

Workgroup for Social Work Licensure Requirements

**Date:** May 28, 2024 **Time:** 10:00 am - 12:00 pm

**Video call link:** <https://meet.google.com/hkf-mxtm-fgy>

Or dial: (US) +1 470-285-0046 PIN: 237 026 133#

**Agenda**

**I. Administrative Updates**

- A. Roll Call
- B. Vote on Meeting Minutes
- C. Update on Meeting Cadence-Summer Schedule
- D. Workgroup Staff Updates

**II. Discussion**

- A. SB 871 (2023) Final Report Requirements-Update on Plans for Bias Analysis
- B. SB 871 (2023) Final Report Requirements and Subgroups Refocus to Align with Requirements
- C. Subgroup Chairs: Direction/Focus Moving Forward
  - 1. Policy: Ms. Slowly
  - 2. Recommendations on Testing: Dr. Gilliam
  - 3. Testing Barriers: Dr. Mouny
  - 4. Universities: Dr. Postmus

**III. DRAFT Interim Report Update**

**IV. Next Steps**

- A. HB 1082 (2022)- Public Health - Consumer Health Information - Hub and Requirements- “plain language” in “public communications” about health, health insurance, safety, and social services benefits.

[https://mgaleg.maryland.gov/2022RS/fnotes/bil\\_0002/hb1082.pdf](https://mgaleg.maryland.gov/2022RS/fnotes/bil_0002/hb1082.pdf)

**V. Public Comment**

**Workgroup webpage link:** [Workgroup on SW Requirements for Licensure](#)

**Point of contact for any questions:** Michelle Darling: [michelle.darling@maryland.gov](mailto:michelle.darling@maryland.gov)

## VI. Closing and Next Steps

### A. Upcoming meetings:

- **6/25/24 Workgroup Meeting:** Topics:
  1. Presentation: Serena Mlawsky, MPH Candidate: “How Restrictive Social Work Licensure Requirements Exacerbate Maryland’s Mental Health Crisis.”
  2. Concetta Pucci, PhD, LICSW, Director of Undergraduate Field Education and Senior Lecturer, Social Work | School of Civic Leadership, Business, and Social Change, Gallaudet University: “Testing Barriers with Requesting and Obtaining Accommodations as a Deaf/Blind candidate and Experiences with the ASWB exam.”
  3. Ms. Karessa Proctor, BSW, MSW, Executive Director - Maryland National Association of Social Workers (NASW): “Updates from The National Association of Social Workers - Maryland Chapter.”
  4. Ms. Karen Richards, LCSW-C, Executive Director, MD Board of Social Work Examiners: “Updates Regarding the Licensure Requirements and Licensure Process for Social Workers in Maryland.”
- **8/27/24 Workgroup Meeting**

Workgroup webpage link: [Workgroup on SW Requirements for Licensure](#)

Point of contact for any questions: Michelle Darling: [michelle.darling@maryland.gov](mailto:michelle.darling@maryland.gov)

## SB 871 (Chapter 228) Final Report Requirements

### Final Report

<b>SB 871 Subsection (h) Study Areas for Final Report</b>
1) examine each type of license established under Title 19 of the Health Occupations Article by: (i) conducting a bias analysis of the qualifications for each type of license; (ii) determining whether each type of license is necessary; (iii) identifying alternatives to examination requirements that may be used to assess an applicant's qualifications for each type of license;
(iv) considering examination testing options, including the development of a State-based competency examination, minimum requirements for a national examination to be approved for State applicants, utilization of ranges of examination scores, and other policies to ensure a bias-free examination;
v) identifying barriers in addition to the examination that present challenges to licensure in the State; and
(vi) identifying the circumstances under which unlicensed individuals work in State and federal government positions as social workers;
and (ii) recommendations to eliminate bias and make the process for licensing social workers in the State more fair, diverse, and efficient.

Department of Legislative Services  
 Maryland General Assembly  
 2022 Session

FISCAL AND POLICY NOTE  
 Third Reader - Revised

House Bill 1082

(Delegate Pena-Melnyk, *et al.*)

Health and Government Operations and  
 Appropriations

Finance

**Public Health - Consumer Health Information - Hub and Requirements**

This bill requires State and local agencies to use “plain language” in “public communications” about health, health insurance, safety, and social services benefits. The University of Maryland Herschel S. Horowitz Center for Health Literacy is designated as the State’s Consumer Health Information Hub to promote and ensure public access to specified information in preferred languages to inform decisions about health, safety, and social services benefits. For fiscal 2024 through 2026, the Governor must include in the annual budget bill an appropriation of \$350,000 to the hub. When awarding grants, the Maryland Department of Health (MDH) and local health departments (LHDs) must give special consideration to entities designated by the hub to meet health literacy criteria. MDH must adopt regulations to carry out the bill. Alleged compliance or noncompliance with a provision of the bill is not subject to judicial review. The bill does not create or authorize a right enforceable by administrative or judicial action. **The bill takes effect July 1, 2022, and terminates June 30, 2026.**

**Fiscal Summary**

**State Effect:** General fund expenditures increase by \$350,000 in FY 2024 through 2026 to reflect the mandated appropriation; higher education revenues and expenditures increase accordingly. Indeterminate impact on State agency expenditures (general, special, and federal funds) relating to public communications. **This bill establishes a mandated appropriation for FY 2024 through 2026.**

(in dollars)	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Higher Ed Rev.	\$0	\$350,000	\$350,000	\$350,000	\$0
GF Expenditure	\$0	\$350,000	\$350,000	\$350,000	\$0
GF/SF/FF Exp.	\$0	-	-	-	\$0
Higher Ed Exp.	\$0	\$350,000	\$350,000	\$350,000	\$0
Net Effect	\$0	(\$-)	(\$-)	(\$-)	\$0

*Note: ( ) = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** Potential operational and fiscal impact on local governments, including LHDs, as discussed below. Revenues are not affected. **This bill may impose a mandate on a unit of local government.**

**Small Business Effect:** None.

---

## Analysis

**Bill Summary:** “Plain language” means language that is clear, concise, well-organized, and complies with other best practices appropriate to the subject or field and intended audience. “Public communication” means a document that is necessary for obtaining a government benefit or service, provides information about a government benefit or service, or explains to the public how to comply with a requirement that the government administers or enforces. “Public communication” includes a letter, publication, form, notice, or instruction, but does not include a regulation.

The hub must (1) protect and promote public health by engaging with State and local government agencies and specified entities; (2) establish and promote health literacy criteria, certifications, and best practices; (3) identify health literacy challenges and provide recommendations on how to address the challenges; (4) monitor and report on the use of health literacy and plain-language initiatives and support public reporting of vital public health information; and (5) support the identification and ongoing training of health literacy officers in State and local agencies.

The hub must also (1) facilitate consistent State and local government use of health literacy and plain-language criteria; (2) support workforce development; (3) assist programs and organizations to promote community health literacy; and (4) develop and publish criteria for evaluating whether media or a media campaign follows best practices for the promotion of health literacy. The hub may collaborate with entities that directly educate the public, including education institutions, libraries, and consumer referral services.

MDH and the hub must encourage persons that promote public health, health education, or health awareness to submit media for evaluation by the hub. If a person submits its media or media campaign to the hub for review, the hub must use specified criteria to evaluate whether the media or media campaign follows best practices for the promotion of health literacy.

By July 1, 2024, and July 1, 2025, the hub must submit a report to the Senate Finance Committee and the House Health and Government Operations Committee on the implementation of the bill, including the status of statewide health literacy efforts and materials provided.

**Current Law:** The Office of Minority Health and Health Disparities in MDH must provide each health occupations board a list of recommended courses in cultural and linguistic competency, health disparities, and health literacy. Each board must post the list prominently on the board's website, provide information about the courses to health care professionals at the time of renewal of licensure, and advertise the availability of the courses in newsletters and any other media published by the board.

Chapter 414 of 2009 established a voluntary Cultural and Linguistic Health Care Provider Competency Program to offer classes to health care providers on cultural and linguistic competency. The program must work collaboratively with universities and colleges of medicine, nursing, pharmacy, and dentistry and other health care professional training programs to develop courses with cultural competency, sensitivity, and health literacy that are designed to address the problems of racial and ethnic disparities in health care access, utilization, treatment decisions, quality, and outcomes.

**State Fiscal Effect:** General fund expenditures increase by \$350,000 in fiscal 2024 through 2026 to reflect the mandated appropriation to the hub. Higher education revenues and expenditures increase accordingly. The University of Maryland, College Park Campus advises that the hub may be underfunded by as much as \$250,000 a year, given the bill's requirements related to it. Although this analysis assumes the mandated level of funding is sufficient, particularly since the center already provides guidance, additional general fund expenditures may be needed for the hub.

Under the bill, State agencies must use plain language in public communications about health, health insurance, safety, and social services benefits, and they may need to alter or update materials or processes based on advice and guidance from the hub. General, federal, and special fund expenditures likely increase for at least some State agencies. The amount of any such increase cannot be reliably estimated.

**Local Expenditures:** The bill has an operational and potential fiscal impact on local governments, including LHDs, that may need to revise materials, participate in training on health literacy, submit written communications to the hub for review and input, and utilize other technical assistance provided by the hub. Any such impact cannot be reliably estimated.

**Additional Comments:** The Herschel S. Horowitz Center for Health Literacy (part of the University of Maryland School of Public Health) advances research in health communication and health literacy and translates that research into education and community action that improves health for all.

## **Additional Information**

**Prior Introductions:** None.

**Designated Cross File:** None.

**Information Source(s):** Maryland Association of County Health Officers; Kent, Montgomery, Washington, and Worcester counties; Maryland Municipal League; Governor's Office of Crime Prevention, Youth, and Victim Services; Maryland State Department of Education; Maryland Higher Education Commission; University System of Maryland; Morgan State University; Department of Budget and Management; Department of General Services; Maryland Department of Health; Department of Human Services; Department of State Police; Maryland Insurance Administration; Baltimore City Public Schools; Prince George's County Public Schools; Department of Legislative Services

**Fiscal Note History:** First Reader - March 7, 2022  
rh/mcr Third Reader - March 30, 2022  
Revised - Amendment(s) - March 30, 2022

---

Analysis by: Jennifer B. Chasse

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510