Dear Members of the Senate Finance Committee,

I am writing to request that you codify workgroup recommendations and **find a favorable report for SB379.** This bill will increase accountability to the Board of Social Work Examiners (BSWE) by adding two more consumer members, and it will also create a more equitable path to social work without sacrificing social work competence.

In 2022, the Association of Social Work Boards (ASWB) released [data](#) that shows alarming disparities in pass rates of social work licensing exams. These disparities demonstrate lower pass rates in BIPOC, older, and multilingual social workers. According to ASWB's own data, first-time pass rates for white candidates are around **84%**, compared to **45%** for Black candidates and **64%** for Hispanic candidates. Additionally, pass rates go down as test taker age goes up. We know these disparities are not due to competence, but are inherent in the design of standardized testing, which has consistent bias against already marginalized groups.

In response to the data release, Maryland legislature passed a social work licensing workgroup in 2023, and it was signed into law. The workgroup started meeting in October, 2023. They have been meeting monthly and heard from a diverse array of perspectives, including two presentations by ASWB, a nursing exam expert, and the Director of NASW-Illinois, who reviewed the effects of licensure reform efforts in that state. The workgroup determined that removing the exam at the Bachelors (LBSW) and Masters (LMSW) levels is the best way to move forward for our state.

We also know that standardized testing bias means that marginalized communities are deprived of representation in social work. Dedicated Maryland social workers who would like to serve their communities face only one barrier that has the ultimate veto power in their ability to work - an exam that is demonstrably biased. Based on ASWB data from 2011-2021, Maryland would have an additional [1227](#) licensed social workers if every demographic group passed at the same rate as white social workers. Imagine what an impact these social workers could make on our underserved communities if they were able to practice! LBSWs and LMSWs are usually the ones doing the incredibly important but unglamorous direct care work in hospitals, community mental health centers, and foster care agencies. A more diverse workforce enhances cultural humility and demonstrably improves outcomes for clients from varied racial, ethnic, and socioeconomic backgrounds. Clients deserve to see a workforce that represents them, and this bill will allow that to happen without sacrificing social work competence.

Repeating a statement over and over again does not make it true. ASWB has had 40 years to provide proof that their exams are correlated with safe and effective social work practice, and it has not done so. ASWB only released pass rate data under incredible pressure, as it proved what social workers have colloquially known for years. Much as ASWB would like to convince you otherwise, there simply is no true way to objectively measure social work competence. Social work is a highly person-centered profession, people are not standardized, and impossible-to-measure skills such as empathy are of ultimate importance to the field of social work. Research indicates that standardized tests are often culturally

biased, relying on knowledge and reasoning shaped by dominant cultural norms. Differing knowledge and ways of thinking are a core strength of social work, but our licensing exams treat them as liabilities to be weeded out.

Every new BSW graduates with at least 400 hours of supervised practice, and every MSW graduates with at least 900 hours of supervised practice. The best way to assess foundational social work skills is by careful observation by supervisors during education and supervised practice. Social work's rich tradition of field education and mentorship by more seasoned social workers is a far better tool to catch and address problems.

In addition to not providing any type of measurement of social work skill, ASWB exams are a huge financial burden on test-takers, especially those who have to take it multiple times. Students from already marginalized backgrounds have a harder time affording $230-260 in exam fees, and the delays from retakes of the exams plus saving up for the exam fees only exacerbate inequalities that already exist.

Multiple other states have led the way in reducing the influence of harmful ASWB exams in their states. Colorado, Connecticut, Illinois, Minnesota, Rhode Island, Utah, and Vermont have all paused or removed exam barriers since the ASWB data release in 2022, with multiple other states never having exams for the Bachelors and Masters license levels. There is no evidence that lack of exams or exam removal have brought harm to the public. Because Illinois has some of the most easily accessible data and a slightly longer period of Masters level exam removal, they were studied in more detail in the Workgroup [final report](#) (page 36-37). Exam removal has had zero effect on the number of sanctions in that state.

Our BSWE is a member of the ASWB. It was one of few organizations afforded two seats on the Social Work Licensing Workgroup. Unfortunately, BSWE's allegiances are unclear and potentially problematic for a Maryland-based board. They consistently sided with ASWB's financial interests rather than centering the interests of Marylanders who are in desperate need of culturally responsive social work services. I applaud this legislation for increasing oversight by adding consumer members.

Maryland has long emphasized equity in a variety of other programs, and the field of social work should be no different. We have a wonderful opportunity to remove outdated, biased licensing models and instead modernize the social work licensing process in our state to address our behavioral health workforce demands. Thank you for accepting my testimony. Please find a favorable report on SB379.

Thank You for your consideration.

Sincerely,

*Victoria Rodriguez*

Victoria Rodriguez
LCSW, LCSW-C, CCTP
1/31/25