



**Committee:** Education, Health, and Environmental Affairs Committee

**Bill Number:** Senate Bill 398

**Title:** Out-of-State Health Care Practitioners – Provision of Behavioral Health Services via Telehealth – Authorization

**Hearing Date:** March 3, 2022

**Position:** Oppose

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The Licensed Clinical Professional Counselors of Maryland (LCPCM) opposes *Senate Bill 398 – Out-of-State Health Care Practitioners – Provision of Behavioral Health Services via Telehealth – Authorization*. This bill would authorize an out-of-state behavioral health care practitioner to provide telehealth services to a patient located in the state.

Last session, Maryland became one of the first states to pass the Interstate Licensure Professional Counselors Compact. We expect that enough states will pass the compact for it to go into effect, which will greatly increase the ability of LCPCs to provide services across state lines. The compact has several important patient safety provisions that Senate Bill 398 is missing. For example, the compact sets minimum education standards for participating providers and creates a process for states to share disciplinary records.

Additionally, we have serious concerns with conflicting provisions between these two bills, as the compact legislation includes the following section, specific to telehealth practice across state lines:

**SECTION 7. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH.**

**A. MEMBER STATES SHALL RECOGNIZE THE RIGHT OF A LICENSED PROFESSIONAL COUNSELOR, LICENSED BY A HOME STATE IN**

**ACCORDANCE WITH SECTION AND UNDER RULES PROMULGATED BY THE COMMISSION, TO PRACTICE PROFESSIONAL COUNSELING IN ANY MEMBER STATE THROUGH TELEHEALTH UNDER A PRIVILEGE TO PRACTICE AS PROVIDED IN THE COMPACT AND RULES PROMULGATED BY THE COMMISSION.**

**B. A LICENSEE PROVIDING PROFESSIONAL COUNSELING SERVICES IN A REMOTE STATE UNDER THE PRIVILEGE TO PRACTICE SHALL ADHERE TO THE LAWS AND REGULATIONS OF THE REMOTE STATE.**

If Senate Bill 398 were to pass, we believe that professional counselors in other states wishing to provide telehealth services in Maryland would be able to bypass the compact. If this were to occur, the Board would not have the same access to interstate disciplinary data that is managed in real-time under the compact; nor do we know what authority Maryland's licensing board would have to investigate complaints and work with other state boards when complaints are made.

Thank you for your consideration of our testimony, and we would urge an unfavorable report. If we can provide any further information, please contact Scott Tiffin at [stiffin@policypartners.net](mailto:stiffin@policypartners.net) or 443-350-1325.