

HB 1483 – Clinical Professional Counseling – Out-o

Uploaded by: Andrea Mansfield

Position: FAV



Committee: Senate Finance Committee

Bill: HB 1483 – Clinical Professional Counseling – Out-of-State Providers – Use of Telehealth for Continuity of Care

Hearing Date: March 31, 2026

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) support HB 1483 – Clinical Professional Counseling – Out-of-State Providers – Use of Telehealth for Continuity of Care. This bill addresses continuity of care as it relates to an out-of-state fully licensed mental health provider, in good standing, with an established therapist-client relationship to provide temporary care to the client when they are physically located outside their home state.

Continuity of care is a critical part of professional counseling. When an individual needs to relocate for a period time out of state, it is critical that the individual receive the care necessary if the individual is experiencing a crisis. Abrupt termination of care increases the likelihood of decompensation, emergency department visits, and hospitalization and/or death. Relationships with counselors are developed over time making it extremely difficult to transfer mental health treatment on short notice. Providing continuity of care is essential for a patient's well-being. LCPCM believes this will create goodwill with other states and ensure patients receive appropriate care during moments of vulnerability.

HB 1483 will also preserve access while maintaining regulatory oversight. It will not weaken licensure standards or reduce oversight. If the Board of Professional Counselors and Therapists receive a complaint, it will be referred to the therapist's home state for disciplinary action. If the discipline is upheld, the therapist will no longer be in good standing and will not be able to practice.

HB 1483 mirrors Virginia law. To date, Virginia's Board of Counseling, Psychology and Social Work has had NO adverse findings. Washington, D.C. and Virginia also have similar laws in place. Understanding concerns may be raised with regulatory oversight, LCPCM suggests placing a reasonable sunset on the bill. Should disciplinary matters occur during that timeframe, LCPCM will work with the Board on an appropriate solution.

LCPCM believes this is a commonsense measure to assist individuals in crisis on a temporary basis. By positioning Maryland as a cooperative regional partner, it ensures that oversight follows the license, the counselor, and the client, rather than stopping at an arbitrary state line.

LCPCM urges the Committee to give HB 1483 a FAVORABLE report. Please contact Andrea Mansfield at amansfield@maniscanning.com or (410) 562-1617 if we can provide additional information.

Senate HB1483 Delegate Kaiser Testimony.pdf

Uploaded by: Anne Kaiser

Position: FAV

ANNE R. KAISER
Legislative District 14
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Vice Chair
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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Madam Chair Beidle and distinguished members of the Finance Committee, it is my pleasure to come before you and offer testimony in favor of **House Bill 1483: Clinical Professional Counseling - Out-of-State Providers - Use of Telehealth for Continuity of Care**. This bill aims to create a counseling continuity-of-care option for new Marylanders.

Each year, thousands of individuals move to Maryland for employment, military service, education, or other reasons. Many arrive in the middle of ongoing mental health treatment. Under current interstate licensing laws, when a patient crosses state lines their therapist may be required to immediately stop providing care, even when the treatment relationship is longstanding and care could be conducted entirely via telehealth.

Continuity of mental health care is critical to successful treatment outcomes. Mental health treatment relies heavily on a therapeutic relationship built on trust and familiarity. When that relationship is abruptly disrupted, patients may be forced to start over with a new provider who must rebuild clinical history and rapport. For individuals managing depression, anxiety, trauma-related disorders, or substance use recovery, even a short interruption in care can lead to setbacks, increased symptoms, or crisis situations. Allowing patients a limited period to continue telehealth treatment with their existing provider ensures stability while they transition to care in Maryland.

Over the past few years, Maryland has signed onto several interstate health compacts, including a Counseling Compact. While some compacts have begun issuing licenses, others have delayed enactment and left many without access to continuous mental health treatment. Even when these compacts become operational, new Maryland residents coming from non-participating states will still face barriers to continuing telehealth treatment with their existing providers.

As drafted, **HB 1483** authorizes out-of-state licensed professional counselors to provide a limited number of mental telehealth services to their patients who are newly residing in Maryland. This exception requires that the provider is licensed and in good standing in their home state, has a preexisting relationship with the patient, and only provides telehealth services. The exception can only be used for six months.

In consultation with the Board of Professional Counselors and Therapists, we had prepared an amendment that would implement this continuity-of-care option through a temporary license rather than a limited licensure exception, ensuring that out-of-state providers would remain subject to Maryland's professional standards, disciplinary authority, and liability framework while serving their patients during the transition period. Ultimately, the Health committee chose to move the bill without this amendment. The Health committee also prepared an amendment to allow social workers to use the limited licensing exception.

This bill passed the House with a vote of 135-0. I urge a favorable report on **HB 1483**.

HB1483 Clinical Professional Counseling - Out-of-S

Uploaded by: Brandon Floyd

Position: FAV

TO: The Honorable Pam Beidle, Chair
Senate Finance Committee

FROM: Brandon Floyd
Associate Director, Maryland Government Affairs

HB1483
Favorable

DATE: March 27, 2026

RE: HB1483 Clinical Professional Counseling - Out-of-State Providers - Use of Telehealth for Continuity of Care

Johns Hopkins supports **HB1483 Clinical Professional Counseling - Out-of-State Providers - Use of Telehealth for Continuity of Care**. This bill permits counselors, who are licensed and in good standing in another state and who already have an established client-counselor relationship, to provide telehealth services to a client who relocates to Maryland for up to six months. We strongly support this targeted expansion because it provides flexibility to preserve ongoing therapeutic relationships at a time when disruption can be harmful. Furthermore, this bill maintains the appropriate limits and safeguards for counselors to practice across state lines.

Johns Hopkins is deeply committed to providing behavioral and mental health services. Across our four Maryland hospitals, thousands of patients are treated annually by teams of providers including counselors. This legislation is a practical tool that allows patients, who previously received counseling services, to maintain counseling services while enabling a warm handoff from the out-of-state provider to an in-state counselor.

Continuity of care is essential to effective mental health treatment. Allowing trusted out-of-state clinicians to continue care for a limited period reduces the risk of relapse, unnecessary emergency care, and gaps while a client secures local services. This is especially important for people with complex needs, those in rural or underserved areas, and members of transient populations such as students and relocating professionals. By allowing licensed out-of-state counselors to provide telehealth services for up to six months, the bill also strikes a sensible balance supporting patient-centered care and access, while allowing time for clients to establish local treatment if longer-term services are needed.

We urge the committee to support this measure as a practical enhancement to Maryland's behavioral health system which promotes stability and access.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **HB1483**.

HB1483_MCA_FAV

Uploaded by: Marybeth Heather, PH.D, LCPN, NCC, ACS CDBT

Position: FAV



Maryland Counseling Association, Inc.
A 501(c)3 Corporation, EIN: 84-4062414 and State Branch of the American Counseling Association
915 Russell Ave, Suite B, Gaithersburg, MD 20879
Phone: 240-401-8686/Web: www.md-counseling.org

Committee: Senate Finance Committee

Bill: HB 1483 – Clinical Professional Counseling – Out-of-State Providers – Use of Telehealth for Continuity of Care

Hearing Date: March 31, 2026

Position: Support

The Maryland Counseling Association supports HB 1483 – Clinical Professional Counseling – Out-of-State Providers – Use of Telehealth for Continuity of Care. This bill addresses continuity of care by allowing a fully licensed mental health provider, in good standing in another state, to provide temporary telehealth services to an established client when that client is physically located outside the provider’s home state.

HB 1483 is a narrow, clinically necessary, and well-balanced policy. It does not expand long-term practice in Maryland; rather, it protects continuity of care for clients during periods of transition, when interruption of treatment can create significant clinical risk.

Neighboring jurisdictions, including Virginia and Washington, D.C., recognize the importance of continuity of care so that treatment follows the client rather than being interrupted by state borders. HB 1483 would position Maryland as a state that supports clinically appropriate continuity-of-care standards, particularly for clients who may be in crisis.

For these reasons, the Maryland Counseling Association respectfully requests a FAVORABLE report for HB 1483

Thank you for your kind consideration. Please contact Dr. Marybeth Heather at 443-499-4047 or via email at marybethaheather@gmail.com.

Sincerely,

Marybeth Heather, Ph.D., LCPC, NCC, ACS CDBT

Marybeth Heather, Ph.D., LCPC, NCC, ACS CDBT
President-Elect, Maryland Counseling Association, Inc.
Phone: 443-499-4047; Email: marybethaheather@gmail.com

HB1483 - crossover bill - FAV - Out-of-State Provi

Uploaded by: Richard KAP Kaplowitz

Position: FAV

HB1483 Crossover Bill RichardKaplowitz FAV

03/31/2026

Richard Keith Kaplowitz

Frederick, MD 21703

TESTIMONY ON CROSSOVER BILL HB#1483- POSITION: FAVORABLE

Clinical Professional Counseling - Out-of-State Providers - Use of Telehealth for Continuity of Care

TO: Chair Beidle, Vice Chair Hayes, and members of the Finance Committee

FROM: Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of crossover bill HB#1483, **Clinical Professional Counseling - Out-of-State Providers - Use of Telehealth for Continuity of Care**

Johns Hopkins Medicine has acknowledged multiple benefits for telehealth: ¹

With telemedicine, you don't have to drive to the doctor's office or clinic, park, walk or sit in a waiting room when you're sick. You can see your doctor from the comfort of your own bed or sofa. Virtual visits can be easier to fit into your busy schedule.

An individual who:

- is licensed and in good standing in another state
- established a client–counselor relationship with a client outside the state
- is no longer able to provide in–person counseling to the client because the client is located in the state
- and provides the counseling through telehealth, as defined ... for the purpose of providing continuity of care to the client for not more than 6 months after the client relocated to the state; or the client returned to the state following a continuous and nonincidental period of relocation outside the state.

Said individual will not be construed to limit the scope of practice of any individual who is duly licensed for provision of that specific patient care as permitted by the state.

This bill will accomplish this by repealing the authority of the State Board of Professional Counselors and Therapists to issue a temporary telehealth license; and exempt certain State licensure requirements for certain individuals who are licensed in another state and who provide counseling through telehealth to clients in the State.

I respectfully urge this committee to return a favorable report on crossover bill HB#1483.

¹ <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/benefits-of-telemedicine#:~:text=With%20telemedicine%2C%20you%20don't,fit%20into%20your%20busy%20schedule.>

HB1483 Favorable with Ammendments.pdf

Uploaded by: Jennifer Fang Brehm

Position: FWA



HB 1483

Clinical Professional Counseling and Social Work - Out-of-State Providers - Use of Telehealth for Continuity of Care

Hearing Date March 31, 2026 1pm
Committee: Senate Finance

Metro Marriage and Family Therapists, professional association for Marriage and Family therapists in Maryland support HB 1483 Out of State Providers Use of Telehealth for Continuity of Care. We believe the established therapeutic relationship between client(s) and their provider is important to maintain client's emotional stability, especially at transitions in life such as a move across states or jurisdictions. We see that potential risks are mitigated by referral to the provider's licensed jurisdiction. We support this bill with amendments as follows:

The Telehealth provider is licensed in good standing in another state or jurisdiction should be required to notify the relevant Maryland Board (Social work or Board of Professional Counselors and Therapists) that they are providing temporary telehealth in Maryland, including their

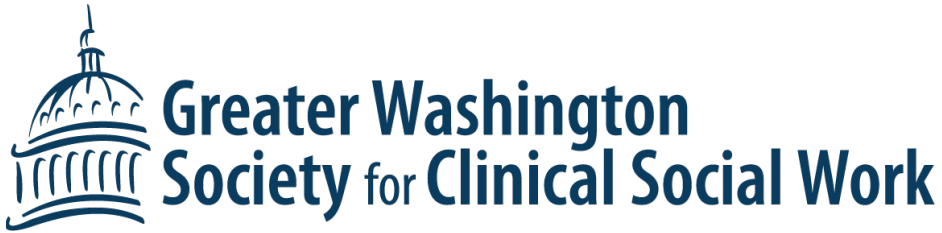
1. state the provider is licensed in, license number and active status, expiration date
 2. date and geographic location the client relationship was initiated
 3. start and end dates of the 6 month period for temporary telehealth
- The therapist should be required to notify the client of the 6 month temporary telehealth timeframe in writing so that the client is aware they need to find a provider in Maryland before the expiration of the 6 month period.

For additional questions, please contact Jennifer Fang Brehm, LCMFT at president@metromft.com

HB1483 - Senate_UNF_GWSCSW_Clinical Professional C

Uploaded by: Christine Krone

Position: UNF



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.

Greater Washington Society for Clinical Social Work: www.gwscsw.org

Contacts: Director, Legislation & Advocacy Program: Judy Gallant, LCSW-C; email: judy.gallant@verizon.net; mobile (301) 717-1004

Legislative Consultants: Christine K. Krone and Danna L. Kauffman, Schwartz, Metz, Wise & Kauffman, PA,
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HB 1483 - FIN - BPCT and BSWE - LOO.docx (1).pdf

Uploaded by: State of Maryland (MD)

Position: UNF



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Maryland Board of Professional Counselors and Therapists

4201 Patterson Avenue
Baltimore, Maryland 21215

Maryland Board of Social Work Examiners

4201 Patterson Avenue
Baltimore, Maryland 21215

2026 SESSION POSITION PAPER

BILL NO: HB 1483
COMMITTEE: Finance
POSITION: Oppose

TITLE: Clinical Professional Counseling and Social Work – Out-of-State Providers – Use of Telehealth for Continuity of Care

BILL ANALYSIS: HB 1483 would broaden the authority of out-of-state clinicians to provide services to individuals located in Maryland under continuity of care provisions without obtaining full Maryland licensure. The bill expands the circumstances under which clinicians licensed in other jurisdictions may continue providing services to Maryland residents.

POSITION AND RATIONALE: The Maryland Board of Professional Counselors and Therapists and the Maryland Board of Social Work Examiners (the “Boards”) oppose HB 1483.

The Boards are concerned about a potential jurisdictional loophole in this Bill. Generally, all health occupations boards in Maryland have been working with the existing laws regarding telehealth. The Boards have established protocols in place to ensure that out-of-state licensed providers are able to obtain a Maryland license with expediency. Passing this bill creates an exception in the telehealth law that, from the Boards’ perspective, is wrought with administrative and procedural problems and would be nearly impossible to track to maintain compliance.

Enforcement Gaps

The current version of HB 1483 creates a potential loophole that depends on whether the laws of the out-of-state provider’s home state provides jurisdiction to the home state’s licensing board to investigate or enforce that state’s laws when the treatment at issue is provided out-of-state. A home state’s laws concerning scope of practice and professional standards may or may not

govern a licensed counselor or social worker's provision of service in another state. The location of treatment is typically considered to be the location of the patient. *E.g.*, Md. Code Ann., Health Occ. § 1-1005. Thus, for example, if a counselor/social worker located in State A provides teletherapy to a student physically located in Maryland and a complaint arises, the State A licensing board would not necessarily have jurisdiction to investigate the complaint (or the means to investigate) unless State A's laws provided for that authority and/or the counselor/social worker also broke a law or standard under State A's laws. Another state's ability to investigate would also likely depend on Maryland's (and the patient's) cooperation and the factual nature of the complaint.

Maryland's enforcement provisions only apply to individuals who are licensed, certified or otherwise approved to practice in the State. Under current State law, the Boards have the duty to investigate and take enforcement or disciplinary actions only against providers licensed (or otherwise regulated) in Maryland or against individuals engaging in the unauthorized practice of counseling or social work. Thus, if another state's laws did not provide authority to its board to investigate or take enforcement actions against a licensed counselor for wrongdoing committed in another state, then there would likely be no way to hold that out-of-state counselor/social worker liable.

Licensing standards are not the same.

The standards for Licensed Clinical Professional Counselors and Licensed Social Workers vary widely from state to state. The Bill does not address the variance or provide a mechanism whereby the Board can do anything to support the health, safety or welfare of individuals newly arriving in our state. The Boards believe this Bill creates an exception without a plan or any regard to potential negative outcomes and the severity of the impact on the counseling/social work professions and the community at large.

Good standing status is not enough.

The Bill only requires the clinician to hold a status of good standing in the state where they are currently licensed. It does not account for or address any current or past discipline; and it does not set forth any consequences for failure to comply with Maryland law. Currently, all out-of-state providers are afforded the option to properly credential in Maryland in order to provide services to individuals located in Maryland. This process provides oversight into the care provided in our State and engages the provider with Maryland resources. The Boards strongly believe that this precedence of allowing out-of-state providers who are not licensed in Maryland to practice will lead to confusion amongst providers and members of the public.

In summary, the Boards' primary responsibility is the protection of the public. Expanding practice authority without full Maryland licensure may create ambiguity regarding regulatory oversight, disciplinary authority, and accountability in the event of a complaint.

For these reasons, the Boards respectfully opposes HB 1483 as currently drafted and requests an unfavorable vote.

Thank you for consideration of this testimony. If you require additional information please contact Tomiloba Olaniyi Quadri, Executive Director of the Maryland Board of Professional Counselors and Therapists at (410) 764-4732 or tomiloba.olaniyi-quadri@maryland.gov; Karen Richards, Executive Director of the Maryland Board of Social Work Examiners at (410) 764-4722 or karen.richards2@maryland.gov; or Lillian Reese, Board Legislative Liaison, at (443) 794-4757 or lillian.reese@maryland.gov.

The opinion of the Boards expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

MAYSB - 2026 HB 1483 UNF - Out-of-State Providers

Uploaded by: Wendy Wilcox

Position: UNF



"Being here for Maryland's Children, Youth, and Families"

Testimony submitted to Senate Finance Committee
March 31, 2026

**House Bill 1482: Clinical Professional Counseling and Social Work - Out-of-State
Providers - Use of Telehealth for Continuity of Care
Opposition**

The Maryland Association of Youth Service Bureaus (MAYSB), which represents a network of Bureaus throughout the State of Maryland, **opposes** House Bill 1483, Clinical Professional Counseling & Social Work-Use of Telehealth for Continuity of Care.

Youth Service Bureaus have provided prevention, intervention and mental health treatment services for Maryland youth and their families for more than 50 years. MAYSB has several concerns about this legislation.

It initially might seem helpful for the General Assembly to support a mechanism through which a mental health patient might continue to work with an established provider. However, there are several reasons why this bill as written is dangerous for Maryland consumers.

First, the bill contains no mechanisms by which therapeutic practice within the law can be reliably verified. It would be nearly impossible for Maryland regulatory boards to confirm which clients of out-of-state providers had a previous relationship with their provider in another state, or who might be bending the rules to expand their practice.

Second, the Maryland licensing boards have no legal oversight of clinicians from other states. Maryland would therefore be powerless to stop harmful practice, even if that harmful practice were occurring within our state.

Third, Maryland standards were written carefully, with the purpose of creating requirements that create a high standard of care for our citizens. Many other states require fewer education, training and supervised practice hours than are required for Maryland license holders. It doesn't make sense that we would permit lower standards for out-of-state practitioners. Lastly, there is an existing route for providing clinical services to Maryland residents: applying for a Maryland license.

MAYSB respectfully requests that you do **not** vote in favor of HB 1483.

Wendy Wilcox, LCMFT
Vice Chair
Maryland Association of Youth Service Bureaus