

# **SB 409\_Marriage and Family Therapists\_Support.pdf**

Uploaded by: Allison Taylor

Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc  
2101 East Jefferson Street  
Rockville, Maryland 20852

February 13, 2024

The Honorable Pamela Beidle  
Senate Finance Committee  
3 East, Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401

**RE: SB 409 – Support**

Dear Chair Beidle and Members of the Committee:

Kaiser Permanente is pleased to support SB 409, “Health Occupations - Clinical Marriage and Family Therapists - Reciprocal Licensure Requirements.”

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.<sup>1</sup> Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for over 825,000 members. In Maryland, we deliver care to approximately 475,000 members.

As a leading healthcare provider in the region, we recognize the importance of facilitating efficient licensure reciprocity processes for healthcare professionals, and we believe that SB 409 is a positive step in that direction. This is an important measure that promotes mobility and flexibility for healthcare professionals, ultimately benefiting both the professionals themselves and the communities they serve. By facilitating reciprocal licensure for clinical marriage and family therapists, SB 409 recognizes the diverse qualifications and experiences of healthcare professionals across different regions. This not only promotes workforce diversity but also enhances the ability of healthcare providers to meet the evolving needs of our communities.

Thank you for the opportunity to comment. Please feel free to contact me at [Allison.W.Taylor@kp.org](mailto:Allison.W.Taylor@kp.org) or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor  
Director of Government Relations  
Kaiser Permanente

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<sup>1</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

**2024 AAMFT SB 409 Senate Side.pdf**

Uploaded by: Amanda Darnley

Position: FAV



## AAMFT Testimony on SB 409

Maryland Senate Finance Committee – Feb 13, 2024

Madam Chair, members of the Committee, my name is Amanda Darnley, and I serve as the Chief Strategy Officer for the American Association for Marriage and Family Therapy (AAMFT). I have been honored to work with this profession for the last eleven years. As a Marylander myself, I thank you for the work you do and for the opportunity to speak with you today regarding SB 409.

AAMFT represents the over 72,000 licensed Marriage and Family Therapists (MFTs) across the country. MFTs are mental health professionals trained in psychotherapy and family systems, and licensed to diagnose and treat mental and emotional disorders. They place a unique emphasis on the role of relationships in our lives.

### **Maryland's Health Professional Shortage Crisis**

As many of us know all too well, our state has a dire mental health provider shortage. A 2023 Mental Health America report ranked Maryland 20<sup>th</sup> in the country for provider coverage, with a current rate of 330 residents to every one mental health provider.

The issue of licensure portability is recognized by the Maryland legislature and the various professional organizations as vital to meeting the various needs of our residents. It is important that we remove unnecessary barriers to increasing access to critically needed and skilled marriage and family therapist mental health professionals.

Maryland has taken these proactive steps in addressing the need for increasing licensure and portability to address the health professional shortage crisis, including in the behavioral health area:

- In 2020, the Maryland General Assembly enacted House Bill 448 (Delegate Rosenberg)/Senate Bill 409 (Senator Kagan) to remove statutory and regulatory barriers to telehealth services provided by health care practitioners regulated under the Health Occupations Article;
- In 2022, the Maryland General Assembly enacted House Bill 625 (Delegate Kelly)/Senate Bill 440 (Senator Beidle) to create the Commission to Study the Health Care Workforce Crisis in Maryland.
- In 2023, the House Health and Government Committee requested the Maryland Health Care Commission to convene stakeholders and make recommendations regarding licensure reciprocity and portability to increase access to telehealth services;

- In 2023, the Maryland General Assembly enacted House Bill 418 (Delegate Bagnall)/Senate Bill 283 (Senator Augustine) to create the Behavioral Health Workforce Investment Fund.
- Over the last 5 years, Maryland has adopted the following statutory, regulatory, and policy changes that will help address the behavioral health professional shortage:
  - The Board of Physicians establishing reciprocity arrangements with the District of Columbia and Virginia for physicians.
  - Joining interstate licensure compacts for professional counselors, psychologists, and occupational therapists (some of whom work in behavioral health settings).

### **Why Licensure Reciprocity is Needed for Marriage and Family Therapists in Maryland?**

Maryland has about 300 MFTs licensed by Maryland's Board of Professional Counselors and Therapists. But there are over 70,000 MFTs living outside of our state. Maryland needs a way to encourage and facilitate more MFTs to work across state lines, either in person or through telehealth.

When AAMFT began to research different licensure and reciprocity models, we discovered that an interstate licensure compact model would not work for MFTs. Over half of MFTs live in states like California and New York, which are non-compact states, meaning a licensure compact would not be as effective in the profession. Instead of a compact, AAMFT has turned to a different model. With SB 409, we seek to streamline the process to open doors for more qualified, licensed professionals to support the individuals, couples, and families in our state desperately in need of support.

SB 409 is possible because of how the MFT profession is licensed from state to state.

Within the licensure process for MFTs, the educational curriculum, practicum requirements, and professional licensure examination for marriage and family therapists are administered by what is essentially a nationally uniform standard that must be met to be licensed in this country. The issue of substantial equality for licensure of marriage and family therapists has been met in licensure requirements across states for marriage and family therapists.

- All 50 states provide for licensure of Marriage and Family Therapists.
- The Commission on Accreditation for Marriage and Family Education is the national accrediting organization that establishes the educational requirements for coursework and clinical/supervision for master's and doctorate education programs for marriage and family therapists. Most states have adopted these standards expressly by law, and the remainder adopt regionally accredited programs with nearly identical standards.
- All states require that in order to be licensed, an individual must undergo multiple years of supervision, resulting in 3,000 hours of clinical supervised experience or its equivalent. The MFT profession places a premium on requiring specific hours of experience in working with clients.
- All states require that in order to be licensed, an individual must pass the same national marriage and family therapy licensing exam administered by the Association of Marital

and Family Therapy Regulatory Boards (AMFTRB), except that California has a state-administered exam that is considered as rigorous as the national exam.

### **What will be required for MFTs to practice in Maryland under SB 409?**

Under SB 409, MFTs will still need to meet rigorous requirements to practice in Maryland if they are coming from another state:

- The applicant will need to have a license in good standing from another state. This means that there cannot be any disciplinary acts related to competency, standard of care, or ethics violations.
- The applicant will need to have a Maryland criminal history records check reviewed by the Board of Professional Counselors and Therapists;
- The applicant will need to pass an exam on Maryland-specific requirements and ethics for MFTs; and
- The applicant will need to have a Maryland license issued by the Board of Professional Counselors and Therapists before providing services to clients in Maryland. It is important to note that this is different from a compact where the practitioner receives an “authorization to practice” as the result of having a multistate license. Under a compact, the disciplinary process is a joint effort between the practitioner’s home state and the client’s state. Under SB 409, Maryland’s Board of Professional Counselors and Therapists will retain the sole authority and responsibility for discipline related to clinical practice in Maryland since the practitioner will hold a Maryland license. Recipients will also be required to complete continuing education requirements set by the Maryland Board of Professional Counselors and Therapists.

### **How does SB 409 fit within Maryland’s Policy Goals**

Maryland has committed considerable resources to addressing the health professional shortage crisis in behavioral health. Through SB 409, Maryland would continue its progress by:

- **Providing immediate relief to the behavioral health shortage:** Maryland is investing resources to increase the number and diversity of individuals entering professions that are experiencing health professional shortages. These initiatives are critical to address shortages in the long-term, but it will take years for these initiatives to yield more behavioral health professionals. SB 409 will provide more immediate relief, as it will allow behavioral health programs and providers to immediately begin recruiting MFTs from other states. By considerably shortening the Maryland licensure process, more out-of-state MFTs will be encouraged to obtain a Maryland license;
- **Continues pathway to increase licensure portability and reciprocity with other states:** Maryland has adopted interstate licensure compacts for nurses, professional counselors, psychologists, occupational therapists, physical therapists, and speech language pathologists. The Board of Physicians is part of the Interstate Medical Licensure Compact and has implemented a separate reciprocity arrangement within a tri-state region. The Maryland General Assembly is currently considering other licensure reciprocity and compact proposals in the 2024 legislative session;
- **Reflects the recommendations of the Maryland Health Care Commission:** As the result of a study requested by the Health and Government Operations Committee,

the Maryland Health Care Commission issued a report encouraging the adoption of a range of licensure and portability options. In the 2023 report on “Study to Expand Interstate Telehealth,” the Commission recommended the development of “new pathways to licensure<sup>i</sup>”; and

- **Reduces the administrative burden on the Board of Professional Counselors and Therapists to allow for more efficient processing of licensure applications:**

The Maryland General Assembly and Governor Moore’s Administration have consistently stated their commitment to ensuring occupational licensure boards can increase efficiency in processing licensure applications. Under the current law, the Board of Professional Counselors and Therapists is required to undergo an extensive review process of educational, supervised experience, and exam requirements for each applicant. This review process is not an efficient use of resources if an applicant already has a license in good standing from another state. The Maryland review process is essentially duplicative of the review undertaken already by a board in another state. Maryland’s Board of Professional Counselors and Therapists is stretched to the limit in overseeing four professions: alcohol and drug counselors, licensed clinical professional counselors, behavior analysts, and MFTs. SB 409 would provide much-needed relief by reducing the time and resources needed to review applications from out-of-state MFTs.

## **Conclusion**

The proposed legislation will increase access to quality mental health professionals in Maryland while protecting the high quality of care for our residents provided by marriage and family therapists.

We want to recognize Delegate Johnson for his sponsorship and the Board of Professional Counselors and Therapists for their support of SB 409. Thank you for your time and consideration of this important piece of legislation.

If you need any further information, please contact our legislative representative, Robyn Elliott, at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> [https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/ist/IST\\_HGO\\_rpt.pdf](https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/ist/IST_HGO_rpt.pdf)

**SB0409\_MHAMD\_FAV.pdf**

Uploaded by: Dan Martin

Position: FAV



**Senate Bill 409 Health Occupations - Clinical Marriage and Family Therapists - Reciprocal  
Licensure Requirements**

Finance Committee

February 13, 2024

**Position: SUPPORT**

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 409.

SB 409 expedites and streamlines the Maryland licensure process for marriage and family therapists (MFT) who already hold a license in good standing from another state. Licensure requirements of other states are similar to those in Maryland, including requirements for a licensure exam, graduation from an accredited program, and a number of supervised hours. The applicant would still have to pass an exam on Maryland law and ethics and pass a criminal history records check.

Maryland is in the midst of a behavioral health workforce crisis. Federal data<sup>1</sup> released just last month found that Maryland has 64 federally designated mental health professional shortage areas (HPSAs)<sup>2</sup>, including 14 entire counties. These shortage areas, in which less than 20% of residents are getting their mental health needs met, impact over 1.8 million Marylanders. Another indicator found that 16 of Maryland's 24 jurisdictions come in below the national average (350:1) in terms of population to mental health providers, with a number that are considerably lower.<sup>3</sup>

The General Assembly has taken several important steps in recent years to streamline the delivery of quality behavioral health care and bolster the state's behavioral health workforce, but we are not out of this crisis yet. We must employ every strategy at our disposal to address the unmet need, and reciprocal licensure is one of those strategies. It increases access to care by adding depth to local labor pools.

SB 409 will help ensure Marylanders can access mental health and substance use care when and where needed. For this reason, MHAMD supports this bill and urges a favorable report.

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<sup>1</sup> <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>

<sup>2</sup> A HPSA is a geographic area, population group, or health care facility that has been designated by the US Health Resources and Services Administration (HRSA) as having a shortage of health professionals in one of three categories – primary care, dental health, and mental health

<sup>3</sup> <https://www.countyhealthrankings.org/explore-health-rankings/maryland?year=2022&measure=Mental+Health+Providers&tab=1>

*For more information, please contact Dan Martin at (410) 978-8865*

# 2024 Legislation - SB409\_Position Paper\_MTF\_021324

Uploaded by: David Sharp

Position: FAV



**2024 SESSION**  
**POSITION PAPER**

**BILL NO:** SB 409

**COMMITTEE:** Health and Government Operations

**POSITION:** Support

**TITLE:** Health Occupations - Clinical Marriage and Family Therapists – Reciprocal Licensure Requirements

**BILL ANALYSIS**

*SB 409 - Health Occupations - Clinical Marriage and Family Therapists - Reciprocal Licensure Requirements* if passed requires the State Board of Professional Counselors and Therapists (board) to waive the education, experience, and examination requirements for licensure as a clinical marriage and family therapist for an applicant that is licensed or certified to practice marriage and family therapy in another state, territory, or jurisdiction if specified requirements are met. The board may not require the applicant to pass a national certification exam but may require that the applicant pass an examination of specified State law requirements.

**POSITION AND RATIONALE**

The Maryland Health Care Commission (MHCC) supports SB 409. The bill would increase access to marriage and family therapists (MFTs). MFTs play a crucial role in supporting individuals, couples, and families in navigating the complexities of relationships and mental health.<sup>1</sup> MFTs have graduate training (a Master's or Doctoral degree) and treat a wide range of clinical problems, including depression, anxiety, individual psychological problems, and child-parent problems.<sup>2</sup> As mental health professionals, MFTs help clients develop healthier communication patterns, resolve conflicts, and strengthen relationships. The Centers for Medicare & Medicaid Services recognizes MFTs as a Medicaid-eligible providers, and effective January 1, 2024, MFTs can bill Medicare independently for services that diagnosis and treat mental illnesses.<sup>3</sup>

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<sup>1</sup> National Library of Medicine, *Marital and Family Therapy*. Ahluwalia, Hargun; Anand, Tanya; Suman, L.N., 2018 Feb; 60 (Suppl 4): S501–S505. doi:[10.4103/psychiatry.IndianJPsychiatry.19.18](https://doi.org/10.4103/psychiatry.IndianJPsychiatry.19.18).

<sup>2</sup> American Association for Marriage and Family Therapy, *About Marriage and Family Therapists*. Available at: [www.aamft.org/About\\_AAMFT/About\\_Marriage\\_and\\_Family\\_Therapists.aspx](http://www.aamft.org/About_AAMFT/About_Marriage_and_Family_Therapists.aspx).

<sup>3</sup> Centers for Medicare & Medicaid Services, *Marriage and Family Therapists & Mental Health Counselors*. Available at: [www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/marriage-and-family-therapists-mental-health](https://www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/marriage-and-family-therapists-mental-health).

The legislation supports licensure portability for MFTs with a license is in good standing. Use of telehealth modalities extends MFTs reach in diverse geographical locations, including remote or underserved areas of the State. One major advantage of using telehealth is the opportunity to see how partners and family members interact in their natural environment.<sup>4</sup>

The legislation aligns with the findings and recommendations from MHCC’s September 2023, *Interstate Telehealth Expansion Study* report (report).<sup>5</sup> The MHCC conducted a study in collaboration with stakeholders at the request of the Health and Government Operations (HGO) Committee. In a letter dated May 24, 2022, the HGO Chair noted support for the expanded use of telehealth since the COVID-19 public health emergency, and tasked MHCC with convening a workgroup to inform development of recommendations to expand interstate telehealth. The MHCC convened workgroup (January – March 2023) discussed barriers and opportunities to expand the delivery of telehealth services across state lines. The workgroup consisted of representatives from health occupation boards, providers, payers, health care consumers, professional associations, professional liability insurance carriers, and various State agencies.

The MHCC’s report includes nine recommendations for accelerating interstate telehealth practice, which includes adopting legislation to advance participation in compacts and developing alternative pathways to licensure. The workgroup viewed compacts as important to help alleviate workforce supply challenges that result in longer wait times and impede access to care. Workgroup participants generally favor compacts with a mutual recognition model<sup>6</sup> where providers maintain a license in their home state and apply for a multistate license or privilege (authorization) to practice in other compact states.<sup>7</sup> Consideration of other potential approaches to obtain a license was supported by the workgroup.

The MHCC believes this legislation is an important next step to improve access to care and health equity. If passed by the General Assembly, the law will expand cooperation among states licensure boards, enable greater use of telehealth, and enhance public safety.

For the stated reasons above, we ask for a favorable report on SB 409.

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[counselors#:~:text=Effective%20January%201%2C%202024%2C%20MFTs,the%20Medicare%20Physician%20Fee%20Schedule.](#)

<sup>4</sup> National Library of Medicine, *Couple and Family Therapists’ Experiences with Telehealth During the COVID-19 pandemic: A Phenomenological analysis*. Edmund W Orłowski 1, Myrna L Friedlander 1, Allison Megale 1, Emily K Peterson 1, Shayne R Anderson, 2022; 44(2): 101–114. 2022 April, doi: [10.1007/s10591-022-09640-x](https://doi.org/10.1007/s10591-022-09640-x).

<sup>5</sup> Maryland Health Care Commission, *Interstate Telehealth Expansion Study*, September 2023. Available at: [mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/ist/IST\\_HGO\\_rpt.pdf](https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/ist/IST_HGO_rpt.pdf).

<sup>6</sup> Under a mutual recognition model, a licensee receives a multistate license from the compact state in which the licensee has established residence or purchases a privilege from the compact.

<sup>7</sup> JDSupra, *Developments in Interstate Telehealth Licensing*, December 2022. Available at: [www.jdsupra.com/legalnews/developments-in-interstate-telehealth-3935324/](https://www.jdsupra.com/legalnews/developments-in-interstate-telehealth-3935324/).



# **MD Association of Youth Service Bureaus - 2024 SB**

Uploaded by: Liz Park

Position: FAV



*"Being here for Maryland's Children, Youth, and Families"*

**Testimony submitted to  
Senate Finance Committee  
February 13, 2024**

**Senate Bill 409: Health Occupations-Clinical Marriage & Family  
Therapists-Reciprocal License Requirements  
Support**

I am writing in support of Senate Bill 409. The bill waives certain license requirements in order to create a system of reciprocity for qualified practitioners in adjacent states.

This bill is important because of the extreme shortage of licensed mental health professionals at a time of desperate need in our communities. I am the director of an agency that provides clinical services to youth and their families. It has taken us months to recruit and hire for the positions that have been open in our agency in the last two years. This delay in hiring has prevented those in need from accessing timely assistance when a family's situation may be most critical.

HB 628, if passed, would increase the pool of Licensed Marriage & Family Therapists in the Maryland workforce and would provide necessary relief to agencies like ours and the families we serve.

Again, I request that you please support SB 409.

Respectfully Submitted:

Wendy Wilcox, LCMFT  
MAYSB Vice Chair

# **SB409\_NashMarylandMilitaryCoalition\_FAV**

Uploaded by: Lynn Nash

Position: FAV



# MARYLAND MILITARY COALITION

*Serving Veterans through Legislative Advocacy*

February 13, 2024

Honorable Pamela G. Beidle  
Chair, Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

## **SB 409 – Health Occupations – Clinical Marriage and Family Therapists – Reciprocal Licensure Requirements - Request for a FAVORABLE Report**

Dear Chair Beidle and Members of the Senate Finance Committee:

On behalf of the Maryland Military Coalition and as its Communications Director, I am providing written testimony in support of SB 409, Reciprocal Licensure. As a licensed healthcare professional, I am well aware of the burdensome challenge of reapplying for credentials when I made each of my permanent change of station moves—applying took lots of time and money.

This bill authorizes licensure reciprocity for Marriage and Family Therapists who are licensed in another state—a skill set that we are critically short of in Maryland. This legislation improves license portability and employment by reducing the burden of holding multiple licenses. Such license reciprocity may enable employment of persons living in nearby states, and would certainly be welcomed by our service member families.

Maryland is home to 34,444 active-duty service members, 14,292 active-duty spouses and 25,642 reservists/national guard members with 28,019 family members<sup>1</sup>. These are Department of Defense numbers and do not reflect the 1,200 U.S. Public Health Service or NOAA officers and their families, who also live with similar duty situations. In addition, there are 355,787 veteran households<sup>2</sup>.

Military spouses have long faced employment challenges, with an unwavering unemployment rate of 22%<sup>3</sup> compared to our local rate of 1.8%. Most spouses need to work. Fifty percent work in an occupation that requires licensure or certification. Sixty-seven percent (67%) of active-duty spouses had to leave their last job because of a permanent change of station move<sup>4</sup>. On average, they earn 26.8% less in income than

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<sup>1</sup> [Military One Source](#), as of December 31, 2022

<sup>2</sup> [VA Claim Insider](#), August 10, 2023

<sup>3</sup> 2021 [DoD Survey of Active-Duty Spouses](#)

<sup>4</sup> [U.S. Chamber of Commerce Foundation – The Hidden Financial Costs of Military Spouse Unemployment](#)



**SB 409 – Marriage and Family Therapists Licensure Reciprocity- Favorable**

their non-military counterparts because of the frequent moves. The average time to find a job for a military spouse is 19 weeks, **OR \$12,374 per year in lost wages** trying to relicense and/or find work in the new state<sup>5</sup>.

**The average service family moves every two to three years<sup>6</sup> and for a service spouse it means** getting another license before they can work. Here in Maryland, our high cost of living means that for most families, especially for our uniformed service families, having two incomes *is critical*. Time lost seeking a new job and a new occupational license creates economic challenges for our military families, not only in the near term, but the cumulative effect is that they often cannot plan for, save for, and be ready for retirement. Often the difficulty for spouses staying employed is one of the main reasons that service members decide **NOT** to re-enlist.

License reciprocity **for marriage and family therapists improves public access in a critical shortage area**, by reducing overly burdensome and duplicative requirements associated with holding multiple licenses. Reciprocity preserves the regulatory authority of States to protect public health and safety through the current system of State licensure. It lowers expenses and gets the applicant working sooner – a real benefit to our service families, who often experience struggles associated with the nature of “the job”—frequent relocations, frequent deployments, long hours, tight finances and sole parenting when the spouse is away.

And...in this fiscal climate, this legislation is procedural and does not directly affect government finances.

The Maryland Military Coalition, is a voluntary, non-partisan organization representing 21 veteran service organizations who, in turn, serve over 150,000 Maryland uniformed services men and women and their families. The Coalition **strongly supports** SB 409 – **Marriage and Family Therapists Licensure Reciprocity** and asks for your **FAVORABLE report**.

Thank you to Senator Hayes for sponsoring this important legislation.

Respectfully,



Lynn A. Nash, PhD, RN, PHCNS-BC, FAAN  
CAPT (R), U.S. Public Health Service  
Communications Director

Maryland Military Coalition Member Organizations Follow

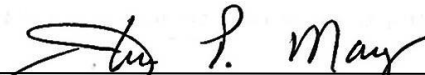
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<sup>5</sup> [National Military Family Association Data](#)

<sup>6</sup> [Goldwater Institute, Breaking Down Barriers to Work](#)

## Member Organizations, Maryland Military Coalition

  
Air Force Sergeants Association

  
American Military Society

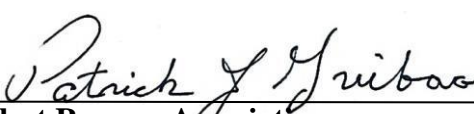
  
American Minority Veterans Research Project


  
Association of the United States Navy


  
Commissioned Officers Association of the  
US Public Health Service

  
Disabled American Veterans


  
Distinguished Flying Cross Association

  
Fleet Reserve Association

  
Jewish War Veterans of the USA

  
Maryland Air National Guard Retirees'  
Association

  
Military Officers Association of America

  
Military Order of the Purple Heart

  
Montford Point Marines of America

  
National Association for Black Veterans

  
Naval Enlisted Reserve Association

  
NOAA Association of Commissioned Officers

  
Reserve Organization of America

  
Society of Military Widows

  
Veterans of Foreign Wars

# 2024 Legislation - SB409\_Position Paper\_MTF\_021324

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Position: FAV



**2024 SESSION**  
**POSITION PAPER**

**BILL NO:** SB 409

**COMMITTEE:** Health and Government Operations

**POSITION:** Support

**TITLE:** Health Occupations - Clinical Marriage and Family Therapists – Reciprocal Licensure Requirements

**BILL ANALYSIS**

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**POSITION AND RATIONALE**

The Maryland Health Care Commission (MHCC) supports SB 409. The bill would increase access to marriage and family therapists (MFTs). MFTs play a crucial role in supporting individuals, couples, and families in navigating the complexities of relationships and mental health.<sup>1</sup> MFTs have graduate training (a Master's or Doctoral degree) and treat a wide range of clinical problems, including depression, anxiety, individual psychological problems, and child-parent problems.<sup>2</sup> As mental health professionals, MFTs help clients develop healthier communication patterns, resolve conflicts, and strengthen relationships. The Centers for Medicare & Medicaid Services recognizes MFTs as a Medicaid-eligible providers, and effective January 1, 2024, MFTs can bill Medicare independently for services that diagnosis and treat mental illnesses.<sup>3</sup>

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<sup>1</sup> National Library of Medicine, *Marital and Family Therapy*. Ahluwalia, Hargun; Anand, Tanya; Suman, L.N., 2018 Feb; 60 (Suppl 4): S501–S505. doi:[10.4103/psychiatry.IndianJPsychiatry.19.18](https://doi.org/10.4103/psychiatry.IndianJPsychiatry.19.18).

<sup>2</sup> American Association for Marriage and Family Therapy, *About Marriage and Family Therapists*. Available at: [www.aamft.org/About\\_AAMFT/About\\_Marriage\\_and\\_Family\\_Therapists.aspx](http://www.aamft.org/About_AAMFT/About_Marriage_and_Family_Therapists.aspx).

<sup>3</sup> Centers for Medicare & Medicaid Services, *Marriage and Family Therapists & Mental Health Counselors*. Available at: [www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/marriage-and-family-therapists-mental-health-](http://www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/marriage-and-family-therapists-mental-health-)

The legislation supports licensure portability for MFTs with a license is in good standing. Use of telehealth modalities extends MFTs reach in diverse geographical locations, including remote or underserved areas of the State. One major advantage of using telehealth is the opportunity to see how partners and family members interact in their natural environment.<sup>4</sup>

The legislation aligns with the findings and recommendations from MHCC’s September 2023, *Interstate Telehealth Expansion Study* report (report).<sup>5</sup> The MHCC conducted a study in collaboration with stakeholders at the request of the Health and Government Operations (HGO) Committee. In a letter dated May 24, 2022, the HGO Chair noted support for the expanded use of telehealth since the COVID-19 public health emergency, and tasked MHCC with convening a workgroup to inform development of recommendations to expand interstate telehealth. The MHCC convened workgroup (January – March 2023) discussed barriers and opportunities to expand the delivery of telehealth services across state lines. The workgroup consisted of representatives from health occupation boards, providers, payers, health care consumers, professional associations, professional liability insurance carriers, and various State agencies.

The MHCC’s report includes nine recommendations for accelerating interstate telehealth practice, which includes adopting legislation to advance participation in compacts and developing alternative pathways to licensure. The workgroup viewed compacts as important to help alleviate workforce supply challenges that result in longer wait times and impede access to care. Workgroup participants generally favor compacts with a mutual recognition model<sup>6</sup> where providers maintain a license in their home state and apply for a multistate license or privilege (authorization) to practice in other compact states.<sup>7</sup> Consideration of other potential approaches to obtain a license was supported by the workgroup.

The MHCC believes this legislation is an important next step to improve access to care and health equity. If passed by the General Assembly, the law will expand cooperation among states licensure boards, enable greater use of telehealth, and enhance public safety.

For the stated reasons above, we ask for a favorable report on SB 409.

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[counselors#:~:text=Effective%20January%201%2C%202024%2C%20MFTs,the%20Medicare%20Physician%20Fee%20Schedule.](#)

<sup>4</sup> National Library of Medicine, *Couple and Family Therapists’ Experiences with Telehealth During the COVID-19 pandemic: A Phenomenological analysis*. Edmund W Orłowski 1, Myrna L Friedlander 1, Allison Megale 1, Emily K Peterson 1, Shayne R Anderson, 2022; 44(2): 101–114. 2022 April, doi: [10.1007/s10591-022-09640-x](https://doi.org/10.1007/s10591-022-09640-x).

<sup>5</sup> Maryland Health Care Commission, *Interstate Telehealth Expansion Study*, September 2023. Available at: [mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/ist/IST\\_HGO\\_rpt.pdf](https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/ist/IST_HGO_rpt.pdf).

<sup>6</sup> Under a mutual recognition model, a licensee receives a multistate license from the compact state in which the licensee has established residence or purchases a privilege from the compact.

<sup>7</sup> JDSupra, *Developments in Interstate Telehealth Licensing*, December 2022. Available at: [www.jdsupra.com/legalnews/developments-in-interstate-telehealth-3935324/](https://www.jdsupra.com/legalnews/developments-in-interstate-telehealth-3935324/).



**SB409 FAV.pdf**

Uploaded by: Morgan Mills

Position: FAV

February 13, 2024

Chairwoman Beidle, Vice Chair Klausmeier, and distinguished members of the Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

NAMI MD calls on state leaders to take action to end the workforce shortage in mental health services. SB409 waives the education, experience, and examination requirements for an applicant licensed or certified to practice clinical marriage and family therapy in another state or jurisdiction if the applicant has no history of disciplinary action, has not committed any act or omission that would be grounds for discipline or denial of licensure, and if the applicant submits a copy of their current license(s) from each state or jurisdiction in which they are authorized to practice.

Serious shortages exist in the mental health professional workforce. The lack of providers exacerbates unmet needs and leaves more people without options for mental health care. We are surrounded by Pennsylvania, Delaware, Virginia, and DC, which all have credentialing. Many providers and constituents live close to state lines and it could be beneficial to our citizens to allow these therapists to be licensed and credentialed to practice in Maryland.

By making reciprocal licensure for marriage and family therapists more accessible, we are increasing the number of providers in the State, who can, in turn, offer services to Marylanders who need them.

For these reasons, we urge a favorable report.

**2024 A. Simone SB 409 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



From:  
Alexandra Simione, LGMFT  
alexandra.simione@simionetherapy.com  
#LGM848



Subject: Support SB 409

As a Marriage and Family Therapist (MFT) licensed in the State of Maryland, I am submitting this written testimony in support SB 409, which seeks to ease licensure by endorsement requirements for marriage and family therapists in Maryland.

House Bill 409 will allow an MFT who is already fully licensed in another state and wishes to practice in Maryland to apply to the Maryland licensing board, and the board will grant the applicant a license on the basis of a valid, unencumbered license in another state without the need for additional documents or delay. I have outlined below the reasons why I support this bill and the positive impact it will have on Maryland residents and Maryland Licensed MFTs.

1. This bill will help increase access to qualified mental health providers across the state for Maryland residents. I specialize in working with clients who engage in ethical non-monogamy, kink/BDSM and alternative lifestyles. Currently, there is a limited number of clinicians licensed in Maryland who specialize in this topic area; and therefore, can't support the high demand from Maryland residents for knowledgeable clinicians in the specialty. On a continuous basis, I experience a waitlist in my practice. In addition, given the nature of seeing individuals/couples and the frequency of which I often need to connect my individual clients with a couple's therapist, and vice-a-versa, I struggle to find other licensed clinicians in my specialty to connect them to for additional therapy services. By passing SB 409, this would bring more qualified providers to Maryland to serve the Maryland population.
2. In general, regardless of specialty, as an MFT licensed in Maryland, I have seen firsthand the high demand for mental health support and services and the impact that provider shortages can have on those who need care. This legislation is important to Maryland because it increases the number of highly trained and qualified mental health providers to meet the needs of individuals, couples, and families seeking mental health care across the state.
3. Given the continued expansion of telehealth, I am experiencing many families and couples who are seeking couple or family therapy who reside in 2 or 3 different states. I have personally received requests for MD and DC, or MD and VA. Unfortunately, given the current barriers to licensure in multiple states, these referrals are struggling to find therapists licensed in all states each individual resides in. Because of these barriers and the burden to apply, I made the decision to not get licensed in other states; therefore, I have had to turn down these types of requests. Passing SB 409 will remove unnecessary licensing barriers to allow more licensed and qualified individuals the ability to practice in Maryland in addition to other states, granting access to therapy for potential couple/family clients living across state lines.

4. Lastly, in my research and consideration of licensure across the DMV as well as throughout the United States, it is clear that the requirements for licensure as an MFT and for continuing education to remain licensed as an MFT are relatively uniform from state to state. Across the country MFTs are being held to a high educational/training standard (including number of graduate education credits as well as number of clinical/supervision hours) for initial licensure as well as comprehensive and extensive continuing education requirements (including number of total hours and specific topic areas). Therefore, the clinicians that will seek licensure under SB 409 will be similarly skilled, proficient, and trained as the clinicians currently licensed under the current Maryland Licensing standards.

I fully believe SB 409 will both strengthen the marriage and family therapy profession in Maryland and help address shortages of quality mental health clinicians for residents of Maryland. I appreciate your attention and support to this promising legislation.

Sincerely,  
Alexandra Simione, LGMFT

Alexandra Simione Therapy  
8555 16th Street, Suite 204, Silver Spring, MD 20910  
(240) 284-6292  
[www.simionetherapy.com](http://www.simionetherapy.com)

# **2024 Mont Co Counseling SB 409 Senate.pdf**

Uploaded by: Robyn Elliott

Position: FAV



# Montgomery County Counseling Center

**February 11, 2024**

**Subject: Support SB 409**

As a Marriage and Family Therapist (MFT), I am writing to ask you to support SB 409, which seeks to ease licensure by endorsement requirements for marriage and family therapists in Maryland.

You may not know this, but MFTs are the rarest type of mental health professional because our harshest licensing requirements deters candidates from pursuing this licensure. And yet this specialty often leads to the most sustainable and effective results in mental, emotional, and behavioral health.

Given the imbalance of supply and demand of MFT candidates, not only is there a substantial impact on mental health in our community, but there is also a substantial impact on the business and hiring practices of our local practices and agencies.

Senate Bill 409 will allow an MFT who is already fully licensed in another state to apply to the Maryland licensing board, and the board will grant the applicant a license on the basis of a valid, unencumbered license in another state without the need for additional documents or delay. This means that if we find a qualified candidate to hire from outside of Maryland, we can immediately begin to support the needs of the community and the needs of the business.

SB 409 will both strengthen the marriage and family therapy profession, and help address shortages of quality mental health clinicians. It will allow for qualified providers to begin serving our community with efficiency and ease. It will prevent unnecessary burnout and income delays for both potential employees and employers alike, who are eager to serve the overwhelming needs of our community. Removing unnecessary licensing barriers will allow more licensed and qualified individuals the ability to practice in Maryland!

I appreciate your attention and support to this promising legislation.

Laura Goldstein, LCMFT, LCM625

Founder, Montgomery County Counseling Center

**2024 R. Brannon SB 409 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV

----- Forwarded message -----

From: **Robin Brannan LCMFT** <[rbrannan@betterfamilytherapy.com](mailto:rbrannan@betterfamilytherapy.com)>

Date: Mon, Feb 5, 2024 at 2:58 PM

Subject: Written testimony

To: <[Jennifer@jfbtherapy.com](mailto:Jennifer@jfbtherapy.com)>

Subject: Support HB 628/SB 409

Dear Legislators,

As a Marriage and Family Therapist (MFT), I am writing to ask you to support HB 628/SB 409, which will update licensure by endorsement requirements for Marriage and Family Therapists in Maryland.

House Bill 628 will allow an MFT who is already fully licensed in another state and wishes to practice in Maryland to apply to the Maryland licensing board, and the board will grant the applicant a license on the basis of a valid, unencumbered license in another state without the need for additional documents or delay. This bill will help increase access to qualified mental health providers across the state and will remove unnecessary licensing barriers to allow more licensed and qualified individuals the ability to practice in Maryland.

As the owner of a therapy practice in Kensington, MD, I often hire therapists who are moving to Maryland from out of state. They currently wait for months as the board requests various documents before processing their applications. 100% of these applicants have ultimately been approved for Maryland licensure. Their ability to begin serving Maryland families is simply delayed by the current process. We turn families away or ask them to sit on a wait list while waiting for the paperwork to go through.

As a Marriage and Family Therapist who treats many families experiencing divorce or separation, I also expect this legislation to improve access to family therapy for these families. It is common in our area for children of divorce to have one parent living in DC or VA while the other resides in Maryland. Currently, we must decline requests for telehealth family sessions in these cases. With licensure by endorsement, therapists can more easily become licensed across jurisdictions and we can serve these families in the ways that work best for them.

HB 628 will both strengthen the marriage and family therapy profession and help improve access to mental health care for Maryland families. Please support this bill.

Robin Brannan LCMFT

**Robin Brannan** LCMFT (she/her)



**better together**  
FAMILY THERAPY  
Founder and Director  
3720 Farragut Ave., Suite 301  
Kensington, MD 20895  
General Inquiries: (240)-242-5185  
Direct Line: (240) 242-5051  
[www.BetterFamilyTherapy.com](http://www.BetterFamilyTherapy.com)

# 2024 U Maryland SB 409 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



# UNIVERSITY OF MARYLAND

SCHOOL OF PUBLIC HEALTH  
*Department of Family Science*

4200 Valley Drive, Suite 1142  
School of Public Health, Bldg. 255  
College Park, Maryland  
20742-2611  
301.405.3672 TEL 301.314.9161  
FAX  
fmisc@umd.edu  
www.sph.umd.edu/fmisc

February 2nd, 2024

Amanda Darnley  
The American Association for Marriage and Family Therapy  
112 South Alfred Street  
Alexandria, VA 22314

## **RE: Advocacy for Licensure Portability Model and Support of HB 628 and SB 409**

Dear Ms. Darnley,

I am writing to you on behalf of the Couple and Family Therapy Master's Program at University of Maryland College Park to express our strongest support for bills HB 628 and SB 409 and overall AAMFT efforts to bring licensure portability across states.

At the University of Maryland we train students from different states and we remain in touch with them as alumni of our program. Alumni that have practiced for years and are experienced clinicians have always shared their concerns and painful stories when they want to apply for licensure in another state. By easing the requirements for clinical license across states, Maryland will benefit from bringing experienced marriage and family therapists to practice in the State.

Additionally and equally important is that passing legislation that will ease the requirements to obtain a clinical license for a practitioner that is already licensed in another state is key to breaking the barriers to apply for multiple licenses. In our current time where there is a national workforce shortage of mental health providers, particularly in Maryland, helping providers practice across state lines through Telehealth can contribute in a significant way to address the current mental health needs of our population.

Looking forward to continuous collaboration on advancing the Marriage and Family Therapy profession and allowing our colleagues to obtain licensure across states in the U.S.

Sincerely,

Mariana K. Falconier, PhD, LCMFT (MD), LMFT (VA)  
Professor  
Director, Couple and Family Therapy Master's Program  
Department of Family Science  
School of Public Health



**2024 MCHS SB 409 Senate Side.pdf**

Uploaded by: Salliann Alborn

Position: FAV



## Maryland Community Health System

<b>Committee:</b>	<b>Senate Finance Committee</b>
<b>Bill:</b>	<b>Senate Bill 409 – Health Occupations – Clinical Marriage and Family Therapists – Reciprocal Licensure Requirements</b>
<b>Hearing Date:</b>	<b>February 13, 2024</b>
<b>Position:</b>	<b>Support</b>

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The Maryland Community Health System (MCHS) supports *Senate Bill 409 - Health Occupations – Clinical Marriage and Family Therapists – Reciprocal Licensure Requirements*. The bill will streamline the Maryland licensure process for out-of-state marriage and family therapists (MFTs).

MCHS is a network of federally qualified health centers that provide somatic, behavioral, and oral health services to underserved communities. Almost every jurisdiction in Maryland is in a federally recognized HPSA for behavioral health providers.<sup>1</sup> Our health centers are located in the areas with the most severe shortages of behavioral health providers, and they are struggling to meet the growing behavioral health needs of their patients.

We support this legislation because it will streamline the licensure process for MFTs from other states. For our health centers, it will open up the potential pool of qualified applicants to fill our growing list of vacant positions for behavioral health providers. There are only 300 MFTs in Maryland, yet there are about 72,000 MFTs nationwide.

With a change in federal law last year, MFTs and licensed professional counselors (LCPCs) can now bill Medicare. We wanted to emphasize this point, as we now have an opportunity to expand our behavioral health services for older adults by recruiting more MFTs and LCPCs. Unlike LCPCs, however, MFTs do not have an interstate licensure compact. We need an avenue, as provided in this legislation, to be able to expand the number of MFTs who are able to practice in Maryland.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

**12 - SB 409 - Counselors Bd - support - FIN.pdf**

Uploaded by: State of Maryland (MD)

Position: FAV



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

### Board of Professional Counselors and Therapists

4201 Patterson Avenue, Suite 316  
Baltimore, Maryland 212151  
Phone: 410-764-4732

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### 2024 SESSION POSITION PAPER

**BILL No.:** SB 409  
**COMMITTEE:** HGO  
**POSITION:** Support

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**TITLE:** Health Occupations - Clinical Marriage and Family Therapists - Reciprocal Licensure Requirements

**BILL ANALYSIS:** This bill will alter the licensure requirements that the State Board of Professional Counselors and Therapists (the “Board”) may waive for applicants for a license to practice clinical marriage and family therapy in the State who are licensed or certified to practice clinical marriage and family therapy in another state, territory, or jurisdiction.

**POSITION AND RATIONALE:** The Board supports SB 409.

The Board believes that allowing Licensed Marriage and Family Therapists (MFTs) in another state to become licensed in Maryland will serve the residents of Maryland by addressing the workforce crisis in Maryland, by creating the opportunity for access to more MFTs, and a greater choice of treatment modalities.

Thank you for considering this testimony. The Board of Professional Counselors and Therapists is requesting a favorable report on SB 409.

If you require and additional information, please contact the Board’s Legislation/Regulations Committee Chair, Karen Katrinic at [karen.katrinic@maryland.gov](mailto:karen.katrinic@maryland.gov) or call 410-533-1991; or contact the Board’s Legislative Liaison, Lillian Reese at [lillian.reese@maryland.gov](mailto:lillian.reese@maryland.gov) or call 443-794-4757.

*The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.*

**2024 MetroMFT SB 409 Senate Side.pdf**

Uploaded by: Viviana Azar

Position: FAV

Metro Marriage and Family Therapists Inc  
10770 Columbia Pike Suite 300  
Silver Spring, MD 20901  
[www.MetroMFT.wildapricot.org](http://www.MetroMFT.wildapricot.org)

February 5, 2024

On behalf of Metro Marriage and Family Therapists, Maryland and Washington DC Metropolitan area's MFT professional membership association, we are delighted to collaborate with AAMFT in supporting HB 628 and SB 409 Health Occupations - Clinical Marriage and Family Therapists - Reciprocal Licensure Requirements.

Before the COVID-19 Pandemic and more urgently after the pandemic, our members have continuously requested we work with our Maryland Licensing Board and State Legislature to streamline the requirements for licensure by endorsement across neighboring states. We received complaints from our membership of experienced clinicians with many years or decades of practice who were finding the requirements to obtain licensure in each neighboring state very cumbersome and time consuming. With many clients choosing to use Telehealth, many clinicians had to refer out clients with whom they already established rapport and therapeutic relationship with to other jurisdictions when they were not able to obtain the other jurisdiction's license in a timely manner. This negatively impacted continuity of care that clients were receiving during an already difficult adjustment period out of the pandemic.

We as directors of the board can personally attest to the struggles that members have shared with MetroMFT about applying for licensure by endorsement. A barrier to the application process include finding a supervisor from many years or decades prior to sign a form for supervised hours that they are no longer legally required to save records for nor can they locate records for. Another barrier is needing additional graduate school coursework, even after being independently licensed and actively practicing for multiple years beyond graduation from a Master's level or higher degree.. One member shared that, after practicing as a fully licensed MFT in another state for 5 years, in order to be licensed in Maryland, she needed to take additional graduate coursework because the title of her graduate classes did not exactly match the coursework titles listed for Maryland licensing requirements. Others MFT clinicians who have practiced independently for decades and have retired or deceased supervisors would not be able to obtain signatures for supervised hours decades ago when they first completed their graduate degrees.

We have clients who frequently live and work across DMV jurisdictions. This means it can be difficult for continuity of client care, especially in a time when having a virtual care option is in high demand, when there are barriers to obtaining licensure from the neighboring state or district. What happens when a therapy client chooses to have their therapy session from the

privacy of their office in Virginia during their work day, rather than the clinician's office or client's home in Maryland? The clinician needs to be able to easily obtain licensure in both states. The licensing requirements for independent licensure of MFTs in Maryland, Virginia, and the District of Columbia are similar enough that one would think applying for licensure by endorsement in these regions would not be cumbersome. However, we have found that this has not been the experience of our MFT community.

The pandemic only heightened the need for fully licensed MFTs to be able to apply easily for licensure by endorsement in the DMV. Once the state of emergency expired and licensing waivers along with it, it left MFTs and consumers in a conflicted place in many cases. Does the client find another mental health provider because the provider has only virtual appointments and the client lives in a different state from the provider's license? Does the client drive to the neighboring state to have their therapy session from the car? Is it reasonable to expect consumers in this situation to change their location while a provider is working on their application to Maryland to become a licensed MFT by endorsement? These are the questions that have troubled providers and consumers in some cases.

In addition it has been very difficult for clients in Maryland to find licensed marriage and family therapists due to a workforce shortage. By breaking down barriers to obtain a Maryland License when one is fully licensed in another state, it will increase the number of therapists who can practice in our region.

We look forward to working together to ensure the bills are passed this 2024 legislative session.

Sincerely,



Jennifer Fang Brehm

President,

Metro Marriage and Family Therapists, Inc



Viviana Azar, MS, LCMFT

Advocacy Officer,

Metro Marriage and Family Therapists, Inc



# 2024 SB409 Opposition.pdf

Uploaded by: Deborah Brocato

Position: FWA



**Opposition Statement SB409**

Health Occupations – Clinical Marriage and Family Therapists -  
Reciprocal Licensure Requirements  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

**On behalf of our over 200,000 followers, Maryland Right to Life opposes this legislation as written and respectfully requests an amendment to prohibit abortion purposes from this bill. Without the amendment, we request an unfavorable report for SB409.**

Maryland Right to Life opposes SB409 in that the state will be interfering in the independent operations of the State Board of Professional Counselors and Therapists and their authority over the licensing and regulation of Maryland's marriage and family therapists. Marylanders should be able to trust that their counseling needs are in the hands of the professionals with the best possible educational standards with client-directed goals. With the lowered educational standards, it would be easy for this bill to be exploited to provide counselors with limited background and who are narrowly focused toward limiting motherhood and promoting an abortion agenda whether or not that is in the best interest of the clients. Maryland Right to Life strongly recommends an amendment to preclude this bill being used to provide more staff for the abortion workforce. Minors are clients of Family Therapists as well, and we oppose that therapy being used to direct minors to organizations providing and promoting abortion, especially without parental consent.

**We oppose any bill that lowers the standards of practice of any health care provider or occupation without excluding abortion and abortion funding.** Scarcity of health care professionals is not a reasonable excuse to lower standards of practice. This bill would waive the requirements for licensure with regard to educational requirements, supervised clinical experience, documentation of graduate course work and passage of an examination approved by the Board.

**Maintain and/or adopt reasonable health and safety standards.** The state of Maryland needs to promote best medical practice in all areas of healthcare delivery including counseling. Lowering educational requirements is not in the best interest of Marylanders. The abortion industry is only concerned with abortion remaining legal and lucrative. While we oppose abortion, Marylanders should receive the best counseling advice for their families from the most qualified professionals with appropriate education and clinical training.

For these reasons, Maryland Right to Life respectfully asks for an amendment to exclude this bill being used for abortion purposes. Without an amendment, we ask for an unfavorable report on SB409.

**SB409signed (1).pdf**

Uploaded by: Advocacy Committee

Position: UNF



Maryland Counseling Association, Inc. is a Branch of the American Counseling Association  
A 501(c)3 Corporation, EIN: 84-4062414  
915 Russell Ave, Suite B, Gaithersburg, MD 20879  
Phone: 240-401-8686/Web: [www.md-counseling.org](http://www.md-counseling.org)

02/11/24

The Honorable Senator Katherine Klausmeier  
**Finance Committee**  
3 East  
Miller Senate Office Building  
Annapolis, MD 21401

Re: **TESTIMONY FOR SB409** – Health Occupations – Clinical Marriage and Family Therapists – Reciprocal Licensure Requirements

Dear Senator Klausmeier,

Our organization appreciates that the Finance Committee is considering the issue of reciprocity in the state of Maryland. The Maryland Counseling Association (MCA) continues to engage with our state elected officials who represent our clients as well as members of our professional body. Our membership covers all counties throughout the state of Maryland with 500 members and counting.

The state requirements for licensure from the board are detailed to protect those seeking services as well as to ensure that professionals meet specific qualifications needed to provide high quality care. The process of evaluating eligibility for licensure is rigorous and thoughtful, and should remain consistent across the behavioral health professions. This produces clarity, fairness, and equal credentialing, which assists the public in trusting the foundations of the professional licensure.

This current bill raises concerns for professionals acquiring Maryland licensure for Marriage and Family Therapy (MFT) through reciprocity. There are states who have lesser requirements to issue the MFT license than Maryland. Thus, waiving Maryland requirements in favor of reciprocity may devalue the licensure of professionals who

complete the entire licensing process in Maryland. Additionally, the proposed waiver is incongruent with the Counseling Compact for Licensed Clinical Professional Counselors, which establishes baseline requirements for counselors to have license portability across state lines. The Counseling Compact lays the groundwork for additional behavioral health license portability and upholds practices of other professional health license portability.

We do not support the waiver of the Maryland state requirements for licensure of Marriage and Family Therapists who hold a license in another state. We recommend reciprocity equivalency requirements.

Sincerely,

*Kerri*

Dr. Kerri Legette-McCullough,  
President of MCA (23-24)  
[President@MDCounseling.org](mailto:President@MDCounseling.org)

*Roni*

Roni K. White, NCC, LCPC  
MCA Advocacy Committee Chair  
[Advocacy@MDCounseling.org](mailto:Advocacy@MDCounseling.org)

*Cathie*

Catherine J. Eaton  
Executive Director, MCA  
[Exec@MDCounseling.org](mailto:Exec@MDCounseling.org)

*Sara*

Sara Fox  
M.S. Clinical Mental Health Counseling Candidate 2024  
Vice-Chair, MCA Advocacy Committee  
[Advocacy@MDCounseling.org](mailto:Advocacy@MDCounseling.org)

**SB 409- OPPOSE .pdf**

Uploaded by: Sara Trescott

Position: UNF



February 12, 2024

The Honorable Pamela Beidle  
Chair, Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: SB 409: Clinical Marriage and Family Therapists - Reciprocal Licensure Requirements**

Dear Senator Beidle:

The Licensed Clinical Professional Counselors of Maryland (LCPCM) **OPPOSE SB 409**.

SB 409 is *not congruent with existing statutes and regulations* requiring Marriage and Family Therapists (MFT's), who currently practice in the State of Maryland, to meet specific licensure requirements under the Board of Professional Counselors and Therapists (BOPCT). It does not allow *mutual reciprocity* and nor does it require the BOPCT to determine if the requesting MFT's credentials "*are substantially equivalent*" to Maryland's regulatory licensure requirements; SB 409 seeks to reach a lesser "similar" standard.

LCPCM is very concerned the proposed changes to *allow lesser similar standards, limiting Maryland MFTs to have reciprocity with other states, and is not consistent with language in Maryland's regulatory model* for health professionals to meet substantially equivalent standards and may lead to client confusion and possibly increased risk for adverse outcomes.

We recognize there is a crisis with the shortage of mental health professions in Maryland, as many jurisdictions have a mental health professional shortage area. *However, it is our understanding the BOPCT is actively seeking to employ technology to expediate the application review process thereby negating the argument for streamlining with lesser standards. LCPCM believes SB 221, requested by the Maryland Department of Health and sponsored by the Chair of this committee, is the best bill to effectively address reciprocity and professional standards.*

As a result, we strongly **OPPOSE SB 409** entitled *Clinical Marriage and Family Therapists - Reciprocal Licensure Requirements* as this bill would alter the existing regulatory requirements to allow out-of-state MFTs to practice in our state.

Given the aforementioned concerns, we request the Committee give **SB 409 an UNFAVORABLE** report.

LCPCM appreciates the intent to increase access to mental health care and we thank you for the opportunity to share our views on this matter. If you have further questions concerning this written testimony, please contact this writer at [hillarybethalexander@gmail.com](mailto:hillarybethalexander@gmail.com).

Respectfully,

Hillary Alexander  
President, LCPCM

cc: Members of the Senate Finance Committee