American Foundation for Suicide Prevention (AFSP) dated 2/5/2018 entitled "State Laws: Training for Health Professional in Suicide Assessment, Treatment and Management"** which clearly outlines the rationale for mandated continuing education on suicide for health care professionals, and provides specific training resources as well as state-by-state guidelines already in place.
(Link to document: http://afsp.org/wp-content/uploads/2016/04/Health-Professional-Training-Issue-Brief-9-7-17.pdf)

1. **As health care professionals, we have opportunities to use best practices in our work to prevent suicide among our patients and clients.**

   Data from the following research study gives a picture of how frequently health care professionals may potentially be able to help patients who are suicidal receive the care they need. These are some of the findings of this 2014 study of almost 6000 persons enrolled in HMOs who died by suicide:
   (Link to article: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026491/)

In the 4 weeks immediately preceding their deaths:

- 50% made a health care visit of some type
- 30% had a primary care (medical provider) visit
- Almost 15% had an outpatient mental health visit

In the year immediately preceding their deaths:

- 64% had a primary care (medical) visit (without a mental health diagnosis coded)
- 62% had a specialty care (medical) visit (without a mental health diagnosis coded)
- 29% had an outpatient mental health visit (had a mental health diagnosis coded)

These are all opportunities for us to ask our patients with risk factors and warning signs for suicide, "Are you thinking of suicide?" And then to take appropriate action.

2. **Health care professionals need to know the best practices in caring for a person who is possibly suicidal.**
   - This is a key strategy of the National Action Alliance for Suicide Prevention (2014) which followed similar recommendations from the 2012 Surgeon General's Report on Suicide Prevention.
   - In my work as a physician, I have been impressed by the gaps in both in knowledge and utilization of best practices by medical and behavioral health providers when it comes to asking about and assessing suicide risk, and providing appropriate triage of persons at risk for suicide.

3. **There is good precedent that has been set by 9 states requiring medical and mental health professionals to receive continuing education in suicide assessment, treatment and management.** Wisconsin will not have to re-invent the wheel here. Please see the *aforementioned AFSP document.*

4. **There are several changes to the proposed bill I put forth for your consideration:**
   a. Include nurse practitioners, advanced nurse prescribers and physician's assistants among the categories of professionals required to receive continuing education on suicide. They are essential primary care clinicians.
   b. Include strategies that allow for continuing education on suicide to be tailored for each category of professional covered by the requirement.
      - Clinical competencies around suicide will vary substantially between categories of clinical professionals.
      - Core competencies for each type of clinician will likely best be determined by professional leaders with expertise in suicide prevention within each

professional designation. The number of continuing education hours required may therefore vary between professional designations.

- Consider seeking mandatory input from professional licensing boards and organizations as to
  - what constitutes core competencies with regard to suicide for their licensed constituents,
  - as well as their plan for implementation of relevant continuing education on these core competencies for all of their licensed professionals.

  Require that these core competencies be anchored in overarching best practices for suicide prevention, screening, risk assessment, and treatment, as put forth by lead organizations in suicide prevention, such as the National Action Alliance for Suicide Prevention, the Zero Suicide initiative, the AFSP, and other national leaders.

5. **Finally, some additional comments from a mental health colleague:**

> "Working in crisis intervention services over the past 12 years has demonstrated the need for all licensed professionals (not just for crisis workers), to receive suicide assessment training. In 2014, Washington State passed legislation requiring continuing education credits for licensed professionals in suicide assessment. I was working there at the time and saw the implementation process as well as the benefit to those we serve. In Milwaukee County, as we work toward the goal of Zero Suicide, having mandated training on suicide screening and assessment for licensed professionals would be an instrumental tool in achieving that goal."

Thank you for your consideration.

Warm wishes,

Barbara Moser, MD

Wisconsin Medical Society

Written Testimony to Assembly Committee on Health
AB 526, Tuesday October 29th, 2019

The Wisconsin Medical Society represents all the physicians in the state by advocating for our mission to improve the health of the people of Wisconsin by supporting and strengthening physicians' ability to practice high-quality patient care in a changing environment.

The issue of mental and behavioral health is critically important to the Society, especially when it comes to suicide. We have a long history of working with the policymakers to address mental health issues with bipartisan, sensible solutions.

The Society has concerns about AB 526. The bill creates a 2-hour Continuing Medical Education (CME) requirement on suicide prevention for physicians and other health professions. We applaud the Speaker's Suicide Prevention Task Force for their efforts to produce impactful recommendations to address suicide, but the Society has the following concerns:

Suicide prevention and mental health treatment are already part of best practices for physicians.

Physicians who see patients in a primary care setting already utilize many effective tools for identifying and treating people at risk of suicide. Some resources and tools routinely used by physicians include:

- Patient Health Questionnaire (PHQ-9)
- SAMHSA Suicide Safe Mobile App
- Screening Brief Intervention and Referral to Treatment (SBIRT)

Physicians are the best judges of what education they need to serve their patients, and the CME requirement is another example of government interference and regulation in medicine.

As the Legislature evaluate this bill, we encourage policymakers to consider the following before taking any legislative action:

- CME training on suicide prevention is not appropriate for all medical specialties, and the physicians who do deal with suicidal ideation already have significant time and resources devoted toward prevention and treatment.
- The recent Opioid CME requirement was successfully created through the action of the Medical Examining Board, not through legislation.
- This requirement could take certain education opportunities away from physicians as they are only offered at certain times and locations throughout the year.

Physicians already take significantly more education that is required under state law to maintain Board certification.

Additional requirements regarding suicide are unlikely to impact patient care and will create more administrative burden on physicians. The following specialties must complete the following education beyond state requirements:

- Family Medicine: 50 hours/year
- Internal Medicine: 20 hours/year
- Psychiatry: 30 hours/year
- Pediatrics: 16 hours/year (CME and Quality Improvement Combined)
- Emergency Medicine: 4 ABEM assessments in a 5-year period
- *These requirements do not include time preparing for board exams every 5-10 years depending on specialty.*

We respectfully ask for the Assembly Committee on Health to oppose AB 526 in its current form and to continue to work with representatives from all health profession on efforts to prevent suicide in Wisconsin.

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MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

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October 25, 2019

RE: Assembly Bill 526

To whom it may concern,

On behalf of the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board of the state of Wisconsin, I am writing to express the Board's opposition to Assembly Bill 526, Relating to Continuing Education on Suicide Prevention. This bill proposes to revise the continuing education requirements for the Board's licensees to require that licensees complete two hours of continuing education on suicide prevention every two years in order to renew their credentials. The affected practitioners will include social workers, advanced practice social workers, independent social workers, clinical social workers, marriage and family therapists, professional counselors, substance abuse counselors, and clinical substance abuse counselors.

The Board is not in favor of this proposed requirement. Many of the Board's licensees who have exposure to clients with suicidal thoughts and intentions have already received considerable training and have expertise in this area that the Board believes this requirement will not improve upon. Furthermore, many of the Board's licensees do not have direct contact with clients who have suicidal thoughts and intentions and will not benefit from this requirement in any way. It is the Board's reasoned and resolved position that it should be up to the individual examining boards to determine continuing education requirements for their licensees that will benefit the license holders, protect clients' needs, and serve the interests of the general public. The Board believes that the proposed requirement in Assembly Bill 526 achieves none of these goals.

The Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board unanimously opposes this legislation. Thank you for your time and consideration of our remarks.

Sincerely,

Kristin Koger, MSW, CISW
Chairperson
Marriage and Family Therapy, Professional Counseling,
and Social Work Examining Board

Memo to Assembly Committee on Health
c/o Kathryn E. Heitman
Office of Rep Tony Kurtz

Re: Proposal for decreasing suicide deaths in Wisconsin

Suicide is a major public health problem, both around the country and around Wisconsin. According to the CDC, in 2017 there were more than 47,000 reported suicide deaths in the U.S., up from 42,000 in 2014. The average U.S. suicide rate increased by 24% between 1999 and 2014. An important part of decreasing the suicide rate is making sure the medical and mental health professionals are both competent and comfortable to do a suicide assessment. Increasingly in electronic health records used in larger mental health clinics a suicide assessment of some sort is a required part of the medical record. It seems obvious that someone trained as a mental health professional would be competent to do such an assessment.

Unfortunately, this is not the case. Many professionals are not prepared to assess suicide risk in their clinical practice. The most effective way to do a suicide assessment has changed markedly over the past few years and many mental health professionals have not had training on the newer and more effective methods of doing these assessments. Clinicians working in smaller clinics, or social workers working outside of mental health clinics often do not assess for suicide. They are not comfortable doing such an assessment, do not feel competent to do such as assessment, and feel they would not know what they would do if a client turned out to be at high risk for suicide.

We feel that requiring training in suicide assessment would be an effective way of increasing the use and the competence of suicide assessments. Requiring training in suicide assessment as part of state licensure would increase the identity of clients at risk. It would require no cost to the state. It would impose a burden on clinicians seeking a professional license, but we feel strongly that such clinicians should already be seeking such training. No professional group likes having requirements imposed as part of license renewal, and we fully understand why professional groups would argue against this requirement. At the same time, we feel that this is the easiest, most effective and most practical step the state could make to address this rapidly growing public health problem.

Nancy Pierce M.A. , LCSW

Ronald J Diamond M.D.
Professor Emeritus University of Wisconsin Department of Psychiatry

Written Testimony in Opposition to Assembly Bill 526
Submitted By Jerrold B. Rousseau, MSSW, LCSW on October 29th, 2019
To the WI Assembly Committee on Health

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This written testimony is intended to represent my personal viewpoint and is not intended to represent any organization or group.

I respectfully request that this written testimony be read into the record of the Wisconsin Assembly Committee on Health hearing on Assembly Bill 526 that is scheduled for Tuesday – October 29th, 2019.

I am a Licensed Clinical Social Worker with 49 years of professional experience in the mental health field including 12 years of experience on two hospital inpatient psychiatric units in Madison, Wisconsin and 37 years of experience in a private psychotherapy practice in Milwaukee, Wisconsin.

I have also provided weekly two-hour group supervision and in-person observation for a group of seven clinicians with a master's degree who were accruing their 3,000 hours of state required postgraduate supervised clinical experience at The Counseling Center of Milwaukee. from 1984 – 1996.

In addition, I am an Emeritus Clinical Associate Professor with over 12 years of experience arranging and overseeing Clinical Social Work field education internships for UW-Milwaukee Helen Bader School of Social Welfare graduate MSW Social Work students involved in the practice areas of mental health and substance abuse assessment and treatment.

I open my testimony by commending the members of the Wisconsin Assembly on Health Care for taking up consideration of a bill related to the issue of suicide prevention.

The preservation of life including suicide assessment, intervention, and prevention has been a long-standing and well-established focus for Social Work Education including coursework and supervised field internship experiences as well as throughout the profession of Social Work.

With that said, my testimony is intended to give voice to my opposition to Assembly Bill 526 that would require all certified and licensed Social Workers, Physicians, Psychologists, Licensed Marriage and Family Therapists, Licensed Professional Counselors, and Substance Abuse Counselors to complete at least two hours of continuing education programs or courses of study on suicide prevention in order to qualify for renewal.

I ask you to consider the following reasons for why I am opposed to AB 526.

The passage of AB 526 will directly undermine and supersede the work of the Social Work Section of the Wisconsin Department of Safety and Professional Services (WI DSPS) Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board.

- Under Chapter 457.22 of the Wisconsin Statues, the Social Work Section of the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board is statutorily charged with *"...promulgating rules establishing requirements and procedures for social workers, advanced practice social workers, independent social workers, and clinical social workers to complete continuing education programs or courses of study in order to qualify for renewal."*

  I maintain that the Social Work Section of this board is the statutorily established and best-informed body of Social Work professionals to determine what rules and specific requirements should be established for the completion of continuing education programs or courses of study for all certified and licensed Social Workers in order to qualify for renewal.

The draft of AB 526 seems to imply that certified and licensed Social Workers have never had any prior coursework, supervised field internship experience, or supervised experience in suicide prevention including assessment for suicide risk and interventions for those at-risk for suicide.

- On the contrary, when students graduate with a Social Work Degree, they have already completed extensive in-classroom coursework focused on the assessment for suicide risk and interventions for those at-risk for suicide through a number of required courses including Direct Practice Social Work Methods, Social Work Field Education Seminars, Human Behavior and the Social Environment, Practice Skills and Concepts for Aging and Health, Psychopathology, Trauma-Informed Care, and courses with a focus on specific populations who are at-risk for suicide.

- UW-Milwaukee Social Work students also utilize an audio-visual lab where they gain valuable supervised experience from faculty and staff in developing interviewing and assessment skills including those skills focused on suicide assessment, prevention, and intervention.

- UW-Milwaukee Social Work students are also required to complete supervised field internship experiences where they gain supervised experience from trained professional Social Workers working in community programs that are providing Social Work services to members of the community.

  These community programs and organizations have well-established protocols for suicide prevention that include on-site supervised field education for Social Work students in suicide assessment, prevention, and intervention for those at risk for suicide.

- Undergraduate Social Work students are required to complete a total of 512 hours of supervised field internship experience over two consecutive semesters.

- Graduate Social Work students are required to complete a total of 900 hours of supervised Social Work field internship experience over three semesters if they have an undergraduate degree in Social Work.

- Graduate Social Work students are required to complete a total of 1,160 hours of supervised Social Work field internship experience over four semesters if they do not have an undergraduate degree in Social Work.

The passage of AB 526 would require certified and licensed Social Workers to complete a minimum of two hours of continuing education in suicide prevention every two years.

- Over a forty-year career, this would mean that certified and licensed Social Workers would have to complete continuing education in suicide prevention 20 times.

- This requirement is an onerous and repetitive requirement that mistakenly assumes that certified and licensed Social Workers are not able to retain information about suicide prevention for more than two years.

Certified and licensed Social Workers are already required to complete a minimum of four hours of continuing education in Ethics and Professional Boundaries every two years for as long as a Social Worker wants to be certified or licensed.

- Adding another two hours of required continuing education in suicide prevention in order to retain certification or licensure will limit Social Workers from seeking continuing education that is directly relevant to their practice areas such as Child and Family Welfare, Gerontology, Medical Social Work, and Criminal Justice.

Social Workers practice in two distinct areas: Direct Social Work Practice and Macro Social Work Practice.

- In Direct Social Work Practice, Social Workers directly provide services to clients.

- In Macro Practice Social Work, Social Workers typically do not work directly with clients. Macro Practice Social Workers work in program administration, Social Work Research, program development for small and large communities, program evaluation, policy analysis and advocacy, non-profit administration, and organizational development.

- Since Macro Practice Social Workers do not work directly with clients, it is unnecessary for this group of Social Workers to be required to complete at least two hours of

continuing education in suicide prevention every two years for the renewal of a certification or license.

I thank you for taking the time to give consideration to my testimony in opposition to AB 526.

Jerrold B. Rousseau, MSSW, LCSW