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Health and Government Operations
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HB 628 – Health Occupations – Clinical Marriage and Family Therapists – Reciprocal Licensure Requirements

Good Afternoon Madame Chairman and members of the Health and Government Operations Committee. I am Del. Johnson here to present *House Bill 628 - Health Occupations - Clinical Marriage and Family Therapists - Reciprocal Licensure Requirements*. This legislation would streamline the licensure process for marriage and family therapists (MFTs) for out-of-state applicants. The bill would result in increased flexibility for Maryland behavioral health programs to recruit and retain MFTs from out-of-state. These MFTs could provide either in-person services or telehealth services.

I am introducing this bill because Maryland needs to use every tool in the toolbox to increase the number of qualified behavioral health providers serving Maryland residents. We are in the midst of a severe behavioral health provider shortage in nearly every jurisdiction in our state.

MFTs are licensed in all 50 states, and those states have very similar licensure requirements for education, exams, and supervised hours for new entrants into the profession. However, unlike other health professions, a licensure compact is not a workable solution to address licensure portability for MFTs. Over half of MFTs live in California, which is a state that does not join compacts. A compact only works if you can achieve a critical mass of licensees covered by a compact, which is not the case for MFTs.

The American Association of Maryland and Family Therapists, who are here on my panel today, spent several years studying other reciprocity options. Since licensure requirements are so similar across states, they developed a proposal that would allow states to license applicants from out-of-state more quickly and make the application process as seamless as possible. You have this proposal in front of you today in House Bill 628. There are at least 10 other states, including our neighboring state of Virginia, considering similar proposals this year.

The following are the practical aspects of how House Bill 628 would work:

- MFTs are licensed by the Board of Professional Counselors and Therapists. If the Board received an application from an out-of-state practitioner, the Board would check if the applicant's out-of-state license was in good standing. If so, the Board would ask the applicant to complete two Maryland specific requirements: a criminal history records check and a Maryland exam on state jurisprudence exam.

This process would be much faster than the current one. Right now, the Board must conduct a detailed review of the applicant's education, exam, and supervised hours, even if they have a license in another state. In essence, our board has to duplicate the work already done by a board in another state. **This duplicative process increases length of time to process the application and delays the applicant's entry into practice. This process also significantly increases the administrative resources needed to process applications, and I believe those resources could better be deployed elsewhere.**

- There are about 300 MFTs in Maryland, but there are more than 70,000 MFTs nationwide. If we can streamline the Maryland licensure process, we will increase the likelihood that our outpatient mental health centers, federally qualified health centers, and other behavioral health providers can recruit and retain MFTs who live outside of the State of Maryland.
- The Board would retain complete regulatory authority over an out-of-state MFT because the practitioner would have a Maryland license. This arrangement is a little different than a compact where discipline is a shared responsibility between the board in the provider's home state and the board in the state where the patient lives.
- Lastly, I want to mention a development that is particularly important to me. In 2023, Congress enacted legislation that allows MFTs to bill Medicare. This legislation can be a game changer for access to behavioral health services for older residents in Maryland. If we can attract more MFTs to practice in Maryland, we could expand access significantly for our older adult communities.

Thank you for your consideration of House Bill 628. I ask for a favorable report and look forward to working with the Committee on this issue.