



Committee: House Health and Government Operations Committee

Bill Number: House Bill 1318 - Health Occupations - Mental Health Services - Cultural Competency and Diversity

Hearing Date: March 3, 2022

Position: Support with Amendment

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports with amendment *House Bill 1318 - Health Occupations - Mental Health Services - Cultural Competency and Diversity*.

LCPCM supports efforts to increase the diversity of the behavioral health profession and provision of culturally congruent care.

- **Board Composition:** The bill reinforces the importance of diversity by requiring that the composition of the behavioral health boards include at least three members of underrepresented communities which includes representatives from Black or brown, LGTBQ, and people with disabilities communities. LCPCM supports the goal and believes boards should reflect the communities of practitioners and the people they serve. We would note a pragmatic, implementation issue. The Governor's appointment office currently only collects information on race and gender, but not information on sexual orientation, gender identity, or disability.
- **Culturally Informed and Culturally Responsive Mental Health Task Force in the State:** The Taskforce would provide guidance to the state policy-makers on how to ensure the behavioral health provider workforce

reflects the communities they serve. We strongly support convening stakeholders across the consumer, practitioner, and education perspectives about developing more diversity on the health care field;

- **Alternative Mental Health Professional Licensing Pathways Workgroup:** We appreciate the discussion about examinations, but we want to raise that it is likely not possible or advisable to remove examinations as part of an underlying licensure requirement for some types of practitioners. For professions that participate in licensure compacts, such as professional counselors, the state must maintain the same core licensure requirements as other compact states. Therefore, we request that part of the charge of the Workgroup be removed:

Amendment 1

On page 9, strike lines 21-23 (or alternatively just remove this provision for those professions that are in licensure compacts)

- **Cultural Competency Education:** We would request removal of the requirement for six hours of culturally competency training with every renewal. This requirement overlaps or duplicates the existing requirement for implicit bias training. We support health care practitioners in continuing their education in cultural competency or cultural congruent care. However, we generally oppose mandating continuing education credits in statute as the needs of practitioners change over time.

Amendment 2

On page 3, strike “[” in line 17; and strike beginning with “]” in page 18 down through line 2 on page 4 in its entirety.

- **Funding Support for Diversity from Under-Represented Communities:** We fully support the additional funding to encourage students from under-represented communities to pursue educational programs to become behavioral health professionals as well as support licensed practitioners from under-represented communities in becoming clinical supervisors.

We ask for a favorable with amendments report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.