

SB 204_Social Work Compact_Support.pdf

Uploaded by: Allison Taylor

Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

February 13, 2024

The Honorable Pamela Beidle
Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 204 – Support

Dear Chair Beidle and Members of the Committee:

Kaiser Permanente is pleased to support SB 204, “Interstate Social Work Licensure Compact.”

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.¹ Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for over 825,000 members. In Maryland, we deliver care to approximately 475,000 members.

As a leading healthcare provider in the region, we recognize the importance of facilitating efficient licensure reciprocity processes for healthcare professionals, and we believe that SB 204 is a positive step in that direction. This is an important measure that promotes mobility and flexibility for social workers, ultimately benefiting both the professionals themselves and the communities they serve. This not only promotes workforce diversity but also enhances the ability of healthcare providers to meet the evolving needs of our communities. For these reasons, we urge a favorable report for SB 204.

Thank you for the opportunity to comment. Please feel free to contact me at Allison.W.Taylor@kp.org or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor
Director of Government Relations
Kaiser Permanente

¹ Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

AcreelwrittentestimonySB204.pdf

Uploaded by: Andrea Creel

Position: FAV

TO: The Honorable Pamela Beidle, Chair Members, Senate
Finance Committee
The Honorable Joanne C. Benson

FROM:

DATE: February 12 , 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact
Dear Chairperson Beidle and Distinguished Members of the Finance Committee:

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Chairperson Beidle and Distinguished Members of the Finance Committee:

I sincerely thank you for considering my written statement supporting Senate Bill 204 on the " Interstate Social Work Licensure Compact" for inclusion in the public hearing record. I am Andrea Creel, a Licensed Master Social Worker (LMSW) residing and practicing in Montgomery County, Maryland.

The significance of the Social Work Interstate Licensure Compact resonates deeply with me due to the substantial gap between the demand for mental health services and the limited number of licensed providers available to deliver ethical and safe care, **along with the need for continuity of care for patients with chronic mental health needs.**

The ability to practice across state lines is pivotal in addressing disparities in access to culturally competent mental and behavioral health services. Doing so can alleviate inequities related to socioeconomic status, (dis)ability status, gender diversity, sexuality, and other barriers that impede individuals from receiving adequate care. Clearing barriers holds particular importance in advocating for marginalized communities, ensuring they receive treatment and support, especially when in-person appointments may be challenging or finding a suitable clinician becomes a hurdle, such as during a pandemic.

Additionally, allowing/forming an interstate compact would allow for continuity of care for patients, which has been proven to improve patient mental health outcomes. Currently, when a patient leaves the state, whether temporarily or permanently, the patient must either go without their regular mental health treatment or find a new mental health clinician who is licensed in the new state. Even if a client goes on a temporary trip out of state, they cannot be seen by their regular mental health provider over telehealth during an out-of-state trip. **We**

wouldn't allow or recommend people stop taking their life-saving medications when they have to go out-of-state; we shouldn't allow this to be the case for non-pharmacologic mental health treatment.

Under current law, a client with significant, ongoing mental health needs may not be able to see their provider for weeks at a time when they are out-of-state temporarily and/or they may have to wait weeks or months on a waitlist to find a new mental health provider in their new state when they relocate permanently to a new state and thus may be without a mental health provider and regular mental health treatment for extended periods of time. **This can lead to worsening clinical outcomes for patients including increased rates of suicide, depression, and other serious mental health concerns due to lack of care.**

In my clinical practice, I have had clients who I have had to stop seeing me for therapy because they have gone to college in another state, had to leave the state temporarily to find safety from a domestic violence situation, and have had to stop being seen due to employment in another state or military deployment. These are all situations where having continuity of care is especially important, and where **due to current licensing laws, patients are being left without mental health care during critical time periods and life transitions. We know that in order for therapy to be effective, consistency in appointments as well as the therapeutic relationship between patient and provider developed over a period of time are two essential components to positive treatment outcomes.** Passing this bill is the first step towards ensuring continuity of care for Maryland residents, and ensuring uninterrupted mental health services which is essential not just for residents of Maryland but for the health and safety of all people in the United States.

Drawing inspiration from existing licensure compacts for various healthcare professions, including nurses, physical therapists, physicians, psychologists, and counselors, the Social Work Compact enhances licensure portability for practitioners. Simultaneously, it empowers state regulatory boards to better protect consumers by facilitating the seamless sharing of licensure information.

The Social Work Compact brings numerous benefits, impacting those needing critical mental health support and social workers. It achieves this by:

1. Facilitating mobility for social workers meeting uniform licensure requirements.
2. Expanding access to care for clients.

3. Ensuring continuity of care for clients and social workers during relocations or travel across state lines.
4. Simplifying the maintenance of certifications for military personnel and their spouses during relocations.
5. Safeguarding and strengthening the existing system of state licensure.

Notably, the Interstate Social Work Licensure Compact preserves each state's authority to regulate the profession. It does not alter the scope of practice or affect state practice laws. Social workers operating under the Compact must adhere to the laws and rules of the state where they practice, including compliance with the state's scope of practice.

I passionately urge you to lend your support to the Interstate Social Work Licensure Compact, recognizing its potential to make a transformative impact on mental health service accessibility and continuity of care for residents of Maryland.

I appreciate your consideration.

Sincerely,

Andrea Creel

Licensed Master Social Worker (LMSW)

229 Jay Drive, Unit B

Rockville, MD 20850

Montgomery County, Maryland

Baltimore City Directorate - 2024 SB 204 FAV - Soc

Uploaded by: Ashley Archie

Position: FAV



BALTIMORE CITY

SUBSTANCE ABUSE DIRECTORATE

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HeL Recovery Center

Sean Augustus
Vice President
Recovery Network

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IBR REACH Health
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Toni Maynard-Carter
Treasurer
Johns Hopkins Hospital
Broadway Center

Joan Sperlein
Immediate Past President
IBR REACH Health
Services

Senate Finance Committee

February 13, 2024

SB 204 Interstate Social Work Licensure Compact Support

The Baltimore City Substance Abuse Directorate (the Directorate), write to express our support for SB204, Interstate Social Work Licensure Compact. The Directorate is a member group of organizations, made up of substance use disorder (SUD) treatment programs that serve Baltimore City.

The Directorate unequivocally supports SB2 04, which will increase the accessibility to services that social workers are able to provide, across state lines. With the passing of this compact, there will be relief from several redundant, burdensome, and astringent requirements that are associated with the social work requirements to work across various states. Additionally, clients within many communities will be able to have more access to social workers, which is a profession that is imperative in meeting behavioral health needs.

The workforce shortage has made it increasingly difficult to recruit and hire the needed clinicians to work in Maryland's behavioral health programs. Social workers are trained and well equipped to address many behavioral health disorders, while empowering clients. If passed, these much-needed skills could reach many more clients who are in need of resources and counseling to meet their behavioral health needs. In addition, Professional Counselors in Maryland already benefit from this compact, and for the aforementioned reasons, social workers should have the benefit of this inclusion.

We as a membership urge the members of the committee to pass this legislation.

Sincerely,

Ashley Archie, LCSW-C

Ashley Archie, LCSW-C
President
Baltimore City Substance Abuse Directorate

c/o HeL Recovery Center, LLC
1900 N. Howard St.
Suite 201
Baltimore, MD 21128

SB204.pdf

Uploaded by: Carolyn Miller

Position: FAV

TO: The Honorable Pamela Beidle, Chair Members, Senate
Finance Committee
The Honorable Joanne C. Benson

FROM: Carolyn Miller, LCSW-C

DATE: February 13, 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact
Dear Chairperson Beidle and Distinguished Members of the Finance Committee:

Dear Chairperson Beidle and Distinguished Members of the Finance Committee

Thank you for considering my written statement in full support of Senate Bill 204 on the "Interstate Social Work Licensure Compact" for inclusion in the public hearing record. My name is Carolyn Miller, a Licensed Certified Social Worker-Clinical (LCSW-C) residing in Calvert County, Maryland and practicing in both Montgomery County, MD and Washington, District of Columbia.

The significance of the Social Work Interstate Licensure Compact resonates deeply with me due to the fact that I practice in two jurisdictions, each requiring their own mandatory bi-annual fees and continuing education requirements. There is a significant demand for mental health services, nation-wide, and a limited number of licensed providers available to deliver ethical and safe care.

Drawing inspiration from existing licensure compacts for various healthcare professions, including nurses, physical therapists, physicians, psychologists, and counselors, the Social Work Compact enhances licensure portability, and decreases licensure burden, for practitioners. Simultaneously, it empowers state regulatory boards to better protect consumers by facilitating the seamless sharing of licensure information.

The Social Work Compact brings numerous benefits for social workers, as well as a positive impact for those requiring critical mental health support. This is demonstrated through, but not limited to, the following points:

1. Facilitating mobility for social workers meeting uniform licensure requirements.
2. Expanding access to care for clients.
3. Ensuring continuity of care for clients and social workers during relocations or travel across state lines.
4. Simplifying the maintenance of certifications for military personnel and their spouses during relocations.
5. Safeguarding and strengthening the existing system of state licensure.

Notably, the Interstate Social Work Licensure Compact preserves each state's authority to regulate the profession. It does not alter the scope of practice or affect state practice laws. Social workers operating under the Compact must continue to adhere to the laws and rules of the state where they practice, including compliance with the state's scope of practice.

Please, I urge you to lend your support to the Interstate Social Work Licensure Compact, recognizing its potential to make a transformative impact on mental health service accessibility and continuity of care, as well as lessen the burden in an already challenging career field.

I greatly appreciate your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Miller', with a stylized flourish at the end.

Carolyn Miller
Licensed Certified Social Worker-Clinical (LCSW-C)
Calvert County, Maryland

SB0204_FAV_GWSCSW_Interstate Social Work Licensure

Uploaded by: Christine Krone

Position: FAV



Greater Washington Society for Clinical Social Work

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: Judith Gallant, LCSW-C, Director, GWSCSW Legislation and Advocacy

DATE: February 13, 2024

RE: **SUPPORT** – Senate Bill 204 – *Interstate Social Work Licensure Compact*

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. 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 **support** Senate Bill 204.

In addition to the Social Work Compact, the Maryland legislature will consider at least two other compacts this session as awareness spreads to the many benefits to consumers, licensure boards, and the social work profession. Benefits include:

- Providing a tool for addressing workforce shortages by allowing increased availability of mental health clinicians to care for vulnerable DC children and adults who are suffering as a result of the mental health crisis and the scarcity of clinicians;
- Supporting military personnel and spouses to more easily maintain their social work licenses when relocating and serve those in the jurisdiction they move to;
- Enhancing mobility for clinical social workers who meet the Compact uniform licensure requirements; and
- Preserving and strengthening the current system of state licensure by creating a shared data system, which reduces administrative burdens and application processing time.

The Social Work Compact will allow LCSW-Cs to work in other states without having to become licensed separately in these states under certain conditions: if the LCSW-C's home state joins the Compact; if the LCSW-C then joins the Compact as an individual and pays the set fee for a separate Compact license; and if the LCSW-C has no actionable complaints.

The Compact must be passed by the state or jurisdictional legislature for that jurisdiction to join the Compact. The legislation must be accepted, as written, by the Council of State Governments and

Greater Washington Society for Clinical Social Work: www.gwscsw.org

Contacts: Director, Legislation & Advocacy Program: Judy Gallant, LCSW-C; email: judy.gallant@verizon.net; mobile (301) 717-1004
Legislative Consultants: Christine K. Krone and Pamela Metz Kasemeyer, Schwartz, Metz, Wise & Kauffman, PA,
20 West Street, Annapolis, MD 21401

Email: ckrone@smwpa.com; mobile (410) 940-9165 ; pmetz@smwpa.com; mobile (410) 746-9003

cannot be changed by an individual state legislature. The Compact will be overseen by a Commission, which will create the rules to run the Compact. Members of the Commission will be regulators from states that join the Compact. If Maryland is one of the first seven states to pass the Interstate Social Work Compact, our representative will be part of the initial membership of the Commission, which will be creating the rules for the Compact.

For more information call:

Christine K. Krone

Pamela Metz Kasemeyer

Danna L. Kauffman

410-244-7000

SB0204_FAV_Social Work Compact_1 Mary Graham.pdf

Uploaded by: Christine Krone

Position: FAV

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: Mary Graham, LCSW-C

DATE: February 13, 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Madam Chair Beidle and Distinguished Members of the Finance Committee:

I am in support of this Bill because it will allow mental health providers to offer consistent and available services to their clients in whatever state they may be. I currently see a client who experiences severe depression, she will be traveling to be with family in another state, because we may meet virtually she had assumed she could carry on seeing me while she is with her family. Unfortunately under the current rules this will not be possible. Without detailing her trauma, this will make her visit to her family very much more difficult.

Social workers who work in areas near adjoining states must currently be licensed in all states that share borders. In Frederick County the Pennsylvania border is close by, West Virginia shares a boundary with Washington County. I am aware of clients who move back and forth to be with family members, which means that therapy sessions must be curtailed unless the therapist is licensed in the adjoining state. The process of obtaining a license is time consuming and expensive.

Given the need for mental health services and the availability of virtual connections it is even more important that those who seek to both provide and receive care not be hindered by this licensing rule. Our exam is a national exam, why must each state make their own rules about licensing? I have a driver's license from Maryland, and I am able to drive my car in every state! It is time. Please support Senate Bill 204.
Thank you.

Mary Graham, LCSW-C
Licensed Certified Social Worker-Clinical
Frederick Maryland

SB0204_FAV_Social Work Compact_2 Charity Mitchell.

Uploaded by: Christine Krone

Position: FAV

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: Charity Mitchell

DATE: February 13, 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Madam Chair Beidle and Distinguished Members of the Finance Committee:

I extend my sincere gratitude for considering my endorsement of Senate Bill 204, which advocates for the implementation of the "Interstate Social Work Licensure Compact," to be included in the public hearing record. My name is Charity Mitchell, and I am a Licensed Master Social Worker (LMSW) practicing in Frederick County, Maryland.

The significance of the Social Work Interstate Licensure Compact resonates deeply with me due to the substantial gap between the demand for mental health services and the limited number of licensed providers available. The extensive education and training that mental health professionals undergo, irrespective of state, coupled with mandatory post-licensure education, underscore our unwavering dedication to upholding high standards in the field.

The ability to practice across state lines is paramount in addressing disparities in access to culturally competent mental and behavioral health services. This approach can mitigate inequalities related to socioeconomic status, (dis)ability status, gender diversity, sexuality, and other barriers hindering individuals from accessing adequate care. Eliminating such barriers is especially critical for marginalized communities, ensuring they receive the treatment and support they need, particularly during challenging periods like a pandemic.

Drawing inspiration from existing licensure compacts for healthcare professions, the Social Work Compact enhances licensure portability and empowers state regulatory boards to safeguard consumers by facilitating the seamless exchange of licensure information.

The Social Work Compact offers numerous benefits, impacting both those in need of critical mental health support and social workers, including:

- Facilitating mobility for social workers meeting uniform licensure requirements.
- Expanding access to care for clients.
- Ensuring continuity of care for clients and social workers during relocations or travel across state lines.

- Simplifying the maintenance of certifications for military personnel and their spouses during relocations.
- Safeguarding and reinforcing the existing system of state licensure.

Critically, the Interstate Social Work Licensure Compact upholds each state's authority to regulate the profession without altering the scope of practice or affecting state practice laws. Social workers operating under the Compact must adhere to the laws and rules of the state where they practice, including compliance with the state's scope of practice.

I fervently urge you to support the Interstate Social Work Licensure Compact, recognizing its potential to profoundly impact mental health service accessibility and continuity of care.

Thank you for your thoughtful consideration.

Sincerely,
Charity Mitchell
Licensed Master Social Worker

SB0204_FAV_Social Work Compact_3 Kathleen Hawkins.

Uploaded by: Christine Krone

Position: FAV

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: Kathleen Hawkins, LMSW

DATE: February 13, 2024

RE: SUPPORT – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Chairperson Beidle and Distinguished Members of the Senate Finance Committee:

I sincerely thank you for considering my written statement supporting Senate Bill 204 on the “Interstate Social Work Licensure Compact”, for inclusion in the public hearing record. I am Kathleen Hawkins, a Licensed Master Social Worker residing in Annapolis and practicing in Montgomery County, Maryland.

The significance of the Social Work Interstate Licensure Compact resonates deeply with me due to the substantial gap between the demand for mental health services and the limited number of licensed providers available to deliver ethical and safe care. The rigorous education and training received by mental health professionals, irrespective of state, coupled with mandatory continued education post-licensure, underscore the dedication to maintaining high standards in our field.

The ability to practice across state lines is pivotal in addressing disparities in access to culturally competent mental and behavioral health services. Doing so can alleviate inequities related to socioeconomic status, (dis)ability status, gender diversity, sexuality, and other barriers that impede individuals from receiving adequate care. Clearing barriers holds particular importance in advocating for marginalized communities, ensuring they receive treatment and support, especially when in-person appointments may be challenging or finding a suitable clinician becomes a hurdle, such as during a pandemic.

Drawing inspiration from existing licensure compacts for various healthcare professions, including nurses, physical therapists, physicians, psychologists, and counselors, the Social Work Compact enhances licensure portability for practitioners. Simultaneously, it empowers state regulatory boards to better protect consumers by facilitating the seamless sharing of licensure information.

The Social Work Compact brings numerous benefits, impacting those needing critical mental health support and social workers. It achieves this by:

1. Facilitating mobility for social workers meeting uniform licensure requirements.
2. Expanding access to care for clients.
3. Ensuring continuity of care for clients and social workers during relocations or travel across state lines.
4. Simplifying the maintenance of certifications for military personnel and their spouses during relocations.
5. Safeguarding and strengthening the existing system of state licensure.

Notably, the Interstate Social Work Licensure Compact preserves each state’s authority to

regulate the profession. It does not alter the scope of practice or affect state practice laws. Social workers operating under the Compact must adhere to the laws and rules of the state where they practice, including compliance with the state's scope of practice.

I passionately urge you to lend your support to the Interstate Social Work Licensure Compact, recognizing its potential to make a transformative impact on mental health service accessibility and continuity of care.

Thank you for your time and consideration in this matter.

Sincerely,

Kathleen Hawkins, LMSW

SB0204_FAV_Social Work Compact_4 Rachel Z.pdf

Uploaded by: Christine Krone

Position: FAV

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: Rachel Zubek, LCSW-C

DATE: February 13, 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Madam Chair Beidle and Distinguished Members of the Finance Committee:

I sincerely thank you for considering my written statement supporting Senate Bill 204 on the "Interstate Social Work Licensure Compact" for inclusion in the public hearing record. I am Rachel Zubek, a Licensed Certified Social Worker-Clinical (LCSW-C) residing and practicing in Baltimore City, Maryland.

The significance of the Social Work Interstate Licensure Compact resonates deeply with me due to the substantial gap between the demand for mental health services and the limited number of licensed providers available to deliver ethical and safe care by area. The rigorous education and training received by mental health professionals, irrespective of state, coupled with mandatory continued education post-licensure, underscore the dedication to maintaining high standards in our field.

The ability to practice across state lines is pivotal in addressing disparities in access to culturally competent mental and behavioral health services. Doing so can alleviate inequities related to socioeconomic status, (dis)ability status, gender diversity, sexuality, and other barriers that impede individuals from receiving adequate care. Clearing barriers holds particular importance in advocating for marginalized communities, ensuring they receive treatment and support, especially when in-person appointments may be challenging or finding a suitable clinician becomes a hurdle, such as during a pandemic.

Drawing inspiration from existing licensure compacts for various healthcare professions, including nurses, physical therapists, physicians, psychologists, and counselors, the Social Work Compact enhances licensure portability for practitioners. Simultaneously, it empowers state regulatory boards to better protect consumers by facilitating the seamless sharing of licensure information.

The Social Work Compact brings numerous benefits, impacting those needing critical mental health support and social workers. It achieves this by:

- Facilitating mobility for social workers meeting uniform licensure requirements.
- Expanding access to care for clients.

- Ensuring continuity of care for clients and social workers during relocations or travel across state lines.
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- Safeguarding and strengthening the existing system of state licensure.

Notably, the Interstate Social Work Licensure Compact preserves each state's authority to regulate the profession. It does not alter the scope of practice or affect state practice laws. Social workers operating under the Compact must adhere to the laws and rules of the state where they practice, including compliance with the state's scope of practice.

I passionately urge you to lend your support to the Interstate Social Work Licensure Compact, recognizing its potential to make a transformative impact on mental health service accessibility and continuity of care.

I greatly appreciate your consideration and thank you for your time!

Warmly,
Rachel Zubek
Licensed Certified Social Worker-Clinical (LCSW-C)
Baltimore City, Maryland

SB0204_FAV_Social Work Compact_5 Sara Rodriguez.pd

Uploaded by: Christine Krone

Position: FAV

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: Sara Rodriguez, LCSW-C

DATE: February 13, 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Madam Chair Beidle and Distinguished Members of the Finance Committee:

Thank you for considering my written statement supporting Senate Bill 204 on the "Interstate Social Work Licensure Compact" for inclusion in the public hearing record. I am Sara Rodriguez, a Licensed Certified Social Worker-Clinical (LCSW-C) residing and practicing in Montgomery County, Maryland.

The gap between the demand for quality mental health services and the available providers to care for clients in need. The rigorous education and training received by mental health professionals, irrespective of state, coupled with mandatory continued education post-licensure, underscore the dedication to maintaining high standards in our field.

Practicing across state lines is crucial in addressing disparities in access to culturally competent mental and behavioral health services, alleviating inequities related to socioeconomic status, (dis)ability status, gender diversity, sexuality, and other barriers that impede individuals from receiving adequate care.

Clearing barriers holds particular importance in advocating for marginalized communities, ensuring they receive treatment and support, especially when in-person appointments may be challenging or finding a suitable clinician becomes a hurdle, such as during a pandemic. For my practice in particular, this affects foster and adoptive family's ability to access our specialized training in this area and access to providers who offer insurance coverage, as our practice does. This ruling would also allow college students to have continuity of care while they travel to and from their institutions.

Drawing inspiration from existing licensure compacts for various healthcare professions, including nurses, physical therapists, physicians, psychologists, and counselors, the Social Work Compact enhances licensure portability for practitioners. Simultaneously, it empowers state regulatory boards to better protect consumers by facilitating the seamless sharing of licensure information.

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I passionately urge you to lend your support to the Interstate Social Work Licensure Compact, recognizing its potential to make a transformative impact on mental health service accessibility and continuity of care.

I appreciate your consideration.

Sincerely,

Sara Rodriguez
Licensed Certified Social Worker-Clinical (LCSW-C)
Montgomery County, MD

SB0204_FAV_Social Work Compact_6 SharonPieczenik.p

Uploaded by: Christine Krone

Position: FAV

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: Sharon Pieczenik, LMSW

DATE: February 13, 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Madam Chair Beidle and Distinguished Members of the Finance Committee:

I sincerely thank you for considering my written statement supporting Senate Bill 204 on the "Interstate Social Work Licensure Compact" for inclusion in the public hearing record. I am Sharon Pieczenik, a Licensed Masters of Social Work (LMSW) residing and practicing in Frederick County, Maryland.

The significance of the Social Work Interstate Licensure Compact resonates deeply with me due to the substantial gap between the demand for mental health services and the limited number of licensed providers available to deliver ethical and safe care. The rigorous education and training received by mental health professionals, irrespective of state, coupled with mandatory continued education post-licensure, underscore the dedication to maintaining high standards in our field.

The ability to practice across state lines is pivotal in addressing disparities in access to culturally competent mental and behavioral health services. Doing so can alleviate inequities related to socioeconomic status, (dis)ability status, gender diversity, sexuality, and other barriers that impede individuals from receiving adequate care. Clearing barriers holds particular importance in advocating for marginalized communities, ensuring they receive treatment and support, especially when in-person appointments may be challenging or finding a suitable clinician becomes a hurdle, such as during a pandemic.

Drawing inspiration from existing licensure compacts for various healthcare professions, including nurses, physical therapists, physicians, psychologists, and counselors, the Social Work Compact enhances licensure portability for practitioners. Simultaneously, it empowers state regulatory boards to better protect consumers by facilitating the seamless sharing of licensure information.

The Social Work Compact brings numerous benefits, impacting those needing critical mental health support and social workers. It achieves this by:

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Notably, the Interstate Social Work Licensure Compact preserves each state's authority to regulate the profession. It does not alter the scope of practice or affect state practice laws. Social workers operating under the Compact must adhere to the laws and rules of the state where they practice, including compliance with the state's scope of practice.

I passionately urge you to lend your support to the Interstate Social Work Licensure Compact, recognizing its potential to make a transformative impact on mental health service accessibility and continuity of care.

I appreciate your consideration.

Sincerely,

Sharon Pieczenik
Licensed Masters of Social Work (LMSW)

SB0204_FAV_Social Work Compact_7 Jennifer Atwell.p

Uploaded by: Christine Krone

Position: FAV

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: Jennifer Atwell

DATE: February 13, 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Madam Chair Beidle and Distinguished Members of the Finance Committee:

My name is Jennifer Atwell and I am a clinical social worker who resides in your district.

I am writing in support of the Social Work Licensure Compact. It would allow for continuity of care when high school students, who have been in therapy, enroll in an out-of-state college.

I often work with teens transitioning from high school to college. I encourage my clients to connect with their colleges' counseling centers when they go to an out-of-state school to maintain their mental health. Many college counseling centers have a limit on the amount of sessions students can have per semester. They are also more oriented to handling crises and not ongoing therapy. When a student needs ongoing therapy, college counseling centers refer them to an outpatient provider in their area. The student then has to establish a therapeutic relationship and start from the beginning with the new provider rather than following up with a therapist that already knows their history. This has led some students to return home before their semester ends due to mental health deterioration.

During peak COVID, I observed the benefit of continuing care with a student who left for college in Pennsylvania. Due to the temporary waiver, I was able to provide treatment during her adjustment period and she successfully completed her first year in an out-of-state school while navigating sources of stress such as workload, roommates, missing home, and increasing independence while being supported by a therapist who was already familiar with her areas of difficulty and could support the use of therapeutic strategies that had been utilized in the past. I believe the option of continuing with their current therapist, even if they choose an out of state school, may lead to more college students having successful transitions during their first year away from home.

I encourage you to vote in support of the Social Work Licensure Compact.

Sincerely,

Jennifer Atwell, LCSW-C

2036 Sumner Drive

Frederick, MD 21702

SB0204_FAV_Social Work Compact_8 Julia Webb.pdf

Uploaded by: Christine Krone

Position: FAV

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: Julia Webb, LCSW-C

DATE: February 13, 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Madam Chair Beidle and Distinguished Members of the Finance Committee:

Thank you for accepting my written statement endorsing SB 204 on the “Interstate Social Work Licensure Compact” to be entered into the public hearing record. I am Julia Webb, a Licensed Clinical Social Worker-Certified (LCSW-C) practicing in Frederick County, Maryland.

The significance of the Interstate Social Work Licensure Compact resonates deeply with me due to the glaring disparity between the demand for mental health services and the availability of licensed professionals capable of delivering ethical and secure care. Across states, mental health professionals undergo rigorous education and training, alongside substantial post-licensure continuing education requirements. Therefore, the ability to practice across state lines holds the promise of mitigating disparities in accessing culturally competent mental and behavioral health services. This is crucial for marginalized communities who face barriers such as socioeconomic status, (dis)ability, gender diversity, and sexuality, hindering their access to adequate care, especially during the pandemic or other crises.

Similar to existing licensure compacts for various healthcare professionals, including nurses, physical therapists, physicians, psychologists, and counselors, the Interstate Social Work Licensure Compact promises to bolster licensure portability while empowering state regulatory bodies to safeguard consumers through improved sharing of licensure information.

The benefits of the Interstate Social Work Licensure Compact are manifold:

- Facilitating mobility for social workers meeting uniform licensure requirements;
- Expanding access to care for clients;
- Ensuring continuity of care for clients and social workers relocating or traveling across states;
- Simplifying certification maintenance for military personnel and spouses during relocation;

Crucially, the Interstate Social Work Licensure Compact upholds each state’s authority to regulate the profession without altering scope of practice or affecting state practice laws. Social workers operating under the Compact must adhere to the laws and regulations of the state in which they practice, including compliance with the state’s scope of practice.

The Spiral Path Counseling | Julia Webb, LCSW-C
jules@thespiralpathcounseling.com
308 West Patrick Street Suite 2b, Frederick, MD 21701
410-635-0320

I strongly advocate for your support of the Interstate Social Work Licensure Compact. It represents a vital step towards enhancing mental health support accessibility and reinforcing the professional landscape for social workers and their clients alike.

Sincerely,

Julia Webb
Licensed Certified Social Worker-Clinical (LCSW-C)
Frederick County, Maryland

SB0204_FAV_Social Work Compact_9 Hannah Davis.pdf

Uploaded by: Christine Krone

Position: FAV

TO: The Honorable Pamela Beidle, Chair Members, Senate
Finance Committee
The Honorable Joanne C. Benson

FROM: Hannah Davis, LMSW

DATE: February 12, 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Chairperson Beidle and Distinguished Members of the Finance Committee:

I sincerely thank you for considering my written statement supporting Senate Bill 204 - Interstate Social Work Licensure Compact for inclusion in the public hearing record. I am Hannah Davis, an Independent Licensed Master Social Worker (LMSW) residing and practicing in Montgomery County, Maryland.

The significance of the Social Work Interstate Licensure Compact resonates deeply with me due to the substantial gap between the demand for mental health services and the limited number of licensed providers available to deliver ethical and safe care, especially for marginalized communities. The rigorous education and training received by mental health professionals, irrespective of state, coupled with mandatory continued education post-licensure, underscore the dedication to maintaining high standards in our field.

The ability to practice across state lines is pivotal in addressing disparities in access to culturally competent mental and behavioral health services. Clearing barriers holds particular importance in advocating for marginalized communities, ensuring they receive treatment and support, especially when in-person appointments may be challenging or finding a suitable clinician becomes a hurdle, such as during a pandemic.

Drawing inspiration from existing licensure compacts for various healthcare professions, including nurses, physical therapists, physicians, psychologists, and counselors, the Social Work Compact enhances licensure portability for practitioners in our ever-changing, highly-mobile world of today. Simultaneously, it empowers state regulatory boards to better protect consumers by facilitating the seamless sharing of licensure information.

The Social Work Compact brings numerous benefits, impacting those needing critical mental health support and social workers. It achieves this by:

1. Facilitating mobility for social workers meeting uniform licensure requirements.
2. Expanding access to care for clients.
3. Ensuring continuity of care for clients and social workers during relocations or travel across state lines.
4. Simplifying the maintenance of certifications for military personnel and their spouses during relocations.
5. Safeguarding and strengthening the existing system of state licensure.

Notably, the Interstate Social Work Licensure Compact preserves each state's authority to regulate the profession. It does not alter the scope of practice or affect state practice laws. Social workers operating under the Compact must adhere to the laws and rules of the state where they practice, including compliance with the state's scope of practice.

I passionately urge you to lend your support to the Interstate Social Work Licensure Compact, recognizing its potential to make a transformative impact on mental health service accessibility and continuity of care.

I appreciate your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Hannah Davis', written in a cursive style.

Hannah Davis
Independent Licensed Master Social Worker (LMSW)
Montgomery County, Maryland

SB204_DHS_FAV

Uploaded by: Christy Reyes

Position: FAV

February 13, 2024

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 20401

**RE: TESTIMONY ON SB 204 - Interstate Social Work Licensure Compact - POSITION:
FAVORABLE**

Dear Chair Beidle and Members of the Finance Committee:

The Maryland Department of Human Services (DHS) thanks the Committee for the opportunity to provide written testimony in favor of Senate Bill 204 (SB 204). With offices in every one of Maryland's jurisdictions, we empower Marylanders to reach their full potential by providing preventative and supportive services, economic assistance, and meaningful connections to workforce development and career opportunities. SB 204 impacts resources available to the Social Services Administration (SSA) to implement Child Protective Services (CPS) and our Foster Care programs, as well as our Family Preservation Services preventing the need for foster care.

SB 204 would adopt the Model Social Work Licensure Compact, making Maryland a participant in the Compact. The Compact would authorize Maryland licensed social workers who hold multistate compact licenses to practice social work in other Compact member states. For Maryland, a multistate licensing pathway would increase license portability by permitting a Maryland social worker to practice in multiple states without having to apply for full licensure in another state that participates in the compact. For example, currently, a Maryland licensed social worker conducting a safety assessment for a Maryland child placed with kin in the District of Columbia must also be licensed in the District of Columbia. Under the Social Work Licensure Compact, a Maryland social worker holding a multistate license through their 'home state' of Maryland will be able to provide services not only in Maryland, but in any state that is also a member of the Compact. Multistate license holders are required to adhere to all the laws and regulations of their home state and the compact member, or 'remote' state.

We support SB 204 as it increases continuity of care when children and families travel or relocate; enhances public safety by creating a data system of information about multistate licensees including license status, investigative information, and adverse actions; reduces the need for Maryland social workers to maintain licensure in multiple states; and authorizes telehealth to increase access to Maryland regulated social work services. Multistate social work licensure will be particularly helpful when a child needs to go to a neighboring participating state or the District for medical care as part of a CPS investigation or needs to be temporarily placed outside a parents' home as part of a CPS or Family Preservation and there is an appropriate relative who lives in the neighboring state or the District. Maryland's multi-state licensed social workers would be permitted to practice in a state or District (if also members of the Compact) and make assessments, conduct visits, and determine the safety and needs of children and relatives who are caring for them.



SB 204 supports the ability for Maryland social workers to work directly with out-of-state relatives or caregivers who are temporarily caring for children without relying on Compact Member jurisdictions' child welfare systems capacity to provide services. Passing SB 204 may also reduce trauma a child and family may experience explaining their stories to different social workers by allowing Maryland's licensed social workers to provide services through telehealth and across state borders.

Additionally, SB 204 would authorize social workers from neighboring Compact participating states to make assessments for their children with temporary placements in Maryland, ensuring continuity of care for those children while reducing workload burden for Maryland social workers. Finally, entering into the Interstate Social Work Licensure Compact could improve Maryland Social Work staff retention by increasing geographic flexibility and could improve social worker recruitment from neighboring states with less competitive compensation.

We appreciate the opportunity to provide written testimony and recommend a favorable position to the Committee for consideration during your deliberations.

If you require additional information, please contact Rachel Sledge, Director of Government Affairs, at rachel.sledge@maryland.gov.

In service,



Rafael López
Secretary

2024-02-13 - MD - Pyramid Healthcare - Testimony r

Uploaded by: Collan Rosier

Position: FAV



CORPORATE OFFICE
P.O. Box 967
Duncansville, PA 16635
P: 814-940-0407
F: 888-218-8253
pyramidhc.com

February 13, 2024

Delivered Via [MyMGA Witness Signup Platform](#)

The Hon. Pamela Beidle, Chair
Senate Finance Committee
Maryland General Assembly
3E Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

The Hon. Katherine Klausmeier, Vice Chair
Senate Finance Committee
Maryland General Assembly
123 James Senate Office Building
11 Bladen Street
Annapolis, MD 21401

RE: Pyramid Healthcare Testimony In Favor of Senate Bill 204 – An Act Concerning the “Interstate Social Work Licensure Compact”

Dear Chair Beidle, Vice Chair Klausmeier, and distinguished members of the Committee:

The Pyramid Healthcare, Inc. (“Pyramid Healthcare”) family of companies urges the Committee to favorably adopt SB 204/HB 34 to have Maryland join the Interstate Social Work Licensure Compact (“SW Compact”).

As background, Pyramid Healthcare was founded in 1999 and is an integrated behavioral healthcare system that employs over 3,100 professionals caring for 12,000 unique commercial and Medicaid patients per day throughout our residential and outpatient locations across eight states. We offer a treatment continuum providing comprehensive behavioral healthcare specialties, including: substance use disorder, mental health, autism, and eating disorder treatment across an integrated network of service lines and affiliated behavioral healthcare organizations. In Maryland, we operate four locations: a detox & residential and an outpatient treatment center in California, a detox and residential treatment center in Charlotte Hall, and a detox & residential treatment center in Joppa. In total, we have approximately 170 substance use disorder residential treatment beds for adult Medicaid clients across the state. We are currently under construction on our new Prince George’s facility and expected to begin operations in mid-2024 with approximately 75 detox and residential substance use treatment beds for adults with substance use disorder. That facility will be located in outside of Bowie and will serve the residents of Prince George’s County, Anne Arundel County, and throughout central Maryland.

Maryland has already recognized the value of interstate licensure compacts, having previously adopted the Audiology and Speech-Language Pathology Interstate Compact, Counseling Compact, Interstate Medical Licensure Compact, Nurses Licensure Compact, Occupational Therapy Compact, Psychology Interjurisdictional Compact (PSYPACT), and the Physical Therapy Compact. Missouri has already adopted the SW Compact and legislation is currently pending in 23 other states.¹ In addition, the SW Compact is supported by the Council of State Governments (“CSG”), the U.S. Department of Defense (“DoD”), and the Association of Social Work Boards (“ASWB”), as well as numerous other organizations who helped develop the SW Compact.²

¹ <https://swcompact.org/compact-map/>.

² <https://swcompact.org/>.

The Social Work Licensure Compact is an interstate occupational licensure compact that allows social workers with bachelor's degrees, master's degrees, and clinical licenses to provide services to clients in all other Compact states instead of having to file duplicate license applications in each state in which they practice.³ Each Compact state extends licensure reciprocity to the other states in the Compact. In order to be eligible, a social worker must first already be eligible for or hold a social work license in their primary state of residence and meet other criteria. After the social worker's eligibility is determined, they receive a multistate license and may begin working in any SW Compact member state.

There are over 500,000 licensed social workers across the United States and Pyramid Healthcare employs many social workers across our counseling, operations, clinical, quality, compliance, and utilization review teams, among other functions. The SW Compact will streamline the licensing process while reducing administrative burden and allowing social workers to quickly resume providing care. It does so while protecting patient and public safety.

Joining the SW Compact will facilitate multistate practice and reduce the barriers to license portability for our current and potential employees by easing mobility across state lines, expanding employment opportunities to address crucial workforce shortages, allowing continuity of care for our patients that move across state lines, allows the use of telehealth to be leveraged, and supports the relocation of military spouses and their families.

Given Maryland's unique geographic location, bordering Pennsylvania, Virginia, the District of Columbia, Delaware, and West Virginia—as well as the presence of major military installations where members of the military and their families are frequently relocated into and out of the region, the SW Compact will positively impact the state's ability to attract and retain qualified and desperately needed social workers.

Please adopt SB 204/HB 34 to have Maryland join the Interstate Social Work Licensure Compact.

Thank you for your support of behavioral health providers – including those in both mental health and substance use – in Maryland and for considering our policy proposals and recommendations on behalf of Pyramid Healthcare. If we can provide any additional information or materials, please contact me at crosier@pyramidhc.com or 667-270-1582. In addition, we invite you or a member of the Committee or staff to reach out and schedule a visit to one of our Maryland locations sometime soon to learn more about our programs and services.

Sincerely,



Collan B. Rosier
Vice President of Government Relations

**CC: Members, Senate Finance Committee
Tammy Kraft, Committee Manager**

³ <https://swcompact.org/wp-content/uploads/sites/30/2023/02/Social-Work-Licensure-Compact-Fact-Sheet.pdf>.

MD Addiction Directors Council - 2024 SB 204 FAV -

Uploaded by: Craig Lippens

Position: FAV



Maryland Addiction Directors Council

Senate Finance Committee

February 13, 2024

Senate Bill 204 - Interstate Social Work Licensure Compact

Support

The Maryland Addictions Directors Council (MADC) represents both outpatient and residential substance use disorder and dual recovery treatment providers across the state of Maryland. Our members provide over 1,200 residential treatment beds across the state and are committed to providing comprehensive, quality recovery services to all Marylanders served.

MADC organizations utilize multi-disciplinary staff, inclusive of licensed social workers, both licensed and certified alcohol and drug counselors, therapists, nurses and advance practice registered nurses to provide comprehensive care. Across these disciplines, there is a dire shortage of candidates throughout the state for all levels of direct patient care. MADC **supports** a compact for social workers to allow for more eligible, and appropriately licensed social workers to work in the state of Maryland, specifically in behavioral health. This will increase access to care, affording more Marylanders to be served for their behavioral health needs.

Thank you for the opportunity to offer written testimony and we urge a favorable report on Senate Bill 204.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Blalock'.

Kristy E. Blalock, LCPC, LCADAS, MAC, NCC, BCPC, CADS
Secretary, MADC

SB0204_MHAMD_FAV.pdf

Uploaded by: Dan Martin

Position: FAV

Senate Bill 204 Interstate Social Work Licensure Compact

Finance Committee

February 13, 2024

Position: SUPPORT

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 204.

SB 204 enters Maryland into the Interstate Social Work Licensure Compact whereby Maryland social workers can deliver care in other compact states, and vice versa. The state has already adopted compacts for professional counselors and psychologists.

Maryland is in the midst of a behavioral health workforce crisis. Federal data¹ released just last month found that Maryland has 64 federally designated mental health professional shortage areas (HPSAs)², including 14 entire counties. These shortage areas, in which less than 20% of residents are getting their mental health needs met, impact over 1.8 million Marylanders. Another indicator found that 16 of Maryland's 24 jurisdictions come in below the national average (350:1) in terms of population to mental health providers, with a number that are considerably lower.³ And in a 2021 issue brief⁴, the Community Behavioral Health Association of Maryland found staff vacancies in 78% of child outpatient mental health centers, 83% of psychiatric rehabilitation programs for minors, and 50% of youth targeted case management programs. This is unsustainable. There are simply not enough behavioral health professionals to meet the mental health and substance use needs of all Marylanders.

The General Assembly has taken several important steps in recent years to streamline the delivery of quality behavioral health care and bolster the state's behavioral health workforce, but we are not out of this crisis yet. We must employ every strategy at our disposal to address the unmet need, and interstate licensure compacts are one of those strategies. They increase access to care by adding depth to local labor pools.

SB 204 will help ensure Marylanders can access mental health and substance use care when and where needed. For this reason, MHAMD supports this bill and urges a favorable report.

¹ <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>

² A HPSA is a geographic area, population group, or health care facility that has been designated by the US Health Resources and Services Administration (HRSA) as having a shortage of health professionals in one of three categories – primary care, dental health, and mental health

³ <https://www.countyhealthrankings.org/explore-health-rankings/maryland?year=2022&measure=Mental+Health+Providers&tab=1>

⁴ <http://mdcbh.org/files/manual/169/Child%20Utilization%20-%20Sept%202021.pdf>

For more information, please contact Dan Martin at (410) 978-8865

SB 204_SW Interstate Compact_BHSB_FAVORABLE.pdf

Uploaded by: Dan Rabbitt

Position: FAV



February 13, 2024

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB 204 – Interstate Social Work Licensure Compact

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

Behavioral Health System Baltimore strongly supports SB 204 – Interstate Social Work Licensure Compact. This bill will allow out of state social workers to work and live in Maryland with far fewer administrative hurdles. We hope the General Assembly will support this initiative as a part of the solution to our state’s overall behavioral health workforce challenges.

Maryland has faced a behavioral health workforce shortage for many years and the pandemic only made this worse. Maryland has 49 federally designated mental health professional shortage areas, including much of western Maryland, southern Maryland, and the Eastern Shore.¹ While there are many causes to this shortage, a lack of workers currently residing Maryland is a significant contributor. Maryland has not regained the workers lost during the pandemic as quickly as other states and this has exacerbated the shortages that already existed.²

Most behavioral health providers have numerous open position that are going unfilled. This has been our experience locally in Baltimore City as well. Being unable to hire has hampered our ability to implement new initiatives and to improve the racial diversity of the workforce. Licensed social workers are especially needed for in-person roles such as mobile crisis teams.

SB 204 will make it easier for social workers from other states to take a job in Maryland. The need to obtain a new license to practice in Maryland can be a barrier to taking a job in a new state and the interstate compact will reduce this unnecessary hinderance. It will also allow out of state social workers to provide services to Marylanders more easily through telehealth.

This legislation is a well-designed initiative that will simplify the process for out of state social workers to be employed in Maryland. **We urge the Senate Finance Committee to support SB 204 to address the state’s behavioral health workforce needs.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

Endnotes:

¹ Health Resources and Services Administration (HRSA). Health Workforce Shortage Areas Data Dashboard accessed January 29, 2024 at <https://data.hrsa.gov/topics/health-workforce/shortage-areas>.

² Office of the Comptroller. Maryland State of the Economy Report, 2023. Available at <https://www.marylandtaxes.gov/reports/static-files/SOTE.pdf>.

Testimony in Support of SB 204.pdf

Uploaded by: Daphne McClellan

Position: FAV

TO: The Honorable Beidle, Chair and Members, Senate Finance Committee
FROM: Daphne McClellan, PhD, LMSW
DATE: February 13, 2024
RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

I am writing in support of Senate Bill 204 which would cause the state of Maryland “to enter into the Social Work Licensure Compact for the purpose of authorizing regulated social workers who hold interstate compact licenses to practice social work in member states; establishing requirements for multistate licensure; establishing the Social Work Licensure Compact Commission; and providing for withdrawal from the Compact.”

During the past twenty years, I have taught social work at UMBC and UMB, I have served as the Executive Director of the Maryland Chapter of the National Association of Social Workers and also as Executive Director of the Board of Social Work Examiners (BSWE). These positions have given me a great deal of insight into the need for social work services by Maryland citizens, the needs of social workers in our state, and the cumbersome and expensive licensing process for those social workers whose work requires them to be licensed in multiple states.

This legislation would allow licensed Maryland social workers to have the same opportunity to practice across state lines as many other healthcare professionals in our state for whom compacts have already been approved. The compact would increase mobility and work satisfaction for our practitioners while providing continuity of care for clients. It would also allow compact members from other states to provide services in Maryland, thus increasing the available workforce to Maryland citizens in need of social work services.

There are 23 states that currently considering this social work compact legislation. By the end of this legislative session there will undoubtedly be the minimum number of seven states to form the compact and start putting together the rules about how it will be carried out.

As you are aware, a Workgroup has been meeting to consider whether changes are necessary to the social work licensing process in Maryland. Voting in favor of this compact would not negate or hinder the important work of that group in any way.

Since it is not possible for any state to change the language of the compact at this point, the only questions before this committee are 1) whether or not Maryland Social Workers will have the opportunity to participate in the compact and 2) whether this bill is passed this year, enabling Maryland to be a Charter Member State which would have some say in the by-laws and rules which will implement the Compact.

Situated as we are, sandwiched between Virginia, D.C., Pennsylvania and Delaware, we have many social workers who must maintain multiple licenses. A compact would make this process much easier, less expensive and much more uniform, while continuing to guarantee protection of the public. It would also serve the important goal of making licensure easier for our very mobile service members and their spouses.

Currently there are thousands of out-of-state social workers who are licensed in Maryland. These social workers and those coming behind them, applying for licenses, add to the enormous workload for the staff of the BSWE. A compact will greatly reduce the need for out of state social workers to apply for Maryland licensure reducing the workload for our understaffed board while keeping them responsible to our state's ethical requirements.

Allowing qualified Maryland social workers to participate in the compact would benefit them and those Maryland citizens who need social work services.

I ask for a FAVORABLE report on SB 204!

2024 Legislation - SB 204_Position Paper_021324(Se

Uploaded by: David Sharp

Position: FAV



2024 SESSION
POSITION PAPER

BILL NO: SB 204

COMMITTEE: Senate Finance Committee

POSITION: Support

TITLE: Interstate Social Work Licensure Compact

BILL ANALYSIS

SB 204 - Interstate Social Work Licensure Compact if passed enters Maryland into the Social Work Licensure Compact (or compact). The proposed legislation establishes specified procedures and requirements for a social worker to practice under a multistate license in a member state; the composition, powers, and responsibilities of the Social Work Licensure Compact Commission; and requirements related to oversight, dispute resolution, and enforcement of the compact. The bill is contingent on substantially similar legislation being enacted in five other states.¹

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports SB 204. The bill would increase access to social workers and in particular, specialized care that may not be locally available. Implementation of the compact across member states aims to expedite licensure processes for social workers in obtaining a multistate license to practice across state lines. Use of compacts help preserve the patient-provider relationship and enhance workforce capacity, contributing to the resilience of health care systems, especially during a public health emergency (PHE), such as a pandemic or natural disaster.² The legislative proposal will promote workforce mobility and

¹ Seven states must enact the Model Social Work Compact Bill before the Compact Commission is established. Missouri and South Dakota are the only states to enact legislation; Maryland is among 24 states that have pending legislation. More information is available at: swcompact.org/compact-map/.

² Milbank Memorial Fund, *Can Interstate Licensure Compacts Enhance the Health Care Workforce?*, April 2023. Available at: www.milbank.org/2023/04/can-interstate-licensure-compacts-enhance-the-health-care-workforce/.

enable qualified social workers to treat and maintain continuity of care for patients in compact member states. This is especially crucial for more vulnerable populations with conditions requiring ongoing treatment and care coordination.

The legislation aligns with the findings and recommendations from MHCC's September 2023, *Interstate Telehealth Expansion Study* report (report).³ The MHCC conducted a study in collaboration with stakeholders at the request of the Health and Government Operations (HGO) Committee. In a letter dated May 24, 2022, the HGO Chair noted support for the expanded use of telehealth since the COVID-19 PHE, and tasked MHCC with convening a workgroup to inform development of recommendations to expand interstate telehealth. The MHCC convened workgroup (January – March 2023) discussed barriers and opportunities to expanding the delivery of telehealth services across state lines. The workgroup consisted of representatives from health occupation boards, providers, payers, health care consumers, professional associations, professional liability insurance carriers, and various State agencies.

The MHCC's report includes nine recommendations for advancing interstate telehealth practice, which includes adopting legislation to advance participation in compacts. The workgroup viewed compacts as important to help alleviate workforce supply challenges that result in longer wait times and impede access to care. Workgroup participants generally favor compacts with a mutual recognition model⁴ where providers maintain a license in their home state and apply for a multistate license or privilege (authorization) to practice in other compact states.⁵

The MHCC believes this legislation is an important next step to improve access to care and health equity for underserved and vulnerable populations. If passed by the General Assembly, the law will expand cooperation among states licensure boards, enable greater use of telehealth, and enhance public safety.

For the stated reasons above, we ask for a favorable report on SB 204.

³ Maryland Health Care Commission, *Interstate Telehealth Expansion Study*, September 2023. Available at: mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/ist/IST_HGO_rpt.pdf.

⁴ Under a mutual recognition model, a licensee receives a multistate license from the compact state in which the licensee has established residence or purchases a privilege from the compact.

⁵ JDSupra, *Developments in Interstate Telehealth Licensing*, December 2022. Available at: www.jdsupra.com/legalnews/developments-in-interstate-telehealth-3935324/.



SB204 Interstate Social Work Licensure Compact Pos

Uploaded by: Dean Judy Postmus

Position: FAV

January 24, 2024

Written Testimony in Favor of SB 204 Interstate Social Work Licensure Compact

Thank you Senator Beidle, Senator Klausmeier and all the members of the Finance Committee for addressing this critical workforce issue and therefore recognizing the vital role of social work. The University of Maryland, School of Social Work appreciates the opportunity to provide testimony in favor of SB 204, which would allow Maryland's social workers to be part of an Interstate Compact and would extend this option for social workers that other health professionals currently hold in Maryland.

If SB 204 passes, Maryland could join the *Social Work Licensure Interstate Compact* and social workers would be eligible to apply for inclusion into a compact with other participating states. Currently, social workers must seek a separate license in each state/territory in which they wish to practice. An interstate compact is an important strategy for workforce development enabling social workers to practice in other compact member states without the need for multiple licenses.

Other advantages to participating in an interstate compact include: elimination of barriers to practice and increased access to care (especially in areas that are underserved, geographically isolated or lack specialty care); improved continuity of care when clients travel or relocate; support for spouses of relocating active duty military personnel; elimination of the necessity for licenses in multiple states; employment opportunities for interstate practice for social workers; and enhanced interstate teletherapy. Participation in an interstate compact is especially critical to enhance teletherapy social work services. Currently, teletherapy may only be provided by a licensed Maryland social worker if the client is located in Maryland when the services are provided.

SB 204 would not restrict Maryland in any way to make changes for licensure in Maryland but would expand the employment opportunities for social workers who reside in Maryland. If in the future, if Maryland were to eliminate the national test requirement from the licensing process, a Maryland Social Worker would still have the option to join the interstate compact by meeting the requirements of the interstate compact, if different from their state requirements.

SB 204 also strengthens the profession of social work because other health professionals currently participate in their own interstate compacts and social workers do not have these career options. For example, in the 2021 legislative session, SB 571 *Interstate Licensed Professional Counselors Compact*, passed allowing Maryland's licensed professional counselors access to their interstate compact and SB 204 would extend this same professional privilege for social workers and increase access to social work services.

Respectfully submitted by
Judy L. Postmus, Ph.D., ACSW, Dean & Professor



cc: Senator Joanne C. Benson, sponsor of SB 204

BCTN Testimony 2024 SB 0204 Interstate Compact.pdf

Uploaded by: Dionne Bushrod

Position: FAV



Senate Finance Committee
February 12, 2024
Senate Bill 0204
Interstate Social Work Licensure Compact

SUPPORT

We are a collective of Maryland licensed clinical social workers, clinical professional counselors, and master-level social work graduates, operating in private practice, and in diverse state, federal, and for-profit entities, committed to offering culturally infused professional development and networking experiences. While not formally organized, our network operates in the spirit of collegiality, information sharing, and mutual support.

We write to express our unequivocal support for the proposed Interstate Social Work Licensure Compact.

As providers originating from underrepresented communities and serving those from culturally biased and underrepresented backgrounds, we recognize the critical need for inclusion in vital conversations. Endorsing Maryland's participation as a charter member state in the interstate compact is crucial to ensuring that social work providers from Maryland have a seat at the table.

We endorse this legislation as it aligns with the evolving needs of care. Operating within the present limitations on practicing across state lines poses substantial challenges for us and the diverse range of clients we serve. The immediate benefits of the compact are evident: it provides flexibility for clients temporarily relocating outside of Maryland, alleviates the burdens associated with seeking licensure in multiple states, and directly addresses the shortage of trained licensed clinical social workers.

Moreover, an often-overlooked aspect of the compact is its impact on professional development content creators and trainers. With its implementation, we will have the opportunity to pursue activities typically governed by licensed social work, such as social work education, research, and administration. Currently, licensees must obtain various licenses to provide contracted services, creating significant barriers and economic disenfranchisement, especially for historically marginalized communities.

In conclusion, this collective of providers, The Black Collective Training Network, strongly encourage you to vote in favor of this pivotal initiative that will enhance mental health care accessibility, support licensed social work providers, and contribute to the overall well-being of our communities.

Thank you for your attention to this matter.

Sincerely,
Dionne Brown-Bushrod, LCSW-C
Shonda Conyers, LCSW-C
Candace Hawkins, LCSW-C
Barbie Johnson-Lewis, LCSW-C
Patricia Roberts-Rose, LCSW-C
Stacey Robinson, LCSW-C
Melodye Watson, LCSW-C (MD), LCSW (VA and NC), LICSW (DC)

SB204_SWCompact_KennedyKriegerSupport.pdf

Uploaded by: Emily Arneson

Position: FAV



DATE: February 13, 2024 **COMMITTEE:** Senate Finance
BILL NO: Senate Bill 204
BILL TITLE: Interstate Social Work Licensure Compact
POSITION: Support

Kennedy Krieger Institute supports Senate Bill 204 - Interstate Social Work Licensure Compact.

Bill Summary:

Senate Bill 204 enters Maryland into the Interstate Social Work Licensure Compact. This act is contingent on the enacting of substantially similar legislation in six other states. Currently one state has enacted the compact, Missouri, with pending legislation in 22 other state legislatures.

Background:

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based, and community-based programs. Over 27,000 individuals receive services annually at Kennedy Krieger. We employ more than 2,600 persons who play a vital role in our mission to transform the lives of children with disorders of the brain.

At Kennedy Krieger, clinical social workers are part of an interdisciplinary teams of professionals. Through their work, they enable individuals and their families to utilize their natural strengths to manage the ongoing realities and stresses of disability and other mental health or medical conditions that affect individual, family and community functioning and relationships. The social work department provides the following clinical services, as determined by individual and family needs, through any one of the department's inpatient or outpatient programs at Kennedy Krieger.

- Clinical evaluation of individual and family functioning
- Development of an individualized treatment plan
- Individual, family, and group therapy and counseling
- Parent training
- Educational, support and stress management groups
- Case management

Rationale:

Social workers are an essential part of the care team. But, due to ongoing shortages, there is a lack of available individuals to serve in these positions. Before the pandemic, there was a global shortage in the healthcare workforce¹. Predictions forecast that employment demands in healthcare will grow faster this decade compared to all other occupations. This includes an increased need for social workers, with demand expected to increase 13% through 2029.²

Social Work Telehealth Services: Kennedy Krieger provided approximately 30,000 appointments last year to over 3000 patients, of whom over 200 live outside of the state of Maryland.

While over ninety percent of the patients seen by social workers reside across Maryland, the use of telehealth during the pandemic has been beneficial for our Maryland families residing in Southern Maryland, Western Maryland, and the Eastern Shore and those out of state. Using Telehealth in state as an alternative service delivery model has reduced costs for families related to lost time from work, gas/mileage costs, and other travel-associated expenses, and has allowed patients to receive service in their natural setting. Results of our initial Institute-wide patient experience survey to all families who received telehealth services from March 15, 2020, through end of May 2020 indicate that the majority of patients & families are satisfied or extremely satisfied with the telehealth services, and many indicate a desire to continue receiving telehealth even once in-person services are available again in their specific programs.

¹ Figueroa CA, Harrison R, Chauhan A, Meyer L. Priorities and challenges for health leadership and workforce management globally: a rapid review. *BMC Health Services Research*. 2019;19(1)doi:10.1186/s12913-019-4080-7

² Source: www.bls.gov/ooh/community-and-social-service/social-workers.htm#tab-1

Out of State Services:

Kennedy Krieger Institute provides specialized services to patients nationally and internationally. In pre-pandemic times, families would need to make arrangements to complete the potentially costly and time-consuming trip to Kennedy Krieger Institute to obtain the skilled services their child and/or family required. The Telehealth service delivery model enabled our social workers to see patients from 14 states and the District of Columbia, but barriers with licensure and regulations can cause significant delays and sometimes an inability to provide the specialized care. With the complete services offered both at Kennedy Krieger Institute locations, in our community, and in the homes of our patients and their families combined with our geographic proximity to numerous surrounding states, there has been and will continue to be extreme struggles in providing care in the absence of an interstate compact.

Maryland's participation in the Social Work Licensure Compact would serve to:

- increase client/patient access to care,
- facilitate continuity of care when client/patient relocates,
- certify that psychologists licensed in other Social Work Licensure Compact states and treating Maryland patients have met acceptable standards of practice across education, training and experience,
- promote cooperation between Compact states in areas of licensure and regulation,
- offer a higher degree of consumer protection across state lines, and
- permit social workers to provide services to populations currently underserved or geographically isolated.

Enacting the Social Work Licensure Compact will allow a formal and legal relationship amongst states that promote a common agenda, to improve the health and wellbeing of the patients and families that we serve so they can live their lives to the fullest. This will allow families across participating states to have access to the highest quality of social workers available while also decreasing the burdens placed on the patient, family, and the system. Though the need for an interstate compact has existed for many years, the COVID-19 pandemic has pushed this need to the forefront. As states have removed or modified their telehealth waivers, as well as the policies for expedited licensure that were put into place due to the pandemic, access to care and continuity of care has been reduced, negatively impacting the full potential of those who need specialized services. To date, there are 22 states including our sister states of Pennsylvania and Virginia that have approved the Social Work Compact or have pending legislation. It is time for Maryland to join the Social Work Compact to ensure access to mental health for all Maryland residents, and to ensure that Maryland social workers can provide telebehavioral health services to all their patients, including those in states participating in the Compact.

Kennedy Krieger Institute requests a favorable report on Senate Bill 204.

SB 204- Interstate Social Work Licensure Compact-

Uploaded by: Jane Krienke

Position: FAV



Maryland
Hospital Association

February 12, 2024

To: The Honorable Pamela Beidle, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 204- Interstate Social Work Licensure Compact

Dear Chair Beidle:

On behalf of the Maryland Hospital Association's (MHA) 62 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 204.

Maryland hospitals are facing the most critical staffing shortage in recent memory. MHA's [2022 State of Maryland's Health Care Workforce report](#) outlines a roadmap to ensure Maryland has the health care workforce it needs now and into the future. This includes recommendations, like the Interstate Social Work Licensure Compact, that would strengthen the hospital workforce and increase access to care.

Hospitals employ social workers to support behavioral health patients and other vulnerable populations through case management, care coordination, and much more. Patients who face barriers transitioning out of the hospital to the next level of care, home or somewhere else, often rely on social workers to support them during this process. Pediatric patients experiencing hospital overstays rely on social workers to advocate for resources and support. As such, social workers provide invaluable behavioral health care in their communities, as well as counsel and support to families whose loved ones are receiving health care services.

Almost half of the states have pending legislation to join the Social Work Licensure Compact.¹ Given the critical workforce shortage, Maryland's participation in this compact to allow for interstate reciprocity would alleviate the strain on our current workforce and help build a future pipeline.

For these reasons, we request a favorable report on SB 204.

For more information, please contact:

Jane Krienke, Senior Legislative Analyst, Government Affairs
Jkrienke@mhaonline.org

¹ <https://swcompact.org/compact-map/>

SB 204- Interstate Social Work Licensure Compact-

Uploaded by: Jane Krienke

Position: FAV



Maryland
Hospital Association

February 12, 2024

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Jane Krienke, Senior Legislative Analyst, Government Affairs
Jkrienke@mhaonline.org

¹ <https://swcompact.org/compact-map/>

SB204_JanetSvirsky_FAV

Uploaded by: Janet Svirsky

Position: FAV

TO: The Honorable Pamela Beidle, Chair Members, Senate
Finance Committee
The Honorable Joanne C. Benson

FROM: Janet Svirsky, LMSW, LGSW

DATE: February 13, 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Chairperson Beidle and Distinguished Members of the Finance Committee:

I sincerely thank you for considering my written statement supporting Senate Bill 204 on the " Interstate Social Work Licensure Compact" for inclusion in the public hearing record. I am Janet Svirsky, an LGSW, practicing in DC, and an LMSW practicing in Maryland, residing in Montgomery County Maryland, on the path to becoming an LCSW-C.

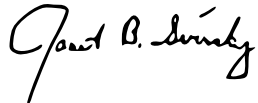
The importance of the Social Work Interstate Licensure Compact cannot be overstated. In my view, as clearly amplified by the Covid-19 pandemic, the ability to practice wherever the client resides as a result of relocation, travel, illness, support of family, ..., allowing for the ethical continuity of care, or the lack of services where they live, together with the continued ability to practice using telehealth, allows for the ethical support for those in need. The bill addresses concerns around any formal discrepancy between states' standards of competency, including the possibility of a national exam, and continued education requirements, nor does it weaken each state's ability to regulate. The location of the client has no relevance to the competence of the therapist.

There is a great deal of experience in the use of licensure compacts in other fields that should inspire confidence that it can be done appropriately, such as for nurses, physical therapists, physicians, as well as for other mental health practitioners, psychologists, and counselors. While, in general, Social Work Compact enhances licensure portability for practitioners while empowering state regulatory boards to better protect consumers by facilitating the seamless sharing of licensure information, it is particularly relevant to those who practice in Maryland, DC, and Virginia, should they all join the compact, who now have to be licensed in three states to practice within a relatively small geographic area.

Please lend your support to the Interstate Social Work Licensure Compact, recognizing its potential to make a transformative impact on mental health service accessibility and continuity of care.

I appreciate your consideration.

Sincerely,

A handwritten signature in black ink that reads "Janet B. Svirsky". The signature is written in a cursive style with a large initial 'J' and a distinct 'S'.

Janet Svirsky, LMSW, LGSW

Montgomery County, Maryland

SUPPORT SB204.pdf

Uploaded by: Jennifer Klingler

Position: FAV

TO: Maryland General Assembly, Senate Finance Committee
Senator Pamela Beidle, Chair
Senator Katherine Klausmeier, Vice Chair
CC: Senator Joanne Benson, Bill Sponsor
FROM: Jennifer E. Klingler, LCSW-C
DATE: February 12, 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Chairperson Beidle and Distinguished Members of the Senate Finance Committee,

Thank you for considering this written testimony in SUPPORT of SB 204, The Interstate Social Work Licensure Compact.

I have worked in the field of mental health since 1997, graduated with a Master of Social Work degree in 2001 and obtained advanced state licensure in 2003. I have worked in numerous settings including crisis response, outpatient treatment, inpatient hospital treatment, psychiatric research and now own an independent private practice.

Social workers are a key component of our country's mental health system, which is woefully lacking providers. I trust that the committee members are aware of the many ramifications of the consequences of inadequate access to treatment. The need for more access to professional licensed mental health care providers has never been greater.

The Interstate Compact increases the number of available clinicians, often concentrated in more populated areas, to areas with greater need and fewer clinicians. It would also allow providers to be able to offer their expert care to clients in participating states, where specialized services may not be as accessible.

I have a specialty in helping families affected by serious and persistent mental illness' such as Schizophrenia and Bipolar disorder. With early care and intervention, patient outcomes are improved, there are fewer strains on our hospital and legal systems, and reduced rates of disability. Families often contact me from other states asking for Family Therapy to help them and their loved one manage these conditions. These services can effectively be provided via telehealth. Location/distance are no longer barriers to obtaining expert care. However, without the Interstate Compact, I can not provide them with any direct service. And so, families are they are often left with their underfunded and understaffed community mental health centers, few of which are able to provide extensive family therapy with experienced clinicians.

It is true that Social Work testing/licensing process has it's problems, rooted in systemic racism. These are being addressed by the Association of Social Work Boards which must act to change the exams to eliminate racial bias. It is also true that Social Workers and our services should be treated as other health care providers, many of whom are permitted to practice in other states via similar compacts. Social Workers are highly educated, licensed health care providers who

undergo continued education and are held to high standards. We are critical part of our country's mental health system. Not supporting this bill does not correct the problems with the licensure exams. Not supporting this Interstate compact ONLY has the effect of reducing people's access to needed care.

Thank you, Senator Benson, for sponsoring this important piece of legislation. I am grateful for the committee's consideration of my testimony in support of SB 204 and urge you to vote in favor.

Sincerely,

A handwritten signature in blue ink that reads "Jennifer Elledge L.C.S.W.-C". The signature is written in a cursive style.

Baltimore, MD 21210

Office – 443-682-7780

Fax – 443-682-7781

Web – www.WillowBranchTherapy.com

Email- Jennifer@WillowBranchTherapy.com

LBH-SB204 Interstate Social Work Licensure Compact

Uploaded by: Jennifer Witten

Position: FAV



Date: February 12, 2024

To: Chair Beidle, Vice Chair Klausmeier and Finance Committee Members

Reference: Senate Bill 204-Interstate Social Work Licensure Compact

Position: Support

Dear Chair Beidle and Committee,

On behalf of LifeBridge Health and Center for Hope, we appreciate the opportunity to comment and offer our support for Senate Bill 204. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Hebrew Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County; Grace Medical Center (formerly Bon Secours Hospital), a freestanding medical facility in West Baltimore; and Center for Hope a center of excellence focused on providing hope and services for trauma survivors in Baltimore City.

The Social Work Licensure Compact allows eligible social workers to practice in all states that join the compact. The goal is to eliminate barriers to practice and to client care along with ensuring public protection. An interstate compact is a legal contract between two or more states/territories that would enable social workers to practice in each other's jurisdiction, giving members of the profession more license mobility. The Social Work Licensure Compact will also enhance a state's ability to protect public safety.

LifeBridge Health along with Center for Hope and the Family Tree value our social worker team members who help support needs of our patients throughout our healthcare system and often in the community setting. They are critical members of our violence intervention program working with families and survivors of trauma. Given the ongoing healthcare workforce shortages and need to be flexible in recruiting professional social workers the Compact supports Maryland to remain competitive and welcoming. Maryland has adopted several similar healthcare compacts that have benefited our state in encouraging providers to practice in Maryland. Compacts add a level of expedited licensure process, does not circumvent the autonomy of the oversight board for ultimate review and discipline actions if needed.

For all the above stated reasons, we request a Favorable Report on Senate Bill 204.

For more information, please contact:

Jennifer Witten, M.B.A.

Vice President, Government Relations & Community Development

jwitten2@lifebridgedhealth.org

CARE BRAVELY

SB204 The Interstate Social Work Licensure Compact

Uploaded by: Joanne C Benson

Position: FAV

JOANNE C. BENSON
Legislative District 24
Prince George's County

MAJORITY WHIP

Budget and Taxation Committee

Education, Business and
Administration Subcommittee

Pensions Subcommittee

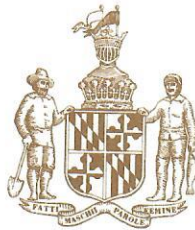
Joint Committees

Audit and Evaluation Committee

Children, Youth, and Families

Ending Homelessness

Fair Practices and
State Personnel Oversight



James Senate Office Building
11 Bladen Street, Room 201
Annapolis, Maryland 21401
410-841-3148 · 301-858-3148
800-492-7122 Ext. 3148
Fax: 410-841-3149 · 301-858-3149
Joanne.Benson@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony of Senator Joanne Benson

SB204: The Interstate Social Work Licensure Compact

Good afternoon, Chairwoman Pamela Beidle, Vice Chairwoman, Katherine Klausmeire and Members of Finance Committee.

I am here this afternoon seeking your support for SB204 – The Interstate Social Work Licensure Compact which will allow, authorized, regulated social workers who hold multistate licenses to practice social work in Maryland. This bill streamlines the social work licensure process where needed when moving from state-to-state. It further anticipates and provides for a modern world for telehealth services by allowing social workers to practice across state lines which can increase the availability of care and support in underserved areas leading to a better quality of life for those in need.

Currently, social workers must seek a separate license in each state in which they wish to practice which can be labor and time intensive.

A compact creates a more efficient processing system while protecting public safety. A big advantage is states participating in the compact use a shared data system which will enable them to verify that social workers have met the requirements to practice under the compact and are in good standing with our regulatory board.

SB0204 offers Maryland the opportunity to be one of the seven states for this compact and to take needed action for the robust provision of mental health services.

I am convinced that the Interstate Social Work Licensure Compact – SB204 will lead our state to a brighter tomorrow with the support of bright professionals who are skilled and competent who will be coming to Maryland.

Thank you and I ask for your unwavering support for SB204.

SB 204 SW compact FAV MDDCSAM.pdf

Uploaded by: Joseph Adams, MD

Position: FAV



MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

SB 204 Interstate Social Work Licensure Compact
Senate Finance Committee. Feb 13, 2024

SUPPORT

MDDCSAM supports HB 34, which would allow for a Social Work Licensure Compact across states. This bill would certainly reduce the burdensome requirements for social workers to hold multiple state licenses when providing care across state lines.

Maryland, like many other states, is facing significant and prolonged work force issues. In particular, it has become increasingly difficult to recruit social workers to provide care in substance use disorder (SUD) treatment programs. These clinicians are the front-line workers taking care of patients and coordinating their care. They are essential and empower patients with therapy, treatment plans, resources, advocacy.

The work force issue has also been compounded due to the COVID pandemic. More social workers have been drawn to private or group practices, making recruitment to work in SUD treatment facilities even more difficult. This bill would enable practitioners from bordering states to more easily work in Maryland.

In addition, virtual services have grown significantly. If passed, this bill would allow those services to be provided across state lines and reach many more people in needed, especially in rural areas where treatment is scarce.

For the reasons above, in addition to allowing social workers the same benefits of professional counselors and therapists in Maryland, we fully support this bill.

FNLOral Testimony, MD SB 204, Feb 13, 2024.pdf

Uploaded by: Judith Gallant

Position: FAV



Greater Washington Society for Clinical Social Work

Testimony on SB 204 – Social Work Licensure Compact

Maryland Senate Finance Committee

February, 2024

I thank the committee for the opportunity to share our strong support for Senate Bill 204. I am Judith Gallant and represent both the Greater Washington Society for Clinical Social Work (GWSCSW) and the Clinical Social Work Association (CSWA). The Society includes clinical social workers practicing in the three jurisdictions of the DMV. The CSWA is a nationwide umbrella association of state-based clinical social work societies.

A most frequently voiced concern by our members is the current roadblock in providing continuity of mental health care to patients who move out of state. Imagine this: my patient needs to move to Virginia to care for an elderly parent. I am not licensed in Virginia and I would currently be unable to continue to work with this patient unless they traveled back to MD for every session. Were my patient – at a time of great stress – cut off from the ongoing care I provide, they could experience a deterioration of their underlying condition, especially if the patient suffered from Major Depressive Disorder.

Our National organization hears concerns about this from its members throughout our country. Without this Social Work Compact becoming law, patients have unnecessary roadblocks to access continuing care from a trusted provider.

Another benefit: With Maryland in the Social Work Compact, social-worker spouses of our military members who need to relocate when the service member is reassigned to another state are given the ability to maintain a stable income from their profession without needing to become re-licensed in the new state.

Some are asking that passage be delayed until the Workgroup on Social Worker Requirements for Licensure complete their work. It is important to understand that a state or jurisdiction has their own requirements for a social work license. The Social Work Compact has its own requirements for someone to become licensed as part of the Compact. These are *two separate licenses*. An applicant for the Compact must have the State license, but the Compact does *not* have requirements for what the State's qualifications must be.

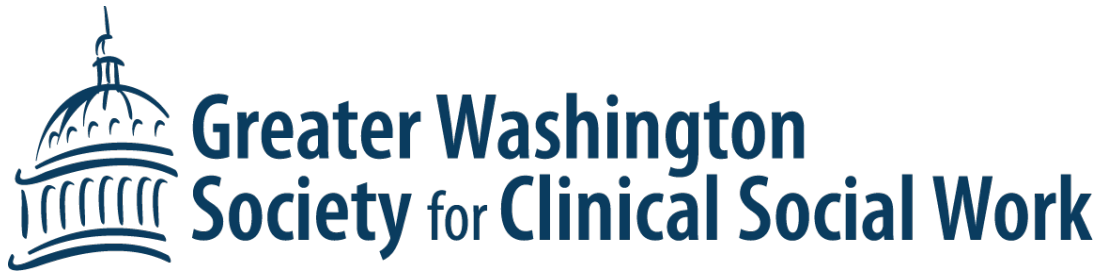
We urge a favorable report from this Committee and a speedy passage by the General Assembly. If Maryland is one of the first seven states to pass the compact, it will have a strong voice in setting the rules.

Judith Gallant, LCSW-C
Director, GWSCSW Legislation and Advocacy
Deputy Director, CSWA Policy and Practice
judy.gallant@verizon.net

GWSCSW Compact info page, 1-24.pdf

Uploaded by: Judith Gallant

Position: FAV



Important Information on Social Work Compact

January 2024

The Social Work Compact legislation was finalized on February 27, 2023. The legislation can be found here: https://swcompact.org/wp-content/uploads/sites/30/2023/04/Social-Work-Licensure-Compact-Final_May-2023.pdf.

The Social Work Compact, which joins eight other health care Compacts, will benefit consumers, licensure boards, and the social work profession by:

- Enhancing mobility for clinical social workers who meet the Compact uniform licensure requirements;
- Allowing military personnel and spouses to more easily maintain their social work licenses when relocating; and
- Preserving and strengthening the current system of state licensure.

The Social Work Compact will allow LCSWs to work in other states without having to become licensed in these states under the following conditions:

- If the LCSW's home state joins the Compact
- If the LCSW then joins the Compact as an individual
- If the LCSW has no actionable complaints

The Compact must be passed by the state legislature of any state to join the Compact. Seven states need to pass the Compact in order for it to take effect and for a Commission to be formed to decide the rules by which it will operate. The legislation must be accepted as written by the Council of State Governments and cannot be changed by an individual state legislature. The Compact will be overseen by a Commission which will create the rules to run the Compact. Members of the Commission will be regulators from states that join the Compact.

For more information, contact Judith Gallant, LCSW-C at judy.gallant@verizon.net or 301-717-1004.

NASW Maryland - 2024 SB 204 FAV - Social Worker Co

Uploaded by: Karessa Proctor

Position: FAV

**Finance Committee
February 13, 2024**

**Senate Bill 204
Interstate Social Work Licensure Compact
SUPPORT**

To the honorable Finance Committee,

I am writing on behalf of the National Association of Social Workers (NASW) Maryland Chapter to express our strong support for Senate Bill 204, the Interstate Social Work Licensure Compact, sponsored by Senator Benson. As an organization dedicated to advancing the profession of social work and advocating for the well-being of individuals and communities, we believe that this compact will greatly benefit both social workers and the populations they serve.

The Interstate Social Work Licensure Compact will allow licensed social workers who opt into the compact to practice across state lines without unnecessary barriers or delays. This means clients who travel or relocate will be able to receive uninterrupted services; military spouses who are social workers won't experience delays after moving states; underserved areas will have access to specialized social work services; and geographic barriers will be eliminated among the states that enter the Compact. This is particularly important in today's interconnected world, where individuals and families may move frequently for employment, education, safety concerns, or other reasons.

By streamlining the licensure process and promoting reciprocity among states, SB 204 will enhance access to competent and qualified social work services for individuals and communities across participating states. This will be especially beneficial in addressing critical social issues such as mental health, substance use disorders, child welfare, and aging, which often require interdisciplinary and collaborative approaches and in which social workers have specialized education, training, and expertise.

In conclusion, the NASW Maryland Chapter strongly urges your support for the Interstate Social Work Licensure Compact. This legislation represents a significant opportunity to promote the mobility of social workers and improve access to social work services for vulnerable and underserved populations. **We ask that you give a favorable report to SB 204.**

Thank you for your time and consideration.

Respectfully submitted,

Karessa Proctor, BSW, MSW
Executive Director, NASW-MD

SB 204_Commerce_Social Work Licensure Compact_Supp

Uploaded by: Kevin Anderson

Position: FAV



Wes Moore | Governor
Aruna Miller | Lt. Governor
Kevin A. Anderson | Secretary of Commerce
Signe Pringle | Deputy Secretary of Commerce

DATE: February 13, 2024
BILL NO: Senate Bill 204
BILL TITLE: Interstate Social Work Licensure Compact
COMMITTEE: Senate Finance
POSITION: Support

The Maryland Department of Commerce (Commerce) supports Senate Bill 204 – Interstate Social Work Licensure Compact.

Bill Summary:

Senate Bill 204 facilitates interstate practice of regulated social workers by improving access to competent social work services. Under this bill, regulated social workers who hold or are eligible for an active, unencumbered license in the home state are eligible to practice social work in member states. Additionally, this legislation establishes a Licensure Compact Commission comprised of one delegate selected by the member state’s licensing authority, defines the role and voting rights of the Commission including disciplinary authority and provides a mechanism for withdrawing from the compact.

Background:

Twenty health occupation boards share responsibility for licensing health practitioners in Maryland. With a few exceptions, an individual must be licensed, certified, registered or permitted by the respective health occupation board before practicing in the State. Requirements for licensure, certification, registration and permitting vary by profession but typically require a combination of approved education, experience, examination, and a criminal history background check.

Currently, Maryland does not offer licensure reciprocity with other states for social workers. However, if you are licensed by another state, you may be able to obtain a Maryland social work license by endorsement. To be eligible, an applicant must hold a social work license that is equivalent to one offered by the Maryland Board of Social Work Examiners (Board) and have passed an exam to receive that license. Documentation must be provided to the Board for applicants who have been licensed and practicing for at least 1,000 per year for the last 10 and more extensive documentation is required by the Board if an applicant does not meet those criteria.

Rationale:

Passage of this bill will allow Maryland to improve access to licensure and licensure portability for social workers and meet the qualifications and definition of a military family-friendly state within the Department of Defense’s (DoD) Support of Military Families scorecard for states. These scorecards factor into future DoD basing decisions. The economic impact of Maryland’s military installations in FY 2021 was \$61.4B in payroll and expenditures. With 72% of military

families living off-base in our communities, this bill will allow not only the ease of military families gaining employment but also contributing to the overall quality of life for all Marylanders by increasing the availability of licensed social workers in our communities.

In addition to license portability, DoD also strongly encourages states to adopt interstate compacts for occupational licensure. Maryland has adopted seven of the nine interstate licensure compacts related to health occupations. The EMS and the Advanced Practice Medical Nurse compacts are the remaining ones in need of adoption. In 2024, additional interstate licensure compacts for health occupations will be introduced to include dietitians, school psychologists and respiratory therapists. Passage of SB 204 will allow for a more straightforward adoption of these interstate compacts.

Commerce respectfully requests a favorable report on Senate Bill 204.

SB204_LaurenHighsmith_FAV

Uploaded by: Lauren Highsmith

Position: FAV

Testimony Supporting Senate Bill 0204
Lauren Highsmith
2606 Beethoven Ave. Baltimore MD 21207

February 13, 2024

My name is Lauren Highsmith and I am a Clinical Social Worker in Maryland. I currently work as a provider in the Morgan State University Counseling Center.

THIS BILL

SENATE BILL 204 Entering into the Social Work Licensure Compact for the purpose of authorizing regulated social workers who hold interstate compact licenses to practice social work in member states; establishing requirements for multistate licensure; establishing the Social Work Licensure Compact Commission; and providing for withdrawal from the Compact.

As a Licensed Clinical Social Worker in Maryland, I believe the compact would eliminate barriers to practice and increase access to care. Especially in areas that are underserved, geographically isolated or lack specialty care. As a LCSW-C that works with the college population, I am unable to provide services to students when they are not located on campus or in the state of Maryland. Despite the student may needing continuing care and having limited resources. By increasing the efficiency of becoming licensed across state/territory lines we are Improving the continuity of care when clients travel or relocate.

Lauren Highsmith urges the Finance Committee to report favorably on House Bill.

Interstate Social Work Licensure Compact.pdf

Uploaded by: Lisa D Fishet

Position: FAV

TO: The Honorable Pamela Beidle, Chair Members, Senate
Finance Committee
The Honorable Joanne C. Benson
FROM: Lisa D. Fisher, LCSW-C

DATE: February 12, 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Chairperson Beidle and Distinguished Members of the Finance Committee:

Thank you for considering my written statement supporting Senate Bill 204 on the “Interstate Social Work Licensure Compact” for inclusion in the public hearing record. I am Lisa D. Fisher, a Licensed Certified Social Worker- Clinical (LCSW-C) in Maryland and a Licensed Clinical Social Worker in Virginia. I live in Harford County, Maryland.

The significance of the Social Worker Interstate Licensure Compact resonates with me as a mental health professional due to the movement of clients – moving because of family needs, work relocation, cost of living, and any other meaningful reason to the client. The continuum of care is more critical than an abrupt termination of care. The interstate social work licensure compact will lessen the effects of termination and starting all over again for the client.

The ability to practice across state lines is like a driver’s license. I have a Maryland driver’s license in good standing. I can drive in the United States without limitations and follow each State’s law. It is the same with the interstate social work licensure. I must respect the law and obey the law.

When I was a graduate student, the tier explained to me was psychiatrist, psychologist, and licensed certified/clinical social worker. Whether this is accurate, other healthcare professions allow licensure portability for practitioners such as psychologists and nurses. Let’s allow the licensed, certified clinical social worker to do the same.

Thank you for your time, attention, and support to the Interstate Social Work Licensure Compact.

Respectfully, I am,



Lisa D. Fisher, M.Ed., M. Div., BCC, LCSW-C
Maryland #21862
Virginia #0904016088

Firestone Lori HB34 SB204 Support.pdf

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Position: FAV

Maryland General Assembly
Support for HB 34/SB 204

February 12, 2024

To the Honorable Maryland Assembly House and Senate Committee members, I would like to express my support for HB 34/SB204, the Interstate Social Work Licensure Compact. This legislation would **streamline the licensure process** to allow social workers to more effectively provide services across state lines. This not only benefits practitioners, but also **ensures that individuals in need of services can access qualified professionals**, irrespective of state boundaries. Other benefits include enhancing the mobility of social workers, improving continuity of care when clients travel or relocate, and more integrated data management for licensees for more efficient licensure verifications and other pertinent information about licensing status.

I wanted to provide a first-hand account of the challenges I have faced as a result of the current system with respect to social work licensure. Before moving to Baltimore, I lived in Washington, DC. This area is informally known as 'the DMV' because of **the District's proximity to both Maryland and Virginia**. It is very common for clients in this area to live in one state and work in another. A social worker is supposed to be licensed in the state where the session takes place. The majority of the time, clients would come to my office and there was no issue. However, a fair amount of my clients held professional jobs that required frequent travel and short term assignments. For example I have worked with clients employed by Peace Corps, the State Department, federal safety agencies, and various other high-profile positions. **Technically, by doing sessions when clients are out of area, we are in violation of the statutes**. This also holds true for phone calls when clients are not well enough to come in for sessions or on snow days. I have spoken with many colleagues and it is a risk we have incurred in the interest of continuity of care, however it is accompanied by a sense of internal conflict and anxiety that we do not need to carry.

Getting licensed in just three states is one issue. I have known colleagues to pay for and maintain their licenses in DC, Maryland and Virginia in order to be in compliance with the exceptions to in-office care. However, with the pandemic, many of our clients were forced to relocate out of state. These were not consolidated, but scattered across many jurisdictions. I personally had clients move to Pennsylvania, Maine, New Jersey, North Carolina, Illinois and Ohio. **I believe it is an unreasonable standard for social workers to maintain licensure in each individual state**. On the surface, it may seem logical to transfer our clients; however this does not take into consideration the complexities of the situation. Many of the people I work with have experienced serious depressive episodes with suicidal ideation, extreme anxiety/panic, trauma, grief and loss. It is hard for people to "start over" and even if they are willing, many discover a lack of available providers or extensive wait lists. **It would be disruptive at best, and traumatizing at worst, for these clients to find a new therapist**, especially when they are experiencing diminished capacities.

Finally, the second standard in the NASW Code, under the Ethical Responsibility to Clients section, states that social workers respect and promote the right of clients to self-determination. I support my clients' right to choose to remain with the therapist with whom they have established a deep rapport and trust. In conclusion, I ask that you support HB 34. Thank you for your time and consideration.

Sincerely,



Lori E. Firestone, LCSW-C (MD), LICSW (DC), LCSW (VA)
Owner, Therapist
One City Wellness
(202) 437-0323
onacitywellness@gmail.com

Nash MMC oral testimony SB 204 February 13 2024.pd

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Position: FAV



MARYLAND MILITARY COALITION

Serving Veterans through Legislative Advocacy

Statement of CAPT Lynn Nash
SB 204 – Interstate Social Work Licensure Compact
February 13, 2024

FAVORABLE

Dear Chair Beidle and Members of the Senate Finance Committee:

On behalf of the Maryland Military Coalition and as its Communications Director, I am here to testify on behalf of this bill, as well as answer any questions that you might have. For the record, my name is CAPT (R) Lynn Nash. I am a nurse and as a healthcare professional, I understand the challenges of moving my professional license every time I had a change of station move. I started my uniformed services career as a military spouse and then went on to serve for over 30 years on active duty in both the U.S. Army and Public Health Service.

SB 204 is a common-sense approach to improving license portability and employment, especially for our service families. The Social Work Licensure Compact itself is sponsored and funded by the Department of Defense, along with the Council of State Governments and the Future of the Association of Social Work Boards.

Here are some statistics that support why this bill is necessary—all are referenced in my written testimony:

- The average military family **moves every 2-3 years**. For military spouses, these frequent relocations mean major disruptions in their careers.
- Fifty percent (**50%**) of **active-duty spouses work in fields that require an occupational license** and each state and territory have their own process—that's 55 different sets of rules.
- Every time a service family moves, the spouse often spends thousands of hours (and \$\$\$) to continue their career, often going through a burdensome process to re-license.
- The **average time to look and find a job is 19 weeks** OR **\$12,374 per year in lost wages** trying to relicense and/or find work in the new state.
- The unemployment rate for **military spouses is 22%** - a figure that hasn't changed since 2015. **This is 3 to 6 times greater than the national average**, even though they often have more experience and education.
- That is why the Department of Defense sees licensure as a **MAJOR issue** that negatively influences reenlistment decisions and the military's ability to recruit and retain service

SB 204 - Social Work Licensure Compact – **Favorable**

Members; and why **Department of Defense has supported similar legislation for over 16 years** because they see the portability of licensure as a *readiness* issue.

The purpose of this compact is to facilitate the interstate practice and regulation of social workers to **improve public access to competent Social Work Services**, by reducing overly burdensome and duplicative requirements associated with holding multiple licenses. The Compact preserves the regulatory authority of States to protect public health and safety through the current system of State licensure, and it lowers expenses and gets the applicant back to work sooner – a real benefit to our service families. The cost to implement this bill is minimal.

This bill is **DIFFERENT from the Veterans Auto and Education Improvement Act of 2022** (HR7939), which the President signed into federal law on January 5, 2023. Section 705A of the Act, “Portability of Professional Licenses of Servicemembers and Their Spouses” addresses “**covered licenses**” which provides a mechanism and “states covered license shall be considered valid at a similar scope of practice and in the discipline applied for in the jurisdiction of such new residency for the duration of such military orders”. The law:

- Amends Title VII of the Servicemembers Civil Relief Act (50 U.S.C. 4021 et seq.)
- Applies licensing reciprocity between states to all professions except the practice of law

Here in Maryland, a service spouse applying under the Act is issued a letter of endorsement, not an actual Maryland license. The Maryland Department of Labor’s webpage which states “**Please be advised that this is NOT an application for permanent licensure or certification in the State of Maryland. Rather, this is an application for an official letter of recognition that will allow you to practice**”. Many inspection organizations, such as the Joint Committee on the Accreditation of Hospitals, do not regard an endorsement as meeting the requirements for an in-state or compact license, creating issues for the spouse and employer. Holding a multi-state compact license avoids this complication.

The Maryland Military Coalition is a non-partisan organization of 21 Veteran organizations representing over 150,000 Maryland uniformed services men and women and their families -- almost half of the 355,000 veterans in the State. The Coalition **strongly supports SB 204– Social Work Licensure Compact and asks for a favorable report.**

Thank you

Nash MMC written testimony_SB 204_Interstate SW Co

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Position: FAV



MARYLAND MILITARY COALITION

Serving Veterans through Legislative Advocacy

February 13, 2024

Honorable Pamela G. Beidle
Chair, Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

SB 204 – Interstate Social Work Licensure Compact - Request for Favorable Report

Dear Chair Beidle and Members of the Senate Finance Committee:

On behalf of the Maryland Military Coalition, and as its Communications Director, I am submitting testimony in favor of this bill. The Interstate Social Work Licensure compact that you are considering is sponsored by the Council of State Governments, the **Department of Defense** and the Association of Social Work Boards to support the mobility of licensed social workers. The compact allows social workers to practice in any state that accepts the compact. The **compact has already been enacted in Kentucky; and is currently being considered in twenty-one other states in addition to Maryland.** Approving this compact will provide an additional licensing pathway by creating license reciprocity among the participating states, reducing barriers to portability and employment especially for our service members and their families.

Currently, there are nine compacts already operating Maryland in Medicine, Registered Nurses, Physical Therapist, Audiology and Speech-Language Pathology, Occupational Therapy, Psychology, and Counseling. There is work underway to establish an interstate compact for Advance Practice Nurses and Cosmetologists which also have legislation sponsored here in Maryland this year.

Maryland is home to 34,444 active-duty service members, 14,292 active-duty spouses and 25,642 reservists/national guard members with 28,019 family members¹. These are Department of Defense numbers and do not include the 1,200 active-duty U.S. Public Health Service and NOAA service members and their families. In addition, there are 355,787 veteran households².

Uniformed Service spouses have long faced employment challenges, with an unwavering unemployment rate of 22%³ compared to our local rate of 1.8%. Most spouses need to work. Sixty-seven percent (67%) of active-duty spouses had to leave their last job because of a permanent

¹ [Military One Source](#), as of December 31, 2022

² [VA Claim Insider](#), August 10, 2023

³ 2021 [DoD Survey of Active-Duty Spouses](#)

SB 204 – Interstate Social Work License Compact - Request for Favorable Report

change of station move⁴. On average, they earn 26.8% less in income than their non-military counterparts because of the frequent moves. The **average time to find a job for a service spouse is 19 weeks, OR \$12,374 per year in lost wages** trying to relicense and/or find work in the new state⁵.

The average service family moves every two to three years⁶ and for a social worker it means getting another license before they can work. Here in Maryland, our high cost of living means that for most families, especially for our uniformed service families, having two incomes *is critical*. Time lost seeking a new job and a new occupational license creates economic challenges for our military families, not only in the near term, but the cumulative effect is that they often cannot plan for, save for, and be ready for retirement. Often **the difficulty for spouses staying employed is one of the main reasons** that service members decide NOT to re-enlist.

The purpose of this compact is to facilitate the interstate practice and regulation of social workers to **improve public access to competent Social Work** services, by reducing overly burdensome and duplicative requirements associated with holding multiple licenses. The Compact preserves the regulatory authority of States to protect public health and safety through the current system of State licensure, and it lowers expenses and gets the applicant back to work sooner – a real benefit to our service families.

The Defense-State Liaison Office has been pursuing license portability **for over 16 years**. Military Spouse Employment and Economic Opportunities are tracked and lists a total of 16 compacts by state. The DSLO tracker for Maryland⁷ shows that Maryland has yet to enact Interstate Social Work License Compact legislation. To date, **Maryland has enacted compact legislation for Physicians, Registered Nurses, Physical Therapist, Audiology and Speech-Language Pathology, Occupational Therapy, Psychology, and Counseling**. Let's make 2024 the year for Maryland to pass the Social Workers compact.

Of note, this bill is **DIFFERENT** from the **Veterans Auto and Education Improvement Act of 2022** (HR7939), which the President signed into federal law on January 5, 2023⁸. Section 705A of the Act, "Portability of Professional Licenses of Servicemembers and Their Spouses" addresses "**covered licenses**" and states that if a servicemember or spouse relocates his or her residency because of military orders for duty to a location that is not in the jurisdiction of the licensing authority that issued the covered license, such covered license shall be considered valid at a similar scope of practice and in the discipline applied for in the jurisdiction of such new residency for the duration of such military orders". The law:

- Amends Title VII of the Servicemembers Civil Relief Act (50 U.S.C. 4021 et seq.)
- Applies licensing reciprocity between states to all professions except the practice of law

⁴ [U.S. Chamber of Commerce Foundation – The Hidden Financial Costs of Military Spouse Unemployment](#)

⁵ [National Military Family Association Data](#)

⁶ [Goldwater Institute, Breaking Down Barriers to Work](#)

⁷ [Military State Policy - Maryland](#)

⁸ [HR7939, Sec. 705A Portability of Professional Licenses of Servicemembers and Their Spouses.](#)

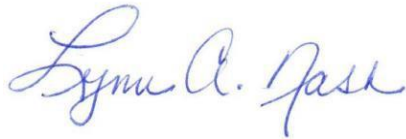
SB 204 – Interstate Social Work License Compact - Request for Favorable Report

Here in Maryland, a **service spouse applying under the Act is issued a letter of endorsement, not an actual Maryland license**. The Maryland Department of Labor’s webpage⁹ states “Please be advised that **this is NOT an application for permanent licensure or certification in the State of Maryland**. Rather, this is an application for an official letter of recognition that will allow you to practice”. Many inspection organizations, such as the Joint Committee on the Accreditation of Hospitals, do not regard an endorsement as meeting the requirements for an in-state or compact license, creating issues for the spouse and employer. **Holding a multi-state compact license avoids this complication.**

The Maryland Military Coalition, is a voluntary, non-partisan organization representing 21 veteran service organizations who, in turn, serve over 150,000 Maryland uniformed services men and women and their families. The Coalition ***strongly supports*** House Bill 034 – Interstate Social Work License Compact and asks for your **favorable report**.

Thank you Senator Benson for sponsoring this important legislation and for your continued support for those who are currently serving, veterans, retirees and their families, caregivers and survivors.

Respectfully,



Lynn A. Nash, PhD, RN, PHCNS-BC, FAAN
CAPT (R), U.S. Public Health Service
Communications Director

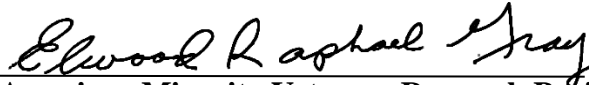
Maryland Military Coalition Member Organizations Follow

⁹ [Maryland Department of Labor, Active Duty Military Servicemember or Spouse License Recognition Application](#)

Member Organizations, Maryland Military Coalition


Air Force Sergeants Association


American Military Society


American Minority Veterans Research Project

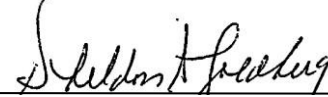

Association of the United States Navy



Commissioned Officers Association of the
US Public Health Service


Disabled American Veterans


Distinguished Flying Cross Association


Fleet Reserve Association


Jewish War Veterans of the USA


Maryland Air National Guard Retirees'
Association


Maryland Veterans Chamber of Commerce


Military Officers Association of America


Military Order of the Purple Heart

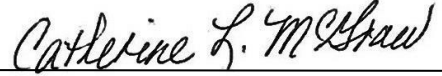

Montford Point Marines of America



National Association for Black Veterans


Naval Enlisted Reserve Association


NOAA Association of Commissioned Officers


Reserve Organization of America


Society of Military Widows


National Active and Retired Federal Employees
Veterans Affairs Directorate, NARFE MD


Veterans of Foreign Wars

Social-Work-Licensure-Compact-Model-Legislation.pdf

Uploaded by: Lynn Nash

Position: FAV



Social Work Licensure Compact Legislation

This project was funded by the Department of Defense. The following language must be enacted into law by a state to officially join the Social Work Licensure Compact.

No substantive changes should be made to the model language. Any substantive changes may jeopardize the enacting state's participation in the Compact. The Council of State Governments National Center for Interstate Compacts reviews state compact legislation to ensure consistency with the model language.

Please direct inquiries to Kaitlyn Bison at kbison@csg.org.

SOCIAL WORK LICENSURE COMPACT

SECTION 1: PURPOSE

The purpose of this Compact is to facilitate interstate practice of Regulated Social Workers by improving public access to competent Social Work Services. The Compact preserves the regulatory authority of States to protect public health and safety through the current system of State licensure.

This Compact is designed to achieve the following objectives:

- A. Increase public access to Social Work Services;
- B. Reduce overly burdensome and duplicative requirements associated with holding multiple licenses;
- C. Enhance the Member States' ability to protect the public's health and safety;
- D. Encourage the cooperation of Member States in regulating multistate practice;
- E. Promote mobility and address workforce shortages by eliminating the necessity for licenses in multiple States by providing for the mutual recognition of other Member State licenses;
- F. Support military families;
- G. Facilitate the exchange of licensure and disciplinary information among Member States;
- H. Authorize all Member States to hold a Regulated Social Worker accountable for abiding by a Member State's laws, regulations, and applicable professional standards in the Member State in which the client is located at the time care is rendered; and
- I. Allow for the use of telehealth to facilitate increased access to regulated Social Work Services.

SECTION 2. DEFINITIONS

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

- A. **“Active Military Member”** means any individual with full-time duty status in the active armed forces of the United States including members of the National Guard and Reserve.
- B. **“Adverse Action”** means any administrative, civil, equitable or criminal action permitted by a State's laws which is imposed by a Licensing Authority or other authority against a Regulated Social Worker, including actions against an individual's license or Multistate Authorization to Practice such as revocation,

- 36 suspension, probation, monitoring of the Licensee, limitation on the Licensee's
37 practice, or any other Encumbrance on licensure affecting a Regulated Social
38 Worker's authorization to practice, including issuance of a cease and desist
39 action.
- 40 C. **"Alternative Program"** means a non-disciplinary monitoring or practice
41 remediation process approved by a Licensing Authority to address practitioners
42 with an Impairment.
- 43 D. **"Charter Member States"** - Member States who have enacted legislation to
44 adopt this Compact where such legislation predates the effective date of this
45 Compact as described in Section 14.
- 46 E. **"Compact Commission" or "Commission"** means the government agency
47 whose membership consists of all States that have enacted this Compact, which
48 is known as the Social Work Licensure Compact Commission, as described in
49 Section 10, and which shall operate as an instrumentality of the Member States.
- 50 F. **"Current Significant Investigative Information"** means:
- 51 1. Investigative information that a Licensing Authority, after a preliminary
52 inquiry that includes notification and an opportunity for the Regulated
53 Social Worker to respond has reason to believe is not groundless and, if
54 proved true, would indicate more than a minor infraction as may be
55 defined by the Commission; or
- 56 2. Investigative information that indicates that the Regulated Social Worker
57 represents an immediate threat to public health and safety, as may be
58 defined by the Commission, regardless of whether the Regulated Social
59 Worker has been notified and has had an opportunity to respond.
- 60 G. **"Data System"** means a repository of information about Licensees, including,
61 continuing education, examination, licensure, Current Significant Investigative
62 Information, Disqualifying Event, Multistate License(s) and Adverse Action
63 information or other information as required by the Commission.
- 64 H. **"Disqualifying Event"** means any Adverse Action or incident which results in an
65 Encumbrance that disqualifies or makes the Licensee ineligible to either obtain,
66 retain or renew a Multistate License.
- 67 I. **"Domicile"** means the jurisdiction in which the Licensee resides and intends to
68 remain indefinitely.
- 69 J. **"Encumbrance"** means a revocation or suspension of, or any limitation on, the
70 full and unrestricted practice of Social Work licensed and regulated by a
71 Licensing Authority.

- 72 K. **“Executive Committee”** means a group of delegates elected or appointed to act
73 on behalf of, and within the powers granted to them by, the compact and
74 Commission.
- 75 L. **“Home State”** means the Member State that is the Licensee’s primary Domicile.
- 76 M. **“Impairment”** means a condition(s) that may impair a practitioner’s ability to
77 engage in full and unrestricted practice as a Regulated Social Worker without
78 some type of intervention and may include alcohol and drug dependence, mental
79 health impairment, and neurological or physical impairments.
- 80 N. **“Licensee(s)”** means an individual who currently holds a license from a State to
81 practice as a Regulated Social Worker.
- 82 O. **“Licensing Authority”** means the board or agency of a Member State, or
83 equivalent, that is responsible for the licensing and regulation of Regulated
84 Social Workers.
- 85 P. **“Member State”** means a state, commonwealth, district, or territory of the United
86 States of America that has enacted this Compact.
- 87 Q. **“Multistate Authorization to Practice”** means a legally authorized privilege to
88 practice, which is equivalent to a license, associated with a Multistate License
89 permitting the practice of Social Work in a Remote State.
- 90 R. **“Multistate License”** means a license to practice as a Regulated Social Worker
91 issued by a Home State Licensing Authority that authorizes the Regulated Social
92 Worker to practice in all Member States under Multistate Authorization to
93 Practice.
- 94 S. **“Qualifying National Exam”** means a national licensing examination approved
95 by the Commission.
- 96 T. **“Regulated Social Worker”** means any clinical, master’s or bachelor’s Social
97 Worker licensed by a Member State regardless of the title used by that Member
98 State.
- 99 U. **“Remote State”** means a Member State other than the Licensee’s Home State.
- 100 V. **“Rule(s)” or “Rule(s) of the Commission”** means a regulation or regulations
101 duly promulgated by the Commission, as authorized by the Compact, that has
102 the force of law.
- 103 W. **“Single State License”** means a Social Work license issued by any State that
104 authorizes practice only within the issuing State and does not include Multistate
105 Authorization to Practice in any Member State.
- 106 X. **“Social Work” or “Social Work Services”** means the application of social work
107 theory, knowledge, methods, ethics, and the professional use of self to restore or
108 enhance social, psychosocial, or biopsychosocial functioning of individuals,

109 couples, families, groups, organizations, and communities through the care and
110 services provided by a Regulated Social Worker as set forth in the Member
111 State’s statutes and regulations in the State where the services are being
112 provided.

113 Y. **“State”** means any state, commonwealth, district, or territory of the United States
114 of America that regulates the practice of Social Work.

115 Z. **“Unencumbered License”** means a license that authorizes a Regulated Social
116 Worker to engage in the full and unrestricted practice of Social Work.

117 **SECTION 3. STATE PARTICIPATION IN THE COMPACT**

118 A. To be eligible to participate in the compact, a potential Member State must
119 currently meet all of the following criteria:

120 1. License and regulate the practice of Social Work at either the clinical,
121 master’s, or bachelor’s category.

122 2. Require applicants for licensure to graduate from a program that is:

123 a. Operated by a college or university recognized by the Licensing
124 Authority;

125 b. Accredited, or in candidacy by an institution that subsequently
126 becomes accredited, by an accrediting agency recognized by either:

127 i. the Council for Higher Education Accreditation, or its successor;
128 or

129 ii. the United States Department of Education; and

130 c. Corresponds to the licensure sought as outlined in Section 4.

131 3. Require applicants for clinical licensure to complete a period of
132 supervised practice.

133 4. Have a mechanism in place for receiving, investigating, and adjudicating
134 complaints about Licensees.

135 B. To maintain membership in the Compact a Member State shall:

136 1. Require that applicants for a Multistate License pass a Qualifying
137 National Exam for the corresponding category of Multistate License
138 sought as outlined in Section 4.

139 2. Participate fully in the Commission’s Data System, including using the
140 Commission’s unique identifier as defined in Rules;

141 3. Notify the Commission, in compliance with the terms of the Compact and
142 Rules, of any Adverse Action or the availability of Current Significant
143 Investigative Information regarding a Licensee;

- 144 4. Implement procedures for considering the criminal history records of
145 applicants for a Multistate License. Such procedures shall include the
146 submission of fingerprints or other biometric-based information by
147 applicants for the purpose of obtaining an applicant's criminal history
148 record information from the Federal Bureau of Investigation and the
149 agency responsible for retaining that State's criminal records.
- 150 5. Comply with the Rules of the Commission;
- 151 6. Require an applicant to obtain or retain a license in the Home State and
152 meet the Home State's qualifications for licensure or renewal of
153 licensure, as well as all other applicable Home State laws;
- 154 7. Authorize a Licensee holding a Multistate License in any Member State
155 to practice in accordance with the terms of the Compact and Rules of the
156 Commission; and
- 157 8. Designate a delegate to participate in the Commission meetings.
- 158 C. A Member State meeting the requirements of Section 3.A. and 3.B of this
159 Compact shall designate the categories of Social Work licensure that are eligible
160 for issuance of a Multistate License for applicants in such Member State. To the
161 extent that any Member State does not meet the requirements for participation in
162 the Compact at any particular category of Social Work licensure, such Member
163 State may choose, but is not obligated to, issue a Multistate License to applicants
164 that otherwise meet the requirements of Section 4 for issuance of a Multistate
165 License in such category or categories of licensure.
- 166 D. The Home State may charge a fee for granting the Multistate License.

167 **SECTION 4. SOCIAL WORKER PARTICIPATION IN THE COMPACT**

- 168 A. To be eligible for a Multistate License under the terms and provisions of the
169 Compact, an applicant, regardless of category must:
- 170 1. Hold or be eligible for an active, Unencumbered License in the Home
171 State;
- 172 2. Pay any applicable fees, including any State fee, for the Multistate
173 License;
- 174 3. Submit, in connection with an application for a Multistate License,
175 fingerprints or other biometric data for the purpose of obtaining criminal
176 history record information from the Federal Bureau of Investigation and
177 the agency responsible for retaining that State's criminal records.
- 178 4. Notify the Home State of any Adverse Action, Encumbrance, or
179 restriction on any professional license taken by any Member State or
180 non-Member State within 30 days from the date the action is taken.

- 181 5. Meet any continuing competence requirements established by the Home
182 State;
- 183 6. Abide by the laws, regulations, and applicable standards in the Member
184 State where the client is located at the time care is rendered.
- 185 B. An applicant for a clinical-category Multistate License must meet all of the
186 following requirements:
- 187 2. Fulfill a competency requirement, which shall be satisfied by either:
- 188 a. Passage of a clinical-category Qualifying National Exam; or
- 189 b. Licensure of the applicant in their Home State at the clinical
190 category, beginning prior to such time as a Qualifying National Exam
191 was required by the Home State and accompanied by a period of
192 continuous Social Work licensure thereafter, all of which may be
193 further governed by the Rules of the Commission; or
- 194 c. The substantial equivalency of the foregoing competency
195 requirements which the Commission may determine by Rule.
- 196 3. Attain at least a master's degree in Social Work from a program that is:
- 197 a. Operated by a college or university recognized by the Licensing
198 Authority; and
- 199 b. Accredited, or in candidacy that subsequently becomes accredited,
200 by an accrediting agency recognized by either:
- 201 i. the Council for Higher Education Accreditation or its successor; or
- 202 ii. the United States Department of Education.
- 203 4. Fulfill a practice requirement, which shall be satisfied by demonstrating
204 completion of either:
- 205 a. A period of postgraduate supervised clinical practice equal to a
206 minimum of three thousand hours; or
- 207 b. A minimum of two years of full-time postgraduate supervised clinical
208 practice; or
- 209 c. The substantial equivalency of the foregoing practice requirements
210 which the Commission may determine by Rule.
- 211 C. An applicant for a master's-category Multistate License must meet all of the
212 following requirements:
- 213 1. Fulfill a competency requirement, which shall be satisfied by either:
- 214 a. Passage of a masters-category Qualifying National Exam;

- 215 b. Licensure of the applicant in their Home State at the master's
216 category, beginning prior to such time as a Qualifying National Exam
217 was required by the Home State at the master's category and
218 accompanied by a continuous period of Social Work licensure
219 thereafter, all of which may be further governed by the Rules of the
220 Commission; or
- 221 c. The substantial equivalency of the foregoing competency
222 requirements which the Commission may determine by Rule.
- 223 2. Attain at least a master's degree in Social Work from a program that is:
- 224 a. Operated by a college or university recognized by the Licensing
225 Authority; and
- 226 b. Accredited, or in candidacy that subsequently becomes accredited,
227 by an accrediting agency recognized by either:
- 228 i. the Council for Higher Education Accreditation or its
229 successor; or
- 230 ii. the United States Department of Education.
- 231 D. An applicant for a bachelor's-category Multistate License must meet all of the
232 following requirements:
- 233 1. Fulfill a competency requirement, which shall be satisfied by either:
- 234 a. Passage of a bachelor's-category Qualifying National Exam;
- 235 b. Licensure of the applicant in their Home State at the bachelor's
236 category, beginning prior to such time as a Qualifying National Exam
237 was required by the Home State and accompanied by a period of
238 continuous Social Work licensure thereafter, all of which may be
239 further governed by the Rules of the Commission; or
- 240 c. The substantial equivalency of the foregoing competency
241 requirements which the Commission may determine by Rule.
- 242 2. Attain at least a bachelor's degree in Social Work from a program that is:
- 243 a. Operated by a college or university recognized by the Licensing
244 Authority; and
- 245 b. Accredited, or in candidacy that subsequently becomes accredited,
246 by an accrediting agency recognized by either:
- 247 i. the Council for Higher Education Accreditation or its
248 successor; or
- 249 ii. the United States Department of Education.

- 250 E. The Multistate License for a Regulated Social Worker is subject to the renewal
251 requirements of the Home State. The Regulated Social Worker must maintain
252 compliance with the requirements of Section 4(A) to be eligible to renew a
253 Multistate License.
- 254 F. The Regulated Social Worker's services in a Remote State are subject to that
255 Member State's regulatory authority. A Remote State may, in accordance with
256 due process and that Member State's laws, remove a Regulated Social Worker's
257 Multistate Authorization to Practice in the Remote State for a specific period of
258 time, impose fines, and take any other necessary actions to protect the health
259 and safety of its citizens.
- 260 G. If a Multistate License is encumbered, the Regulated Social Worker's Multistate
261 Authorization to Practice shall be deactivated in all Remote States until the
262 Multistate License is no longer encumbered.
- 263 H. If a Multistate Authorization to Practice is encumbered in a Remote State, the
264 regulated Social Worker's Multistate Authorization to Practice may be
265 deactivated in that State until the Multistate Authorization to Practice is no longer
266 encumbered.

267 **SECTION 5: ISSUANCE OF A MULTISTATE LICENSE**

- 268 A. Upon receipt of an application for Multistate License, the Home State Licensing
269 Authority shall determine the applicant's eligibility for a Multistate License in
270 accordance with Section 4 of this Compact.
- 271 B. If such applicant is eligible pursuant to Section 4 of this Compact, the Home
272 State Licensing Authority shall issue a Multistate License that authorizes the
273 applicant or Regulated Social Worker to practice in all Member States under a
274 Multistate Authorization to Practice.
- 275 C. Upon issuance of a Multistate License, the Home State Licensing Authority shall
276 designate whether the Regulated Social Worker holds a Multistate License in the
277 Bachelors, Masters, or Clinical category of Social Work.
- 278 D. A Multistate License issued by a Home State to a resident in that State shall be
279 recognized by all Compact Member States as authorizing Social Work Practice
280 under a Multistate Authorization to Practice corresponding to each category of
281 licensure regulated in each Member State.

282 **SECTION 6: AUTHORITY OF INTERSTATE COMPACT COMMISSION AND MEMBER**
283 **STATE LICENSING AUTHORITIES**

- 284 A. Nothing in this Compact, nor any Rule of the Commission, shall be construed to
285 limit, restrict, or in any way reduce the ability of a Member State to enact and
286 enforce laws, regulations, or other rules related to the practice of Social Work in
287 that State, where those laws, regulations, or other rules are not inconsistent with
288 the provisions of this Compact.

- 289 B. Nothing in this Compact shall affect the requirements established by a Member
290 State for the issuance of a Single State License.
- 291 C. Nothing in this Compact, nor any Rule of the Commission, shall be construed to
292 limit, restrict, or in any way reduce the ability of a Member State to take Adverse
293 Action against a Licensee's Single State License to practice Social Work in that
294 State.
- 295 D. Nothing in this Compact, nor any Rule of the Commission, shall be construed to
296 limit, restrict, or in any way reduce the ability of a Remote State to take Adverse
297 Action against a Licensee's Multistate Authorization to Practice in that State.
- 298 E. Nothing in this Compact, nor any Rule of the Commission, shall be construed to
299 limit, restrict, or in any way reduce the ability of a Licensee's Home State to take
300 Adverse Action against a Licensee's Multistate License based upon information
301 provided by a Remote State.

302 **SECTION 7: REISSUANCE OF A MULTISTATE LICENSE BY A NEW HOME STATE**

- 303 A. A Licensee can hold a Multistate License, issued by their Home State, in only
304 one Member State at any given time.
- 305 B. If a Licensee changes their Home State by moving between two Member States:
- 306 1. The Licensee shall immediately apply for the reissuance of their
307 Multistate License in their new Home State. The Licensee shall pay all
308 applicable fees and notify the prior Home State in accordance with the
309 Rules of the Commission.
- 310 2. Upon receipt of an application to reissue a Multistate License, the new
311 Home State shall verify that the Multistate License is active,
312 unencumbered and eligible for reissuance under the terms of the
313 Compact and the Rules of the Commission. The Multistate License
314 issued by the prior Home State will be deactivated and all Member
315 States notified in accordance with the applicable Rules adopted by the
316 Commission.
- 317 3. Prior to the reissuance of the Multistate License, the new Home State
318 shall conduct procedures for considering the criminal history records of
319 the Licensee. Such procedures shall include the submission of
320 fingerprints or other biometric-based information by applicants for the
321 purpose of obtaining an applicant's criminal history record information
322 from the Federal Bureau of Investigation and the agency responsible for
323 retaining that State's criminal records.
- 324 4. If required for initial licensure, the new Home State may require
325 completion of jurisprudence requirements in the new Home State.
- 326 5. Notwithstanding any other provision of this Compact, if a Licensee does
327 not meet the requirements set forth in this Compact for the reissuance of
328 a Multistate License by the new Home State, then the Licensee shall be

329 subject to the new Home State requirements for the issuance of a Single
330 State License in that State.

331 C. If a Licensee changes their primary State of residence by moving from a Member
332 State to a non-Member State, or from a non-Member State to a Member State,
333 then the Licensee shall be subject to the State requirements for the issuance of a
334 Single State License in the new Home State.

335 D. Nothing in this Compact shall interfere with a Licensee's ability to hold a Single
336 State License in multiple States; however, for the purposes of this Compact, a
337 Licensee shall have only one Home State, and only one Multistate License.

338 E. Nothing in this Compact shall interfere with the requirements established by a
339 Member State for the issuance of a Single State License.

340 **SECTION 8. MILITARY FAMILIES**

341 An Active Military Member or their spouse shall designate a Home State where the individual
342 has a Multistate License. The individual may retain their Home State designation during the
343 period the service member is on active duty.

344 **SECTION 9. ADVERSE ACTIONS**

345 A. In addition to the other powers conferred by State law, a Remote State shall have
346 the authority, in accordance with existing State due process law, to:

347 1. Take Adverse Action against a Regulated Social Worker's Multistate
348 Authorization to Practice only within that Member State, and issue
349 subpoenas for both hearings and investigations that require the
350 attendance and testimony of witnesses as well as the production of
351 evidence. Subpoenas issued by a Licensing Authority in a Member State
352 for the attendance and testimony of witnesses or the production of
353 evidence from another Member State shall be enforced in the latter State
354 by any court of competent jurisdiction, according to the practice and
355 procedure of that court applicable to subpoenas issued in proceedings
356 pending before it. The issuing Licensing Authority shall pay any witness
357 fees, travel expenses, mileage, and other fees required by the service
358 statutes of the State in which the witnesses or evidence are located.

359 2. Only the Home State shall have the power to take Adverse Action
360 against a Regulated Social Worker's Multistate License.

361 B. For purposes of taking Adverse Action, the Home State shall give the same
362 priority and effect to reported conduct received from a Member State as it would
363 if the conduct had occurred within the Home State. In so doing, the Home State
364 shall apply its own State laws to determine appropriate action.

365 C. The Home State shall complete any pending investigations of a Regulated Social
366 Worker who changes their Home State during the course of the investigations.
367 The Home State shall also have the authority to take appropriate action(s) and
368 shall promptly report the conclusions of the investigations to the administrator of

- 369 the Data System. The administrator of the Data System shall promptly notify the
370 new Home State of any Adverse Actions.
- 371 D. A Member State, if otherwise permitted by State law, may recover from the
372 affected Regulated Social Worker the costs of investigations and dispositions of
373 cases resulting from any Adverse Action taken against that Regulated Social
374 Worker.
- 375 E. A Member State may take Adverse Action based on the factual findings of
376 another Member State, provided that the Member State follows its own
377 procedures for taking the Adverse Action.
- 378 F. Joint Investigations:
- 379 1. In addition to the authority granted to a Member State by its respective
380 Social Work practice act or other applicable State law, any Member
381 State may participate with other Member States in joint investigations of
382 Licensees.
- 383 2. Member States shall share any investigative, litigation, or compliance
384 materials in furtherance of any joint or individual investigation initiated
385 under the Compact.
- 386 G. If Adverse Action is taken by the Home State against the Multistate License of a
387 Regulated Social Worker, the Regulated Social Worker's Multistate Authorization
388 to Practice in all other Member States shall be deactivated until all
389 Encumbrances have been removed from the Multistate License. All Home State
390 disciplinary orders that impose Adverse Action against the license of a Regulated
391 Social Worker shall include a statement that the Regulated Social Worker's
392 Multistate Authorization to Practice is deactivated in all Member States until all
393 conditions of the decision, order or agreement are satisfied.
- 394 H. If a Member State takes Adverse Action, it shall promptly notify the administrator
395 of the Data System. The administrator of the Data System shall promptly notify
396 the Home State and all other Member State's of any Adverse Actions by Remote
397 States.
- 398 I. Nothing in this Compact shall override a Member State's decision that
399 participation in an Alternative Program may be used in lieu of Adverse Action.
- 400 J. Nothing in this Compact shall authorize a Member State to demand the issuance
401 of subpoenas for attendance and testimony of witnesses or the production of
402 evidence from another Member State for lawful actions within that Member State.
- 403 K. Nothing in this Compact shall authorize a Member State to impose discipline
404 against a Regulated Social Worker who holds a Multistate Authorization to
405 Practice for lawful actions within another Member State.
- 406

407 **SECTION 10. ESTABLISHMENT OF SOCIAL WORK LICENSURE COMPACT**
408 **COMMISSION**

409 A. The Compact Member States hereby create and establish a joint government
410 agency whose membership consists of all Member States that have enacted the
411 compact known as the Social Work Licensure Compact Commission. The
412 Commission is an instrumentality of the Compact States acting jointly and not an
413 instrumentality of any one State. The Commission shall come into existence on
414 or after the effective date of the Compact as set forth in Section 14.

415 B. Membership, Voting, and Meetings

416 1. Each Member State shall have and be limited to one (1) delegate
417 selected by that Member State's State Licensing Authority.

418 2. The delegate shall be either:

419 a. A current member of the State Licensing Authority at the time of
420 appointment, who is a Regulated Social Worker or public member
421 of the State Licensing Authority; or

422 b. An administrator of the State Licensing Authority or their designee.

423 3. The Commission shall by Rule or bylaw establish a term of office for
424 delegates and may by Rule or bylaw establish term limits.

425 4. The Commission may recommend removal or suspension any delegate
426 from office.

427 5. A Member State's State Licensing Authority shall fill any vacancy of its
428 delegate occurring on the Commission within 60 days of the vacancy.

429 6. Each delegate shall be entitled to one vote on all matters before the
430 Commission requiring a vote by Commission delegates.

431 7. A delegate shall vote in person or by such other means as provided in
432 the bylaws. The bylaws may provide for delegates to meet by
433 telecommunication, videoconference, or other means of communication.

434 8. The Commission shall meet at least once during each calendar year.
435 Additional meetings may be held as set forth in the bylaws. The
436 Commission may meet by telecommunication, video conference or other
437 similar electronic means.

438 C. The Commission shall have the following powers:

439 1. Establish the fiscal year of the Commission;

440 2. Establish code of conduct and conflict of interest policies;

441 3. Establish and amend Rules and bylaws;

- 442 4. Maintain its financial records in accordance with the bylaws;
- 443 5. Meet and take such actions as are consistent with the provisions of this
444 Compact, the Commission's Rules, and the bylaws;
- 445 6. Initiate and conclude legal proceedings or actions in the name of the
446 Commission, provided that the standing of any State Licensing Board to
447 sue or be sued under applicable law shall not be affected;
- 448 7. Maintain and certify records and information provided to a Member State
449 as the authenticated business records of the Commission, and designate
450 an agent to do so on the Commission's behalf;
- 451 8. Purchase and maintain insurance and bonds;
- 452 9. Borrow, accept, or contract for services of personnel, including, but not
453 limited to, employees of a Member State;
- 454 10. Conduct an annual financial review
- 455 11. Hire employees, elect or appoint officers, fix compensation, define
456 duties, grant such individuals appropriate authority to carry out the
457 purposes of the Compact, and establish the Commission's personnel
458 policies and programs relating to conflicts of interest, qualifications of
459 personnel, and other related personnel matters;
- 460 12. Assess and collect fees;
- 461 13. Accept any and all appropriate gifts, donations, grants of money, other
462 sources of revenue, equipment, supplies, materials, and services, and
463 receive, utilize, and dispose of the same; provided that at all times the
464 Commission shall avoid any appearance of impropriety or conflict of
465 interest;
- 466 14. Lease, purchase, retain, own, hold, improve, or use any property, real,
467 personal, or mixed, or any undivided interest therein;
- 468 15. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise
469 dispose of any property real, personal, or mixed;
- 470 16. Establish a budget and make expenditures;
- 471 17. Borrow money;
- 472 18. Appoint committees, including standing committees, composed of
473 members, State regulators, State legislators or their representatives, and
474 consumer representatives, and such other interested persons as may be
475 designated in this Compact and the bylaws;
- 476 19. Provide and receive information from, and cooperate with, law
477 enforcement agencies;

- 478 20. Establish and elect an Executive Committee, including a chair and a vice
479 chair;
- 480 21. Determine whether a State's adopted language is materially different
481 from the model compact language such that the State would not qualify
482 for participation in the Compact; and
- 483 22. Perform such other functions as may be necessary or appropriate to
484 achieve the purposes of this Compact.

485 D. The Executive Committee

- 486 1. The Executive Committee shall have the power to act on behalf of the
487 Commission according to the terms of this Compact. The powers, duties,
488 and responsibilities of the Executive Committee shall include:
- 489 a. Oversee the day-to-day activities of the administration of the compact
490 including enforcement and compliance with the provisions of the
491 compact, its Rules and bylaws, and other such duties as deemed
492 necessary;
- 493 b. Recommend to the Commission changes to the Rules or bylaws,
494 changes to this Compact legislation, fees charged to Compact
495 Member States, fees charged to Licensees, and other fees;
- 496 c. Ensure Compact administration services are appropriately provided,
497 including by contract;
- 498 d. Prepare and recommend the budget;
- 499 e. Maintain financial records on behalf of the Commission;
- 500 f. Monitor Compact compliance of Member States and provide
501 compliance reports to the Commission;
- 502 g. Establish additional committees as necessary;
- 503 h. Exercise the powers and duties of the Commission during the interim
504 between Commission meetings, except for adopting or amending
505 Rules, adopting or amending bylaws, and exercising any other
506 powers and duties expressly reserved to the Commission by Rule or
507 bylaw; and
- 508 i. Other duties as provided in the Rules or bylaws of the Commission.
- 509 2. The Executive Committee shall be composed of up to eleven (11)
510 members:
- 511 a. The chair and vice chair of the Commission shall be voting members
512 of the Executive Committee; and

- 513 b. The Commission shall elect five voting members from the current
514 membership of the Commission.
- 515 c. Up to four (4) ex-officio, nonvoting members from four (4) recognized
516 national Social Work organizations.
- 517 d. The ex-officio members will be selected by their respective
518 organizations.
- 519 3. The Commission may remove any member of the Executive Committee
520 as provided in the Commission’s bylaws.
- 521 4. The Executive Committee shall meet at least annually.
- 522 a. Executive Committee meetings shall be open to the public, except
523 that the Executive Committee may meet in a closed, non-public
524 meeting as provided in subsection F.2 below.
- 525 b. The Executive Committee shall give seven (7) days’ notice of its
526 meetings, posted on its website and as determined to provide notice
527 to persons with an interest in the business of the Commission.
- 528 c. The Executive Committee may hold a special meeting in accordance
529 with subsection F.1.b. below.
- 530 E. The Commission shall adopt and provide to the Member States an annual report.
- 531 F. Meetings of the Commission
- 532 1. All meetings shall be open to the public, except that the Commission
533 may meet in a closed, non-public meeting as provided in subsection F.2
534 below.
- 535 a. Public notice for all meetings of the full Commission of meetings shall
536 be given in the same manner as required under the Rulemaking
537 provisions in Section 12, except that the Commission may hold a
538 special meeting as provided in subsection F.1.b below.
- 539 b. The Commission may hold a special meeting when it must meet to
540 conduct emergency business by giving 48 hours’ notice to all
541 commissioners, on the Commission’s website, and other means as
542 provided in the Commission’s Rules. The Commission’s legal
543 counsel shall certify that the Commission’s need to meet qualifies as
544 an emergency.
- 545 2. The Commission or the Executive Committee or other committees of the
546 Commission may convene in a closed, non-public meeting for the
547 Commission or Executive Committee or other committees of the
548 Commission to receive legal advice or to discuss:

- 549 a. Non-compliance of a Member State with its obligations under the
550 Compact;
- 551 b. The employment, compensation, discipline or other matters,
552 practices or procedures related to specific employees;
- 553 c. Current or threatened discipline of a Licensee by the Commission or
554 by a Member State's Licensing Authority;
- 555 d. Current, threatened, or reasonably anticipated litigation;
- 556 e. Negotiation of contracts for the purchase, lease, or sale of goods,
557 services, or real estate;
- 558 f. Accusing any person of a crime or formally censuring any person;
- 559 g. Trade secrets or commercial or financial information that is privileged
560 or confidential;
- 561 h. Information of a personal nature where disclosure would constitute a
562 clearly unwarranted invasion of personal privacy;
- 563 i. Investigative records compiled for law enforcement purposes;
- 564 j. Information related to any investigative reports prepared by or on
565 behalf of or for use of the Commission or other committee charged
566 with responsibility of investigation or determination of compliance
567 issues pursuant to the Compact;
- 568 k. Matters specifically exempted from disclosure by federal or Member
569 State law; or
- 570 l. Other matters as promulgated by the Commission by Rule.
- 571 3. If a meeting, or portion of a meeting, is closed, the presiding officer shall
572 state that the meeting will be closed and reference each relevant
573 exempting provision, and such reference shall be recorded in the
574 minutes.
- 575 4. The Commission shall keep minutes that fully and clearly describe all
576 matters discussed in a meeting and shall provide a full and accurate
577 summary of actions taken, and the reasons therefore, including a
578 description of the views expressed. All documents considered in
579 connection with an action shall be identified in such minutes. All minutes
580 and documents of a closed meeting shall remain under seal, subject to
581 release only by a majority vote of the Commission or order of a court of
582 competent jurisdiction.
- 583 G. Financing of the Commission

- 584 1. The Commission shall pay, or provide for the payment of, the reasonable
585 expenses of its establishment, organization, and ongoing activities.
- 586 2. The Commission may accept any and all appropriate revenue sources
587 as provided in subsection C(13).
- 588 3. The Commission may levy on and collect an annual assessment from
589 each Member State and impose fees on Licensees of Member States to
590 whom it grants a Multistate License to cover the cost of the operations
591 and activities of the Commission and its staff, which must be in a total
592 amount sufficient to cover its annual budget as approved each year for
593 which revenue is not provided by other sources. The aggregate annual
594 assessment amount for Member States shall be allocated based upon a
595 formula that the Commission shall promulgate by Rule.
- 596 4. The Commission shall not incur obligations of any kind prior to securing
597 the funds adequate to meet the same; nor shall the Commission pledge
598 the credit of any of the Member States, except by and with the authority
599 of the Member State.
- 600 5. The Commission shall keep accurate accounts of all receipts and
601 disbursements. The receipts and disbursements of the Commission shall
602 be subject to the financial review and accounting procedures established
603 under its bylaws. However, all receipts and disbursements of funds
604 handled by the Commission shall be subject to an annual financial
605 review by a certified or licensed public accountant, and the report of the
606 financial review shall be included in and become part of the annual
607 report of the Commission.
- 608 H. Qualified Immunity, Defense, and Indemnification
- 609 1. The members, officers, executive director, employees and
610 representatives of the Commission shall be immune from suit and
611 liability, both personally and in their official capacity, for any claim for
612 damage to or loss of property or personal injury or other civil liability
613 caused by or arising out of any actual or alleged act, error, or omission
614 that occurred, or that the person against whom the claim is made had a
615 reasonable basis for believing occurred within the scope of Commission
616 employment, duties or responsibilities; provided that nothing in this
617 paragraph shall be construed to protect any such person from suit or
618 liability for any damage, loss, injury, or liability caused by the intentional
619 or willful or wanton misconduct of that person. The procurement of
620 insurance of any type by the Commission shall not in any way
621 compromise or limit the immunity granted hereunder.
- 622 2. The Commission shall defend any member, officer, executive director,
623 employee, and representative of the Commission in any civil action

624 seeking to impose liability arising out of any actual or alleged act, error,
625 or omission that occurred within the scope of Commission employment,
626 duties, or responsibilities, or as determined by the Commission that the
627 person against whom the claim is made had a reasonable basis for
628 believing occurred within the scope of Commission employment, duties,
629 or responsibilities; provided that nothing herein shall be construed to
630 prohibit that person from retaining their own counsel at their own
631 expense; and provided further, that the actual or alleged act, error, or
632 omission did not result from that person's intentional or willful or wanton
633 misconduct.

634 3. The Commission shall indemnify and hold harmless any member, officer,
635 executive director, employee, and representative of the Commission for
636 the amount of any settlement or judgment obtained against that person
637 arising out of any actual or alleged act, error, or omission that occurred
638 within the scope of Commission employment, duties, or responsibilities,
639 or that such person had a reasonable basis for believing occurred within
640 the scope of Commission employment, duties, or responsibilities,
641 provided that the actual or alleged act, error, or omission did not result
642 from the intentional or willful or wanton misconduct of that person.

643 4. Nothing herein shall be construed as a limitation on the liability of any
644 Licensee for professional malpractice or misconduct, which shall be
645 governed solely by any other applicable State laws.

646 5. Nothing in this Compact shall be interpreted to waive or otherwise
647 abrogate a Member State's state action immunity or state action
648 affirmative defense with respect to antitrust claims under the Sherman
649 Act, Clayton Act, or any other State or federal antitrust or anticompetitive
650 law or regulation.

651 6. Nothing in this Compact shall be construed to be a waiver of sovereign
652 immunity by the Member States or by the Commission.

653 **SECTION 11. DATA SYSTEM**

654 A. The Commission shall provide for the development, maintenance, operation, and
655 utilization of a coordinated Data System.

656 B. The Commission shall assign each applicant for a Multistate License a unique
657 identifier, as determined by the Rules of the Commission.

658 C. Notwithstanding any other provision of State law to the contrary, a Member State
659 shall submit a uniform data set to the Data System on all individuals to whom this
660 Compact is applicable as required by the Rules of the Commission, including:

661 1. Identifying information;

662 2. Licensure data;

- 663 3. Adverse Actions against a license and information related thereto;
664 4. Non-confidential information related to Alternative Program participation,
665 the beginning and ending dates of such participation, and other
666 information related to such participation not made confidential under
667 Member State law;
668 5. Any denial of application for licensure, and the reason(s) for such denial;
669 6. The presence of Current Significant Investigative Information; and
670 7. Other information that may facilitate the administration of this Compact
671 or the protection of the public, as determined by the Rules of the
672 Commission.

673 D. The records and information provided to a Member State pursuant to this
674 Compact or through the Data System, when certified by the Commission or an
675 agent thereof, shall constitute the authenticated business records of the
676 Commission, and shall be entitled to any associated hearsay exception in any
677 relevant judicial, quasi-judicial or administrative proceedings in a Member State.

678 E. Current Significant Investigative Information pertaining to a Licensee in any
679 Member State will only be available to other Member States.

680 1. It is the responsibility of the Member States to report any Adverse Action
681 against a Licensee and to monitor the database to determine whether
682 Adverse Action has been taken against a Licensee. Adverse Action
683 information pertaining to a Licensee in any Member State will be
684 available to any other Member State.

685 F. Member States contributing information to the Data System may designate
686 information that may not be shared with the public without the express
687 permission of the contributing State.

688 G. Any information submitted to the Data System that is subsequently expunged
689 pursuant to federal law or the laws of the Member State contributing the
690 information shall be removed from the Data System.

691 **SECTION 12. RULEMAKING**

692 A. The Commission shall promulgate reasonable Rules in order to effectively and
693 efficiently implement and administer the purposes and provisions of the
694 Compact. A Rule shall be invalid and have no force or effect only if a court of
695 competent jurisdiction holds that the Rule is invalid because the Commission
696 exercised its rulemaking authority in a manner that is beyond the scope and
697 purposes of the Compact, or the powers granted hereunder, or based upon
698 another applicable standard of review.

699 B. The Rules of the Commission shall have the force of law in each Member State,
700 provided however that where the Rules of the Commission conflict with the laws

701 of the Member State that establish the Member State’s laws, regulations, and
702 applicable standards that govern the practice of Social Work as held by a court of
703 competent jurisdiction, the Rules of the Commission shall be ineffective in that
704 State to the extent of the conflict.

705 C. The Commission shall exercise its Rulemaking powers pursuant to the criteria
706 set forth in this Section and the Rules adopted thereunder. Rules shall become
707 binding on the day following adoption or the date specified in the rule or
708 amendment, whichever is later.

709 D. If a majority of the legislatures of the Member States rejects a Rule or portion of a
710 Rule, by enactment of a statute or resolution in the same manner used to adopt
711 the Compact within four (4) years of the date of adoption of the Rule, then such
712 Rule shall have no further force and effect in any Member State.

713 E. Rules shall be adopted at a regular or special meeting of the Commission.

714 F. Prior to adoption of a proposed Rule, the Commission shall hold a public hearing
715 and allow persons to provide oral and written comments, data, facts, opinions,
716 and arguments.

717 G. Prior to adoption of a proposed Rule by the Commission, and at least thirty (30)
718 days in advance of the meeting at which the Commission will hold a public
719 hearing on the proposed Rule, the Commission shall provide a Notice of
720 Proposed Rulemaking:

- 721 1. On the website of the Commission or other publicly accessible platform;
- 722 2. To persons who have requested notice of the Commission’s notices of
723 proposed rulemaking, and
- 724 3. In such other way(s) as the Commission may by Rule specify.

725 H. The Notice of Proposed Rulemaking shall include:

- 726 1. The time, date, and location of the public hearing at which the
727 Commission will hear public comments on the proposed Rule and, if
728 different, the time, date, and location of the meeting where the
729 Commission will consider and vote on the proposed Rule;
- 730 2. If the hearing is held via telecommunication, video conference, or other
731 electronic means, the Commission shall include the mechanism for
732 access to the hearing in the Notice of Proposed Rulemaking;
- 733 3. The text of the proposed Rule and the reason therefor;
- 734 4. A request for comments on the proposed Rule from any interested
735 person; and
- 736 5. The manner in which interested persons may submit written comments.

- 737 I. All hearings will be recorded. A copy of the recording and all written comments
738 and documents received by the Commission in response to the proposed Rule
739 shall be available to the public.
- 740 J. Nothing in this section shall be construed as requiring a separate hearing on each
741 Rule. Rules may be grouped for the convenience of the Commission at hearings
742 required by this section.
- 743 K. The Commission shall, by majority vote of all members, take final action on the
744 proposed Rule based on the Rulemaking record and the full text of the Rule.
- 745 1. The Commission may adopt changes to the proposed Rule provided the
746 changes do not enlarge the original purpose of the proposed Rule.
- 747 2. The Commission shall provide an explanation of the reasons for
748 substantive changes made to the proposed Rule as well as reasons for
749 substantive changes not made that were recommended by commenters.
- 750 3. The Commission shall determine a reasonable effective date for the
751 Rule. Except for an emergency as provided in Section 12.L, the effective
752 date of the rule shall be no sooner than 30 days after issuing the notice
753 that it adopted or amended the Rule.
- 754 L. Upon determination that an emergency exists, the Commission may consider and
755 adopt an emergency Rule with 48 hours' notice, with opportunity to comment,
756 provided that the usual Rulemaking procedures provided in the Compact and in
757 this section shall be retroactively applied to the Rule as soon as reasonably
758 possible, in no event later than ninety (90) days after the effective date of the
759 Rule. For the purposes of this provision, an emergency Rule is one that must be
760 adopted immediately in order to:
- 761 1. Meet an imminent threat to public health, safety, or welfare;
- 762 2. Prevent a loss of Commission or Member State funds;
- 763 3. Meet a deadline for the promulgation of a Rule that is established by
764 federal law or rule; or
- 765 4. Protect public health and safety.
- 766 M. The Commission or an authorized committee of the Commission may direct
767 revisions to a previously adopted Rule for purposes of correcting typographical
768 errors, errors in format, errors in consistency, or grammatical errors. Public notice
769 of any revisions shall be posted on the website of the Commission. The revision
770 shall be subject to challenge by any person for a period of thirty (30) days after
771 posting. The revision may be challenged only on grounds that the revision results
772 in a material change to a Rule. A challenge shall be made in writing and
773 delivered to the Commission prior to the end of the notice period. If no challenge
774 is made, the revision will take effect without further action. If the revision is

775 challenged, the revision may not take effect without the approval of the
776 Commission.

777 N. No Member State’s rulemaking requirements shall apply under this compact.

778 **SECTION 13. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT**

779 A. Oversight

780 1. The executive and judicial branches of State government in each
781 Member State shall enforce this Compact and take all actions necessary
782 and appropriate to implement the Compact.

783 2. Except as otherwise provided in this Compact, venue is proper and
784 judicial proceedings by or against the Commission shall be brought
785 solely and exclusively in a court of competent jurisdiction where the
786 principal office of the Commission is located. The Commission may
787 waive venue and jurisdictional defenses to the extent it adopts or
788 consents to participate in alternative dispute resolution proceedings.
789 Nothing herein shall affect or limit the selection or propriety of venue in
790 any action against a Licensee for professional malpractice, misconduct
791 or any such similar matter.

792 3. The Commission shall be entitled to receive service of process in any
793 proceeding regarding the enforcement or interpretation of the Compact
794 and shall have standing to intervene in such a proceeding for all
795 purposes. Failure to provide the Commission service of process shall
796 render a judgment or order void as to the Commission, this Compact, or
797 promulgated Rules.

798 B. Default, Technical Assistance, and Termination

799 1. If the Commission determines that a Member State has defaulted in the
800 performance of its obligations or responsibilities under this Compact or
801 the promulgated Rules, the Commission shall provide written notice to
802 the defaulting State. The notice of default shall describe the default, the
803 proposed means of curing the default, and any other action that the
804 Commission may take, and shall offer training and specific technical
805 assistance regarding the default.

806 2. The Commission shall provide a copy of the notice of default to the other
807 Member States.

808 C. If a State in default fails to cure the default, the defaulting State may be
809 terminated from the Compact upon an affirmative vote of a majority of the
810 delegates of the Member States, and all rights, privileges and benefits conferred
811 on that State by this Compact may be terminated on the effective date of
812 termination. A cure of the default does not relieve the offending State of
813 obligations or liabilities incurred during the period of default.

- 814 D. Termination of membership in the Compact shall be imposed only after all other
815 means of securing compliance have been exhausted. Notice of intent to suspend
816 or terminate shall be given by the Commission to the governor, the majority and
817 minority leaders of the defaulting State's legislature, the defaulting State's State
818 Licensing Authority and each of the Member States' State Licensing Authority.
- 819 E. A State that has been terminated is responsible for all assessments, obligations,
820 and liabilities incurred through the effective date of termination, including
821 obligations that extend beyond the effective date of termination.
- 822 F. Upon the termination of a State's membership from this Compact, that State shall
823 immediately provide notice to all Licensees within that State of such termination.
824 The terminated State shall continue to recognize all licenses granted pursuant to
825 this Compact for a minimum of six (6) months after the date of said notice of
826 termination.
- 827 G. The Commission shall not bear any costs related to a State that is found to be in
828 default or that has been terminated from the Compact, unless agreed upon in
829 writing between the Commission and the defaulting State.
- 830 H. The defaulting State may appeal the action of the Commission by petitioning the
831 U.S. District Court for the District of Columbia or the federal district where the
832 Commission has its principal offices. The prevailing party shall be awarded all
833 costs of such litigation, including reasonable attorney's fees.

834 I. Dispute Resolution

- 835 1. Upon request by a Member State, the Commission shall attempt to
836 resolve disputes related to the Compact that arise among Member
837 States and between Member and non-Member States.
- 838 2. The Commission shall promulgate a Rule providing for both mediation
839 and binding dispute resolution for disputes as appropriate.

840 J. Enforcement

- 841 1. By majority vote as provided by Rule, the Commission may initiate legal
842 action against a Member State in default in the United States District
843 Court for the District of Columbia or the federal district where the
844 Commission has its principal offices to enforce compliance with the
845 provisions of the Compact and its promulgated Rules. The relief sought
846 may include both injunctive relief and damages. In the event judicial
847 enforcement is necessary, the prevailing party shall be awarded all costs
848 of such litigation, including reasonable attorney's fees. The remedies
849 herein shall not be the exclusive remedies of the Commission. The
850 Commission may pursue any other remedies available under federal or
851 the defaulting Member State's law.

- 852 2. A Member State may initiate legal action against the Commission in the
853 U.S. District Court for the District of Columbia or the federal district
854 where the Commission has its principal offices to enforce compliance
855 with the provisions of the Compact and its promulgated Rules. The relief
856 sought may include both injunctive relief and damages. In the event
857 judicial enforcement is necessary, the prevailing party shall be awarded
858 all costs of such litigation, including reasonable attorney's fees.
- 859 3. No person other than a Member State shall enforce this compact against
860 the Commission.

861 **SECTION 14. EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT**

- 862 A. The Compact shall come into effect on the date on which the Compact statute is
863 enacted into law in the seventh Member State.
- 864 1. On or after the effective date of the Compact, the Commission shall
865 convene and review the enactment of each of the first seven Member
866 States ("Charter Member States") to determine if the statute enacted by
867 each such Charter Member State is materially different than the model
868 Compact statute.
- 869 a. A Charter Member State whose enactment is found to be
870 materially different from the model Compact statute shall be
871 entitled to the default process set forth in Section 13.
- 872 b. If any Member State is later found to be in default, or is
873 terminated or withdraws from the Compact, the Commission
874 shall remain in existence and the Compact shall remain in effect
875 even if the number of Member States should be less than seven.
- 876 2. Member States enacting the Compact subsequent to the seven initial
877 Charter Member States shall be subject to the process set forth in
878 Section 10(C)(21) to determine if their enactments are materially
879 different from the model Compact statute and whether they qualify for
880 participation in the Compact.
- 881 3. All actions taken for the benefit of the Commission or in furtherance of
882 the purposes of the administration of the Compact prior to the effective
883 date of the Compact or the Commission coming into existence shall be
884 considered to be actions of the Commission unless specifically
885 repudiated by the Commission.
- 886 4. Any State that joins the Compact subsequent to the Commission's initial
887 adoption of the Rules and bylaws shall be subject to the Rules and
888 bylaws as they exist on the date on which the Compact becomes law in
889 that State. Any Rule that has been previously adopted by the

890 Commission shall have the full force and effect of law on the day the
891 Compact becomes law in that State.

892 B. Any Member State may withdraw from this Compact by enacting a statute
893 repealing the same.

894 1. A Member State's withdrawal shall not take effect until 180 days after
895 enactment of the repealing statute.

896 2. Withdrawal shall not affect the continuing requirement of the withdrawing
897 State's Licensing Authority to comply with the investigative and Adverse
898 Action reporting requirements of this Compact prior to the effective date
899 of withdrawal.

900 3. Upon the enactment of a statute withdrawing from this compact, a State
901 shall immediately provide notice of such withdrawal to all Licensees
902 within that State. Notwithstanding any subsequent statutory enactment to
903 the contrary, such withdrawing State shall continue to recognize all
904 licenses granted pursuant to this compact for a minimum of 180 days
905 after the date of such notice of withdrawal.

906 C. Nothing contained in this Compact shall be construed to invalidate or
907 prevent any licensure agreement or other cooperative arrangement between
908 a Member State and a non-Member State that does not conflict with the
909 provisions of this Compact.

910 D. This Compact may be amended by the Member States. No amendment to
911 this Compact shall become effective and binding upon any Member State
912 until it is enacted into the laws of all Member States.

913 **SECTION 15. CONSTRUCTION AND SEVERABILITY**

914 A. This Compact and the Commission's rulemaking authority shall be liberally
915 construed so as to effectuate the purposes, and the implementation and
916 administration of the Compact. Provisions of the Compact expressly authorizing
917 or requiring the promulgation of Rules shall not be construed to limit the
918 Commission's rulemaking authority solely for those purposes.

919 B. The provisions of this Compact shall be severable and if any phrase, clause,
920 sentence or provision of this Compact is held by a court of competent jurisdiction
921 to be contrary to the constitution of any Member State, a State seeking
922 participation in the Compact, or of the United States, or the applicability thereof to
923 any government, agency, person or circumstance is held to be unconstitutional
924 by a court of competent jurisdiction, the validity of the remainder of this Compact
925 and the applicability thereof to any other government, agency, person or
926 circumstance shall not be affected thereby.

927 C. Notwithstanding subsection B of this section, the Commission may deny a
928 State's participation in the Compact or, in accordance with the requirements of

929 Section 13.B, terminate a Member State's participation in the Compact, if it
930 determines that a constitutional requirement of a Member State is a material
931 departure from the Compact. Otherwise, if this Compact shall be held to be
932 contrary to the constitution of any Member State, the Compact shall remain in full
933 force and effect as to the remaining Member States and in full force and effect as
934 to the Member State affected as to all severable matters.

935 **SECTION 16. CONSISTENT EFFECT AND CONFLICT WITH OTHER STATE LAWS**

936 A. A Licensee providing services in a Remote State under a Multistate Authorization
937 to Practice shall adhere to the laws and regulations, including laws, regulations,
938 and applicable standards, of the Remote State where the client is located at the
939 time care is rendered.

940 B. Nothing herein shall prevent or inhibit the enforcement of any other law of a
941 Member State that is not inconsistent with the Compact.

942 C. Any laws, statutes, regulations, or other legal requirements in a Member State in
943 conflict with the Compact are superseded to the extent of the conflict.

944 D. All permissible agreements between the Commission and the Member States are
945 binding in accordance with their terms.

946

2024 Legislation - SB 204_Position Paper_021324(Se

Uploaded by: Maryland State of

Position: FAV



2024 SESSION
POSITION PAPER

BILL NO: SB 204

COMMITTEE: Senate Finance Committee

POSITION: Support

TITLE: Interstate Social Work Licensure Compact

BILL ANALYSIS

SB 204 - Interstate Social Work Licensure Compact if passed enters Maryland into the Social Work Licensure Compact (or compact). The proposed legislation establishes specified procedures and requirements for a social worker to practice under a multistate license in a member state; the composition, powers, and responsibilities of the Social Work Licensure Compact Commission; and requirements related to oversight, dispute resolution, and enforcement of the compact. The bill is contingent on substantially similar legislation being enacted in five other states.¹

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports SB 204. The bill would increase access to social workers and in particular, specialized care that may not be locally available. Implementation of the compact across member states aims to expedite licensure processes for social workers in obtaining a multistate license to practice across state lines. Use of compacts help preserve the patient-provider relationship and enhance workforce capacity, contributing to the resilience of health care systems, especially during a public health emergency (PHE), such as a pandemic or natural disaster.² The legislative proposal will promote workforce mobility and

¹ Seven states must enact the Model Social Work Compact Bill before the Compact Commission is established. Missouri and South Dakota are the only states to enact legislation; Maryland is among 24 states that have pending legislation. More information is available at: swcompact.org/compact-map/.

² Milbank Memorial Fund, *Can Interstate Licensure Compacts Enhance the Health Care Workforce?*, April 2023. Available at: www.milbank.org/2023/04/can-interstate-licensure-compacts-enhance-the-health-care-workforce/.

enable qualified social workers to treat and maintain continuity of care for patients in compact member states. This is especially crucial for more vulnerable populations with conditions requiring ongoing treatment and care coordination.

The legislation aligns with the findings and recommendations from MHCC's September 2023, *Interstate Telehealth Expansion Study* report (report).³ The MHCC conducted a study in collaboration with stakeholders at the request of the Health and Government Operations (HGO) Committee. In a letter dated May 24, 2022, the HGO Chair noted support for the expanded use of telehealth since the COVID-19 PHE, and tasked MHCC with convening a workgroup to inform development of recommendations to expand interstate telehealth. The MHCC convened workgroup (January – March 2023) discussed barriers and opportunities to expanding the delivery of telehealth services across state lines. The workgroup consisted of representatives from health occupation boards, providers, payers, health care consumers, professional associations, professional liability insurance carriers, and various State agencies.

The MHCC's report includes nine recommendations for advancing interstate telehealth practice, which includes adopting legislation to advance participation in compacts. The workgroup viewed compacts as important to help alleviate workforce supply challenges that result in longer wait times and impede access to care. Workgroup participants generally favor compacts with a mutual recognition model⁴ where providers maintain a license in their home state and apply for a multistate license or privilege (authorization) to practice in other compact states.⁵

The MHCC believes this legislation is an important next step to improve access to care and health equity for underserved and vulnerable populations. If passed by the General Assembly, the law will expand cooperation among states licensure boards, enable greater use of telehealth, and enhance public safety.

For the stated reasons above, we ask for a favorable report on SB 204.

³ Maryland Health Care Commission, *Interstate Telehealth Expansion Study*, September 2023. Available at: mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/ist/IST_HGO_rpt.pdf.

⁴ Under a mutual recognition model, a licensee receives a multistate license from the compact state in which the licensee has established residence or purchases a privilege from the compact.

⁵ JDSupra, *Developments in Interstate Telehealth Licensing*, December 2022. Available at: www.jdsupra.com/legalnews/developments-in-interstate-telehealth-3935324/.



SB204 FAV.pdf

Uploaded by: Morgan Mills

Position: FAV



February 13, 2024

Chairwoman Beidle, Vice Chair Klausmeier, and distinguished members of the Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

SB204 enters Maryland into the Social Work Licensure Compact. The Social Work Licensure Compact would increase access to social workers by allowing reciprocity—social workers from other states can deliver care in Maryland and Maryland social workers would be able to deliver care to other states who are a part of the compact.

Serious shortages exist in the mental health professional workforce. The lack of providers exacerbates unmet needs and leaves more people without options for mental health care. It would be to the State's benefit to allow additional licensed social workers to practice in Maryland. The compact provides a tool for addressing workforce shortages—and with the severity of our workforce shortage, Maryland should utilize every tool in our toolbox to ensure access to mental health services.

By entering the compact, we are increasing the number of social workers in the State, who can, in turn, offer services to Marylanders who need them the most.

For these reasons, we urge a favorable report.

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Morgan Mills
Compass Government Relations
Mmills@compassadvocacy.com

SB 204 - Interstate Social Work Licensure Compact

Uploaded by: Morgan Murphy

Position: FAV



**Maryland Department of Veterans Affairs
Office of the Secretary**

WES MOORE
GOVERNOR

ARUNA MILLER
LT. GOVERNOR

ANTHONY C. WOODS
SECRETARY

February 12, 2024

The Honorable Pamela Beidle
Chair, Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: SB 204 - Interstate Social Work Licensure Compact

Dear Chairwoman Beidle and Committee Members,

The Maryland Department of Veterans Affairs supports SB 204 - Interstate Social Work Licensure Compact.

This proposed legislation will empower many Marylanders, especially our military spouses. According to the national non-profit Blue Star Families, military spouse unemployment stands at 21%, an unacceptable level that has been static for too many years. Additionally, 600,000 military and veteran families move around the nation and the world every year, uprooting their lives in service of our country. Many move to Maryland with skills and talents that we should be harnessing.

Senate Bill 204 enables licensed social workers to continue practicing their skills here in Maryland, provided that they are already licensed in their previous state and that that state is also part of the Compact. This change would have a meaningful impact on our military spouses who are social workers, allowing them to seamlessly integrate into our Maryland communities and minimize disruptions to their professional lives between moves. Additionally, the Compact could benefit Maryland's fiscal health by ensuring these families can thrive economically here in the state.

Military families, like all families, increasingly need to be two-income households to thrive and achieve the American Dream. Thriving military families are essential to retaining veterans to continue living here in Maryland. SB 204 goes some way toward making that goal possible.

THE WINELAND BUILDING, FOURTH FLOOR
16 FRANCIS STREET, ANNAPOLIS, MARYLAND 21401

TOLL FREE: 866-793-1577 • ANNAPOLIS: 410-260-3838 • FAX: 410-216-7928

veterans.maryland.gov
TTY USERS CALL VIA MD RELAY

I respectfully ask the Committee for a favorable report on the Interstate Social Work Licensure Compact to help our state's military spouses.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Anthony Woods". The signature is written in a cursive style with a large initial "A" and "W".

Anthony C. Woods
Secretary

Support Letter for SB204 Interstate Social Work Li

Uploaded by: Rebecca Canino

Position: FAV

SB204

Favorable

TO: Senator Guy Guzzone
Chair of the Budget and Taxation Committee

FROM: Helen Hughes, MD MPH
Medical Director, Office of Telemedicine
Johns Hopkins University, School of Medicine

DATE: February 13, 2024

RE: SB204 Interstate Social Work Licensure Compact

Johns Hopkins Office of Telemedicine supports **SB204 Interstate Social Work Licensure Compact**. This bill authorizes regulated social workers who hold interstate compact licenses to practice social work in member states; establishing requirements for multistate licensure; establishing the Social Work Licensure Compact Commission; and providing a pathway for withdrawal from the Compact.

Johns Hopkins Medicine cares for 2.8 million patients annually and nearly 337,000 emergency room visits annually. Through telemedicine we have served 500,000 patients and provided over 2 million telehealth visits, accounting for 13% of ambulatory visits at Johns Hopkins Medicine. With 50 care locations reaching 5 states, our clinicians are eager to reach their patients wherever they are to provide continual care in coordination with local care physicians. Social Workers are crucial members of the patient's care team. By allowing Maryland to join the compact, our social workers can expand their clinical care delivery to participating states; allowing continuity of care. Our Maryland Social Workers face daily limitations of reaching patients who are out of state to complete biopsychosocial assessments for clinical protocols/treatments, calls for end of life care planning, and more. The compact would facilitate interstate practice by improving access to skills-based clinical healthcare social workers, extend the clinical care to established patients (and their families) while in their home-state and facilitate and expand communication within complex disease management. The Compact would also allow for faster onboarding of new recruits as we struggle to fill critical social work vacancies.

Oncology Social Work at Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins Hospital is overseen by Louise Knight, LCSW-C, OSW-C, FNAP, who also serves as the President for the National Society for Social Work Leadership in Health Care. Ms. Knight would gladly testify if needed, to share, from an employer and employee perspective, our national employment challenges.

We urge Maryland to pass this bill allowing Maryland to join the ISWLC.

Accordingly, Johns Hopkins Office of Telemedicine respectfully requests a favorable committee report on SB 204.

*Helen Kinsman Hughes, MD MPH
Medical Director, Office of Telemedicine
Johns Hopkins Medicine*

Medical Director of Pediatric Telemedicine
Johns Hopkins Children's Center
Assistant Professor of Pediatrics, Division of General Pediatrics
The Johns Hopkins University School of Medicine
hkinsma1@jh.edu

2024 LCPCM SB 204 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: Senate Bill 204 - Interstate Social Work Licensure Compact

Hearing Date: February 13, 2024

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 204 - Interstate Social Work Licensure Compact*. The bill establishes a licensure compact for social workers. Similar to other licensure compacts, social workers would be authorized to practice in all Compact member states under a multistate licensure.

We are facing a crisis with the shortage of behavioral health professions in Maryland, as 21 of 24 jurisdictions have a mental health professional shortage area.¹ Licensure compacts and other reciprocity arrangements will increase access for Marylanders by allowing health professionals, including social workers, from other states to provide in-person or telehealth services.

We ask for a favorable report on the legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

¹ <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

2024 MCHS SB 204 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Community Health System

Committee:	Senate Finance Committee
Bill Number:	Senate Bill 204
Title:	Interstate Social Work Licensure Compact
Hearing Date:	February 13, 2024
Position:	Support

The Maryland Community Health System (MCHS) supports *Senate Bill 204 - Interstate Social Work Licensure Compact*. The bill establishes a licensure compact for social workers, similar to other licensure compacts, social workers would be authorized to practice in all Compact member states under a multistate licensure.

Maryland Community Health System (MCHS) is a network of federally qualified health centers that serve underserved communities in urban, suburban, and rural areas across Maryland. We are facing a crisis with the shortage of behavioral health professions in Maryland, with 21 of 24 jurisdictions designated as a mental health professional shortage area.

ⁱ Licensure compacts and other reciprocity arrangements will allow Maryland providers to recruit health professionals, including social workers, from other states to provide in-person or telehealth services.

The Social Work Licensure Compact is modeled after similar compacts adopted in Maryland for professional counselors and psychologists. The legislation is pending in 23 states, including our neighboring states of Pennsylvania and West Virginia.ⁱⁱ

MCHS supports this bill because it will help federally qualified health centers and other providers to recruit social workers and meet the needs of our patients. We request a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

ⁱⁱ <https://swcompact.org/compact-map/>

2024 TCC SB 204 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



THE COORDINATING CENTER
INSPIRED SOLUTIONS

Committee: Senate Finance

Bill Number: Senate Bill 204 – Interstate Social Work Licensure Compact

Hearing Date: February 13, 2024

Position: Support

The Coordinating Center supports *Senate Bill 204 – Interstate Social Work Licensure Compact* because it supports continuity of care for our clients. The bill would allow licensed clinical social workers (LCSWs) in Maryland to provide services to patients in other compact states without obtaining a separate license. This legislation is already being considered by 23 states, including nearby states of Pennsylvania, Virginia, and New Jersey.

Our organization provides care coordination through to clients enrolled in Community First Choice and many of Maryland Medicaid's home and community-based service waivers. With complex medical needs, our clients sometimes need to be hospitalized out-of-state for specialty care. If Maryland participated in the Social Work Licensure Compact, our LCSWs would be able to coordinate care for clients as the travel for any reason, including medical care, without fear of licensure repercussions. The Compact would support The Coordinating Center and other providers in ensuring the continuity of care for our clients.

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

SB204 Interstate Social Work Licensure Compact.pdf

Uploaded by: Samantha Barrett

Position: FAV

TO: The Honorable Pamela Beidle, Chair Members, Senate
Finance Committee
The Honorable Joanne C. Benson

FROM: Samantha Barrett, LCSW-C

DATE: February 1, 2024

RE: **SUPPORT** – Senate Bill 204- Interstate Social Work Licensure Compact

Dear Dear Chairperson Beidle and Distinguished Members of the Finance Committee:

Thank you for considering my written statement supporting House Bill 34 on the "Interstate Social Work Licensure Compact" for inclusion in the public hearing record. I am Samantha Barrett, a Licensed Certified Social Worker-Clinical (LCSW-C) who resides in West Virginia but is currently employed in Washington County, Maryland.

The significance of the Social Work Interstate Licensure Compact impacts my work directly due to living and working in different states. The unique location of the State of Maryland and the access to clinicians in the surrounding area will help to bridge the gap between the demand for mental health services and the limited number of licensed providers available to deliver ethical and safe care. The education and training received at accredited institutions by Social Workers and mandatory continued education post-licensure prove the high standard of care that Social Workers can provide. As a practitioner living in the State of West Virginia and practicing in Maryland, I have seen firsthand how the licensure compact will greatly expand services, reduce waitlists, and pave the way for high quality mental health services for those in need.

The Social Work Compact brings numerous benefits, impacting those needing critical mental health support and Social Workers. It achieves this by:

1. Facilitating mobility for Social Workers meeting uniform licensure requirements allowing them to serve clients with less barriers.
2. Expanding access to care for clients.
3. Ensuring continuity of care for clients and Social Workers during relocations or travel across state lines.
4. Simplifying the maintenance of certifications for military personnel and their spouses during relocations.

Notably, the Interstate Social Work Licensure Compact preserves each state's authority to regulate the profession. It does not alter the scope of practice or affect state practice laws. Social Workers operating under the Compact must adhere to the laws and rules of the state where they practice, including compliance with the state's scope of practice.

The State of Maryland clearly recognizes the need for expansion of mental health services, and I view the interstate compact as a first step in achieving this goal. I urge you to lend your support

to the Interstate Social Work Licensure Compact, recognizing its potential to make a transformative impact on mental health service accessibility and continuity of care. I appreciate your consideration in helping to propel my profession forward.

Sincerely,

Samantha Barrett, LCSW-C

interstate compact letter SB 204.pdf

Uploaded by: Sheila Ervin

Position: FAV

TAKOMA THERAPY, LLC

To: The Honorable Pamela Beidle, Chair Members, Senate

Finance Committee
The Honorable Joanne C. Benson

From: Sheila M. Ervin, LCSW-C

Date: February 13 , 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Chairperson Beidle and Distinguished Members of the Finance Committee:

I sincerely thank you for considering my written statement supporting Senate Bill 204 on the " Interstate Social Work Licensure Compact" for inclusion in the public hearing record. I am Sheila Ervin, a Licensed Certified Social Worker–Clinical (LCSW–C) residing in North Potomac, Maryland and practicing in Takoma Park, Maryland.

The significance of the Social Work Interstate Licensure Compact resonates deeply with me due to the substantial gap between the demand for mental health services and the limited number of licensed providers available to deliver ethical and safe care. The rigorous education and training received by mental health professionals, irrespective of state, coupled with mandatory continued education post-licensure, underscore the dedication to maintaining high standards in our field.

The ability to practice across state lines is critical in addressing disparities in access to deliver culturally competent mental and behavioral health services. Doing so can alleviate inequities related to socioeconomic status, (dis)ability status, gender diversity, sexuality, and other barriers that impede individuals from receiving adequate care. Clearing barriers holds particular importance in advocating for marginalized communities, ensuring they receive treatment and support, especially when in-person appointments may be challenging or finding a suitable clinician becomes a hurdle, such as during a pandemic.

Drawing inspiration from existing licensure compacts for various healthcare professions, including nurses, physical therapists, physicians, psychologists, and

■

counselors, the Social Work Compact enhances licensure portability for practitioners. Simultaneously, it empowers state regulatory boards to better protect consumers by facilitating the seamless sharing of licensure information.

The Social Work Compact brings numerous benefits, impacting those needing critical mental health support and social workers. It achieves this by:

1. Facilitating mobility for social workers meeting uniform licensure requirements.
2. Expanding access to care for clients.
3. Ensuring continuity of care for clients and social workers during relocations or travel across state lines.
4. Simplifying the maintenance of certifications for military personnel and their spouses during relocations.
5. Safeguarding and strengthening the existing system of state licensure.

The Interstate Social Work Licensure Compact preserves each state's authority to regulate the profession. It does not alter the scope of practice or affect state practice laws. Social workers operating under the Compact must adhere to the laws and rules of the state where they practice, including compliance with the state's scope of practice.

I passionately urge you to lend your support to the Interstate Social Work Licensure Compact, recognizing its potential to make a transformative impact on mental health service accessibility and continuity of care.

I appreciate your consideration.

Sincerely,

Sheila M. Ervin, LCSW-C

SB 204 Interstate Social Work Licensure Compact Wr

Uploaded by: Starling Hathcock

Position: FAV

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: Starling Butler Hathcock, LCSW-C
YOUUnique Counseling

DATE: February 13, 2024

RE: **SUPPORT** – Senate Bill 204 - Interstate Social Work Licensure Compact

Dear Madam Chair Beidle and Distinguished Members of the Finance Committee:

Thank you for considering my verbal testimony supporting Senate Bill 204 I am Starling Hathcock, a Licensed Certified Social Worker-Clinical (LCSW-C) residing and practicing in Frederick County, Maryland and the wife of a Navy Veteran.

Today, I invite you to peer into the life of individuals whose paths have intertwined with mine throughout my career.

Meet Jordan, a high school graduate from Maryland. Eager yet apprehensive about starting college in a distant state, away from the support of family and friends. As Jordan dives into college life, they face academic pressures, relationship challenges, and the complexities of adjusting to a new environment. Unfortunately, these stressors trigger a resurgence of symptoms. Seeking help, Jordan contacts me. However, they learn that I cannot provide telehealth services across state lines due to the lack of an interstate compact. Consequently, Jordan must begin anew, rebuilding rapport and trust with a different therapist.

Meet Jami. Jami has endured years of intimate partner violence. After summoning the courage to leave their abusive relationship and relocate from Maryland, Jami encounters a distressing revelation: they won't be able to maintain their therapy sessions with me through telehealth if they move. This news sends Jami into a tailspin of emotions, grappling with the difficult decision. Ultimately, Jami chooses to remain in Maryland, where they receive support, albeit enduring ongoing abuse.

Jordan and Jami's plight underscores the urgent necessity for the Interstate Social Work Licensure Compact in Maryland. With this legislation firmly established, each could seamlessly continue their therapy sessions with trusted therapist via telehealth, ensuring a smoother transition into college life and fostering improved mental health outcomes during this pivotal juncture in life.

Maryland has the unique opportunity to improve access to mental health care by enacting the Social Work Interstate Compact. By breaking down barriers for vulnerable populations and leveraging telehealth, we can address the mental health crisis plaguing our nation while boosting Maryland's economy. Let's take decisive action and make Maryland a trailblazer in mental health care reform.

I appreciate your favorable consideration for SB 204.

Sincerely,
Starling Hathcock
Licensed Certified Social Worker-Clinical (LCSW-C)
Frederick County, Maryland

9 - SB 204 - Social Work Bd - support - FIN.pdf

Uploaded by: State of Maryland (MD)

Position: FAV



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Maryland Board of Social Work Examiners
4201 Patterson Ave., 3rd Floor
Baltimore, MD 21215

**2024 SESSION
POSITION PAPER**

BILL NO: SB 204
COMMITTEE: Finance
POSITION: Support

TITLE: Interstate Social Work Licensure Compact

BILL ANALYSIS: This bill allows the Maryland Board of Social Work Examiners (the “Board”) to join an interstate license compact.

POSITION AND RATIONALE: The Board supports SB 204.

An interstate social work compact will eliminate barriers to practice and increase access to care (especially in areas that are underserved, geographically isolated or lack specialty care) by increasing the efficiency of becoming licensed across state borders. Currently, social workers must seek a separate license in each state in which they want to practice, which can be costly, as well as labor and time intensive. A compact creates a more efficient processing system, while protecting public safety. Nine professions currently have interstate compacts for regulating occupational licensing: Physicians, Nurses, EMS Officials, Physical Therapists, Psychologists, Audiology and Speech Language Pathologists, Occupational Therapists and Counselors.

Seven states, including Maryland, must enact this social work compact before a social work commission is developed to determine the rules. The Board would maintain control over the State practice act and licensure processes while having access to a centralized database of disciplinary action records to provide rapid access to information. It would not only reduce processing time, but it would enhance public safety.

Social workers practice in nearly all community settings, including schools, hospitals, behavioral health clinics, senior centers, prisons, child welfare and juvenile services, the military, corporations, courts, private practice, elected office and in numerous public and private agencies. Social workers provide urgently needed mental health and behavioral health services and help clients who face a disability or a life-threatening disease or a social problem, such as homelessness or unemployment. Social workers serve on crisis response teams and assist victims of violence. They also assist families that have serious domestic conflicts, involving child, family or other spousal abuse and neglect. Social workers conduct research, advocate for improved

services, and engage in systems design, manage nonprofits, or are involved in planning or policy development. Social workers provide these critically needed services every day.

The demand for social workers is expected to increase in coming years. Specifically, the Bureau of Labor Statistics (BLS) projects that the employment of social workers will increase by twelve percent over the next decade. This expected increase is fifty percent more than the average expected for all occupations. There is expected to be a particularly significant need for child, family, and school social workers, healthcare social workers, and mental health and substance abuse social workers. There continues to be difficulty accessing social workers and other mental health and behavioral health providers in rural areas, especially specialists. Despite the invaluable contributions and services that social workers provide, the profession faces a recruitment and retention problem that is exacerbated by low starting salaries, high student loan debt and demanding day-to-day work loads, which can lead to burn out and social workers opting to leave the profession. For example, child welfare agencies across the country have 20-50 % turnover rates for qualified social worker positions.

The compact provides a tool for addressing these workforce shortages and will strengthen Maryland's access to highly qualified social workers. It eases mobility for licensees and expands employment opportunities into new markets. It will also support relocating military spouses and families.

Thank you for considering this testimony. The Board of Social Work Examiners is respectfully requesting a favorable report on SB 204. If you require additional information please contact Susan Coppage, Board Chair of the Maryland Board of Social Work Examiners at (410) 490-9933 or susan.coppage@maryland.gov.

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

MATOD - 2024 SB 204 FAV - Social Work Compact - Se

Uploaded by: Vickie Walters

Position: FAV



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KStolle@jhmi.edu

Immediate Past President

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jgrollmes@serenityllc.net



Mailing Address

c/o IBR REACH Health Services
2104 Maryland Avenue
Baltimore, MD 21218



www.matod.org

Senate Bill 204 Interstate Social Work Licensure Compact Support Finance Committee

February 13, 2024

The Maryland Association for the Treatment of Opioid Dependence (MATOD), a statewide organization representing over sixty-five healthcare organizations throughout the state promoting high-quality, effective medications for opioid use disorders is pleased to provide support for SB 204.

MATOD wholeheartedly supports SB 204 which would allow for a Social Work Licensure Compact across states. This bill would reduce the overly burdensome and duplicative requirements associated with requiring social workers to hold multiple licenses in different states and increase the public's access to competent social workers while assisting in alleviating the behavioral health workforce shortage in Maryland.

It has become increasingly difficult to hire clinical staff in behavioral health programs across the state of Maryland and social workers are uniquely trained to address chronic and severe behavioral health disorders. Social workers empower clients with advocacy, resources, goals, psychosocial assessments, and counseling. With the help of social workers, clients in opioid treatment facilities can begin their journey towards sobriety and stability.

If passed, the Social Work Licensure Compact across states would allow the social work profession to enjoy the same benefits of a compact as our colleagues who are licensed professional counselors and therapists in Maryland.

For the reasons stated in this letter, we urge the members of the committee to pass this legislation.

Sincerely,

Vickie L. Walters, LCSW-C

Vickie L. Walters, MSW, LCSW-C
Public Policy Committee
Maryland Association for the Treatment of Opioid Dependence

MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.

SB0204 - Maria Smith - Written Testimony (1).pdf

Uploaded by: Maria Smith

Position: FWA

To: Members of the Senate Finance Committee

From: Maria F. Smith, LCSW-C

Re: HB0034 Interstate Social Work Licensure Compact

Position: Favorable with Amendments

February 12, 2024

Good Afternoon Chair Beidle and Members of the Senate Finance Committee,

My name is Maria F. Smith (she/her). I am a Maryland resident currently living in Rockville, Maryland (District 18) and who was born & raised in College Park (District 21). I have been a licensed social worker in the State of Maryland since 2016. I have worked as a direct social service provider and mental health therapist. At times, I have also been licensed in Washington, DC, though the cost of renewing my license in both Maryland and DC every other year has made it hard to sustain licensure in both places.

In theory, I support SB0204, cross-filed as SB0034. The Interstate Social Work Compact appears to make it easier for social workers to work across state lines. As a telehealth therapist, this could benefit me by opening up my list of potential clients seeking services within my niche. This would, of course, lead to me expanding my services into other states, and potentially reduce the amount of Maryland residents that I serve.

My main concern with SB0204 as written, is that it continues to uphold our profession's biased national exams. By including this exam requisite, the Compact leaves out **all** social workers who have *not* been able to pass biased licensing exams, a group that disproportionately includes social workers who are older, Black and brown, deaf and hard of hearing, and English as a second language speakers. In turn, this also impacts services provided to the many communities they represent & serve.

Before looking to expand the reach of licensed social workers in Maryland or filling workforce shortages through bringing in more social workers from other states, might we first find better ways to support Maryland social workers who are already here in our local communities?

I support ***SB0204 with Amendments***. I ask that you seek council and consideration from members of the **Workgroup on Social Worker Requirements for Licensure** before passing this legislation.

Sincerely,

Maria F. Smith, MSW, LCSW-C
Rockville, Maryland
District 18

Will Doyle - Senate Finance Testimony - 2-13-24.pd

Uploaded by: William Doyle

Position: FWA

February 13, 2024

To: Members of the Senate Finance Committee

From: Will Doyle, LICSW

Re: SB0204 Interstate Social Work Licensure Compact

Position: Favorable with Amendments

Good Afternoon Chair Beidle and Members of the Committee,

My name is Will Doyle and I have been a Maryland resident in District 21 since 2010. I have been a licensed social worker since 2008 and a Licensed Independent Clinical Social Worker in Washington, DC since 2013. I have worked in homeless services in Washington, DC since 2006.

I support **SB0204 with Amendments**. I urge you to consider this legislation in light of the extensive testimony you heard last year regarding the ASWB exams and decisions you made in the 2023 legislative session. Despite recognizing the extreme bias in the ASWB exams and the need for major reform in social work licensure, this Committee did not implement any reforms last year. While the onus for removing justified and immediate reforms from SB0871 and SB0872 lies primarily with the House HGO Committee, you accepted their changes. As a result, you tasked the Workgroup on Social Worker Requirements for Licensure to consider all elements of social work licensure, including the use of the ASWB exams. The Workgroup started late and was not able to provide the reports due September 1st and December 1st 2023. As a result, you are delayed by a year in addressing the harm that the ASWB exams are inflicting on those impacted by the barrier of the bachelors and masters exams.

Given the present situation, it seems premature to consider the Compact legislation at this time, as it is based on individuals passing a Qualifying National Exam. At the present time and for the foreseeable future, the ASWB exams are the only such option. However, you delegated the task of reviewing the ASWB exams to the Workgroup, but their work is not yet complete. If you believe in the legislation you passed last year, consideration of the Social Work Licensure Compact should be a task of the Workgroup.

You will hear arguments for the Compact that include:

- Addressing mental health workforce shortages by increasing the availability of clinicians to care for vulnerable Maryland residents amidst the mental health crisis
- Removing barriers to social work licensure for military personnel and spouses when relocating

If these benefits of the Compact compel you to move forward with it this legislative session, I urge you to increase those same benefits by amending the legislation to include the following:

- Permanent removal of the ASWB exams for both the bachelors and masters social work licenses without the use of an alternative assessment or any additional requirements

I urge the Committee to consider the full extent of reform needed in Maryland's social work licensure and the responsibilities of the Workgroup you created.

Thank you and I am happy to answer any question.

Sincerely,

Will Doyle, LICSW
College Park, MD
District 21

Written Testimony SB0204.pdf

Uploaded by: Philicia Ross

Position: UNF

Dear Members of the Senate Finance Committee,

I hope this message finds you well. My name is Philicia Ross, LCSW-C, and I am reaching out to you not only as a professional deeply committed to the field of social work but also as the NAACP appointee to the Workgroup concerned with licensure processes in our state. Since our last interaction, where I shared my personal journey and the challenges faced by many in our profession, particularly those from black and POC, older, disabled, deaf, and hard of hearing backgrounds, I have followed the developments around Bill SB0204 closely.

The intent behind SB0204, to address and potentially mitigate the barriers to licensure, is commendable. However, as it stands, the bill seems to inadvertently solidify the ASWB's role as the primary, if not sole, pathway to licensure. This is particularly concerning for those of us who work in clinical settings and serve underrepresented communities. The opt-in feature, intended to offer flexibility, in reality, may not provide a viable alternative for many, effectively asking future social workers to endure a system that has systematically disadvantaged them.

As the NAACP appointee to the Workgroup, which unfortunately started its work later than anticipated and has yet to make formal recommendations, I find it imperative to request a deferment of the vote on SB0204. The current language within the bill risks further entrenching a status quo that many of us have been vocal about changing. It sends a disheartening message, especially during Black History Month, reminding us of past oversights and the continued struggle against systemic barriers within our profession.

The experiences shared by many during the last legislative session, and the discussions surrounding tiered licensure resonate deeply with the concerns SB0204 raises. The absence of significant representation from marginalized communities in the major organizational testimonies on this bill highlights a gap that we cannot overlook. Many social workers, deserving of recognition and titles that reflect their invaluable contributions, remain hindered by the current licensure path.

In closing, I respectfully urge that the committee consider these concerns with the seriousness they warrant. Until we can ensure that SB0204 reflects the inclusive, equitable principles that the social work profession stands for, I believe it would be premature to move forward with it as proposed.

Thank you for your time and for considering my appeal. I am keen on collaborating with you and all stakeholders to find a pathway forward that honors the diversity and strength of our profession.

Respectfully submitted,

Philicia Ross, LCSW-C

CSG Testimony on MD SB0204.pdf

Uploaded by: Kaitlyn Bison

Position: INFO



National Center for Interstate Compacts

THE COUNCIL OF STATE GOVERNMENTS

CSG Testimony on SB 0204 – Social Work Licensure Compact

Senate Finance Committee

February 13th, 2024

Kaitlyn Bison, The Council of State Governments. kbison@csg.org

Chair Beidle and members of the committee, I would like to express my appreciation for your consideration of the Social Work Licensure Compact. My name is Kaitlyn Bison with The Council of State Governments. My written testimony is meant to provide background educational information on the compact.

The Council of State Governments is a nonpartisan membership association for elected and appointed state government officials from all three branches. CSG, through its National Center for Interstate Compacts, has facilitated the development process for all sixteen of the active occupational licensing compacts, including the seven that Maryland is a member of (ASLP, counseling, nursing, occupational therapy, physical therapy, psychology, and medicine). Maryland is also a member of 50 other interstate compacts unrelated to professional licensing.

There are approximately 500,000 licensed social workers in the United States. Despite the high demand for social work services, licensees are currently limited to providing services within state borders. The Social Work Licensure Compact seeks to provide licensees with opportunities for multistate practice, support relocating practitioners, and foster workforce development by reducing unnecessary licensure burdens.

The compact was created through a cooperative agreement between the Department of Defense and The Council of State Governments. For 18 months, CSG developed the compact language with stakeholders within the profession from the Association of Social Work Boards, National Association of Social Workers, Clinical Social Work Association, social work regulatory boards, the social work education community, and others. The compact language was finalized in February 2023.

The Compact will enable social workers to obtain a multistate license issued by their home state to practice in other states that join the compact, rather than get an individual license in every state in which they want to practice. Like the compact for a driver's license, each compact member state agrees to mutually recognize the practitioner licenses issued by every other member state.

The Social Work Licensure Compact is similar in form and function to the seven other occupational licensing compacts that Maryland is already a member of. A social worker



must hold an active, unencumbered license in their home state to be eligible for a multistate license. Licensees must also pass a background check and meet other eligibility requirements related to education and examinations.

From a regulatory perspective, the Compact preserves the authority of each compact member state to protect public health and safety through the existing state regulatory structure. A licensee practicing under a multistate license must abide by the laws, regulations and rules that govern the practice of social work in the state in which they are located. The Maryland Board of Social Work Examiners has jurisdiction over anyone practicing in Maryland under a multistate license.

The Social Work Licensure Compact also benefits military families. If a military family gets assigned to a new duty station in a compact member state, the service member or their spouse can continue to work with their current multistate license.

Like all of the other occupational licensing compacts, the Social Work Licensure Compact will be governed by a commission made up of the member states. The delegate will be a representative from the Maryland Board of Social Work Examiners.

The compact will come into effect once it's enacted by seven states. There are currently two member state (Missouri & South Dakota). However, states have introduced the bill since the start of 2024, with legislation currently pending in 26 states. If enacted in Maryland, Maryland would have a seat at the table when the compact commission has its first meeting to establish the compact's rules and bylaws.

Overall, the Social Work Licensure Compact will increase license portability for social work professionals in Maryland, support military families, and improve access to social work services for Maryland residents, while maintaining the current system of state licensure. Additionally, by ensuring the sharing of investigative and disciplinary information among participating states, the Social Work Licensure Compact will allow participating state regulatory entities to better protect the public. I understand that increasing access to mental health providers is a key issue facing states, and we believe the compact provides one solution that helps alleviate that problem.

VR Written Testimony 2.12.24.pdf

Uploaded by: Victoria Rodriguez

Position: INFO

Dear Senators and Delegates,

I strongly urge the committee to gather more specific information on the potential impact of the Social Work (SW) Interstate Compact before voting, as the current information is unclear and lacks precision. It is important to address the following areas of ambiguity:

1. The involvement of state Medicaid, state Medicare, and private insurance companies in participating in the SW Interstate compact for multiple states has not been clearly explained.
2. Considering the understaffed situation of the Maryland Board of Social Work, as evident from their staff members page on their website, it is crucial to understand their capacity to process applications for the SW Interstate Compact. Additionally, the realistic turnaround time for processing interstate applications needs to be determined, especially considering the current lengthy processing time for existing state based applications.
3. When conflicting interests arise among different states based on existing state legislation, it is essential to understand how the states in the SW Interstate Compact will navigate this issue. For example, if Maryland is a recognized Blue state and Red states enter the SW Interstate Compact, it is important to clarify whether Maryland Social Workers will continue to be guided by existing Maryland State legislation or be subjected to guidelines set up by other states due to patients residing in states with conflicting legislation. Will Maryland Social Workers be bound to Maryland guidelines only or the guidelines of each state where the patient resides?
4. There are concerns regarding the overlapping issues between the recently implemented Work Group and the interstate compact, as both rely on the existing ASWB exam as their foundation. It is important to note that there is currently no other nationwide exam implemented for Social Workers.

Furthermore, it is important to acknowledge that while the Social Work Interstate Compact has the potential to provide mobility for Social Workers, it does not address the shortage of Social Workers in Maryland, nor does it increase diversity amongst Social Workers in Maryland, nor does it discourage Maryland Social Workers from seeking opportunities in other states, potentially exacerbating the Social Worker shortage in Maryland. This is because the Social Worker interstate Compact is only open to Social Workers who already have their licensure.

(This is the ASWB pass rate analysis which led to the advocacy surrounding the Social Work exam).

<https://www.aswb.org/wp-content/uploads/2022/07/2022-ASWB-Exam-Pass-Rate-Analysis.pdf>

I would like to thank you for your attention and consideration of this request for more information gathering before final decisions are made.

Sincerely,

Victoria Rodriguez, LCSW- C (Md), LCSW (NY)

Columbia University School of Social Work, 2002

Date: 2/12/24