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Health and Government Operations Committee

House Chair
Joint Committee on Cybersecurity,
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THE MARYLAND HOUSE OF DELEGATES Annapolis, Maryland 21401

Testimony in Support of HB1474: Licensed Professional Counselors – Telehealth – Students Enrolled in Institutions of Higher Education March 11, 2025

Madam Chair Peña-Melnyk and distinguished members of the Health and Government Operations Committee, it is my pleasure to come before you and offer testimony in favor of **House Bill 1474**.

As drafted, this bill authorizes out-of-state licensed professional counselors to provide a limited number of mental telehealth services to their patients who are temporarily residing in Maryland while enrolled in an institution of higher education. This exception requires that the student has a preexisting relationship and mental health treatment plan with the provider who is licensed in their home state and limits services to 5 calendar days per month and 15 days per year. It does not apply to students who establish residency in Maryland or enroll in a Maryland-based health insurance plan. We are also considering industry-recommended amendments to change the time limit to a one-year exception, with extensions available for students.

Over the past few years, we have signed onto several interstate health compacts, including a counseling compact. While some compacts have begun issuing licenses, others have delayed enactment and left many students without access to continuous mental health treatment. Even after the compacts begin issuing licenses, out-of-state students from non-participating states will still be unable to continue their mental telehealth treatment from home.

Across the U.S., limited-licensure exception policies have been created for various types of healthcare in order to provide continuity-of-care for patients receiving treatment in states in which they do not live. After the Covid-19 pandemic, several states enacted these policies specifically for counseling telehealth services, including Colorado, Connecticut, Idaho, Utah, and Illinois.

We understand that there are some liability and standard-of-care concerns that our licensing boards have with enacting limited-licensure exceptions, but we have seen successful models in other states and are willing to continue to work with the licensing boards to address the concerns.

I urge a favorable report on **House Bill 1474**.