

Dear Members of the House Health and Government Operations Committee,

My name is Judy Mounty. I am a deaf licensed clinical social worker in private practice in Maryland, and a BSWE-approved supervisor. I serve deaf, deafblind, and hard of hearing clients and their family members. I am writing to request that you codify workgroup recommendations and **find a favorable report for HB1521 as introduced**. 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. ASWB does not disaggregate data on individuals with disabilities, but deaf and hard of hearing graduates of accredited social work education programs generally do not pass ASWB examinations. 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. Consequently, the nearly 2 million Marylanders aged 12 years or older who are deaf or hard of hearing have limited access to social workers who are bilingual in American Sign Language and English and who share their lived experiences.

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. I represent the Maryland Association of the Deaf on the workgroup. Drawing on prior experience with test development and research in a testing company, I served as chair of the subgroup on testing barriers. The full workgroup has 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 overwhelmingly determined that removing the exam requirement at the Bachelors (LBSW) and Masters (LMSW) levels is the best way to move forward for our state.** The exam will still be available for those individuals that wish to take it.

As you evaluate this bill, I encourage you to consider the available data and factual evidence that support its intent. I would like to clarify some common misconceptions by sharing fact-based information to ensure a well-informed discussion.

Myth: Removing this exam will put the public at risk.

Fact: This presumes that this exam measures social work competence or has evidence it protects the public, but there is no evidence of either. Multiple states have taken the lead in expanding access to the workforce by removing exam barriers for Bachelor's and Master's level licensing requirements, allowing qualified individuals to enter the field. 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 social workers are less safe in

such states nor have sanctions increased since exam removal, and there is plenty of data to show a marked increase in the social work workforce.

The continued use of licensing exams may contribute to workforce shortages in the behavioral health field. According to Maryland's Behavioral Health Workforce Assessment, there is a significant need for social workers in the coming years, with 70% of graduates not working with Maryland residents in a behavioral health capacity one-year post-graduation. Workforce shortages can lead to increased reliance on reactive (and expensive) interventions, such as psychiatric hospitalizations and police involvement, rather than proactive treatments like psychotherapy and substance abuse support. Additionally, disparities in exam pass rates may limit the availability of culturally responsive care, potentially affecting trust and engagement among underserved communities.

Myth: Removing the licensure exam for Bachelors and Masters Level Social Workers puts social work out of sync with other similar professions such as nursing, counseling, and psychology.

Fact: Social work is the profession that is currently out of sync by having multiple exams for multiple levels of licensure. Social workers need to take as many as three exams for independent clinical practice, while all other mentioned professions only require one.

Myth: This will create a two-tiered licensure system and will be bad for those individuals who chose not to take the exam on their pathway to licensure.

Fact: This assertion is not backed up by any existing evidence. However, if this is truly a concern, there is an easy solution. Maryland can follow the trend of multiple other jurisdictions and remove the "How Licensed" field on the License Verification website - a simple IT fix.

Myth: Organizations will be reluctant to hire social workers who have not passed an exam.

Fact: While concerns have been raised, hiring practices vary by organization, and a single testimony at a Senate hearing does not necessarily reflect a widespread industry standard. Many social work supervisors eagerly welcome new social workers with appropriate *licensure*, regardless of their status of taking an *exam*. One only needs to look at how many social service agencies have supported this bill and the more robust version of SB871 that passed in 2023. There has been no evidence of this issue since exam requirement removals in other states. Additionally, the option to take the exam would not go away under HB1521, **and any social worker who feels it is important for their career to take and pass the ASWB exam can still do so.**

Myth: There are jobs for Master of Social Work (MSW) holders without licenses, so this is not a needed reform.

Fact: Due to title protection, social workers cannot perform social work without holding a Licensed Bachelor Social Worker (LBSW) or Licensed Master Social Worker (LMSW). Jobs in behavioral health that do not require licensure generally do not require an MSW; subsequently, they are lower in pay. People who have completed a Council on Social Work Education-accredited program, have invested thousands of dollars in tuition, hundreds or thousands of hours of usually unpaid supervised internship hours, and have passed a criminal

background check, are ready to perform supervised practice social work. **This initiative also acts as a completely safe workforce development program.**

Myth: Test-takers just need better exam preparation and materials, or they just need to get better social work education.

Fact: Test-takers spend hundreds of dollars and hours preparing for these exams. Despite this preparation, ASWB retake pass rates are notably [low](#), indicating exam preparation plays only a small role in pass rates; a reliable and valid test should show higher pass rates the more someone studies. ASWB's own CEO stated that [communities are at fault for low pass rates](#), indicating those pass rates are instead highly related to unchangeable aspects of who someone is rather than how much someone has prepared to take this exam.

Standardized multiple-choice exams do not fully capture the critical thinking and contextual awareness required for social work practice. A candidate who is a good test-taker can pass this test and not be a skilled practitioner. I once observed a colleague who was not a social worker ace an ASWB practice test. Research in education suggests that an overemphasis on test preparation can limit broader skill development. Additionally, some students report that the test questions do not always align with best practices in social work or with the varied contexts in which we practice. There have also been concerns about cultural biases in test preparation strategies, with some test-takers noting that advice to “think like a middle-aged white woman” has been suggested as a useful approach.

Myth: The Workgroup did not know about the changes coming to the ASWB exam, like letting people only retake sections they failed and reducing the number of possible answers, so the Workgroup needs to meet for longer to consider those changes.

Fact: These changes were named in January 2024 and again at the November 2024 Workgroup meetings, both before interim and final reports were drafted. There is documentation that we discussed these changes in my subgroup, which included ASWB and BSWE representation, and in the full group meeting. Even knowing about ASWB's proposed and implemented changes, the Workgroup made its recommendations. Additionally, ASWB has failed to provide evidence that these changes will close the achievement gap between demographic groups, and they have also failed to provide evidence that they are statistically equivalent to older versions of the exam.

Myth: BSWE is sufficiently protecting the Maryland public and does not need additional consumer representation.

Fact: As a member of ASWB, BSWE's decisions have typically aligned with ASWB's positions. During the Workgroup discussions, BSWE did not support implementing the group's recommendations, citing disagreement with them. Following the Workgroup, BSWE released a survey targeting a random sample of licensed social workers, stating that their perspectives had been underrepresented—despite licensed social workers comprising more than half of the Workgroup. They did not design this study to include presentation from groups that have been adversely impacted, and for which random sampling does not work -such as deaf and hard of hearing social workers. Given these actions, there is a need to consider additional consumer oversight to ensure broad representation and accountability.

Maryland has long emphasized equity in a variety of other programs, and the field of social work should be a model of this. 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 your efforts in this important matter.

Please find a favorable report on HB1521 as introduced.

Sincerely,



Judith L. Mounty, Ed.D., MSW, LCSW-C