

Dear Chair Bagnall, Vice Chair Cullison, and Members of the House Health Committee:

I am a deaf licensed clinical social worker in private practice in Takoma Park, Maryland, and a Board of Social Work Examiners (BSWE) approved supervisor. I primarily provide services to deaf and hard of hearing clients and their family members. I respectfully request a favorable report on HB0769, along with several amendments that would strengthen the bill's effectiveness and ensure consistent implementation.

Maryland is currently facing both a mental health workforce shortage and growing demand for behavioral health services. At the same time, Maryland continues to educate and graduate qualified professionals who are not entering or remaining in the licensed workforce. According to the Maryland Behavioral Health Workforce [Assessment](#), "...70% [of] Masters of Social Work and Clinical and Counseling Psychology graduates from Maryland universities since 2014 were either working in other industries in Maryland, were employed out of state, or not working one year after degree completion" (p. 4). The report also estimates that Maryland needs 2,675 additional social workers in behavioral health settings alone to meet current demand (p. 31).

Additionally, there are approximately 1.2 million Marylanders aged 12 years or older who are deaf or hard of hearing in at least one ear, and 759,000 Marylanders aged 12 years or older who are deaf or hard of hearing in both ears. Deaf and hard of hearing people need social workers who are bilingual in American Sign Language and English and who share their lived experiences. Deaf and hard of hearing graduates of social work programs are among those populations struggling to pass the licensing exam, largely because of a different experience acquiring and accessing English and a different cultural framework for service provision. As a retired field director, social work professor, and supervisor, I have seen countless deaf, hard of hearing, and deafblind individuals complete social work education programs in good standing, and having demonstrated excellence in their field placements, unable to practice in their chosen profession because of the licensing exams. They take jobs in which they are underpaid, overqualified, and unable to fully apply their knowledge and skills. Few are employed at all in Maryland. Consequently, one of our most vulnerable populations is left underserved. The issues for deaf and hard of hearing graduates of social work programs are poignantly illuminated in a 2010 article in the *Journal of Social Work in Disability and Rehabilitation* by Dr. Martha Sheridan, Dr. Barbara J. White, and myself titled *Deaf and Hard of Hearing Social Workers Accessing Their Profession: A Call to Action*.

<https://www.tandfonline.com/loi/wswd20>

These data suggest that unnecessary barriers to licensure are limiting the state's ability to fully utilize its trained workforce. **HB0769 offers a practical and evidence-based solution.**

Providing an alternative, non-exam pathway to licensure at the LBSW and LMSW levels has already been implemented successfully in other states and, notably, Washington, DC, through their "[Educational Pathway](#)." 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 licensees residing in **Maryland**.

In Maryland, the same rate of increase would equate to more than 1,000 additional social workers entering the workforce. These individuals have already demonstrated competence while working under supervision in their field placements. HB0769 allows them to continue to work under supervision while earning a living and addressing the workforce shortage.

Importantly, states that have removed or supplemented the Master's level exam requirement have not experienced increases in disciplinary actions or public protection concerns. This approach maintains standards while removing a costly barrier that has not been shown to predict professional competence or protect the public.

As the Committee evaluates HB0769, it is important to ground the discussion in evidence and statutory authority rather than assumption. Assertions that standardized examinations are necessary to ensure public safety have not been supported by empirical evidence demonstrating a correlation between exam passage and practice competence or improved safety outcomes. At the same time, the Association of Social Work Boards (ASWB) has made [repeated](#) and [substantial changes](#) to the examination itself—changes that are described as both easing passage rates and maintaining equivalent validity to prior versions. These positions are difficult to reconcile.

Further, ASWB has not made key reliability and validity data available for independent review, limiting the ability of regulators, practitioners, and policymakers to meaningfully assess the claims being made about the exam's effectiveness. Given ASWB's [financial reliance](#) on exam administration, it is reasonable and appropriate for policymakers to weigh these claims carefully

and independently.

Questions have also been raised regarding whether HB0769 would affect Maryland's participation in the Interstate Social Work Licensure Compact. The [Compact language](#) is clear that member states retain full authority over their licensure pathways: *"Nothing in this Compact shall affect the requirements established by a Member State for the issuance of a Single State License."*

Under HB0769, examination-based licensure remains available, and only individual licensees who choose not to pursue the exam pathway would be ineligible for Compact privileges.

Importantly, many licensed social workers do not rely on interstate portability. For those who do, a practice-based pathway allows qualified professionals who have already demonstrated knowledge and skills working under supervision in field placements to enter the workforce, continuing to practice under supervision while earning income, and prepare for the examination—rather than being excluded from practice altogether.

HB0769 reflects a balanced and pragmatic approach. It preserves examination-based licensure while establishing a practice-based alternative that recognizes demonstrated competence, addresses workforce shortages, and expands access to care for Maryland residents without compromising public protection.

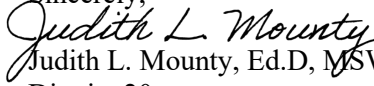
To further strengthen the bill and ensure clear, consistent implementation, I respectfully request consideration of the following amendments:

- Rename the alternative pathway "Practice-Based Licensure" to accurately reflect that it confers all full professional rights and responsibilities of social work licensure.
- Allow up to four years to complete the required 1,500 hours of supervised practice. This flexibility recognizes common life circumstances that may temporarily affect hours worked while maintaining the total supervision requirement.
- Ensure supervisor responsibilities are identical for both practice-based and examination pathways.
- Specific language that allows supervised practice hours accrued during this period to count toward future independent licensure requirements.
- Maintain confidentiality of pathway status between the licensee and the Board.

- Require annual BSWE reporting on licensure numbers and disciplinary outcomes by pathway to support transparent, data-driven evaluation of the policy's impact.

Thank you for your consideration of HB0769 and for your continued commitment to building Maryland's behavioral health workforce. I respectfully urge a favorable report.

Sincerely,



Judith L. Mounty, Ed.D, MSW, LCSW-C

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