

January 29, 2024

## Written Testimony in Favor of SB 221 Health Occupations Boards – Reciprocal Licensure & Certification

Thank you, Senator Beidle, Senator Klausmeier and all the members of the Finance Committee for addressing this critical workforce issue for all health professionals licensed by the Maryland Department of Health, including social workers. The University of Maryland, School of Social Work appreciates the opportunity to provide testimony in favor of SB 221.

SB 221 applies to all Health Occupations Boards, including the Board of Social Work Examiners, which licenses social workers in Maryland. This bill would permit (not mandate) a Health Occupations Board to adopt regulations to establish reciprocity for individuals who are licensed or certified in another state or jurisdiction that offers similar reciprocity to individuals licensed or certified by the health occupations board. This is an amazing option for states to enter in agreements with other states to recognize licenses of health practitioners in those states. Currently a social worker who wishes to practice in another state would need to apply to each state they wish to practice. In addition, current law requires that the client must be located in Maryland when the services are provided by a social worker licensed in Maryland. These current restrictions have presented challenges for the delivery of services, especially telehealth services and for agencies that have offices in multiple states.

SB 221 provides an easy option for our licensing boards to address specific needs and workforce shortages in our state. If the Board of Social Work Examiners was permitted to implement a process with other states where they would agree to accept each other's licenses it would allow social workers to practice across state lines. If SB 221 passes, then each state that decided to establish reciprocity would determine the licensing criteria they would require.

With the flexibility that SB 221 proposes, Maryland could better address workforce shortages, increase options when responding to a health care crisis, improve coordination and access to care (especially in areas that are underserved, geographically isolated or lack specialty care); improve continuity of care when clients travel or relocate; improve employment opportunities for interstate practice, and enhance interstate teletherapy.

Respectfully submitted by

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