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The Honorable Del. Shane Pendergrass, Chairperson
Health and Government Operations
Maryland House of Delegates
6 Bladen St. RM 241
Annapolis, MD 21401

RE: **SUPPORT FOR HB 736** – Interstate Licensed Professional Counselors Compact

Dear Chairperson Pendergrass and Distinguished Members of the Health and Government Operations Committee:

Please accept my testimony in support of HB 736 – The Interstate Licensed Professional Counselors Compact. I am a Montgomery County resident and a member of the Maryland Counseling Association (MCA).

I hold a license to practice as a Licensed Clinical Professional Counselor, and I'm recognized as a Board Approved Supervisor in the Practice of Clinical Professional Counseling by the Board of Professional Counselors and Therapists for Maryland. I also hold professional licenses issued by the Commonwealth of Virginia Department of Health Professions Board of Counseling and the Board of Professional Counseling in the District of Columbia.

Often, clients work or travel from Maryland to neighboring jurisdictions. Possessing interstate practice privileges becomes an ethically necessary yet expensive proposition when providing behavioral health services in such a highly mobile region.

The Compact is a critical initiative that would eliminate barriers to the interstate practice of professional counseling. The Counseling Compact would improve client access to professional counseling services and enhance public protection through a shared interstate licensure data system.

The Counseling Compact utilizes a “mutual recognition” model of interstate practice, whereby Compact member states agree to “recognize” valid licenses issued by other member states. To use the Compact, a professional counselor must have a license in good standing in their home state—their primary state of residence—and the home state must be a member of the Compact. When a licensee wants to work in another member state (known as a “remote state”), the licensee must obtain a “privilege to

practice” from the Counseling Compact Commission, the interstate body composed of member state officials tasked with administering the Compact upon its enactment by ten states. A privilege to practice is equivalent to a license to practice professional counseling in the remote state.

The Counseling Compact preserves each member state’s authority to protect public health and safety through the existing state regulatory structure. Unlike national licensure initiatives that supersede state regulatory authority, an interstate compact allows a member state to continue to determine the requirements for licensure in that state, as well as to maintain that state’s unique scope of practice for all professional counselors practicing in that state, whether through a state-issued license or through a privilege to practice.

Membership in the Counseling Compact would confer many benefits for the State of Maryland. For example, the Compact:

- Improves access to professional counseling services for residents of Maryland;
- Preserves the existing state-based licensure system;
- Improves continuity of care for residents;
- Contains a specific provision allowing for interstate practice via telehealth;
- Simplifies and speeds up the current interstate licensure process;
- Requires continuing education for all who practice under the Compact; and
- Improves portability for military spouses:

Overall, the Counseling Compact will support military families, improve access to and continuity of care for Maryland residents, and increase license portability for professional counselors based in neighboring jurisdictions while maintaining the current state system licensure.

The Compact allows sharing investigative and disciplinary information among member states, thereby affording the State of Maryland Board of Professional Counselors Therapists better processes to protect public health, safety, and welfare of Maryland residents.

For the reasons stated above, I strongly urge FAVORABLE support for HB 736 – The Interstate Licensed Professional Counselors Compact.

Respectfully Submitted,

John P. Duggan, EdD, LCPC (MD), LPC (DC, VA), LSATP (VA)