

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

I respectfully request a favorable report on HB0769, along with several amendments that would strengthen the bill's effectiveness and ensure consistent implementation.

I am submitting this testimony as a licensed clinical social worker in the state of Maryland (LCSW-C) since 2013 and a consumer of mental health services, particularly for my sons (age 10 and 7) in Maryland, to urge your support of HB0769. I have served as an Adjunct Faculty member at Catholic University's National School of Social Services, teaching the MSW course, Diversity in a Multi-cultural Society and provide Continuing Education workshops in ethics and other topics for my colleagues and multiple agencies and organizations. I am also a former decade-long member of the Greater Washington Society for Clinical Social Work (the Society), and, briefly, its former President (2022), and have some knowledge of how their organization functions that may be important for you to understand when considering any testimony you hear from them.

Thank you for taking the time to hear testimony in relation to HB0769. These bills are critically important to me because they seek to allay the harm being done by the multi-level licensure exam in my profession, which has been demonstrated to pose significant bias across numerous categories.

Prior to discussing the legislation itself, given that you will hear much about that from others', I want to provide some information that I may be uniquely qualified to offer that relates to information you may hear from the opposition. Specifically, you may hear testimony from the Greater Washington Society for Clinical Social Work (the Society), which **claimed to represent the views of all 9,300 social workers licensed in Maryland** when this legislation was before the Maryland Senate. **In reality, the Society has only 700-900 members, many of whom do not hold a Maryland license or reside in Maryland** (Further, their membership, as I understand anecdotally has been becoming smaller, not bigger, particularly over the past few years, largely due to their lack of transparency and questions about their positions on issues related to social justice.)

Further, **please also be skeptical of any facts they present about the Interstate Compact or insurance regulation**. Leaders in the Society have stated to their members in prior years that eliminating the ASWB exam would mean that social workers couldn't be paneled with insurance or participate in the Interstate Compact, both of which are false. I have long been skeptical of this, particularly the claim about insurance, as it has made no sense to me. As a result, I fact-checked it myself. I wrote the Maryland Insurance Agency and received a response, in less than 24 business hours, from Karen T. Lam with the Maryland Insurance Agency, who stated, **"Generally, the answer to your question is no, carriers cannot stop accepting social workers if the licensing exam is no longer required. Please refer to Insurance Article 15-112(i)..."**¹ Therefore, not only has the Society presented false information, but they obviously **did no due diligence and did not even try to learn the truth before spreading**

¹ I am happy to provide a copy of this email or further information upon request.

misinformation. For that reason, I would urge caution in taking anything they say at face value and would ask you to fact-check any of their testimony that would cause you to vote with the opposition.

A few facts about how the legislation interacts with the Compact in actuality:

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 to enter the workforce, earn income, and complete supervised practice while preparing for the examination—rather than being excluded from practice altogether.

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).

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.

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.

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.

In terms of my personal experience, a few thoughts:

In regards to the legislation itself, to my knowledge, we are currently the only profession that requires 3 levels of exams and at each level, my colleagues of color, as well as deaf and older colleagues, pay and labor to complete degrees and then are unable to use them because the exam's bias makes it impossible for them to pass. As a clinical supervisor, I have witnessed this firsthand with a supervisee who has failed this exam five times, usually by 1-3 points, who would have immediately benefitted from the relief provided in these bills (she did manage to pass on the sixth try). I understand that for everyone one of her, there are at least 1,000+ others whose careers are stymied by this exam and upon whom clients and consumers cannot receive services.

I can also say as a licensed social worker who is white and passed all of these exams the first time that the exams are absurd. Absurd. I feel experientially and the data supports that they contribute nothing to "public safety" as the ASWB likes to tout, are extremely cut off from the actual skills, ethics and knowledge social workers need, and are an arbitrary waste of time that contribute nothing to our profession or the safety of those it serves.

It is my experience as a student, supervisee, and now, supervisor, of social work that the course work and intensive supervision we receive in order to achieve clinical licensure are the factors that truly contribute to ethical and competent practice and provide more than enough guardrails to ensure that practitioners are serving the public well. The exam is nothing but a meaningless obstacle with no bearing on competence.

Interestingly, I participated a few years ago in a D.C. Board of Social Work meeting in which they invited the head of the ASWB, Dr. Hardy-Chandler, to speak. I was surprised to hear Dr. Hardy-Chandler say that the exam is necessary because it is the only way to test competence, given that schools of social work and our supervisory experiences are flawed mechanisms for this due to their being dependent on human elements. I find this reasoning to be so far outside of an understanding of how social work functions and what it is (a rather "human" field), as well as demeaning of my skills and experience and those of my teachers, mentors and colleagues, that I find it troubling that someone with so much contempt for social workers is leading an organization that is supposed to be single handedly determining our "competence." Further, as someone who passed this exam, I am a bit confused as to how, still then, I am too "incompetent" to supervise social workers effectively and to, if necessary, counsel them out of the profession if I genuinely feel they are incapable of meeting its ethical or other standards.

Additionally, if you look into it, you would find that many programs that help people of color "study" for the exam are literally saying to them a version of, "You just have to learn to think like a white woman" and that is the "skill" being taught openly and often that helps individuals pass. It sounds like I may be making this up, but I assure you, I am not. I have heard it repeatedly. I would ask for you to consider as people testify in opposition whether they make money off of this exam or have some other financial interest in protecting it. I am learning that many supporting the exam make large sums of money off of test prep, while those who are opposing it are offering free or very low-cost test prep to try to help those stymied by the exam to learn how to overcome its racial and other bias, think like a white person, and pass.

In regards to my previous supervisee who suffered immensely under these exams, and is finally now licensed in MD, after nearly giving up many times on her road to licensure. She is bi-lingual, an immigrant, and serves children, a population in dire need of clinical professionals currently. In terms of clinicians needed skills right now, she is a unicorn. She failed the exam five times, often by one point only, despite her being a very talented, skilled and highly ethical social worker. She has endured extraordinary financial hardship as a result, and faced a career setback of over a decade. Given how few points she failed the exam by, it is impossible to not wonder if the exam questions she fails are ones ASWB later finds are biased--but yet does nothing about. She wrote ASWB to ask for a remedy, and their response is basically to critique her study skills. She wrote to the Maryland Board of Social Work to ask for the same, and they explained they are stuck due to the Board's dependence on the exam within their rules. This legislation would provide immediate relief to people in her situation, allowing them to achieve licensure and to serve people in our communities who very much need care.

I will add that a few years ago, I attended the ASWB "Community Conversation" about the exam and none of the social workers in my focus group, a sampling from across the United States, expressed any appreciation for or validity to the objectives of the exam as related to public safety. None see it as important or think it effectively screens out good or bad social workers, in any way. The consensus was that it assesses the capacity to take a standardized test--which has nothing to do with actual social work practice or skill.

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,

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