

PA10-038

HB5286

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2010**

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PART 5
1169 – 1557**

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determine if your vote has been properly cast.

If all the members have voted, the machine will be locked and the Clerk will please take a tally.

Will the Clerk please announce the tally.

THE CLERK:

House Bill 5427 as amended by House "A."

Total Number voting 147

Necessary for passage 74

Those voting Yea 147

Those voting Nay 0

Those absent and not voting 4

DEPUTY SPEAKER O'CONNOR:

The bill as amended is passed.

Will the Clerk please call Calendar Number 101.

THE CLERK:

On page 22, Calendar 101, Substitute for House Bill Number 5286, AN ACT CONCERNING LICENSURE OF MASTER AND CLINICAL SOCIAL WORKERS, favorable reported the Committee on Appropriations.

DEPUTY SPEAKER O'CONNOR:

Representative Ritter.

REP. RITTER (38th):

Thank you. Thank you.

Mr. Speaker, I move for acceptance of the Joint

Committee's favorable report and passage of the bill.

DEPUTY SPEAKER O'CONNOR:

The question is on acceptance of the Joint Committee's favorable report and passage of the bill.

Representative Ritter, you have the floor.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, this bill establishes a new licensure category for social workers, the licensed master social worker or LMSW. Current law in Connecticut provides one licensure category for social workers, an LCSW or licensed clinical social worker. Candidates for that licensure must have a master's degree or higher in social worker then acquire 3,000 hours of postmaster's work experience at least 100 of which must be under professional supervision or by an LCSW or a specified certified professional and have passed the Association of Social Work Board's national exam, national clinical exam that is. Only LCSWs in Connecticut may practice independently, diagnose and be paid as independent practitioners.

The bill proposes a licensed master social work category. Candidates for this licensure category must hold a master's degree in social work and have passed

the master's level ASWB exam. They are then licensed as licensed master social workers. They must practice for at least 3,000 hours under supervision, at least 100 of which must be one-to-one supervision by an LCSW. They can never practice independently, diagnose or be paid as an independent practitioner.

Mr. Speaker, this bill allows Connecticut to join 45 other states in the country, who have multiple levels of licensure for their social workers including all of the border states surrounding the state of Connecticut. I urge passage of the bill.

DEPUTY SPEAKER O'CONNOR:

Thank you, madam.

Will you remark further on the bill?

Representative Green.

REP. GREEN (1st):

Thank you, Mr. Speaker.

Mr. Speaker, I am a licensed clinical social worker. I have a master's degree in social work. And while I understand that other states are moving in this direction, I just want to caution my colleagues that when someone goes to school to get their education and they pay money to get a bachelor's degree, a master's degree in whatever field, there is

somewhat of an expectation that you're qualified to perform a job after you get that education retainment. What we're doing here is that we're adding another layer, through the licensing procedure, to possibly meet the requirements of insurance companies, hospitals and other third parties versus whether or not that has person has obtained the requisite knowledge based on their education.

I think that we're going down the wrong path when we continue to label people as bachelor's level, master's, master's level master's, license clinical social workers. We have all these different categories, which means you're going to paying for the license. I just don't believe we need either to, one, generate revenue this way or that it really distinguishes what the abilities of a person is. I believe that, as you obtain your postsecondary education, when you go to school to graduate degree that you have met certain qualifications to receive that degree and that should deem you to be qualified.

For us now to say that the Department of Public Health or other state agencies need to license so that you can work, I just think is the wrong path to go. We already have a licensed clinical social worker for

those individuals that want to practice independently or feel that they want to have a certificate or a license to prove to the public that they're qualified to do something. We have that in place.

I just really want to caution my colleagues on this process of continuing to have every category of social work be licensed really without distinguishing what are the qualifications, what a person can and cannot do. And I would urge my colleagues to reject this proposal.

DEPUTY SPEAKER O'CONNOR:

Thank you, Representative.

Representative Giegler.

REP. GIEGLER (138th):

Thank you, Mr. Speaker.

I, too, rise in support of the bill that's before us. It expands our current clinical social worker licensure statutes. And as Representative Ritter alerted to, it will bring us in conformity with 45 other states but it also will ensure we have a qualified social worker workforce and it offers an increase consumer protection and it sets standards to ensure a high competence of the social workers that we have in practice. Thank you very much.

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DEPUTY SPEAKER O'CONNOR:

Thank you, Representative.

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

Mr. Speaker, through you, a few questions to the proponent of the bill.

DEPUTY SPEAKER O'CONNOR:

Please proceed.

REP. KLARIDES (114th):

Thank you.

Through you, Mr...Speaker, if I could just some clarification, once again, and I may have missed it earlier, this is for licensed master social worker. Correct? Through you.

DEPUTY SPEAKER O'CONNOR:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, yes.

DEPUTY SPEAKER O'CONNOR:

Representative Klarides.

REP. KLARIDES (114th):

Thank you.

And through you, the difference between licensed

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master social worker and a licensed clinical social worker, is the only difference master -- a master's degree or -- I'm not clear on that. Through you.

DEPUTY SPEAKER O'CONNOR:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Through you, Mr. Speaker, under the provisions of the bill, a licensed master social worker must be a holder of a master's degree in social work and have taken an academic style examine to then allow them to be licensed and proceed to obtain the 3,000 hours of work experience, 100 of which much be under direct professional supervision in order to then take the required exam to become a licensed clinical social worker. Once an applicant has done that and passed that exam they then would be eligible, if they so chose, to practice social work independently, to be reimbursed as an independent practitioner and to supervise other licensed master social workers.

Thank you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Thank you, madam.

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

I thank the lady for her answers. I guess my confusion -- and I know we've had -- we debated this in Public Health and my one question, I guess, is I now understand, and I understood through our debates in Public Health, the difference between the two. I just would like to know what the -- what licensing actually does -- does for that social worker and how it -- how it benefits -- I'm assuming the social worker and the state of Connecticut as public policy -- because I know the representative from Hartford had mentioned that he -- he doesn't support that and I'm curious as to why that licensure would be helpful and the purpose for this. Through you.

DEPUTY SPEAKER O'CONNOR:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, there are a couple of reasons that have brought this bill to our attention. In the workforce, there have been increasingly -- and this most often happens in the medical field -- instances when employers are requiring that their employees be licensed. This does not necessarily

happen -- happen in every field where social workers work but the expansion has been largely in the medical field and other insurance reimbursement or personal service areas.

The fact that Connecticut does not offer a licensure to a social worker candidate, who is working on their 3,000 hours of direct work experience, has been a problem for the candidates. They're unable to obtain work or at least face reduced opportunities to work. In many cases, these candidates have left the state of Connecticut. Gone, perhaps, to one of our boarding states, all of whom offer the opportunity for them to be licensed at this master's level and to be employed. And this is increasingly a problem within our workforce.

I'd like to point out that this licensure category offers a consumer protection through the license enforcement and regulation. That also would not exist in Connecticut today for those master's only prepared social workers. Thank you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Thank you, madam.

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

That has certainly clarified it, for the most part, to me but one further question, I do understand the consumer protection component of it but, through you to the chairwoman, if Connecticut does not license, at this point, how would that affect somebody in the state of Connecticut who actually has this amount of education that would make them qualified to get license if, in fact, we had that component in the state. How would that affect them getting a job in the state?

I understand other states that have licensure, they wouldn't be able to get a job in another state, but how would that affect them in this state if they already have the education. Through you.

DEPUTY SPEAKER O'CONNOR:

Thank you, madam.

Representative Ritter.

REP. RITTER (38th):

Thank you.

Through you, Mr. Speaker, the bill contains provisions that would cover licensure by endorsement and a specified window of time that would cover the situation that has been outlined by Representative

Klarides.

Thank you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Thank you, Representative.

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Thank you.

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

Mr. Speaker, I'd like to take the opportunity to thank the cochairs of the Public Health Committee for their leadership in the last two sessions on this bill. This bill, as a social worker myself, really yields itself to allow for a gatekeeping measure for social workers, as Representative Ritter has already spoke about. This bill really is about competence and making sure that our social workers are competent enough to go on to the clinical level, a very -- a higher degree of practice than certain social workers currently practice at.

So I, as a social worker, I strongly support this

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bill and I hope that and trust that my colleagues will support it as well. Thank you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Thank you, Representative.

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you, Mr. Speaker.

Through you to the proponent, please.

DEPUTY SPEAKER O'CONNOR:

Please proceed.

REP. HETHERINGTON (125th):

Thank you, Mr. Speaker.

Does this impact the classification of some current employees of the state of Connecticut?

Through you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, no.

DEPUTY SPEAKER O'CONNOR:

Representative Hetherington.

REP. HETHERINGTON (125th):

Well, thank you.

Through you, Mr. Speaker, wouldn't social workers

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who are currently employed, either by the state or by providers, be entitled to qualify for this if they had the requisite background. Through you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, yes, they are so entitled to apply.

DEPUTY SPEAKER O'CONNOR:

Thank you, madam.

Representative Hetherington.

REP. HETHERINGTON (125th):

And would that -- through you, Mr. Speaker, and would that have an impact in terms of increasing their salary because of their additional qualifications.

Through you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I cannot speak to the intention of the employers of all social workers in the state and that possibly well may happen.

DEPUTY SPEAKER O'CONNOR:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you.

Through you, Mr. Speaker, speaking just with respect to the state of Connecticut or the nonprofits with whom the state undertakes to provide services, would some of those individual receive an increase in their pay as a consequence of meeting these qualifications and obtaining the licensure. Through you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, many of those situations would be addressed under current contractual relations and I cannot speak to all of them. I would like to add one thing that Representative Hetherington mentioned, the current nonprofit providers and it's my belief that under the provisions of this bill, those agencies would be assisted. Right now, in many cases, it's less easy for them to hire new social work graduates or to supervise the ones they have before they obtain their LCSW. This bill would be of assistance to them.

Thank you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Representative Hetherington.

REP. HETHERINGTON (125th):

Through you, Mr. Speaker, in looking at the fiscal note, it shows cost to the Public Health Department of \$206,000 in 2012, \$53,400 next year, also, a cost to the comptroller's department, and I'm just wondering why are those costs determined to be resulting from this. Through you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, first, from the new licensure categories, significant amount of additional revenue would be gained through the Department of Public Health. That would more than offset the costs that are indicated in the fiscal note for both the Department of Health and the comptroller. Those costs -- that revenue would be largely through the licensure fees. The performance of those licensure activities would generate the costs that are shown on the fiscal note.

But I would like to point out, I believe, it is pretty clear in the fiscal note, that the net impact

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to the state would be an anticipated revenue gain.
Through you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you.

Through you, Mr. Speaker, do we have an idea of
how many people might qualify for this advanced
licensure? Through you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I do not have that
amount at this time.

DEPUTY SPEAKER O'CONNOR:

Representative Hetherington.

REP. HETHERINGTON (125th):

I see. So is it fair to say, through you, Mr.
Speaker, that the revenue gain anticipated is somewhat
speculative because it depends on how many people
actually would be able to qualify and apply for a
license. Through you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Representative Ritter.

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REP. RITTER (38th):

Through you, Mr. Speaker, when I say that I don't have that amount, I do not have the detail that OFA used to come up with their fiscal note at hand. I would point out, however, for the Representative, if he is concerned that there will not be very many people applying for this, then there also will not be the associated but lower cost impact to the state either. Through you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you, Mr. Speaker.

And I thank the Representative for her responses. I certainly support the notion of properly recognizing people for their credentials through advanced licenses. My -- I'm a little unclear as to what -- what we really achieve in this except making ourselves the equivalent of other states in recognizing these achievements in this way and I'm -- I'm somewhat concerned -- and I appreciate the answers from the Representative -- but more concerned about where these costs and gains come from.

I recognize OFA has done the best they could with

what we know or what they know but I -- I'm just wondering if there is a -- and I'll certainly continue to listen to the discussion -- but I'm just wondering if the costs involved really do have a lesser impact than the revenue gain and I'd be interested to hear further comment. Thank you, Mr. Speaker.

DEPUTY SPEAKER O'CONNOR:

Thank you, Representative.

Will you remark further on the bill? Will you remark further on this bill?

If not, will staff and guests please come to the well of the House. Will the members please take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting by roll call. Members to the chamber please.

DEPUTY SPEAKER O'CONNOR:

Have all the members voted? Have all the members voted? Will the members please check the board to determine if your vote has been properly cast.

If all the members have voted --

If all the members have voted, the machine will be locked and the Clerk will take a tally.

The Clerk will please announce the tally.

THE CLERK:

House Bill 5286.

Total Number voting 149

Necessary for passage 75

Those voting Yea 143

Those voting Nay 6

Those absent and not voting 2

DEPUTY SPEAKER O'CONNOR:

The bill passes.

Will the Clerk please call Calendar Number 357.

THE CLERK:

On page 16, Calendar 357, House Bill Number 5530,

AN CONCERNING THE CONNECTICUT BUSINESS CORPORATION

ACT, favorable reported the Committee on Judiciary.

DEPUTY SPEAKER O'CONNOR:

) Representative Fox.

REP. FOX (146th):

Thank you, Mr. Speaker.

I move for the acceptance of the Joint
Committee's favorable report and passage of the bill.

DEPUTY SPEAKER O'CONNOR:

The question is acceptance of the Joint
Committee's favorable report and passage of the bill.

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The bill is repassed.

Will the Clerk please call Calendar 101.

THE CLERK:

On page 2, Calendar 101, Substitute for House Bill Number 5286, AN ACT CONCERNING LICENSURE OF MASTER AND CLINICAL SOCIAL WORKERS, favorable report by the Committee on Appropriations.

SPEAKER DONOVAN:

Representative Gentile.

REP. GENTILE (104th):

Thank you, Mr. Speaker.

Mr. Speaker, I move for reconsideration of House Bill 5286.

SPEAKER DONOVAN:

The question before the Chamber is on reconsideration of House Bill 5286.

For the benefit of the Chamber, I will note that Representative Gentile was on the prevailing side when the Chamber passed this measure, and is therefore an appropriate member to make the motion for reconsideration.

Is there objection to the motion to reconsider? Is there objection? If no one -- without objection, the bill will be reconsidered.

Representative Gentile.

REP. GENTILE (104th):

Thank you, Mr. Speaker.

Mr. Speaker, this bill creates a new license category for certain social workers. The new category will be administered --

Mr. Speaker. I move for repassage of the bill.

SPEAKER DONOVAN:

The question before the Chamber is on repassage of the bill. Representative Gentile, you have the floor.

REP. GENTILE (104th):

Thank you, Mr. Speaker.

As I started to say, this bill creates a new license category for certain social workers. The new category would be administered by the Department of Public Health.

Among other things, it establishes licensure requirements and sets fees, it defines the practice of a master social worker, specifies activities certain master social workers can do establishes continuing education requirements.

It would put us in line with 45 other states,

including our neighboring states of New York, Massachusetts and Rhode Island.

And I move for repassage.

SPEAKER DONOVAN:

Thank you, Representative.

Would you care to remark further? Would you care to remark further?

Representative Floren.

Would you care to remark further on the bill?
Would you care to remark further on the bill?

If not, staff and guests please come to the well of the House. Members take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is taking a roll call vote. Members to the chamber, please.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted? Please check the roll call board to make sure your vote has been properly cast. If all the members have voted, the machine will be locked. The Clerk will please take a tally. The

Clerk, please announce the tally.

THE CLERK:

House Bill 5286.

Total Number voting 139

Necessary for adoption 101

Those voting Yea 138

Those voting Nay 1

Those absent and not voting 12

SPEAKER DONOVAN:

The bill is repassed.

Will the Clerk please call Calendar 158.

THE CLERK:

On page 2, Calendar 158, Substitute for House Bill Number 5455, AN ACT CONCERNING THE MASTER TRANSPORTATION PLAN, THE FACILITIES ASSESSMENT REPORT, THE CONNECTICUT PILOT AND MARITIME COMMISSIONS, A REVIEW OF THE STATE TRAFFIC COMMISSION AND CHANGES TO THE STAMFORD TRANSPORTATION CENTER, AND REQUIRING NEW CROSSWALKS TO PROVIDE TIME FOR SAFE CROSSING OF PEDESTRIANS, favorable report by the Committee on Appropriations.

SPEAKER DONOVAN:

Representative Stripp, for what reason do you

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Motion on the floor. Seeing no objection, so ordered.

SENATOR LOONEY:

And, Mr. President, calendar page 25, Calendar 121, Senate Bill 186, would move to refer this item to the Judiciary Committee.

THE CHAIR:

Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 18, Calendar 474, file number 134, substitute for House Bill 5286, AN ACT CONCERNING LICENSURE OF MASTER AND CLINICAL SOCIAL WORKERS, favorable report of the Committees on Public Health and Appropriations.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. I move acceptance of the joint committee's favorable report and passage of the bill.

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THE CHAIR:

On approval and passage would you like to remark further, Sir?

SENATOR HARRIS:

Yes, I would, Mr. President. Thank you. Very simply, Mr. President this bill creates an interim license, a new level of licensure I should say, a license master social worker so that those that have achieved their master's in social work, taken the test, after graduating and are receiving their master's can have a licensure category when they are pursuing their 3,000 hours of clinical work; supervised clinical work before they take another test and are able to earn the rank of licensed clinical social worker.

Mr. President, this bill is important because it provides protection to consumer's again through the licensure having redress through that license. If somebody has a complaint against one of these licensed master social workers. And it also allows people to work in certain hospital and other medical settings where now they cannot work when they are trying to obtain their licensed clinical social worker status. So, Mr. President, I urge passage of the bill.

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THE CHAIR:

Remark further on House Bill 5286?

Senator Prague.

SENATOR PRAGUE:

Thank you, Mr. Speaker. Mr. Speaker, I'd be remiss to, Mr. President. Excuse me.

THE CHAIR:

That's okay. I got a promotion there.

SENATOR PRAGUE:

I'd be remiss if I didn't stand and support this bill as a MSW myself this kind of next step for social workers is critically important. And I am hoping that without any problems at all that this bill will pass this chamber. Thank you.

THE CHAIR:

Thank you, Ma'am.

Will you remark further on House Bill 286?

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Mr. President, as we've been discussing this bill for the last two years we've gone through a number of iterations on it. And I believe Senator Harris has quite successfully dealt with a number of the concerns that people have brought

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up throughout our two year discussion on this, including the fact that in previous versions of the bill there were different standards for licensure between public employees and private employees that no longer exists in this bill.

And through you, Mr. President, just a couple of questions to Senator Harris to clarify this in people's minds to just let them know the discussion that we've been having.

Through you, Mr. President, a lot of the debate we had was around are we either lowering the standards to allow more people to practice and therefore possibly putting consumers at risk or are we artificially constraining the actual supply of social workers through having this additional level of licensure agreement.

Those have been the two concerns that have been addressed throughout the debate. And through you, Mr. President, if Senator Harris could just describe how we have addressed those in this bill. Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

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Through you, Mr. President. I guess we'll take the latter one first since I at least remember that one at this point.

We're not constraining master's of social work because there is no requirement that they actually pursue this level of licensure. You could graduate with a master's of social work and you could take your test and then you could practice under supervision as you can under current law without trying to achieve this license.

THE CHAIR:

Senator DeBicella.

SENATOR DEBICELLA:

Thank you, Mr. President.

And on the prior one there was a concern that there was possibly a lowering of standards to allow folks to actually come in and practice. There was kind of two debates that were going on simultaneously. And I believe our concerns were adequately addressed with that.

Through you, Mr. President to Senator Harris, just to describe, just to give comfort to the circle that those concerns have been addressed in this bill. Through you.

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THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Yes. All those concerns have been addressed. And maybe if I just give you a quick snapshot of current law and the change you can see how it works. Currently again you want to go and get a master's of social work like Senator Prague did, graduate from school, achieve that degree, take a test.

Under current law to become a licensed clinical social worker you have to work for 3,000 hours under supervision. A hundred of those hours must be under the supervision of a licensed clinical social worker and then the remaining can be by a licensed clinical social worker or a psychiatrist, an APRN, there's some other supervisors defined in statute.

And then at the end of that 3,000 hour period you take another test and could be granted a license of clinical social worker status. Current - this bill changes only one thing. It allows you to get a license for that 3,000 hour period. Everything else stays the same. You've still got to have your

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master's, take that test. You still have to be supervised in the same way.

Everything else remains the same and to become a licensed clinical social worker at the end of that 3,000 hour period with that other level of licensure you then still have to take a test to become a LCSW.

SENATOR DEBICELLA:

And thank you.

THE CHAIR:

Senator Debicella:

SENATOR DEBICELLA:

Through you, Mr. President. Thank you. Thank you to Senator Harris for that. And based on the description I think folks can see that. We are actually addressing a chicken and the egg problem that social workers face in terms of getting that three hour, 3,000 hours of training when they don't have a license to actually practice.

This bill's going to actually address that problem and hopefully make it a little smoother for our social workers to get that proper training they need to hit the full licensure that we desire. So I urge passage of this bill. And thank you, Mr. President.

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THE CHAIR:

Thank you, Sir.

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

I had some serious concerns about this bill, as you know, Senator Harris and others around the circle, last year. And I brought these concerns up during the Committee public hearing process as well. I am one of those people who believe that we are lowering the standards here. And the reason for that, during testimony and I apologize, I don't remember the gentleman's name but he certainly was from the industry.

They mention how there are social workers who cannot pass the exam. And they came right out and said that during the public hearing process. But we're giving them a license. So to me it was contradictory that, you know, you come out of school and we're going to give you a license prior to those 3,000 hours. I believe it's 3,000 hours of supervision and working under a licensed social worker and or psychologist, psychiatrist, and the like. Secondly, there was an argument that there were no

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jobs for these individuals which is also not true because there are many organizations, nonprofit organizations that are hiring these individuals. So I don't know if I bought that argument either. I don't believe that we should be lowering the bar for a lot of these type of jobs.

I believe a social worker is equally important as any other type of medical care provider and we should give the consumers the benefit of having trained and certified individuals. However, going through this process I learned that more importantly than this bill, that an individual with a bachelor's degree in anything regardless of what it is can become a social worker for the Department of Children and Families without any further education, exam or industry standards. So to me finding that out made this more palatable.

So, Mr. President, I won't thwart this bill any longer. I will intend on voting for it. But I hope, and through you, Mr. President, I'd like to ask a question to the proponent of the bill. I hope that the Public Health Committee will take this new circumstances, new problem, this new situation into consideration next year. So through you, Mr.

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President, I'd like to ask a question to the proponent of the bill.

THE CHAIR:

Senator Harris.

SENATOR KANE:

Thank you, Mr. President.

Through you, as I just mentioned it's come to my attention and I believe it's come to your attention as well and some of the advocates have talked to us about this as well but I think more important than this bill because I am going to vote in favor of the bill, is the fact that there are DCF workers who are practicing as social workers without a degree in that particular field.

So for example they could come out of any school with a degree in art, with a degree in agriculture, with a degree in anything and become a social worker. So I'm asking, through you, Mr. President to the Chair of the Public Health Committee that we can take this issue up next year because I think that's even more important.

Thank you, Mr. President. Through you.

THE CHAIR:

Senator Harris.

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SENATOR HARRIS:

Through you, Mr. President.

While I won't be here I will obligate my successor to be here. But, yeah, Senator Kane, you raise a good point. There are State employees who have the title of social worker but we have to be careful because these State employees aren't providing clinical services. They're not providing therapy. But advocates for a while have tried to change the situation.

So I do agree that it's something that needs to be looked at to make sure that those holding themselves out as social workers actually have the training, the skill, the credentials to be able to do so. But, again, they're not providing clinical services. They're not providing therapy.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

And you're right, Senator Harris. You won't be here so that's true. But I do appreciate your comments on that part because I think that is

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something that the Public Health Committee should take up next year.

And I look forward to that debate because I think that's a very serious issue that we have social workers practicing at DCF without that particular license and or degree.

Thank you, Mr. President.

THE CHAIR:

Thank you, Sir.

Senator Witkos.

SENATOR WITKOS:

Thank you, Mr. President.

Through you, if you may, if Senator Harris could just briefly go over the explanation he gave about the jobs. I didn't quite follow that colloquy.

THE CHAIR:

Senator Harris..

SENATOR HARRIS:

Yeah, Senator Kane raised an important issue with respect to the ability to work if you just have your master's of social work and have taken that first test. In certain settings, hospitals and other medical settings where there are federal requirements you are not able to actually perform that work as a

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social worker without having a license. Because there's a federal certification I believe it is.

So we actually find ourselves in a situation where someone who ultimately wants to work say in a hospital setting cannot do their 3,000 hours, be under the supervision of someone in that very setting that they want to ultimately work in because they don't have a license.

So by passing this bill we will give them the credential that they need to be able to actually work and train in the setting in which they ultimately want to be in. So it wasn't that no jobs were available to social workers. It was that in certain settings they weren't able to get the jobs.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you. And then so once they're in that arena and they do those hours of OJT is there another level or a test that they take to make them quote certified or license or able to perform those skill sets that they've been learning prior to? Through you, Mr. President.

THE CHAIR:

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Senator Harris.

SENATOR HARRIS:

Through you, yes, Mr. President. After the 3,000 hours under current law and still after this bill passes if it does, there would still be a test that would have to be taken based on that clinical experience to achieve the status of licensed clinical social worker.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

I thank the gentleman for his answers.

THE CHAIR:

Will you remark further on House Bill 5286? Will you remark further on House Bill 5286?

Okay. Mr. Clerk, please call for a roll call vote. The machine will be open.

THE CLERK:

The roll call has been ordered in the Senate.

Will all Senators please return to the chamber.

Immediate roll call has been ordered in the Senate.

Will all Senators please return to the chamber.

THE CHAIR:

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Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

The motion's on passage of House Bill 5286.

Total number Voting 35

Those voting Yea 34

Those voting Nay 1

Those absent and not voting 1

THE CHAIR:

The bill passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, if the Clerk might call the first consent calendar at this time.

THE CHAIR:

Mr. Clerk.

THE CLERK:

The roll call has been ordered in the Senate on the consent calendar. Will all Senators please return to the chamber. Immediate roll call has been ordered in the Senate on the consent calendar. Will all Senators please return to the chamber.

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**PROCEEDINGS
2010**

**VETO
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Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the daily.

THE CLERK:

Motion is on re-passage of House Bill 5248.

Total Number Voting	36
Necessary for Adoption	19
Those voting Yea	27
Those voting Nay	9
Those absent and not voting	0

THE CHAIR:

House Bill 5248 passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, continuing on Senate Agenda Number 5 for the reconvened session, the third item on the agenda is Substitute House Bill Number 5286. This item also, Mr. President, was vetoed by the Governor, and the House of Representatives has already voted to override that veto.

Mr. President, I was on the prevailing side when the Senate considered that item and would move now for reconsideration of House Bill Number 5286.

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THE CHAIR:

There's a motion on the floor for reconsideration of House Bill 5286. Seeing no objection, so ordered.

Senator Looney.

SENATOR LOONEY:

Yes. Mr. President, I would move the reconsideration.

THE CHAIR:

Thank you, sir.

I will try your minds. All those in favor, please signify by saying, aye.

SENATORS:

Aye.

THE CHAIR:

Opposed, nays.

The bill is before us for reconsideration.

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Mr. President.

Now that the bill is before us, I would yield to Senator Harris, since the item originated with the Public Health Committee, and would yield to Senator Harris for purposes of a motion to repass the bill.

THE CHAIR:

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Senator Harris, do you accept the yield, sir?

SENATOR HARRIS:

I do, Mr. President.

THE CHAIR:

Please proceed, sir.

SENATOR HARRIS:

Thank you, Mr. President.

I move to repass Public Act Number 10-38, AN ACT
CONCERNING LICENSURE OF MASTER AND CLINICAL SOCIAL
WORKERS.

THE CHAIR:

There's a motion on the floor to repass House
Bill 5286.

Will you remark further?

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President.

Mr. President, this bill passed the Senate in our
regular session 34 to 1; and the House, 143 to 6.

Mr. President, this bill sets up a two-tiered level of
licensure for clinical social workers.

We would, with the override of this veto, join 45
other states that have multilevel licensure, including
New York, Massachusetts and Rhode Island.

This bill, when it becomes law, does a couple of things that are very important to the people of Connecticut and to our social workers.

First of all, because there's licensure, it provides consumer protection for our citizens to have recourse against clinical social workers that are just masters before they finally get their licensed clinical social worker status, so that there's recourse and consumer protection. It would enable those with masters of social work to work in other settings where they now cannot work, in particular, the medical setting.

A lot of hospitals require a license to be able to work, and it would help keep our masters of social workers here working in the state of Connecticut as opposed to going to other states, including our neighbors, as I said, that have this multilevel licensure.

Mr. President, I urge repassage.

THE CHAIR:

Thank you, sir.

Will you remark further on the repassage of House Bill 5286? Will you remark further?

If not, Mr. Clerk, please call for a roll call

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vote. The machine will be open.

THE CLERK:

Immediate roll call vote has been ordered in the Senate. Will all Senators please return to the chamber. Immediate roll call vote has been ordered in the Senate. Will all Senators please return to the chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

The motion is on repassage of House Bill 5286.

Total Number Voting 36

Necessary for Adoption 19

Those voting Yea 34

Those voting Nay 2

Those absent and not voting 0

THE CHAIR:

House Bill 5286 passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, continuing on Senate Agenda

**JOINT
STANDING
COMMITTEE
HEARINGS**

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Next, we'll hear from Wendy Furniss from the Department of Public Health.

WENDY FURNISS: Thank you, Representative Ritter, Senator Harris and members of the committee. Good morning. I'm Wendy Furniss from the Department of Public Health. I'm the branch chief in health care systems and a registered nurse. And I would like to briefly comment on just four of the bills that are before you this morning.

SB 262
SB 270
HB 5286

The first one is Senate Bill 248, AN ACT CONCERNING ADVERSE EVENTS IN HOSPITALS AND OUTPATIENT SURGICAL FACILITIES. The Department opposes this bill as it's currently written. The Department has regulations that have been in place since 2004 mandating the report of adverse events by these two types of health care facilities. In addition, when the Department does on-site inspections at these facilities we do a review of compliance with the reporting law and we compare facility reports against complaints that we've received from patients and families, referrals from other agencies and sources and from data that we collect during our licensure or Medicare certification reviews.

So a good bit of the oversight that's required by the bill, in terms of audits, is already being completed by the Department. Certainly, our expectation is that all health care facilities will comply with the law. We do, as I said, audit for compliance with the law. We have found, since 2004, in six years, we've only found, I believe, one or two instances where facilities failed to report an adverse event that should have been reported under the law and we did cite violations in those instances.

charged with monitoring these gifts, tracking the information for who received them. And within our jurisdiction, we have no enforcement provisions for those types of business arrangements.

The initiative would have a significant fiscal impact on the Department. We don't have a data management infrastructure that would allow us to track every gift or monetary payment given to every physician in the state. Although, a fee of \$2,000 has to accompany each company's annual submission to this state, it does not appear that that money would be directed to DPH to set up a tracking system. So, at this time, the Department cannot support this bill as it's written because the Governor's budget did not provide any additional staff for the department.

And finally, just a brief comment on House Bill 5286, the licensing of master and clinical social workers. The Department would just like to provide a little bit of information about this. This would be a new licensing program for DPH. We would have two levels of clinical social workers license. The current licensed clinical social worker would remain the professional independent level social work license. A slightly lesser level of practice would allow someone to be licensed as a master social worker; that's a master's prepared person without the same amount of experience and supervised practice.

The Department notes that Section 9 of the bill is very clear that the Department will not implement this program until appropriations are provided. The Department appreciates that because within available appropriations, we would not be able to implement this -- this program. We would respectfully request that in

line 121 we add the phrase "on or before October 1, 2012." That's to put an end date on grant-parenting provisions that are in the bill. We don't people grandfathered in for licensure for 100 years, but I think it is fair to do that for the next couple of years.

On any of these proposals, the Department would be glad to work with interested parties or with the committee, if you would like to work on language. And I'd be glad to take any questions. Thank you.

REP. RITTER: Thank you very much for your testimony.

Are there questions from the committee?

Representative Heinrich.

REP. HEINRICH: Thank you, Madam Chair.

Good morning.

WENDY FURNISS: Good morning.

REP. HEINRICH: Could you tell me, this master's level, does it have reciprocity with other states? Do you know? Would it have reciprocity?

WENDY FURNISS: Jenn -- sorry -- Jenn Filippone is our section chief in licensure. I'm going to ask Jenn to answer those specific questions.

JENNIFER FILIPPONE: Good morning. We don't have any true reciprocity as some other states term it for any of the licensure categories that we have. Essentially, folks apply for licensure by endorsement of another state's licensure. Endorsement means they come from a state who requirements that are similar to or

substantially similar to any way or the same as our requirements.

A reciprocity would be your licensed in another state and by virtue of that license you can automatically come and work in our state. So we don't have any reciprocity for I don't think any of the professions that we regulate right now.

REP. HEINRICH: Okay. Thank you.

My other question is actually a different bill. It was 248. With regard to the publishing of adverse -- or I mean reporting of adverse events --

WENDY FURNISS: Uh-huh.

REP. HEINRICH: Are -- are those results published publically?

WENDY FURNISS: What's published currently are aggregate results.

REP. HEINRICH: Okay.

WENDY FURNISS: The Department publishes an annual report on adverse events and we list out by the, I think, it's now 35 categories of reports; that we had 40 percent were falls and how many falls we had, but it's not split out by institution.

REP. HEINRICH: Is there a reason for that?

WENDY FURNISS: There -- there is, in that, in order to have the data split out by institution meaningful to the public a great deal of risk adjustment would need to be done to the statistics. I'm not a statistician but the folks at the Department who say we need to do

REP. RITTER: Thank you for your testimony.

Are there questions from the committee?

Thank you very much.

THOMAS PURCELL: All right. Thank you.

REP. RITTER: Our next speaker will be Eileen Cain followed by Sarah Petela.

And we are on our next bill House Bill 5286, AN ACT CONCERNING LICENSURE OF MASTER AND CLINICAL SOCIAL WORKERS.

EILEEN CAIN: Thank you, Representative Ritter, Senator Harris. I'm very happy to be here to -- in support of the NASW bill to add an additional level of clinical license for clinical social workers. I am a social work manager at Yale New Haven Hospital. And, as an employer needing to provide clinical social work services to patients, I face the difficulty of recruiting new MSW graduates because if you hire a new MSW graduate you must supply that individual with two years -- under the current the licensing provision, you must provide that individual 100 hours of supervision and 300 of supervised clinical work to prepare them to take the current licensing exam.

In addition, there looms a possibly that the individuals having been through all that and two years out from getting their degree may not be able to pass the exam. And, in fact, this has happened. We have had to take on the heartbreaking task of letting a couple of MSW graduates, who've been with us for two years, who have not been able to take the -- pass the exam on the third try. We've had the

unfortunate situation of having to terminate their employment.

I do work in a hospital setting and it is required by the Joint Commission on Hospitals that we provide clinical services by licensed or certified workers. And clinical social work services fall under the category that in Connecticut is regulated of the Department of Public Health.

Yale New Haven Hospital and many of hospitals that offer clinical social services provide the services in a supervised setting. I happen to agree with the requirement that the provision of clinical services be by trained competent licensed certified employees. In this time of consumer awareness and for the protection of our patients, it is in the best interest of patient care that all clinical services are provided by licensed supervised employees.

Hospitals and other health care and mental health providers are continually challenged to be cost effective. Both the supervision -- the cost of supervision and the threat of staff turnover have resulted in many settings moving away from hiring the new MSW grad. Our challenge is to realize our investment in new graduates is worth the cost. That is the investment in time and commitment will result in a competent social worker able to provide the highest quality care to our patients.

I believe that this bill allowing for a new level of licensure, as a licensed social worker, is a positive response to the current problem faced by new graduates and employers. A licensed social worker upon passage of an exam that is more relevant to their level of practice will be allowed to work in a setting that does provide the necessary ongoing

clinical supervision.

REP. RITTER: Thank you for your testimony.

EILEEN CAIN: Okay.

REP. RITTER: Are there questions from the committee?

Senator Kane.

EILEEN CAIN: Yes.

SENATOR KANE: Thank you, Madam Chair.

Good afternoon. I just want to talk about a couple of things in your testimony. You mentioned that you have trouble recruiting but when I met with some of the social workers on this issue, they said they had trouble getting jobs. So that's kind of contradictory to me. I don't -- please help me understand that.

EILEEN CAIN: I'm not sure I said I trouble recruiting. If it's -- if it's a brand new MSW coming to Yale New Haven for a job, someone who doesn't have a license, we would probably not recruit that person even though we would like to take on new people because what happens if you invest the two years, if they can't pass the exam, we've had to let them go.

SENATOR KANE: Well, that was -- that was going to be my next point.

EILEEN CAIN: Yeah.

SENATOR KANE: So you're telling me that these people can't pass the exam but you want to give them a license. That is contradictory.

EILEEN CAIN: Well, the problem is with the

licensing exam. There are two levels of exam. There's another level that could be given at graduation from grad school, which would be at a time when they, you know, they've just learned all this material. And in other states, that exam is -- is in operation and people get licensed right at graduation and when they get their master's degree.

It's a little bit like the other professions. The nurses take their licensing exam right as they finish school.

SENATOR KANE: That doesn't -- that doesn't answer my question. My question was to your statement that these individuals go through the process of working for you --

EILEEN CAIN: Yes.

SENATOR KANE: -- for a number of years, let's say. They get all the supervision and they still can't pass the exam. Why would we license them?

EILEEN CAIN: Well, we wouldn't license them at the clinical social work level. We would license -- we could license them at the other level if they could pass that other exam.

SENATOR KANE: Well, then we're lessening licensing.

EILEEN CAIN: It would be two different levels of license. The current license is a licensed independent practitioner. Okay. It's for someone in private practice. That's the only license we have in Connecticut.

SENATOR KANE: Right but my point is that if these individuals can't pass the exam after all those years of supervision, why would we give them a license to practice? You're -- it's

contradictory in my mind.

EILEEN CAIN: Okay. But I think it's because you don't understand the difference.

SENATOR KANE: No, I understand the difference. You want to give --

EILEEN CAIN: Okay.

SENATOR KANE: -- you want to give people a license as soon as they graduate but then you're saying these same individuals can't pass the necessary license that we have now. So why would we license someone who can't pass a license that they're suppose to pass?

EILEEN CAIN: Well, it is two -- I'm going to defer this question to Steve Karp, who is the head of NASW. I believe it's because it's two different licenses. One is a license that you get to practice under supervision. The other is a license that you get to practice independently.

SENATOR KANE: Yeah, I --

EILEEN CAIN: And I appreciate what you're saying. I understand your question. The social workers who have licenses now could practice independently without supervision. The MSWs cannot practice independently without supervision.

SENATOR KANE: Let me ask you another question.

EILEEN CAIN: Yeah.

SENATOR KANE: And then I'll move on. You said that if you hire someone right now as -- I get out of school. I get my degree. You hire me. You can bill for that, correct? Because it's the

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10:00 A.M.

hospital that bills not necessarily the social workers that bills. So you are billing for that -- for my work. Correct? Is that true?

EILEEN CAIN: The hospitals bills for your work, yes.

SENATOR KANE: Okay.

EILEEN CAIN: Yes.

SENATOR KANE: Because I know in conversations with some of the social workers, they said that they weren't able to bill. They can't bill unless you license. So that's not true. You actually bill as the hospital because -- because of the time I've with a client or an individual. Correct?

EILEEN CAIN: Not exactly. The way it works is that the social -- most of the social workers that work for me, their role is part of a team and the hospital bills for the team.

SENATOR KANE: Okay. Thank you. Thank you for answer.

EILEEN CAIN: With the doctors and the nurses.

SENATOR KANE: Thank you very much.

Thank you, Madam Chair.

REP. RITTER: Are there further questions from the committee?

Senator Debicella.

SENATOR DEBICELLA: Thank you, Madam Chairman.

You have to hate going first on a bill. I do have a question on this because we heard this

last year and there was an issue that we had of the duality that the system might create between private and public social workers. In last year, the bill would have exempted social workers so folks between the public and private sector might have had difficulty because they were two different licensing schemes.

How does this bill address that?

EILEEN CAIN: I don't -- I'm going to have Steve answer that question. I'm sorry, Senator. I just don't -- I don't exactly know where the public social workers sits with this. I think it's going to be the same.

SENATOR DEBICELLA: I will save my question then.

EILEEN CAIN: Anyone with a new MSW. So --

SENATOR DEBICELLA: Great. Thank you.

EILEEN CAIN: Okay.

REP. RITTER: Further questions from the committee?

Thank you very much for your testimony.

EILEEN CAIN: Thank you.

REP. RITTER: Our next speaker will be Sarah Petela followed by Ashley Mouta.

SARAH PETELA: Hello. My name is Sarah Petela and I'm here today to ask for your support for House Bill 5286. And I want to extend my gratitude to Representative Ritter and to the members of the Public Health Committee.

I am here to represent the National Association of Social Workers and as a master's in social work student at UConn School of Social Work.

And when I decided to enter into the school of social work, I did so because I wanted to further my professional competencies. And I realized that without an MSW degree, I would not be able to advance in the human services profession.

As a first year student, I am aware of the obstacles to employment that my colleagues and I will face upon completion of our degree program. It is disheartening to think of qualified individuals with MSW degrees are being turned away from positions within the community because they have not had the ability to fulfill the licensure requirements.

The current system of requiring individuals with MSW degrees to complete 3,000 hours within their field of practice before obtaining their clinical license, discounts efforts made by social work students throughout their internships. Upon graduation, MSW students have already contributed 1,000 hours to helping individuals, families and communities throughout Connecticut. While interning, students receive approximately 1.5 hours per week of professional supervision, lending to their ability to function as more competent social workers.

MSW graduates desiring to work within clinical settings and who wish to provide direct care to vulnerable individuals within society, face a workforce which requires them to have a license before they are able to obtain positions they are qualified for. The current system basically sets MSW graduates up for failure. It is not possible to obtain licensure in Connecticut without work experience. And yet, work -- getting the work experience has become increasingly difficult as hospitals and other clinical organizations are requiring licensure

for social workers they hire.

As restrictions regarding the hiring of licensed social workers become more prevalent, the abilities of students graduating with master's in social work degrees to find gainful employment in their field of choice lessons.

So because of the importance of MSW students, like myself, finding jobs in the field, I urge you to consider this bill. Thank you very much for your time.

REP. RITTER: Thank you for your testimony.

Representative Lyddy.

REP. LYDDY: Don't go away yet.

Good afternoon. I need you just talk me through this. As a social worker, --

SARAH PETELA: Uh-huh.

REP. LYDDY: -- I'm very concerned about this bill. Some of the misconceptions of the bill. So I just want to briefly have you reiterate to me what exactly this means for a practitioner, for an agency and for the consumers. So, as we currently have law, independent social workers, licensed clinical social workers can practice independently.

SARAH PETELA: Uh-huh.

REP. LYDDY: That includes 100 hours of supervision, 3,000 hours of supervised practice. Correct?

SARAH PETELA: Uh-huh.

REP. LYDDY: Okay. This bill would allow for kind of an intermediary license, which would allow

social workers to gain that 3,000 hours in 100 hours of supervision. Correct?

SARAH PETELA: So what it would do, myself, as a student, upon graduation, I could become a licensed social worker. So not a licensed clinical social worker but a licensed social worker thereby permitting me access into working in hospitals or other clinical settings to which they're not looking to hire people that do not have licenses at this time. And 45 other states in our country, including Rhode Island, New York and Massachusetts have this licensure bill.

So they allow -- so those students are actually coming into Connecticut and are better able to compete for the jobs that our own social work students are not gaining access to because we are not licensed social workers.

REP. LYDDY: Okay.

SARAH PETELA: So we're not asking to become licensed clinical social workers.

REP. LYDDY: Right. So the scope of practice, if you want to term it that, --

SARAH PETELA: Uh-huh.

REP. LYDDY: -- is less than what a independent clinical social worker would have. Correct?

SARAH PETELA: And we would still be working under supervisors so that we would be able to work in settings that would permit us to -- so we would be able to work towards becoming licensed clinical social workers. But, at this point in time, it's a barrier to entry into the workforce. So many people are not looking to hire us because we're not licensed upon

graduation.

REP. LYDDY: Okay. Would you consider this to be a consumer protection initiative?

SARAH PETELA: Well, I certainly would because there are many people practicing throughout the state who are not licensed practicing in the role of a social worker that have graduated with a master's in social work. So it's a way of protecting consumers through having a professional association and a professional license.

REP. LYDDY: Great.

Thank you, Madam Chair.

SARAH PETELA: You're welcome.

REP. RITTER: Thank you.

Further questions?

Representative Bartlett.

REP. BARTLETT: Thank you, Madam Chair.

So the students that are going for these jobs in today's -- today before this bill passes --

SARAH PETELA: Uh-huh.

REP. BARTLETT: -- and I understand they're competing with students from New York, Rhode Island. What is the difference or what would be the difference if they -- if we created this new tier in terms of their ability to practice and/or their rights or anything like that? Like what is the difference? Is there any difference besides that we call them something different? Are they able to do anything

different?

SARAH PETELA: See, it's not a nominal -- it's not just a name change. It's actually -- it's a license. So -- as it -- as being licensed, so many hospitals and clinical settings within our state actually require people to be licensed to obtain monies for services. So it actually permits access to students to get jobs within those facilities wherein, as the --

REP. BARTLETT: Does the license let that person do anything different --

SARAH PETELA: Okay.

REP. BARTLETT: -- then they do now? Are we just putting our imprimatur on them or are we giving them a different scope in some way?

SARAH PETELA: We're not changing the scope --

REP. BARTLETT: Okay.

SARAH PETELA: -- of the individual's responsibilities because they're still receiving clinical supervision but it's opening access within the workforce for individuals who are obtaining their MSW.

REP. BARTLETT: Okay. So it sounds like it's the same scope. We're just kind of giving -- calling it a license now or making them take a test and giving them a license so that they can better advance their career and get these jobs and so on and so forth.

SARAH PETELA: Uh-huh.

REP. BARTLETT: Is about right?

SARAH PETELA: But people would also be able to

practice licensed social worker and it is at a different level than a licensed clinical social worker.

REP. BARTLETT: Okay. So that's the change in scope. So what does that mean to me?

SARAH PETELA: I don't have that answer for you and I'll leave that to Stephen Karp.

REP. BARTLETT: Okay. Thank you.

SARAH PETELA: Okay. Thank you.

REP. RITTER: Any other questions from the committee?

Representative Taborsak.

REP. TABORSAK: Thank you, Madam Chairman.

Just a quick question, I'm kind of along with my colleague, Representative Bartlett, trying to understand exactly how this would affect these new folks coming in who are trying to get into the field. But I'm also trying to understand how exactly this impacts the currently -- the current license holders of these clinical licenses.

By passing this bill, can you tell me what your understand would be, would be creating a new field of social workers that would then be competing with the clinical social workers that we have now in the state? In terms of, would they competing for in some way the same work.

SARAH PETELA: No, they would not be competing for the same work because a person who has received a licensed social worker -- they receive that license are -- they have completed 3,000 hours of practice within the field. So that is a

very large amount of time that they worked for. They have received countless hours of supervision and so they have earned that higher degree. We're saying so -- it's not competing for that same service because most of the organizations that exist throughout communities in Connecticut, when they asked for a licensed clinical social worker, that is a much higher tier than asking for a licensed social worker would be.

Because you're able to complete this exam coming right out of getting your MSW. So it's in no -- it's in no way, in my opinion, encroaching on the licensed clinical social work certification process.

REP. TABORSAK: Okay. Thank you.

SARAH PETELA: You're welcome.

REP. RITTER: Further questions from the committee?

Thank you for your testimony.

We'll next be hearing from Ashley Mouta followed by Steve Karp.

ASHLEY MOUTA: Good afternoon, distinguished members of the Public Health Committee. My name is Ashley Mouta and I am social work student at Saint Joseph College. I am testifying today on behalf of the National Association of Social Workers Connecticut Chapter in support of House Bill 5286, AN ACT CONCERNING LICENSURE OF MASTER AND CLINICAL SOCIAL WORKERS. A master's level license would be a benefit to not only the social work profession, but to the clients and the general public as well.

Master's in social work, MSW, graduates often face the catch-22 that many social work

positions require a license. However, workers are unable to obtain this license without a certain amount of supervised practice hours. This becomes an issue because workers are unable to find positions where they can accumulate these hours. Many social workers leave Connecticut to practice in other states, where they can obtain their license soon after graduation.

I have seen this first hand in my studies at Saint Joseph College. Most of my peers are going out of state to study for their MSW and may then decide to take their licensure exam and to secure work directly after graduation. Enacting a licensure for MSW graduates would not only increase job opportunities for social work professionals, it would also be a benefit to the state.

Connecticut should pass this legislation to create a master's level license and join the 45 states and the District of Columbia that have already done so. All of Connecticut's neighboring states have passed a MSW license. Enacting this license -- this legislation in Connecticut would help us compete with other states to keep social workers in the workforce. A master's level license would generate up to \$406,000 in the first year enacted and \$187,000 in annual revenue. This would contribute to reversing the state's deficit and improving the economic climate overall.

It is important to note that social workers and the state are not the only beneficiaries of this legislation. An MSW license would ensure that clients are working with qualified and competent individuals and receiving a level of care they deserve. The only way to ensure this is to have a licensed workforce. Licensing social workers adds a level of consumer

protection for clients. If a social worker is not licensed, policing and punishment of unethical practice become difficult.

Licensing workers creates accountability measures to hold workers responsible if they are not acting in accordance with the principles of the profession. If a worker behaves unethically in private practice and is not licensed, there is not authoritative entity for a client to report to, ensuring the that worker is held accountable for their actions. If a work is licensed, a client can complain to the licensing board and that worker would be reprimanded. This helps protects clients and inhibit unprofessional practice in the field.

It is beneficial to socials workers, the state, and the clients to pass House Bill 5286 because it will improve the condition of social work practice in Connecticut. Thank you all for your time and consideration.

REP. RITTER: Thank you for your testimony.

Are there questions from the committee?

Senator Kane.

SENATOR KANE: Thank you, Madam Chair.

You mentioned in your testimony that this would protect the consumer or the client. Could it also maybe confuse the consumer or the client because you actually would have a license that is not to the same standard as what we currently have.

ASHLEY MOUTA: I can see how a client may not understand the different levels. That would be something that would have to be explained to them by their social worker. But the level of

protection that the license would give the client is extremely important to make sure that they are getting the quality of care that they need.

SENATOR KANE: How's -- how's that? By one test, that gives them the quality of care that they need?

ASHLEY MOUTA: Not just the test. If the worker is not adhering to the ethical standards, there is somewhere for that client to go to complain about that.

SENATOR KANE: That's -- that's assuming that people are not adhering to ethical standards today.

ASHLEY MOUTA: No, absolutely not. I'm sure that most are but there's always some cases where a social worker might not be. I mean, as in every profession.

SENATOR KANE: Right, as in any profession, it doesn't -- you don't need a license to act ethically or unethically.

ASHLEY MOUTA: Right.

SENATOR KANE: But my point is that I -- although you claim that it would promote awareness for the consumer, I think it may confuse the consumer by giving a license that is substandard to the current license that we currently have. How can you address that?

ASHLEY MOUTA: I'm not really sure. I'd have to defer that to Stephen Karp on that.

SENATOR KANE: Thank you.

Thank you, Madam Chair.

It's up for Stephen Karp.

REP. RITTER: Yeah, I think that might be a good idea.

Are there further questions from the committee?

Thank you very much for your testimony.

We will now be hearing from the aforementioned Steve Karp followed by Sherry Ostrout.

STEPHEN KARP: Good afternoon. I'm obviously here to answer your questions. I'm Stephen Karp. I'm executive director for National Association of Social Workers Connecticut Chapter. I want to thank the committee for raising this bill.

HB 5286

There is number of things this bill does and, you know, social workers have been licensed in 1995. We've been certified since '85, licensed since 1995. And many years our current license really met the needs of the profession. But as things have changed in health care and in mental health, we really find that we do need an expansion of licensure.

And there is a number of things that this bill does. Number one, as has already been mentioned, is consumer protection. The fact is that if you're a nonlicensed professional there is no where to file a complaint. And while there is very few complaints, I see, not a lot of complaints filed against social workers when you look at DPH's website, the fact is that, you know, a couple times of year I do get calls.

I've had calls, questions around sexual misconduct. I've had calls, questions around misuse of medical records. And if the social worker is not a licensed person -- personnel

there is no place for that consumer to go. So we really do feel very strongly that this is a consumer issue. It's also an issue that 45 states license at two to four different levels. So we're not really sure that -- we don't think that consumers necessarily will be that confused because clearly in many, many, many other states consumers have been able to figure out the differences. And we feel that is a protection.

New graduates, it is an issue for our new graduates to find work. Now, we're not saying that every agency will not hire a licensed practitioner but agencies now are no longer wanting to hire a nonlicensed person. Because of that, we're saying to our graduates you need to get 3,000 hours, roughly two years full-time experience in clinical social work but yet to get the experience you have to get the job. But if the job wants a license, it becomes a catch-22.

And this is very true, particularly in medical fields, many hospitals social work jobs, hospice care, dialysis units, home care, they're all requiring licensure. And because of that, it's really a question, where do we get the new social workers for medical social work if they can't get position initially.

And, as I did say, 45 states do license at this level, at the graduate -- the new graduate level. New York, Rhode Island and Massachusetts are amongst those states. So we hear from graduates that say we're going to go to New York, Massachusetts and Rhode Island because I can immediately get a job and a license. So, you know, we're educating folks. We have MSW programs here in Connecticut. We're educating our folks and now they're moving out of state.

Just very quickly, as we said, it is revenue. We do believe it will bring in -- certainly bring in revenue, which we do believe is obviously very important. We just also want to point out that in terms of the public sector, and Senator Debicella asked about that, we heard that message and we've actually included the public sector this year in the bill. So we really avoided a problem, which I think makes this bill a stronger bill this year.

Finally, I -- finally, I just want to say one thing on quality assurance and I'll be glad to answer questions. On quality assurance, again for consumers, we think it's important that a consumer know that they are being seen and they're being treated by a social worker who has passed a nationally recognized exam and that is a professional social worker.

In Connecticut, anyone can call themselves a social worker. I always say that I write the newsletter for chapter, I don't call myself a journalist. But the fact is anyone can call themselves a social worker and we think consumers should know that who they're seeing is actually someone with a degree and has passed a nationally recognized exam.

And with that, I'll be glad to try to answer the questions.

REP. RITTER: Thank you.

Are there questions from the committee?

Representative Lesser.

REP. LESSER: Thank you, Representative Ritter.

So just to clarify in some of your testimony,

is it your understanding that currently all of the procedures that are currently being performed by people who would be covered the licensed social worker program would be -- are currently being provided by licensed clinical social workers. Is that the case that licensed clinical social workers are performing all of these duties.

STEPHEN KARP: Currently, when you are a new MSW graduate, you need to get 3,000 hours of clinical experience.

REP. LESSER: Uh-huh.

STEPHEN KARP: So you do that with -- under supervision, 100 hours of supervision by a licensed clinical social worker. So right now, you do have graduates who are not licensed performing clinical social work functions. At the point that they're eligible for licensure, they have to get that license. You also, though, have people who are obviously licensed. There's over 5,000 licensed clinical social workers in Connecticut.

REP. LESSER: So if the purpose, if I understand correctly, the purpose isn't to take away business or -- or from people who have that additional level of certification from the licensed clinical social workers. This bill would large -- would primarily apply to people who currently are unlicensed who are allowed to perform under -- supposedly under the supervision on an LCSW.

STEPHEN KARP: Right. Right.

REP. LYDDY: But are currently -- currently not licensed by the state of Connecticut.

STEPHEN KARP: Right. This bill would just license

the graduate. It doesn't compete -- I mean it doesn't compete in any more -- any more than we already have a system where there might be -- you could argue that there's some competition. Right now, new graduates are going out and looking for work as clinical social workers to get their experience.

We obviously represent many, many LCSWs who support this bill and, you know, I don't think they would be supporting it if they thought there was going to be some kind of competition. In fact, many LCSWs support the bill because it means that a new graduate cannot go out and put a shingle. Right now, there's sort of a loophole in our statute. A new MSW without having gone through that supervision can open up a private practice and take private pay.

That, to us, is problematic and I think that's why many LCSWs support this. Because they're saying wait a minute, you know, I've gotten -- I did my experience. I got my clinical license. And why should somebody who's not really ready for that point be allowed to legally start a private practice.

REP. LYDDY: And I guess to follow up with some of the concerns that I heard -- heard expressed earlier, which is that there would be confusion in the public and that maybe -- do you see a situation which someone who is a licensed social worker could go out and try to hang a shingle and practice without the supervision of a LCSW? Is that something -- a situation that you can envision in this bill?

STEPHEN KARP: Well, I mean, this actually addresses the bill by saying you can't do that. So it would be better if you wouldn't allow -- a new graduate would be not be able to put up a shingle because they wouldn't be able to

practice independently at the initial level.
They'd have to get the current license, LCSW.

Again, I think in terms of consumers, you know, with 45 states having at least two and sometimes three and four levels of licensure, I'm not really sure that there's really that much consumer confusion. And I think what's most important is that it adds consumer protection because it does give consumers a place to file a complaint. And again, I've got reiterate that it's not a lot of complaints. If you look at the DPH website, there's maybe handful per year but if you're that one client you want to have the right to be able to -- to file a complaint and this would allow that to happen.

REP. LESSER: Well, that makes sense for -- it makes sense to me and I appreciate your clarification on that.

STEPHEN KARP: Thank you.

REP. RITTER: Senator Kane.

SENATOR KANE: Thank you, Madam Chair.

You and I have talked about this bill.

STEPHEN KARP: Yes, we have.

SENATOR KANE: I still can't wrap my arms around it, as you could tell, because I still have some serious questions. Are you a licensed social worker yourself?

STEPHEN KARP: I'm not a licensed social worker and the reason is that I'm not a clinical social worker. I do community organizations, policy, planning, administration. I'm not qualified --

SENATOR KANE: No. No. No, that's fair. I --

STEPHEN KARP: -- to do patient care.

SENATOR KANE: I'm just saying because my question it would have been addressed to you directly and I think you went over it a few minutes ago but the actual licensed social workers have no problem with this bill.

I mean to me -- to me its lowering the standard.

STEPHEN KARP: Uh-huh.

SENATOR KANE: To me you're lessening the license of someone who has it already. Someone who's gone through the 3,000 hours, you're -- you're lessening their license by providing this new license.

I think in, you know, General Law, for example, there is a bill about people who deal with solar panels and to me it's lowering the license of electricians, you know, who work all those hours to get their license. Do I not see a similar pattern here? Am I wrong in that assumption?

STEPHEN KARP: No, I understand. We've had that question from many members. And I'm going to -- generally when we explain it, I'll tell you what I tell them and they generally seem pretty good about. First of all, it delineates what the lower level can do versus the higher level. So for instance, it clarifies that at the lower level you have to practice under supervision and you can't go into -- you can't put up that shingle. So you can't go off and practice independently.

SENATOR KANE: Well, they can't do that now.

STEPHEN KARP: Well, you actually can. There's way around it right now.

SENATOR KANE: How so?

STEPHEN KARP: Well, because right now, what the license says right now is that you have to get 100 hours of clinical supervision but it doesn't specifically say that you can't practice independently. So there are people who will go out there and put up a shingle and they'll find -- they'll say I've got someone overseeing me. I've got somebody. I meet with them now and then but, you know, their in a private practice, in their private office. It's not like an agency. There's no one watching most -- what they're doing most of the time.

So this really would mean that these folks are, you know, new graduates really would have to be agency-based people. They would be -- and an agency has much more structure. It has must more guidance so it gives much more, I think, struc -- you know, supervision for a person. So that's something that our LCSWs like.

The other thing is that this bill clarifies that a new graduate can only diagnose under consultation of certain licensed mental health providers. So again, I think, by doing that it delineates the difference between that initial level and that higher level. So once you the get the LCSW you can diagnose without consulting with -- with other licensed personnel.

So we think that our members tend to find they like the fact -- the LCSWs we've talked to -- have really liked the fact it actually strengthen -- they think it probably strengthen

their position because it clarifies that the are the independent practice. They are the highest level and that the lower level, this new license really is under much more supervision and must more structure than has been currently --

SENATOR KANE: Okay.

STEPHEN KARP: -- sits -- you know, currently in place.

SENATOR KANE: I'll buy that. The -- you mentioned earlier about filing a complaint.

STEPHEN KARP: Uh-huh.

SENATOR KANE: Wouldn't someone file a complaint with the hospital and/or agency? They wouldn't file a complaint necessarily on the individual.

STEPHEN KARP: They would -- well I think they have choice, they could do both. I think for many consumers there's a feeling that well I'm going to complain to the agency but maybe the agency isn't going to do anything about it because, you know, the agency hired this person, you know, they're just going to brush it under the rug, type of approach.

SENATOR KANE: Uh-huh.

STEPHEN KARP: What we want is for consumers to be able to file a complaint with the Department of Public Health.

SENATOR KANE: Wouldn't they do that now though? They would say -- I would say, you know, I'll file a complaint with the Department of Public Health anyway.

STEPHEN KARP: Well, they can only do it if the

person is licensed. So that's -- that's the issue we have. That they can do it for a LCSW but they can't do it for these new graduates.

So let me give you an example of a phone call I had; maybe eight or nine months, we had agency actually call us and say that they had heard from their client -- their client was seeing a worker in the agency. The worker left the agency. The client started with a new therapist, tells the new therapist that the old therapist has been calling her and trying get her to go out on a date. And this is greatly disturbing to her and she doesn't know what to do this about this.

So they called me up and they said where can we file a complaint. I said well if they're licensed you can file with Department of Public Health. They said, well, no, they're not licensed. We had hired a new graduate. There was no place to do that. Now, that new graduate could go off and practice in another agency and no agency would ever know that there was issue.

SENATOR KANE: Uh-huh.

STEPHEN KARP: So that's what we're trying to really capture and protect.

SENATOR KANE: And lastly, what about the -- the first speaker talked about individuals that can't pass the exams.

STEPHEN KARP: Uh-huh.

SENATOR KANE: Why are -- I asked that question. I'll ask you the same question. Why are we giving a license to someone who can't pass the necessary requirements as we have them now?

STEPHEN KARP: Well, actually, I would actually say we are not giving them a license.

SENATOR KANE: But we are.

STEPHEN KARP: What I would say is that currently you get your 3,000 hours experience and if you can't pass the LCSW, the clinical exam, you have to stop practicing clinical social work but there's no exam initially. So you can have -- so that person who couldn't pass the exam after 3,000 hours, they've been -- for two years, they've been practicing.

With this, the question is can they pass an exam initially. Can they pass an exam that would allow them to practice under very clearly defined supervision? If they cannot pass the initial exam then they can't go into clinical practice at all. So we would argue that, in fact, it's (inaudible) more protection because it's saying that if you can't pass the initial exam then you can't do clinical social work. And if you can't -- down the road if you don't pass the higher level, then you can't do clinical social work independently, then you still need that supervision.

SENATOR KANE: I would think the odds are better to pass the exam after you've had all of that supervision, after all that work experience, all that time under your belt. You know?

STEPHEN KARP: And it depends on the exam. It depends on two things. I think it depends on --

SENATOR KANE: Is the same -- would it be the same exam -- I'm sorry -- would it be the same exam?

STEPHEN KARP: No. They're two different exams. They're different level of exams. So the first

exam is meant to test what we would expect an MSW to know at the time they graduate with their master's. The second exam is what we would expect an advanced clinical social worker to know.

One of the issues I think that comes up with when people don't pass the exam is sometimes -- and this goes back to medical settings -- the exam is a very psychotherapeutic focused clinical exam. So if you're in a mental health agency, and you're seeing the same clients for six sessions, eight sessions, maybe half the year, you're really doing psychotherapy. In some of our medical settings, you're seeing your client for two or three in the hospital. You're not really doing the same level of clinical work.

So when you now have to asked to take an exam that would expect that you have done detailed clinical therapy for two years when actually what you're doing is much briefer treatment. I think that's some of the issues that -- that cause people to have trouble with the exam.

SENATOR KANE: Okay. All right. I appreciate your answers. Thank you very much.

STEPHEN KARP: Thank you.

REP. RITTER: Are there further questions?

Representative Bartlett.

REP. BARTLETT: Thank you, Madam Chair.

So if we pass this law and I didn't want to get this license. Is that an option for me?

STEPHEN KARP: It's not an option if you're going to do clinical social work.

REP. BARTLETT: So if I want to eventually do clinical social work, I have to -- I have to take this license. So I can't continue in the status quo that I am now and just start getting -- start working on my 3,000 hours.

STEPHEN KARP: Right. It would mean that the current --

REP. BARTLETT: (Inaudible.) If I did any of those hours they wouldn't count towards anything.

STEPHEN KARP: No, they would count. The 3,000 hours counts towards the higher level.

REP. BARTLETT: Right.

STEPHEN KARP: But you wouldn't be able to, when you first graduate you wouldn't be able to start working clinically as a social worker without having the initial level of license. And that's we think that's a protection not only to consumers but also ensures our graduate has -- I mean, you know, we hope every single graduate has what they need to pass that exam. So this is an exam that is meant to test whether or not they're really ready to out there and begin their clinical practice.

REP. BARTLETT: Okay.

STEPHEN KARP: And I'm not -- and we don't really want people who can't, you know, similar I think to what Senator Kane said, you know with the other license. We really don't people who can't pass the initial exam to then be other there practicing clinical work either.

REP. BARTLETT: Right. So to the Senator's point, in the sense that you're not dumbing it down because at this point you're raising the bar.

You have to take the license.

STEPHEN KARP: Right.

REP. BARTLETT: This -- this particular test. You have to get this license in order to get the next one. You cannot, as right now, just be in this general field and then at the end you take a license exam.

STEPHEN KARP: Exactly.

REP. BARTLETT: Okay.

STEPHEN KARP: We do this as exactly as raising the bar.

REP. BARTLETT: And the final LCSW, that is at the 3,000 that you have to obtain.

STEPHEN KARP: Right. And that's a current statute; 3,000 hours postgraduate experience in clinical social work plus 100 hours of one-on-one supervision with an LCSW. And then you take the national exam.

REP. BARTLETT: Okay. Great.

Thank you.

STEPHEN KARP: Thank you.

REP. RITTER: Are there further questions from the committee?

Representative Conroy.

REP. CONROY: Thank you, Madam Chairman.

I'm sitting here with my colleagues and I know it seems confusing. Senator Kane, it seems you are a little confused and I am a little bit

also sitting here as a nurse. And I'm trying to rationalize, you know, the nursing profession, too, what you're talking about right now. Do you know the -- in this master's program are there clinical hours that the social worker receives or there is a certain amount?

STEPHEN KARP: That's a very good question. There is. We actually -- and I can't tell you the exact number but there is testimony from Dr. Lirio Negroni, who couldn't be here today from UConn School of Social Worker that specifies exactly how many hours. But basically, when you get master's, you're going through two internships. Your first year of your master's is a supervised internship. The second year of your master's is a supervised internship. So by the time you come out of school, you've got -- and again, I don't the exact number of hours -- but you have had, you know, two years worth of -- your entire MSW program you've had supervised internships in agencies.

REP. CONROY: Okay. Thank you. Because I'm just -- you know, the nurse practitioners in the psych track have those clinical hours also in their program for master's degree but they come out they take their licensure and they're able to independently practice.

STEPHEN KARP: Right.

REP. CONROY: So that's why I'm getting little confused with these different layers that we're -- it almost seems like you have that extra layer of burden there. And then when you're talking about the test I'm thinking if I had a way -- I don't know other professions out there but if you have wait a few years to be able to take that test, if they are concentrating on certain areas -- is it a

broad -- during that whole time period that you're getting those 3,000 hours it is a broad spectrum or is sometimes people are just getting into certain niches that they're specializing in and they're not getting -- they're losing some of that over time since they've graduated

STEPHEN KARP: Right. Right. And it depends where you're working. I mean if you're working in a -- in a child guidance clinic and obviously you're specializing in work with children versus if you're working aging field, you're specializing in work with aging. So you do start to sort of narrow your focus a little bit I think as your career moves forward.

REP. CONROY: Is there any other profession -- is there any other profession that you know in the state that has a requirement like this? Because the all the other health care practices that I'm aware of take their licensing right out of school.

STEPHEN KARP: Right. I don't know of others, quite honestly, but just in the standard for social work practice, I mean the national standard is that you have initial exam when you first get your degree and then after -- typically after two years, states vary a little bit, that you would then get this more advance clinical. And that's really what we feel is appropriate, you know, for you our field.

REP. CONROY: All right. Thank you.

Thank you, Madam Chair.

REP. RITTER: Thank you.

Representative LeGeyt.

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PUBLIC HEALTH COMMITTEE

March 1, 2010
10:00 A.M.

REP. LeGEYT: Thank you, Madam Chair.

Good afternoon.

STEPHEN KARP: Good afternoon.

REP. LeGEYT: My question has to do with the additional burden that might be placed on a clinic, an agency, hospital or any other entity that would want to hire a master's of social work graduate because under this proposal -- under this proposed bill there would be additional supervisory requirements that that agency or entity would have to gather for itself if it was to hire a intermediary licensed social worker.

Could you speak for a minute about what that supervisory -- added supervisory involvement cost? What it would require in man power? How it would be established? And can you say that it would be a benefit to one of those agencies to hire a graduate with a master's in social work without -- at an intermediary level as opposed to just hiring a licensed clinical social worker?

STEPHEN KARP: Sure. Let me take that part and then come back to the other. I think in terms of the advantage of hiring LCSW versus a new graduate -- I mean LCSWs will just by the marketplace and the fact that they are a LCSW garner a higher wage.

REP. LeGEYT: Yeah.

STEPHEN KARP: So I mean, I think from a salary perspective you obviously going to have pay more upfront.

In terms of agencies, I think, number one I think from a liability perspective an agency is

better off to have as much licensed personnel as possible. I think that is just a good risk management issue for agencies. So I think having this level would benefit agencies in that sense. The licensing -- you know, we looked at the supervision very carefully and the supervision can be done by a number of licensed mental health providers.

So, you know, typically, an agency that's hiring a social worker is going to have either a marital and family therapist, a clinical social worker, a psychiatrist, a psychologist or a licensed professional counselor. So we've made it broad enough so that typically an agency is going to have somebody who's going to qualify already on their staff. And then right now to get the LCSW you still have to get 100 hours of one-on-one supervision by a clinical social worker. So agencies somewhat, to some degree, probably have to provide that anyhow.

And finally, I would just say from just good standards of practice that you want a new graduate to be -- clearly being supervised. And it's not an onerous requirement. I believe it's like, you know, every month there's needs to be at least an hour that they clearly, you know, one-on-one supervision. So while it's not onerous, I think it's -- I think it protects the agency. I think any agency is going is typically going to want to make sure that they're supervising they're newer -- they're newer employers.

So I hope that answers your question.

REP. LeGEYT: That does. Yes. Thank you. And lastly, what is the -- do you have any sense of the salary differential will be for the new graduate that's under supervision with the intermediary license versus someone who was

hired fresh as a clinical licensed social worker?

STEPHEN KARP: You know, typically and it really varies. I mean, I think, you know, I've heard of agencies that have a 2 or \$3,000 differential. I've also heard of agencies have a 6 or \$8,000 differential. I know the state of Connecticut does have a differential. I'm honestly not sure what -- what that amount is. So it really kind of varies across the board.

REP. LeGEYT: And what percentage of salary does the 3,000 or 6,000 represent?

STEPHEN KARP: See now this is why I went into social work because math was never my best subject but I can tell you that typically, you know, new MSW graduates are probably making the mid-40s, mid to upper 40s. Anything under 40, you're really having trouble finding somebody. LCSWs are probably looking to going closer to the 50s -- in the 50s to start.

So it's not a huge, you know, it's not huge but in our profession 2 and \$3,000 difference is big in the (inaudible) in our profession. Our salaries are not that large to start with.

REP. LeGEYT: Two or \$3,000 counts in a lot of --

STEPHEN KARP: It counts a lot in our profession. You know, it's not, as I said, it's not -- salaries are not why people go into this field.

REP. LeGEYT: Right. Thank you for you answers.

Thank you, Madam Chair.

REP. RITTER: Representative Bartlett.

REP. BARTLETT: Thank you and I'm sorry to come back

but I wanted to make sure that I got this bill this time.

So I asked earlier about the -- taking the rest right out of school before, you know, and that was mandatory and you couldn't just go in the other route that we have now. So what about folks that are in that route. What provision have we made --

STEPHEN KARP: That's a very good question.

REP. BARTLETT: -- for them because we've got a thousand hours even -- we pass this law. How do we take care of that?

STEPHEN KARP: We've actually -- there is a clause in there that says basically if you're within of your LCSW that you don't have to get this new license because you're going to be getting that LCSW. So, yeah, we don't -- you're right. We don't want to penalize someone who's almost there and they say, guess what, you're going to have to get this new license and six or seven months later you're going to have to get this other license. So there is -- there is a very limited period of time that -- I feel -- and again, I think it's -- without checking the actual language, it's about a year or so out that you would -- you would be able continue towards your -- your LCSW.

REP. BARTLETT: Okay. Thank you.

REP. RITTER: Representative Lyddy..

REP. LYDDY: Thank you, Madam Chair.

Thank you, Steve, for being here today to answer our questions.

I'm so glad that Senator Kane brought up the

ethics as an issue. One of the ethical standards for social workers, obviously, is competency and I think this that bill moves the profession and the state in the direction of making sure we have confident practitioners in every agency. Personally, I don't know that I would want to be sending my family member or even myself to somebody that I don't know has the best foundation to be practicing. This is a great bill in my opinion. However, there are questions.

Are you familiar -- because education was brought up by Representative Conroy, with the Council on Social Work Education?

STEPHEN KARP: Yes.

REP. LYDDY: And what is their charge?

STEPHEN KARP: Okay. The Council on Social Work Education is basically is the accrediting body for schools of social work. Under our license, if you don't your license -- if you don't get your degree from an accredited body than the license -- you can't get the license. The accreditation body makes sure that the curriculum includes ethics; it includes cultural competence; it included clinical social work. Pretty much everything that we're being taught as an MSW is governed very much by the council.

And because the council is a national independent body, it doesn't matter whether you get your MSW from Fordham University in New York or UConn right here in West Hartford or Berkeley in California. It means an MSW has got the same level training and the same level of education, the same curriculum content throughout the country. So it really assures an evenness, if you will, in our degree.

REP. LYDDY: And isn't it true that the council also dictates those hours -- those clinic hours as a part of that master's program?

STEPHEN KARP: They do.

REP. LYDDY: And those hours are not necessarily specified based on a particular clinic setting. It could be various settings. It could be in a school setting. It could be in a psychiatric outpatient facility. It could be pretty much anywhere. Correct?

STEPHEN KARP: Right.

REP. LYDDY: So when these graduates are graduating, we need to be able to assume that they have a level -- a certain level of competency. However, that competency needs to be tested. Correct?

STEPHEN KARP: Exactly.

REP. LYDDY: And so this initial exam that these practitioners would be taking is more or less a gatekeeper into the profession in some ways?

STEPHEN KARP: That's actually a good way of looking at it.

REP. LYDDY: Okay. So we are almost weeding out the people who may be incompetent and weeding in or allowing in people have shown that they have the ability, the knowledge base to practice in a setting under supervision. Correct?

STEPHEN KARP: That's very correct.

REP. LYDDY: And that initial examination would then allow that clinician or practitioner to gain the 3,000 hours, the experience, the actual

clinical meat of what's going on with clients and what not. Correct?

STEPHEN KARP: That's right. For the --

REP. LYDDY: So by the time they take the final LCSW exam, that's a national exam, we can pretty much trust that they can practice independently. That they can be billed or they can bill insurance and third parties. And that we can assume that they are very competent adhering to ethical standards as -- as outlined by the professional.

STEPHEN KARP: Right. And that's really the purpose of this bill.

REP. LYDDY: Great. Thank you so much, Stephen.

Thank you, Madam Chair.

REP. RITTER: Thank you, Representative Lyddy.

Are there any further questions from the committee? Are we sure?

Thank you very much for your testimony.

STEPHEN KARP: Thank you.

REP. RITTER: We will next from Sherry Ostrout and she will be followed by Dr. John Satterfield.

SHERRY OSTROUT: Don't go far, Steve.

Hi. I'm Sherry Ostrout. I'm the elected president of the National Association of Social Workers Connecticut Chapter but I'm here today to read testimony from a member of NASW and also someone's who has been long standing director in a judicial environment. Her name is Guay Chatfield.

HB 5286

Good afternoon, members of the Public Health Committee and all of those who have come this morning who have interest House Bill 5286. This bill concerns the licensure of master and clinical social workers. Thank you for the opportunity to share my views on this very important aspect of social work. I'm a representative of the Connecticut Chapter of NASW -- again, Guay Chatfield -- and have been working as social worker for over 30 years and a member of NASW for 26 years.

My social work career has been with forensic clinic social work. I began this career post-master's with two and half years with the Department of Correction and then 17 years with the forensic division of the Department of Mental Health and Addiction Services.

I would like to give you two examples of personal experiences that made me convinced that it is important to license master and clinical social workers after their MSW graduations.

The first example occurred while I was director of the Bridgeport Office of Court Evaluations. I supervised a second year social work master's level intern. This student had been working in the social work field for about 10 years prior to completing her master's degree. She became a valuable asset to our office. She was nominated and awarded the Social Work Student of the Year, while she was interning in our office.

According to the general -- Connecticut General Statute 54-56d, competence to stand trial requires that this type of evaluation may be completed by a physician specializing in psychiatry alone or as a member of a team

consisting of a medical physician specializing in psychiatry, a licensed clinical psychologist, and master's level nurse or a licensed clinical social worker. Every office of the Connecticut offices of court evaluations has a licensed clinical social worker for their teams.

However, when the student graduated with high honors our office was unable to offer her a social work position because she did not possess a Connecticut social work license. We had to release her to find a job that did not require a LCSW.

The second example, which is more upsetting more than the first example, occurred in the same office. I hired a young woman as a secretary, who was working in another state department. This young woman had 13 college credits from Housatonic Community College. Three days before she was to begin working in our office, she telephoned me. She told me that she could not take the job in our office because her supervisor told her that she would promote this young woman to a social work classification. Yes, at that point, without further education.

Currently, the title social worker is not a protected title such as psychologist or physician. A protected title has specific educational testing and/or work experience within that category.

I'll skip forward here.

The MSW degree is a 60 or a 60-plus credit program. There are some exceptions. If somebody is getting an MSW, having already passed the BSW level. And social work is clearly one of the fastest growing career

fields in our country. Because of the current economy, let's not continue to deny fully qualified MSW graduates the opportunity to become licensed in the state of Connecticut.

We urge you to support this bill. As Steve mentioned, we are a membership organized of over 3400 members with an incredible amount of mobilization and support for this bill. And we thank you very, very much.

REP. RITTER: Thank you for your testimony.

Are there questions from the committee?

Nope. We might be questioned out on this. You might have had a good draw there.

SHERRY OSTROUT: Thank you so much.

REP. RITTER: Thank you very much for your testimony.

Next, we will move Senate Bill 265, AN ACT REQUIRING HEALTH CARE PROVIDERS TO DISPLAY PHOTOGRAPHIC IDENTIFICATION BADGES.

And our testifier will be Dr. John Satterfield and he will be followed by Dr. Ken Yanagisawa.

JOHN SATTERFIELD: Senator Harris, Representative Ritter, members of the Public Health Committee, my name is John Satterfield. I am a practicing physician at The Hospital of Central Connecticut, a board certified anesthesiologist, and I represent the Connecticut Society of Anesthesiologists as the vice president. I'm here to request your support for Senate Bill 265, AN ACT REQUIRING HEALTH CARE PROVIDERS TO DISPLAY PHOTOGRAPHIC IDENTIFICATION BADGES. You have my written testimony. I hope you take a moment to look at

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 2
326 – 648**

2010

Testimony Before the Public Health Committee**Public Hearing on Monday, March 1, 2010****Subject: H.B. 5286 - An Act Concerning Licensure of Clinical Social Workers**

My name is Paula Crombie, I'm here to ask for your support for House Bill #5286, An Act Concerning the Licensure of Social Workers. I want to thank the chairs, Representative Elizabeth Ritter and Senator Jonathan Harris and members of the Public Health Committee for this opportunity to share my views on this bill.

I am here to represent the National Association of Social Workers (NASW). My testimony is drawn from my experience as the Director of Social Work at Yale-New Haven Hospital where I've been the Director since 1992. I've had previous years of experience as a social work administrator totaling over 25 years. Throughout my administrative career, I've seen the challenges faced as an employer recruiting new graduate MSW social workers. It is this experience that leads me to support this legislation.

As an employer needing to provide clinical social work services to patients, I've faced the difficulties of recruiting new MSW graduates. As an employer hiring a new graduate, we must make a significant investment to provide the necessary supervision and training required to the employee for a two (2) year period. This two year period is necessary in order for the new graduate to obtain the required 100 hours of supervision at one hour per week and the necessary 3,000 hours of clinical supervised work experience in order to sit for the licensure exam.

In addition to this burden on the employer, there looms the definite possibility that the new graduate may not pass the licensure exam therefore, can not retain the position. The impact on the employee is devastating since it results in the loss of their employment. As significant, is the cost to the employer of now being faced with the burden of staff turnover and recruiting a new employee.

I must admit, that I have faced this difficult situation. On several occasions, I've had the heart wrenching task of telling a very competent MSW social worker that she/he no longer can work as a clinical social worker in our setting because she/he has failed to pass the licensure exam. At Yale-New Haven Hospital, we allow the employee three tries to pass the licensure exam and it is with the third failure, that employment is terminated.

Since I do work in a hospital setting, it is required by the Joint Commission on Hospital Accreditation (JCAHO), that providers of clinical services be licensed or certified by their state regulator. Clinical social work services fall under this category and in Connecticut, the regulator is the CT Department of Health. Therefore, at Yale-New Haven Hospital and at many other hospitals offering clinical social work services, we provide our services in a supervised setting.

I happen to agree with the requirement that the provision of clinical services be by a trained, competent licensed or certified employee. In this time of consumer awareness and for the protection of our patients it is in the best interest of patient care that all clinical services are provided by licensed, supervised employees. I view the requirement for licensed social workers as I do the requirement for licensed nursing staff or licensed physical therapists, or licensed pharmacists or licensed board certified physicians – this is the basis for the highest quality of care we can provide to our patients.

Hospitals and other health care and mental health providers are continually challenged to be as cost effective as possible therefore minimizing any potential disruption of services or added costs. Both the cost of supervision and the threat of staff turnover have resulted in many

settings moving away from the hiring of new MSW graduates. Our challenge is to realize our investment in new graduates is worth the cost – that is the investment in time and commitment will result in a competent social worker able to provide the highest quality care to our patients.

I believe that this bill allowing for a new level of licensure as a Licensed Social Worker, is a positive response to the problem faced by new graduates and employers. A Licensed Social Worker, upon passage of an exam that is more relevant to their level of practice, will be allowed to work in a setting that does provide the necessary clinical supervision.

House Bill #5286 responds to both the needs of the new MSW graduates for employment and employers needing to higher licensed skilled social workers. The new graduates can obtain employment based on their training as a social worker and the employer will have the ability to hire qualified licensed social workers without the fear of losing them due to a failure to pass the exam after a two-year investment.

As I close, I want to thank the members of the Public Health Committee for this opportunity to share my views on this critical piece of legislation.

Respectfully Submitted By:

Paula Crombie, MSW, LCSW
Director
Department of Social Work
Yale-New Haven Hospital
20 York Street
New Haven, CT 06504

Email: paula.crombie@ynhh.org
Phone: 203/688-2195

Testimony Before the Public Health Committee**Public Hearing on Monday, March 1, 2010**

Subject: H.B. 5286 - An Act Concerning Licensure of Master and Clinical Social Workers

My name is Sarah Petela. I am here today to ask for your support for House Bill #5286, An Act Concerning the Licensure of Social Workers. I want to extend my gratitude to the chairs, Representative Elizabeth Ritter and Senator Jonathan Harris and members of the Public Health Committee. Thanks for granting me the opportunity to discuss my views regarding this bill.

I am here to represent the National Association of Social Workers (NASW) and as a Master in Social Work student who will be entering an extremely competitive workforce. I am a first year student at the University of Connecticut School of Social Work. When I decided to enter into the School of Social Work, I did so to further my professional competencies. I realized that without an MSW degree I would not be able to advance in the human services profession. As a first year student, I am aware of the obstacles to employment my colleagues and I will face upon completion of our degree program. It is disheartening to think of qualified individuals with MSW degrees being turned away from positions within the community because they have not had the ability to fulfill licensure requirements.

The current system of requiring individuals with MSW degrees to complete 3000 hours within their practice field before obtaining their clinical license, discounts the efforts made by social work students throughout their internships. Upon graduation, MSW students have already contributed 1000 hours to helping individuals, families, and communities throughout Connecticut. While interning, students receive approximately 1.5 hours per week of professional supervision, lending to their ability to function as more competent social workers. Passing H.B. 5286 would serve to recognize the contributions made by MSW students and promote a more equitable transition into the workforce.

MSW graduates desiring to work within clinical settings and who wish to provide direct care to vulnerable individuals within society, face a workforce which requires them to have a license before they are able to obtain positions they are qualified for. The current system sets recent MSW graduates up for failure. It is not possible to obtain licensure in Connecticut without work experience. However, getting the work experience has become increasingly difficult as hospitals and other clinical organizations are requiring licensure for social workers they hire. As restrictions regarding the hiring of licensed social workers become more prevalent, the ability of students graduating with MSW's to find gainful employment in their field of choice lessens. These restrictions are causing qualified master level social workers to look outside of Connecticut for employment.

Passing Bill H.B. 5286 will help to ensure that highly qualified and competent workers who wish to serve our most vulnerable individuals will remain in Connecticut instead of seeking more promising job opportunities elsewhere. At present, 45 states have multi-level licensure. These states include New York, Rhode Island and Massachusetts.

Lastly, the passage of H.B. 5286 would generate an estimated \$406,000 in its first year and \$187,000 in annual revenue thereafter. Far beyond the monetary value, passage of H.D. 5286 would ensure that individuals who have obtained masters level licensure are held to more stringent standards as they work with individuals, families and communities.

I urge the committee to support HB. 5286 and consider the positive impact it will have on master level social workers across the state. A masters level licensure will serve to keep qualified social workers employed in cities and towns throughout Connecticut.

Thank you for your time.



National Association of Social Workers / Connecticut Chapter

2139 Silas Deane Highway
Suite 205
Rocky Hill, Ct. 06067
(860) 257-8066 (telephone)
(860) 257-8074 (fax)

Sherry Ostrout, MSW, CMC, President
Stephen A. Karp, MSW, Executive Director
www.naswct.org

**Public Health Committee
Public Hearing
March 1, 2010**

HB5286

Good afternoon, distinguished members of the Public Health Committee. My name is Ashley Mouta and I am a social work student at Saint Joseph College. I am testifying today on behalf of the National Association of Social Workers Connecticut Chapter, in support of HB5286: An Act Concerning Licensure of Master and Clinical Social Workers. A Masters level license would be a benefit to not only the social work profession, but to clients and the general public as well.

Masters in social work (MSW) graduates often face the Catch-22 that many social work positions require a license. However, workers are unable to obtain this license without a certain amount of supervised practice hours. This becomes an issue because workers are unable to find a position where they can accumulate experience. Many social workers leave Connecticut to practice in other states where they can obtain their license soon after graduation. I have seen this first hand in my studies at Saint Joseph College. Most of my peers are going out of state to study for their MSW so they can take their licensure exam and find work directly after graduation. Enacting a licensure for MSW graduates would not only increase job opportunities for social work professionals, it would also benefit the state.

Connecticut should pass this legislation to create a masters level licensure and join the 45 states and the District of Columbia that have already done so. All of Connecticut's neighboring states have passed an MSW license. Enacting this legislation in Connecticut would help us compete with other states to keep social workers in the work force. A Masters level license would generate up to \$406,000 in the first year enacted and \$187,000 in annual revenue. This would contribute to reversing the states deficit and improving the economic climate overall.

It is important to note that social workers and the state are not the only beneficiaries of this legislation. An MSW license would ensure that clients are working with qualified and competent individuals and are receiving the level of care they deserve, the only way to ensure this level of care is to have a licensed workforce. Licensing social workers adds a level of consumer protection for clients. If a social worker is not licensed, policing and punishment of unethical practice becomes difficult. Licensing workers creates accountability measures to hold workers responsible if they are not acting in accordance with the principles of the profession. If a worker behaves unethically in private practice and is not licensed, there is no authoritative entity for a client to report to, ensuring the worker is held accountable for their actions. If a worker is licensed a client can complain to the licensing board and a worker would be reprimanded in response to their actions. This helps protect clients and inhibit unprofessional practice in the field.

It is beneficial to social workers, the state, and the clients to pass HB5286 because it will improve the condition of social work practice in Connecticut. Enacting an MSW licensure will help Connecticut retain talented and qualified social workers in the work force. They will be able to obtain the license needed to practice in certain clinical settings. In addition to this, the social work profession would gain from increased licensure as it will help professionalize the work force and ensure qualified and competent individuals are

representing the field. Licensure is beneficial to the general public as it will be a source of much needed revenue for the state. Clients would benefit from this bill as it will give them increased consumer protection against malpractice.

Thank you all for your time and consideration.

TESTIMONY OF SUSAN MCKINLEY, LCSW

MARCH 1, 2010

TO THE PUBLIC HEALTH COMMITTEE

CONNECTICUT STATE CAPITOL

I want to thank the Co-Chairs and the Committee for the opportunity to submit this testimony in opposition of **Raised Bill 5286** – An Act Concerning Licensure of Master and Clinical Social Workers.

I have worked in the Connecticut mental health system for 23 years. I have a BS in Human Services/Counseling and an MSW from UConn; I have been licensed since 1997. I love the work that I do and have had employment in the private and public sectors, providing direct care to clients and their families. I am a member of the CT Chapter of the NASW and I am also a member of the New England Health Care Employees Union Dist. 1199/SEIU. For almost 11 years I have worked at the Whiting Forensic Institute at CT Valley Hospital in Middletown.

I am in strong opposition of **Bill 5286** because I believe that it moves us backwards. It would allow new MSWs to provide clinical work simply because of an exam (Sec. 3 Section 20-195n (b)). To make matters worse, the law would allow the MSW to work “under professional supervision” – not necessarily by a social worker - (Sec. 1 Section 20-195m (7)) and would only require supervision on a monthly basis (Sec. 1 Section 20-195m (8)). Clinical social work is difficult, demanding and requires a high degree of understanding that comes from experience and good supervision from someone who has experience with the same work.

It used to be that if you were a ‘people person’ and were motivated to help others, you too could be a social worker. We worked hard to establish academic and professional standards for our work – like many other professions have. In so doing, we set guidelines for practice that are designed to produce a qualified, competent work force. In doing so, we benefit our clients, their families, and communities, as well as employers and the missions of the agencies we serve. **Bill 5286** is a set up for mistakes and diminished care. With all due respect to psychiatrists, nurses, psychologists, and other therapists who would be allowed to be supervisors under this bill, it is improper to have a new MSW performing clinical work with only monthly supervision from someone outside the field of social work. That MSW is essentially on her own, and flying by the seat of her pants. The bill indicates that only LCSWs may practice independently, but this law, for all intents and purposes, provides for a scenario where new MSWs would be, too. “Under professional supervision” is not good enough and we should demand better for new MSWs and the clients they serve.

With regard to good clinical care for the citizens of CT, why would we do anything to diminish that? The NASW has made several arguments in favor of this proposed bill, none of which have anything to do with providing the highest level of quality clinical

social work. Employers in CT are increasingly requiring LCSWs – perhaps that is because those social workers have had the years of experience and social work supervision necessary for providing good client care. It appears that this bill is targeted for new MSWs who are inconvenienced by the rigorous demands of our professional standards. The fact that other states have a multi-level licensure process is in no way an argument in favor of *this* particular legislation. It is my understanding that some states *began* at the lowest level in order to *establish* social work licensure. It was only much later that those states then passed laws for higher-level social work licensure. The NASW urged Connecticut to skip that step and instead asked to set the bar high at the outset for social work practice. And now the NASW wants to take steps, and the profession, backward.

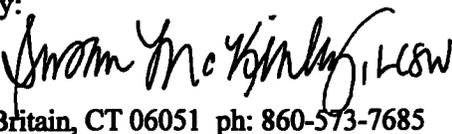
I am not against a process that would 'register' or 'certify' a practitioner's credentials and scope of practice, but allowing that person work under anyone but a social worker is unacceptable. A license for a new MSW is potentially misleading for clients who should be able to easily understand the credentials of the person who they are going to for help. I would not want to go to a psychiatrist, only to find out that they were just out of school and working under the supervision of a psychologist. I wouldn't want to find out that the nurse who treated me in the emergency room was just out of school and under the supervision of a social worker. Would *you*? Would you find that acceptable for your family, friends, loved ones? Other professions do not have such low standards, why should we?

Bill 5286 sends the wrong message. It says that we are willing to relax professional standards. It says that clients do not deserve the highest level of care. It signals that we no longer have the highest standards when it comes to working with people in need. It suggests that some of our most vulnerable do not deserve the absolute best.

The NASW states that all social work settings demand qualified, competent social workers, and I urge you to accept that idea. By voting no to Bill 5286, you show that you will accept nothing less for the citizens of this state.

Respectfully submitted by:

Susan McKinley, LCSW



40 Cambridge St., New Britain, CT 06051 ph: 860-573-7685

Bill H.B. 5286**An Act Concerning Licensure of Master and Clinical Social Workers:****TESTIMONY**

By Lirio K. Negroni, Ph.D. LICSW (MA)

Associate Professor

University of Connecticut School of Social Work

I am Dr. Lirio K. Negroni, Associate Professor at the University of Connecticut School of Social Work. I have been a social work practitioner since 1978 and a graduate social work educator for the last 17 years. It is my hope that these credentials give weight to my testimony. I am here also in representation of the Dean of our School of Social Work, Dr. Salome Raheim. My voice is her voice and the voice of many social work educators in the state of Connecticut. I want to talk about the nature of a master's degree in social work with the purpose of expanding this audience's awareness of the tremendous value of this profession and how competently we prepare our social workers. Although my comments are based on the education provided at UCONN SSW, I can assure this audience that the same educational objectives, standards and quality are present in other MSW programs in Connecticut and nationally.

All social work programs in United States and its territories are sanctioned by the Council on Social Work Education (CSWE). *CSWE is a nonprofit national association representing over 3,000 individual members as well as 648 graduate and undergraduate programs of professional social work education. It is recognized by the Council for Higher Education Accreditation as the sole accrediting agency for social work education in the U.S. It promotes and strengthens the quality of social work education.* (CSWE Web page) It is based on their rigorous standards that our social work programs are developed and social work education is delivered.

All masters in social work programs prepare students in the theory, practice and policy of social work. Social work education is comprehensive and combines academic/classroom learning with participation in field placements which allows students to get hand-on experience. It is an education that provides tools for students to support and effect changes that enhance the quality of life of individuals, families, groups and communities.

In Connecticut there are two masters' level programs in social work: the School of Social Work at the University of Connecticut and the Department of Social Work at Southern Connecticut State University. At UCONN SSW we prepare practitioners for advanced social work practice in *casework, group work, community organizing, administration, policy and political action* methods. At Southern students are trained in *advance clinical or management practice* (SCSU SW Web page).

At UCONN SSW we are committed to educate for practice that focuses on the strengths of individuals, families, groups, communities and organizations. This commitment includes helping students develop professional values and ethics, judgment and skills that equip them for life-long

critical analysis of their practice, of social welfare policies and services and society's social, economic and political structures and reflects a state, national and international perspective. Our graduates are prepared to value human diversity, to work against oppression and discrimination, and to prevent and alleviate the effects of violence and poverty, particularly in urban centers. Respect for human rights both locally and globally is also promoted through the School's teaching, scholarship and outreach activities. (UConn SSW Web page)

In our school students are required to complete 60 graduate credits, 18 of those are in field practicum. Students must complete a total of 1,120 hours of practice in two years under the supervision of field instructors who have a masters degree in social work, two or more years of professional practice experience, demonstrated ability to teach, and respect and commitment to the profession. In order to serve as field supervisors they are required to participate in training that prepares them for this role.

In their practicum students receive a minimum of 1 ½ hours of direct supervision every week plus additional opportunities to learn from other professionals. Students also participate in field seminars and have an assigned academic and field advisor who assists them in maximizing their learning opportunities in class and field. Classroom learning is dependent on field practice learning. Students bring their field learning into the classroom and are encouraged to apply their classroom learning in their field.

Teaching and advising are delivered by competent and experienced faculty members who maintain professional connections with agencies and communities. Educators challenge and encourage students every step of the way, preparing them to go out into the world to make a difference. They help students *to examine their personal biases, honor both differences and commonalities among various political, socio-economic, and ethnic groups, and gain new appreciation for human resilience. (UConn SSW Web page)*

They assist area service agencies in program development and evaluation, participate in research initiatives of national and international significance, serve on local boards of directors, and collaborate on national advisory committees that help shape social service policies. Combining professional experience and scholarly research, they develop innovative programs and approaches, provide critical insight into the profession, and develop teaching materials that are used widely in social work education. Our methods-based program gives students an opportunity to appreciate the realities of coping with complex human and social problems within the context of specific delivery systems as they directly impact people's lives. This is practice-based learning at its best. It is values in action. (UConn SSW Web page)

Because of the mission of this profession and the ethical responsibilities that social workers have to those they serve and to their colleagues and the profession itself we support the bill and we advocate for its approval.

Our graduate students engage in a minimum of two years of intensive formation. The MSW is not a degree but a difference in their lives and that of others. But there is a

responsibility that continues after completing graduate education. Social workers abide by the Code of Ethics of the National Association of Social Workers (NASW). Getting and maintaining a license is part of our ethical and professional responsibility and I urge you support that.

Now, today we are asking for another level of licensing. It is important to understand that social work is more than clinical practice and those who will not engage in clinical practice should have the opportunities, rights, privileges and responsibilities embedded in a licensing system. Their licensing conditions should be in accordance with their respective areas of expertise. Connecticut should move in the direction of other states that offer a master level licensing for all social workers.

While many social workers will be working in hospitals, schools, courts, mental health clinics and group homes with individuals and families, others will engage in research, advocacy, policy development, community organizing, administration, program development, and/or political action. Some will work in education and others as elected officials or work in other capacities in government. There are workforces, consumer protection and professionalization issues that merit attention and require a different level of licensing for master level social workers.

On the other hand the requirements for clinical practice must be separate because of the specialized training required at this level. Moreover, clinical practitioners must be trained enough to move into independent practice, therefore, there should be a licensing level that assesses and sanctions those who are well equipped for it.

Southern Connecticut State University
School of Health and Human Services
Department of Social Work
501 Crescent Street
New Haven, Connecticut 06515

Subject: Support for HB 5286 An Act Concerning Licensure of Masters and Clinical Social Worker.

Public Hearing March 1, 2010

Dear Senator Harris and Representative Ritter, co-chairs of the Public Health Committee, and honorable committee members:

I am George Appleby, Professor of Social Work at Southern Connecticut State University. I speak to you as a professor/dean with over thirty years responsibility for the preparation of the last several generations of social workers for this state. The master degree in social work requires 60 graduate credits along with two full-year clinical internships ending with a practice-based research thesis. This is a rigorous graduate program preparing students for advanced clinical work in the areas of services for children and families, mental health and substance abuse, health care, gerontology and education. MSW programs are highly competitive and our graduates are well regarded

Please support the Multi-Level Social Work Licensure bill (HB 5286) before the Public Health committee. You have supported this bill in the past and I thank you for your vote.

We need additional licensure levels in Connecticut to address several workforce issues,

- to enhance revenue,
- to protect consumers,
- to set standards of professional practice.

The current system creates a catch 22 for recent MSW graduates because you need a license for most entry clinical jobs but without work experiences you cannot get licensed.

Passage of this bill would encourage recent graduates to remain in the Connecticut workforce. Currently, more and more agencies require Healthcare Certification, the Licensed Clinical Social Worker (LCSW), which requires two years (3,000 hours) of full time clinically supervised practice before being eligible to sit for the LCSW exam. Often our graduates go elsewhere to gain this experience. Multiple level licensing would encourage new MSW graduates to find work in Connecticut, which matches their professional preparation

There are seven social work programs in this state, five are sponsored by state universities, and therefore this avenue for licensure provides a return on this State's upfront investment in education. The revenue generated by this bill would be anywhere between \$406,000 and \$219, 000 the first year and \$187,000 annually.

Passage would protect consumers by increasing the professionalization of social service agency staff. This bill creates accountability measures for all social work practitioners. Only licensed clinical social workers will be allowed to practice independently. All social work settings demand qualified, competent social workers, which can only be ensured by a licensed workforce. This bill is consistent with a standard of practice set by 45 states and the District of Columbia. All neighboring states have multiple levels of social work licensure.

I look forward to your support and shall contact your office if there are any questions

Sincerely,
George Appleby, PhD, MSW, LCSW
Professor of Social Work



2139 Silas Deane Highway
Suite 205
Rocky Hill, CT 06067
(860) 257-8066 • (860) 257-8074 FAX

Sherry Ostrout, MSW, CMC, President
Stephen A. Karp, MSW, Executive Director
naswct@conversent.net
www.naswct.org

**Testimony on H.B. 5286:
AAC Licensure of Master and Clinical Social Workers**

**Public Health Committee
March 1, 2010**

On behalf of the National Association of Social Workers, Connecticut Chapter representing over 3400 members, we offer this testimony in support of HB 5286: AAC Licensure of Master and Clinical Social Workers.

HB 5286 expands the current clinical social work licensure statute that has been in effect since 1995. The current law served the social work profession well for many years however changes in the field of social work and the need to expand consumer protections demand that additional licensure levels now be enacted.

The key provisions and reasons for expanding licensure are as follows:

- New MSW graduates seeking to practice clinical social work currently need 3000 hours of post-graduate experience before being licensed. Over the past five years the work environment has changed to the point where employers want licensed social workers. This change is most prominently seen in health care settings however increasingly is found to be the case for a wide range of social work jobs. This leaves our new graduates in a “catch 22”. They cannot get the experience without a job and to get the job they need a license. This bill offers an appropriate level of licensure that will open up the job market to recent MSW graduates and keep our graduates in the Connecticut workforce.
- Consumers have an expectation of being protected against unethical practice by health care practitioners. Consumers should also have the right to file a complaint when they allege unethical practice. However, in the case of clinical social work services the consumer does not have a vehicle for filing a regulatory complaint if the practitioner is not yet licensed. HB 5286 provides consumers this very important protection.
- Forty-five states already have multiple levels of licensure, including new MSW graduate licensure. All the contiguous states to CT have new graduate licenses. Because we only have single level licensure our state’s graduates are accepting jobs in New York, Massachusetts and Rhode Island where they can be licensed. HB 5286 will encourage new graduates to remain in the Connecticut workforce.
- Consumers also have the right to know that the practitioner they are seeing is a properly trained professional. Unfortunately “social worker” is not a protected title in CT so

anyone can be called a social worker. HB 5286 partially addresses this consumer issue by expanding clinical social licensure to all clinical social workers. Consumers will be assured that by seeing a **licensed** social worker that the worker has a Master degree in Social Work and has passed a nationally recognized examination.

- Currently a loophole exists in the clinical social work statute that allows new graduates to immediately go into independent private practice. NASW believes that new graduates should have post graduate experience under professional supervision prior to “putting out a shingle”. HB 5286 closes this loophole by requiring the social worker to attain the highest level of licensure - LCSW (Licensed Clinical Social Worker) prior to entering into independent practice. Again, this is a consumer protection as well as upholding the highest standards of practice.
- HB 5286 is revenue positive. We anticipate that it will bring in an additional \$187,000 in revenue annually and in the first year will generate approximately \$406,000 because of the grandfathering clause. The only cost to the State of Connecticut is administering the licensing program through the Department of Public Health (DPH) and given that this is an expansion of the current licensure program (not a brand new program) DPH will only have to license these social workers anyway within a few years of the social worker’s graduation.
- Unlike last year’s bill where state employees were exempt, HB 5286 covers both the private and public sector, thus the public sector is treated equally.

There are two changes in language that are needed, due to an error in drafting of the language, as follows:

1. Section 4. (a) has the fee for the clinical exam as \$315.00 but it is actually \$314.00.
2. Section 4. (b) left out the deadline for the grandfathering provision. It should read “concerning examinations, on or before October 1, 2012, the commissioner may issue....”. Neither NASW/CT or DPH wants an open ended grandfathering clause.

Expansion of social work licensure will bring Connecticut in line with 45 other states and the District of Columbia that license new MSW graduates. It will assure a qualified social work workforce and offer increased consumer protection. Newly graduated social workers will have an easier time finding work thus be more likely to remain in Connecticut. The State will gain from having a more qualified workforce and by the generation of increased revenue from licensure fees.

NASW/CT urges you to support HB 5286: AAC Licensure of Master and Clinical Social Workers.

**Testimony before the Public Health Committee
Public Hearing on Monday, March 1, 2010**

**Subject: H.B. 5286—An Act Concerning Licensure of Master and
Clinical Social Workers**

Good morning members of the Public Health Committee, Gayle Slossberg who represents my home district, and all those who have come this morning who have an interest in House Bill 5286. This bill concerns the licensure of master and clinical social workers. Thanks you for this opportunity to share my views on this very important aspect of social work.

I am a representative of the Connecticut Chapter of National Association of Social Workers. My name is Guay Chatfield, and I have been working as a social worker for over 30 years and a member of NASW for 26 years.

My social work career has been with forensic clinical social work. I began this career (post masters) with two and a half years at the Department of Correction and then 17 years with the forensic division of the Department of Mental Health and Addiction Services.

I would like to give you two examples of personal experiences that made me convinced that it is important to license Master and Clinical Social Workers after their MSW graduation.

The first example occurred while I was director of the Bridgeport Office of Court Evaluations. I supervised a second-year social work master's level intern. This student had been working in the social work field for about ten years before completing her master's degree. She became a valuable asset to our office. She was nominated and awarded the Social Work Student of the Year while she was interning in our office.

According to the Connecticut General Statute 54-56d, Competence to Stand Trial, requires that this type of evaluation may be completed by a physician specializing in psychiatry alone or as a member of a team consisting of a medical physician specializing in psychiatry, a licensed clinical psychologist and a master's level nurse or a licensed clinical social workers. Every office of the Connecticut Offices of Court evaluations has a licensed clinical worker for their teams.

However, when this student graduated with high honors, our office was unable to offer her a social work position because she did not possess a Connecticut social work license. We had to release her to find a job that did not require a licensed social worker.

The second example which almost upsets more than the first example occurred in this same office. I hired a young woman as a Secretary II who was working in another state department. This young woman had 13 college credits from Housatonic Community College. Three days before she was to begin working in our office, she telephoned me. She told me that she could not take the job in our office because her supervisor told her that she would promote this young woman to a social work classification. Yes, at that point without further education.

Currently, the title social worker is not a protected title such as "psychologist," and "physician". A protected title has specific educational, testing, and/or work experience within that category. The licensure of master and clinical social work graduates would help to prevent this common misunderstanding among the general population as to what "social worker" means. At this point an agency may title anyone with any education as a social worker. By licensing professional social workers, the community as a whole would benefit from knowing that a case is being handled by a social worker who has graduated from an accredited master of social work program and passed the nationally recognized social work exam before being awarded a Connecticut license. This license tells the public that this is a highly qualified skilled clinician.

I am not sure if you are aware that a MSW degree is a 60 or 60+ credit program. There are some exceptions if the MSW student has a BSW, some of these repetitive courses may be waived. Most non-social work master's degrees require 30 credits. This means that anyone applying to be a Master Licensed Social Worker has completed 120 credits for a bachelor's degree making a total of at least 180 college credits. Each MSW student must complete an internship for a full semester or however arranged between the school and the agency.

Social work is one of the fastest growing career fields in our country. Because of the current economy, let us not continue to deny fully qualified MSW graduates the opportunity to become licensed by the State of Connecticut. Also, by licensing more qualified social workers, it may eliminate some of the misuse and misunderstanding of the term, social worker.

As I conclude this testimony, I thank you for listening to me and I urge you, the Public Health Committee, to vote for H.B. 5286, which will enhance the quality of treatment for the community in general and those consumers requiring social work services.

Guay Chatfield, MSW, Ph.D., LCSW, ACSW



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE
March 1, 2010

Wendy Furniss, Branch Chief, Health Care Systems Branch 860-509-7406

House Bill 5286 - An Act Concerning Licensure of Master and Clinical Social Workers

The Department of Public Health provides the following information with regard to House Bill 5286:

House Bill 5286 would require the Department of Public Health to establish a new licensing program for master social workers. However, provisions in Section 9 of the bill would require DPH to implement a licensing program for master social workers only if appropriations are available. Currently, the Department would not be able to implement the new licensing program unless additional resources were provided.

DPH has worked with the Public Health Committee as well as interested stakeholders concerning this proposal and would be pleased to continue to do so moving forward. We would respectfully request that, in subsection (b) under section 4 of the bill, "on or before October 1, 2012" following the words "concerning examinations," be included. This would establish an end date for the grandparenting provisions of this section of the bill.

Thank you for your consideration of the Department's views on this bill.

Phone



Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # _____

PO Box 340308 Hartford, CT 06134

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