



Senate Finance Committee  
February 10, 2026

Senate Bill 326 – *Physician Assistants – Parity with Other Health Care Practitioners (Physician Assistant Parity Act of 2026)*

**POSITION: OPPOSE**

The Greater Washington Society for Clinical Social Work (GWSCSW) was established in 1975 to promote and advance the specialization of clinical practice within the social work profession. Clinical social workers are licensed to evaluate, diagnose and treat mental disorders and substance use and addictive disorders and are licensed as medical professionals. Through our lobbying, education, community building, and social justice activities, we affirm our commitment to the needs of those in our profession, their clients, and the community at large. On behalf of GWSCSW, we respectfully **oppose** Senate Bill 326.

Senate Bill 326 would allow physician assistants (PAs) to perform certain health care actions and tasks already authorized for other health care practitioners, including serving as the second certifying provider for voluntary or involuntary admissions. A second signature should be indicative of a second independent evaluation of the patient and not simply a rubber stamp of the initial signature.

GWSCSW respectfully opposes the provisions of the bill that would allow a PA to certify as a second certifying provider in either voluntary or involuntary admissions. PA training does not include the depth of assessment, evaluation, and independent clinical judgment required for these decisions. PAs are not permitted to diagnose or treat mental disorders or substance use and addictive disorders in Maryland. Licensed Certified Social Worker-Clinical (LCSW-C) practitioners, by contrast, have far more supervised clinical mental health training than PAs, and are licensed to diagnose and treat mental disorders. PAs should not have parity with other health care practitioners when they do not have the appropriate licensure or training that the other practitioners have.

To become an LCSW-C, a clinician must complete 3,000 hours of supervised clinical social work experience after earning a Master of Social Work, over a minimum of two years. This must include at least 1,500 hours of direct client contact and structured supervision focused on assessment, diagnosis, treatment planning, and psychotherapy. This training builds deep competency in clinical evaluation and ongoing therapeutic intervention in mental health settings. LCSW-C hours are structured under clinical supervision specifically centered on mental health practice, whereas PA clinical rotations are broadly supervised across multiple medical specialties. Even if a PA has advanced psychiatric duties, this experience does not replace the systematic, supervised clinical training required for independent mental health assessment and treatment that LCSW-C training provides.

Maryland regulations define PA advanced duties as medical acts requiring additional training beyond basic PA education. A PA may perform these duties if they have at least 7,000 hours of clinical practice experience or previous Board approval, with training and experience documented in a

collaboration agreement. While the Board has recognized psychiatric-related advanced duties, these are not standardized, do not require specialty-specific supervised clinical hours, and are always performed under physician supervision. This differs substantially from the structured, supervised mental health competency developed through dedicated training of an LCSW-C, licensed psychologist, or licensed nurse practitioner, which current statute allows for their ability to independently diagnose and treat mental disorders and substance use and addictions and for certifying admissions.

Protecting the public requires that only practitioners with the appropriate, specialized training and licensing be authorized to make decisions that significantly affect a person's liberty and well-being. For these reasons, we urge an unfavorable report.

**For more information:**

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