

TO: The Honorable Joselyn Pena-Melnyk, Chair
Members, House Health and Government Operations Committee
The Honorable Ken Kerr & Jamila Woods

FROM: Kim Torrence, LCSW-C

DATE: January 23, 2025

RE: SUPPORT – House Bill 345- Interstate Social Work Licensure Compact

Dear Madam Chair, Pena-Melnyk and Distinguished Members of the House and Government Operations Committee:

I am a therapist in Maryland specializing in treating adults with childhood trauma. Therapy with this kind of trauma takes time, with establishing trust in safety in the therapeutic relationship being essential to transformation and healing. Consistency in therapy is also important.

However, state laws requiring social workers be licensed in each state means that clients cannot access therapy if traveling for work or medical appointments. Here's a recent example of how these state laws interfere with continuity of care in my practice:

Client "Max" began services with me during the pandemic when he relocated to Maryland to be closer to family. Max has chronic illness, and his symptoms can make it difficult for him to get out of bed. Some of the biggest struggle for Max is the depression, loneliness, and hopelessness he can feel as he struggles to determine the causes of his chronic illness.

Max's family take him to appointments at specialized health care centers out of state, in a desperate attempt to find chronic illness specific medical care that will help him get back to living a normal life. These trips are often stressful, exhausting, and disappointing, as the medical providers often don't have answers for Max's symptoms. However, in keeping with the legal restrictions of practicing across state lines, Max is unable to attend therapy with me during these trips because I am not licensed in that state. And he really needs extra support at these times. He may have to go a week or more before he gets back to Maryland, and we can meet again. This can disrupt his therapy progress as he must await care during

very stressful times. The alternative of finding him a referral for an in-state therapist when Max is at that treatment center and then finding ways to get his insurance to cover an out-of-state therapist, are all too overwhelming for him to navigate and furthermore, it doesn't make sense for his care because he is based in Maryland and is already being treated by me.

This is just one example. I am currently licensed in three states and soon to add a fourth so that I can provide consistent care to my clients. The Social Work Compact would enable me to provide consistent care for my clients despite the changing circumstances of their lives.

Sincerely,

Kim Torrence, LCSW-C, SEP, RYT, IFS Therapist