



AAMFT Testimony on SB 409

March 21, 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 20th 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 licensureⁱ”; 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.

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.

ⁱ https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/ist/IST_HGO_rpt.pdf