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February 16, 2026

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

I respectfully request a **favorable report** on **HB0769**, with amendments to strengthen its implementation and ensure consistency, transparency, and workforce impact.

Maryland is facing a well-documented behavioral health workforce shortage while the state continues to educate and graduate qualified professionals who are unable to enter or remain in the licensed workforce. The Maryland Behavioral Health Workforce Assessment found that nearly 70 percent of Master of Social Work and Clinical and Counseling Psychology graduates from Maryland institutions since 2014 were working outside their field, employed out of state, or not working one year after degree completion (p. 4). The same report estimates that Maryland requires an additional 2,675 social workers in behavioral health settings alone to meet current demand (p. 31).

These data point not to a lack of trained professionals, but to structural barriers to licensure that prevent Maryland from fully utilizing its own workforce. HB0769 offers a practical, evidence-informed response to this challenge.

I submit this testimony as a social work educator with more than 20 years of experience in higher education, including over a decade teaching at Historically Black Colleges and Universities in Maryland. My professional work centers on workforce development, professional readiness, and the transition from graduate education to practice. I work closely with students entering the behavioral health workforce and with accredited social work programs charged with ensuring competence and ethical practice.

Social work programs accredited by the Council on Social Work Education (CSWE) provide competency-based education that integrates coursework with supervised field education. Students are evaluated on demonstrated competence across required practice domains and complete extensive hands-on training prior to graduation. Graduates of these programs are, by design, prepared to enter professional practice upon degree completion.

Despite this rigorous preparation, exam-based licensure has been repeatedly identified as a significant barrier for many otherwise qualified graduates. This misalignment between competency-based education and examination-based licensure undermines workforce development and delays or excludes capable practitioners, particularly those from historically marginalized communities from serving Maryland residents.

Opposition testimony has suggested that eliminating or supplementing the master's-level exam threatens public safety. **This assertion is not supported by empirical evidence.** There is no demonstrated correlation between exam passage and practice competence or reduced disciplinary outcomes. Importantly, jurisdictions that have adopted **practice-based or educational pathways have not experienced increases in disciplinary actions or threats to public protection.**

The experience of **Washington, DC** is instructive. Following implementation of its Educational Pathway, DC reported within 72 days:

- an **18 percent increase** in LMSW-equivalent licenses,
- an average licensee age of **40**,
- **86 percent** of licensees identifying as Black, and
- **58 percent** of licensees residing in Maryland.

Applied to Maryland, a comparable increase would result in **more than 1,000 additional social workers** entering the workforce—without compromising professional standards.

Claims that recent changes to the licensing exam preserve validity while easing passage rates warrant careful scrutiny. The exam vendor has **not released key reliability and validity data for independent review**, limiting the ability of regulators and policymakers to evaluate whether the exam meaningfully measures professional competence. Given the vendor's financial reliance on exam administration, independent assessment is both reasonable and necessary.

Concerns have also been raised regarding HB0769's relationship to the **Interstate Social Work Licensure Compact**. The Compact explicitly states: "*Nothing in this Compact shall affect the requirements established by a Member State for the issuance of a Single State License.*" HB0769 preserves examination-based licensure in full. Only those who **elect the practice-based pathway** would be ineligible for Compact privileges.

It is also important to note that **many licensed social workers do not rely on interstate portability**. For those who do, a practice-based pathway allows professionals to enter the workforce, earn income, and complete supervised practice while preparing for the exam—rather than being excluded from practice altogether.

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

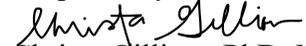
To strengthen the bill and support clear, consistent implementation, I respectfully request consideration of the following amendments:

- Rename the alternative pathway "**Practice-Based Licensure**" to accurately reflect that it confers full professional rights and responsibilities.

- Allow up to **four years** to complete the required **1,500 supervised hours**, recognizing common life and employment circumstances while maintaining the total requirement.
- Ensure **identical supervisor responsibilities** across practice-based and examination pathways.
- Explicitly allow supervised practice hours accrued under this pathway to count toward **future independent licensure**.
- Maintain **confidentiality of pathway status** between the licensee and the Board.
- Require **annual public reporting** by the Board of Social Work Examiners on licensure volume and disciplinary outcomes by pathway to support transparent, data-driven evaluation.

Thank you for your consideration of SB18 and for your continued commitment to strengthening Maryland's behavioral health workforce. I respectfully urge a favorable report.

Respectfully Submitted,


Christa Gilliam, PhD, MSW