House Health Committee
March 4, 2026
House Bill 1119 – *Health Occupations – Social Workers – Scopes of Practice*
POSITION: OPPOSE

The Greater Washington Society for Clinical Social Work (GWSCSW), established in 1975 to promote and advance the specialization of clinical social work practice, respectfully opposes House Bill 1119. Through our advocacy, education, and commitment to social justice, we support standards that protect both the public and the integrity of our profession. On behalf of our Maryland Legislation and Advocacy Committee, we **oppose** House Bill 1119.

House Bill 1119 was advanced without meaningful stakeholder engagement. The bill:

- Creates overly broad and unclear scope definitions;
- Weakens supervision and training pathways;
- Blurs independent and private practice authority without adequate safeguards;
- Removes emergency petition authority;
- Eliminates carefully developed protections regarding conditions and impairments;
- Introduces insurance, reimbursement, and litigation risks; and
- Deletes core statutory scope limitations.

House Bill 1119 proposes sweeping revisions to social worker scope of practice language that risks creating unclear and overlapping boundaries among licensed bachelor social workers (LBSW), licensed master social workers (LMSW), licensed certified social workers (LCSW), and licensed certified social workers-clinical (LCSW-C). Rather than clarifying scope, the bill deletes carefully constructed statutory distinctions (many enacted as recently as 2020) and replaces them with language that is similar but not identical. This approach obscures legislative intent, weakens tiered licensure, and risks unintended expansion of practice. Clear scope distinctions are essential to protect public safety, ensure appropriate supervision and training pathways, maintain credibility in courts and interdisciplinary settings, and preserve insurance reimbursement eligibility.

The bill removes language permitting an LMSW to "formulate a diagnosis, under the supervision of a licensed LCSW-C" (see page 5, lines 17-18). This change undermines the supervised clinical training pathway necessary for LMSWs seeking LCSW-C licensure. Without supervised diagnostic experience, the next generation of clinical social workers will lack essential competency development.

The definition of independent practice is altered by deleting bachelor- and master-level distinctions that were only recently clarified (see page 2, lines 9-10). Additionally, the bill removes current statutory prohibitions preventing LBSWs and LMSWs from operating as sole owners of private practice (LBSWs – see deletion at page 7, line 31, without restoration at page 9, lines 1-7; LMSWs – see deletion at page 8,

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line 9, without restoration at page 9, lines 19-24). These safeguards were designed to ensure that private practice remains limited to appropriately trained clinicians.

Serious concerns also arise from the removal of specific clinical authorities. House Bill 1119 eliminates the provision permitting an LCSW-C to petition for emergency evaluation (see page 6, lines 11-12) under §10-622 of the Health General Article § 10-622. Emergency petition authority is a critical public protection function. Removing LCSW-C authority in this area diminishes the role of highly trained clinicians in crisis intervention and may reduce timely access to protective services.

The bill also removes references to "conditions and impairments" within the LCSW-C scope of practice, language developed through significant stakeholder collaboration (see page 6, line 8). Individuals with developmental disabilities, traumatic injuries, and DSM- and ICD-recognized diagnoses require specialized assessment and intervention. Eliminating this language is concerning and should be corrected through amendment.

Additionally, the bill deletes explicit reference to "counseling for alcohol and drug use and addictive behavior" (see page 4, line 17; page 5, lines 21-22). This language was added in 2020 to clarify that such counseling falls within social work scope across licensure categories. Its removal risks reintroducing ambiguity and professional conflict.

The legislation also deletes statutory language for the LCSW license category, despite the continued presence of licensed LCSWs practicing in Maryland (see page 5, lines 24-30; page 6, lines 1-3; and page 8, lines 10-15). The bill does not clarify whether existing licensees may renew or whether the category is being eliminated entirely, creating uncertainty for current practitioners.

Beyond statutory drafting concerns, scope expansion without clear recognition from insurers, courts, and regulatory systems creates significant downstream consequences. Courts and insurers rely on well-defined professional standards when determining reimbursement and admissibility of expert testimony. Ambiguity in scope may result in denial of reimbursement, exclusion of expert opinions, and increased litigation. Weakening statutory clarity makes social work practice more difficult to defend in legal and interdisciplinary settings.

Professional standards exist to protect the public and not to create administrative convenience. Licensure establishes elevated qualifications and accountability, ensuring that vulnerable populations receive services from appropriately trained professionals. Diluting statutory distinctions undermines that purpose.

Finally, legislation of this magnitude warrants robust stakeholder engagement. The absence of transparent consultation with practitioners, educators, and professional organizations heightens concern about unintended consequences.

For these reasons, the GWSCSW respectfully and strongly urges an unfavorable report on House Bill 1119. We remain committed to working collaboratively to strengthen, rather than weaken, Maryland's social work standards in ways that protect the public and preserve the integrity of clinical practice.