



2024 SESSION
POSITION PAPER

BILL NO: HB 628

COMMITTEE: Health and Government Operations

POSITION: Support

TITLE: Health Occupations - Clinical Marriage and Family Therapists – Reciprocal Licensure Requirements

BILL ANALYSIS

HB 628 - Health Occupations - Clinical Marriage and Family Therapists - Reciprocal Licensure Requirements if passed requires the State Board of Professional Counselors and Therapists (board) to waive the education, experience, and examination requirements for licensure as a clinical marriage and family therapist for an applicant that is licensed or certified to practice marriage and family therapy in another state, territory, or jurisdiction if specified requirements are met. The board may not require the applicant to pass a national certification exam but may require that the applicant pass an examination of specified State law requirements.

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports HB 628. The bill would increase access to marriage and family therapists (MFTs). MFTs play a crucial role in supporting individuals, couples, and families in navigating the complexities of relationships and mental health.¹ MFTs have graduate training (a Master's or Doctoral degree) and treat a wide range of clinical problems, including depression, anxiety, individual psychological problems, and child-parent problems.² As mental health professionals, MFTs help clients develop healthier communication patterns, resolve conflicts, and strengthen relationships. The Centers for Medicare & Medicaid Services recognizes MFTs as a Medicare-eligible providers, and effective January 1, 2024, MFTs can bill Medicare independently for services that diagnosis and treat mental illnesses.³

¹ National Library of Medicine, *Marital and Family Therapy*. Ahluwalia, Hargun; Anand, Tanya; Suman, L.N., 2018 Feb; 60 (Suppl 4): S501–S505. doi:[10.4103/psychiatry.IndianJPsychiatry.19.18](https://doi.org/10.4103/psychiatry.IndianJPsychiatry.19.18).

² American Association for Marriage and Family Therapy, *About Marriage and Family Therapists*. Available at: www.aamft.org/About_AAMFT/About_Marriage_and_Family_Therapists.aspx.

³ Centers for Medicare & Medicaid Services, *Marriage and Family Therapists & Mental Health Counselors*. Available at: www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/marriage-and-family-therapists-mental-health-

The legislation supports licensure portability for MFTs with a license is in good standing. Use of telehealth modalities extends MFTs reach in diverse geographical locations, including remote or underserved areas of the State. One major advantage of using telehealth is the opportunity to see how partners and family members interact in their natural environment.⁴

The legislation aligns with the findings and recommendations from MHCC’s September 2023, *Interstate Telehealth Expansion Study* report (report).⁵ 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 public health emergency, 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 accelerating interstate telehealth practice, which includes adopting legislation to advance participation in compacts and developing alternative pathways to licensure. 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 model⁶ where providers maintain a license in their home state and apply for a multistate license or privilege (authorization) to practice in other compact states.⁷ Consideration of other potential approaches to obtain a license was supported by the workgroup.

The MHCC believes this legislation is an important next step to improve access to care and health equity. 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 HB 628.

[counselors#:~:text=Effective%20January%201%2C%202024%2C%20MFTs,the%20Medicare%20Physician%20Fee%20Schedule.](#)

⁴ National Library of Medicine, *Couple and Family Therapists’ Experiences with Telehealth During the COVID-19 pandemic: A Phenomenological analysis*. Edmund W Orłowski 1, Myrna L Friedlander 1, Allison Megale 1, Emily K Peterson 1, Shayne R Anderson, 2022; 44(2): 101–114. 2022 April, doi: [10.1007/s10591-022-09640-x](https://doi.org/10.1007/s10591-022-09640-x).

⁵ 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.

⁶ 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.

⁷ JDSupra, *Developments in Interstate Telehealth Licensing*, December 2022. Available at: www.jdsupra.com/legalnews/developments-in-interstate-telehealth-3935324/.

