



Senate Finance Committee

March 31, 2026

House Bill 1483 – *Clinical Professional Counseling and Social Work – Out-of-State Providers – Use of Telehealth for Continuity of Care*

POSITION: OPPOSE

The Greater Washington Society for Clinical Social Work (GWSCSW) was established in 1975 to promote and advance the specialization of clinical practice within the social work profession. Through our lobbying, education, community building, and social justice activities, we affirm our commitment to the needs of those in our profession, their clients, and the community at large. On behalf of the Maryland Legislation and Advocacy Committee of GWSCSW, we **oppose** House Bill 1483.

House Bill 1483 raises important issues around continuity of care, and we agree that maintaining established therapeutic relationships is vital for patient wellbeing. However, we respectfully oppose this bill because continuity of care is already addressed under existing Maryland law in a way that preserves clear boundaries, accountability, and patient protections.

Chapter 649 of 2025 created a limited and carefully structured pathway for out-of-state providers to continue treating Maryland-based college students via telehealth. That framework included important guardrails: it was narrowly tailored to out-of-state students enrolled in Maryland institutions, required a pre-existing therapeutic relationship of at least six months, limited the authorization to a nonrenewable six-month period, and maintained oversight through a formal licensing process. These provisions ensured continuity of care while still upholding Maryland’s standards for quality, accountability, and patient safety.

House Bill 1483 would repeal these safeguards and significantly expand the scope of out-of-state practice without adequate oversight. By removing the restriction that this pathway applies only to college students, the bill opens the door for broader, less regulated use of temporary licensure. This expansion raises serious concerns about enforcement, consistency of care, and the ability of Maryland regulators to protect patients.

Additionally, the bill introduces unnecessary complexity and risk into the regulatory framework. Licensing standards and professional requirements vary widely across states, and relying solely on an out-of-state “good standing” designation does not adequately account for prior disciplinary history or ensure compliance with Maryland-specific standards. The result is a system that may be difficult to monitor and enforce, creating potential gaps in accountability.

We also believe that policy efforts should focus on expanding well-structured interstate compacts, which offer a more comprehensive and standardized approach to increasing provider mobility while maintaining strong safeguards. In contrast, House Bill 1483 takes a piecemeal approach that could increase labor competition without ensuring corresponding protection for patients or providers.

For these reasons, we respectfully urge an unfavorable report on House Bill 1483.

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