

February 6, 2026

Dear Chair Beidle and Members of the Senate Finance Committee:

I am writing in strong support of SB18, and I respectfully request a favorable report along with several amendments that I believe would strengthen the bill's implementation.

My name is Philicia Ross. I am a Licensed Certified Social Worker-Clinical (LCSW-C), Clinical Director of a Psychiatric Rehabilitation Program, owner of a private practice in the Laurel area, and President of SWEAR, a legislative advocacy organization focused on licensing reform in Maryland. I am a resident of District 23.

I am not writing this letter from the outside looking in. I have spent years within the systems this bill seeks to address—as a clinician, a supervisor, and someone who has watched qualified, competent professionals get locked out of the workforce by barriers unrelated to their ability to serve the public.

The Problem Is Not a Lack of Qualified Professionals

Maryland has a behavioral health workforce crisis, but it is not because we are failing to educate and train social workers. According to the Maryland Behavioral Health Workforce Assessment, 70% of MSW and Clinical and Counseling Psychology graduates from Maryland universities since 2014 were either working in other industries, employed out of state, or not working one year after completing their degrees. The report estimates Maryland needs 2,675 additional social workers in behavioral health settings just to meet current demand.

We are training people. We are not retaining them. We need to be honest about why.

The current licensure pathway includes financial, structural, and procedural barriers that do not assess competence. They measure access. They measure who can afford to keep paying for an exam, who can afford not work while gathering hours, and who can navigate systems that were not designed with them in mind. That is not public protection. That is gatekeeping.

This Approach Works

SB18 proposes what other jurisdictions have already implemented successfully. Washington, DC's "Educational Pathway" offers a non-exam route to licensure at the Master's level. In just 72 days, DC reported an 18% increase in LGSW (LMSW-equivalent) licenses, an average licensee age of 40, 86% of licensees identifying as Black, and 58% of those licensees residing in Maryland.

Let me say that again: 58% of DC's new licensees through this pathway live in Maryland. They are already here. They are already trained. They are choosing to get licensed next door because Maryland's current system is not making room for them.

Applying that same rate of increase here would mean more than 1,000 additional social workers entering the Maryland workforce.

Importantly, states that have removed or supplemented the Master's-level exam requirement have not seen increases in disciplinary actions or public protection concerns. The standard is maintained. The barrier is what changes.

The Exam Has Not Been Shown to Protect the Public

This conversation requires honesty. There is no published empirical evidence demonstrating that passage of the ASWB licensing exam correlates with practice competence or improved client outcomes. At the same time, ASWB has made repeated and substantial changes to the exam itself—changes described as both easing passage rates and maintaining equivalent validity. These two positions are difficult to reconcile.

Further, ASWB has not made key reliability and validity data available for independent review. Given that ASWB's revenue model depends on exam administration, it is reasonable for policymakers to weigh their claims carefully and independently, rather than accepting them at face value.

SB18 Does Not Jeopardize the Interstate Compact

Questions have been raised about whether SB18 would affect Maryland's participation in the Interstate Social Work Licensure Compact. The Compact's own language is clear: "Nothing in this Compact shall affect the requirements established by a Member State for the issuance of a Single State License."

Under SB18, examination-based licensure remains fully available. Only individual licensees who choose the practice-based pathway would be ineligible for Compact privileges—and many licensed social workers do not rely on interstate portability. For those who do, a practice-based pathway still allows them to enter the workforce, earn income, and complete supervised practice while preparing for the exam, rather than being excluded from practice entirely.

Recommended Amendments

To ensure clear and equitable implementation, I respectfully request that the Committee consider the following amendments:

First, rename the alternative pathway "Practice-Based Licensure" to accurately reflect that it confers full professional rights and responsibilities. Language matters, and the framing of this pathway should not suggest it is less than examination-based licensure.

Second, allow up to four years to complete the required 1,500 hours of supervised practice. Life happens—chronic illness, caregiving, financial constraints. Flexibility in the timeline, while maintaining the total supervision requirement, honors the realities practitioners navigate without compromising rigor.

Third, ensure supervisor responsibilities are identical across both pathways. There should be no structural difference in the quality of supervision a practitioner receives based on which pathway they choose.

Fourth, include specific language allowing supervised practice hours accrued during this period to count toward future independent licensure requirements.

Fifth, maintain confidentiality of pathway status between the licensee and the Board. Practitioners should not face stigma or differential treatment based on how they entered licensure.

Sixth, require annual BSWE reporting on licensure numbers and disciplinary outcomes by pathway, so this policy can be evaluated transparently and with real data over time.

SB18 is not about lowering standards. It is about redesigning a system so that the standards actually reflect competence rather than access to resources. It preserves examination-based licensure while creating a practice-based alternative that addresses workforce shortages, expands access to care, and recognizes demonstrated competence.

Maryland residents deserve access to behavioral health services. Maryland's trained social workers deserve a pathway into the profession that does not require them to leave the state to find one.

Thank you for your time and your continued commitment to building Maryland's behavioral health workforce. I respectfully urge a favorable report.

In Community,

Philicia Ross, LCSW-C

President, SWEAR
District 23