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NEW YORK STATE SOCIETY FOR CLINICAL SOCIAL WORK

Social Work Compacts: Should New York State Participate?

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What is a State Licensure Compact:

“Licensure compacts are statutory agreements among states that allow interstate practice of a profession based on a common set of core licensing requirements.” These agreements *must* be enacted by each state legislature.”

The internet is buzzing with information about how to lobby state legislatures to agree to approve joining with other states in a private, not-for-profit social work Compact. The primary potential benefit is to create a system for social work license portability, i.e., a system allowing licensed clinicians to easily practice in other states.

The Clinical Social Work Association (CSWA), National NASW, and the Association of Social Work Boards (ASWB) have accepted grant monies from the Department of Defense (DOD) to advocate for a social work Compact. The fundamental reasoning behind DOD advocating for interstate compacts – to assure portability of professional licenses for military individuals and their spouses – has recently been addressed through federal action directing all states to provide for professional practice in every state by these military individuals. An expedited licensure process is being implemented. The DOD’s objectives having been met, we would not anticipate their continued interest in funding this issue.

The idea of license portability sounds great, doesn't it? But let's investigate what is actually known at this time about what a social work compact might look like and what issues have yet to be clarified.

There are at least seven critical areas which need to be tackled before either a state legislature or an individual LCSW is able to make an educated decision to participate. These include:

- scope of practice differences between states,
- clinical supervision requirements,
- state regulations implementing licensing,
- malpractice insurance,
- annual fees, and
- ethics enforcement.

The variety of social work licensing requirements arose from the unique circumstances in each state in dealing with the critical areas that influence licensing the social work profession in their respective jurisdictions.

What we know and don't know at this moment about the idea of a Social Work Compact.

- Each State must decide to join the initial Social Work Compact (SWC). Seven states are needed to get under way. To date only the Missouri legislature has passed a law to join a SW. Apparently, there will be only one national Compact for social work so that whenever a state agrees to join, it must join the existing one.
- The Social Work Compact has no policies establishing annual fees for states or individuals, no standards for clinical supervision, or ways to handle differing scope of practices for social work licensees. If the initial seven states are politically conservative with many state restrictions impacting on treatment (reproductive rights, LGBTQI, conversion therapy, etc), this would conflict with New York State statutes which embrace public protection in these areas.
- If New York were to agree to join a Social Work Compact, what is the procedure for influencing these Compact policies? Undeveloped.

- The ideal Compact increases the workforce, a current substantial problem in mental health service delivery. However, this Compact only expands clinicians' access to patients; it does not increase the number of clinicians.
- In a Compact Structure, each LCSW can have only *one* home state. The home State controls your Compact membership and sets the licensing requirements including CEU prerequisites, etc.

Scope of practice differences for LCSW licensing

Seven states do not have scopes of practice allowing LCSWs to diagnose. This lowers the LCSW standards for practice. How can they practice in NYS?

Annual Cost to State and LCSW to join Compact

What will the fees be? In addition to licensing and registration fees, there will be an individual annual fee for the Compact and most likely the States will pass along their annual fees to join the Compact to their licensees.

Malpractice Insurance increases

Will Malpractice insurance costs rise? Liability may increase as clinical practice spreads across many states. Still unknown.

Initially, 3,000 hours of supervised clinical practice were required for a clinician to join a Compact. At this time, NYS requires only 2,000 supervised clinical hours by a NYS licensed LCSW, psychologist or psychiatrist in an approved setting to sit for the LCSW exam. To be more inclusive, planners added an alternative path: two years of full-time employment.....no supervision or hours of clinical work specified. This needs further clarification.

Fee per session

How will LCSWs be reimbursed for mental health services? If Texas insurers allow \$50/session and Kansas \$100/session, won't there be cherry picking for those states with the best reimbursements?

Ethical and Disciplinary issues

And lastly, Ethics. New York State has a strong commitment to public protection. How will practice violations be handled across state lines? It most likely requires

an investment in interstate communication systems.....how much will it cost, who will pay for it....all unknown at this time..

And so, given what we know at this time:

There are many policies to be worked out by the seven states forming the initial Social Work Compact. At the moment, New York State is being asked to buy a house (Compact agreement) which has no final design in an unknown neighborhood (defined by other states which have not yet joined.) With so many unknowns, why would anyone be even interested in buying this house?