

Proposal Summary/ Overview

To be completed by proposal sponsor. (500 Word Count Limit for this page)

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Is this proposal regarding:

- *New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A.*
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

Licensed Social Workers

2) Briefly describe the proposed change.

The Social Work Licensure Compact allows eligible social workers to practice with a multistate license in participating jurisdictions without completing duplicative licensing processes. The compact will enhance social workers' practice mobility and expand telehealth services, thereby increasing access to services and improving continuity of care while ensuring public protection.

3) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

The bill has not been introduced. Representative Andy Smith and Senator Kelly Morrison will sponsor the bill. The Social Work Licensure Compact was published in February 2023, and the compact commission will be established once seven states pass the legislation. The model language, available [here](#), must be adopted with no substantive changes.

4) Given the press of business in the **2023 legislative session** it is unlikely that health licensing and

scope of practice bills will be taken up this year. If there is an urgent need that this bill be heard this year, please explain the urgency.

N/A

Questionnaire A: New or increased regulation (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

This questionnaire is intended to help legislative committees decide which proposals for new or increased regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions which do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

New or increased regulation of health professions is governed by Mn State 214. Please read and be familiar with those provisions before submitting this form.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1) Who does the proposal impact?

- a. Define the occupations, practices, or practitioners who are the subject of this proposal.

All social workers licensed by the Minnesota Board of Social Work with licensure type of Licensed Social Worker (LSW), Licensed Graduate Social Worker (LGSW), Licensed Independent Social Worker (LISW), or Licensed Independent Clinical Social Worker (LICSW), according to [MN Statute 148E.055](#).

- b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

MN Board of Social Work- over 17,000 licensees
National Association of Social Workers – MN (NASW-MN) – 2000 members
MN Society for Clinical Social Work – 400 members

- c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

Social workers practice in a variety of clinical and non-clinical settings, not limited to home-based services, residential treatment centers, counties, child welfare systems, outpatient mental health clinics, schools, hospitals, long-term care facilities, and in policy advocacy work.

- d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

The practice of social work includes both clinical and non-clinical practice as defined in [MN Statute 148E.010 Subd. 11](#):

(a) "Practice of social work" means working to maintain, restore, or improve behavioral, cognitive, emotional, mental, or social functioning of clients, in a manner that applies accepted professional social work knowledge, skills, and values, including the person-in-environment perspective, by providing in person or through telephone, video conferencing, or electronic means one or more of the social work services described in paragraph (b), clauses (1) to (3). Social work services may address conditions that impair or limit behavioral, cognitive, emotional, mental, or social functioning. Such conditions include, but are not limited to, the following: abuse and neglect of children or vulnerable adults, addictions, developmental disorders, disabilities, discrimination, illness, injuries, poverty, and trauma. Practice of social work also means providing social work services in a position for which the educational basis is the individual's degree in social work described in subdivision 13.

(b) Social work services include:

(1) providing assessment and intervention through direct contact with clients, developing a plan based on information from an assessment, and providing services which include, but are not limited to, assessment, case management, client-centered advocacy, client education, consultation, counseling, crisis intervention, and referral;

(2) providing for the direct or indirect benefit of clients through administrative, educational, policy, or research services including, but not limited to:

(i) advocating for policies, programs, or services to improve the well-being of clients;

(ii) conducting research related to social work services;

(iii) developing and administering programs which provide social work services;

(iv) engaging in community organization to address social problems and macrocosm issues through planned collective action;

(v) supervising individuals who provide social work services to clients;

(vi) supervising social workers in order to comply with the supervised practice requirements specified in sections [148E.100](#) to [148E.125](#); and

(vii) teaching professional social work knowledge, skills, and values to students; and

(3) engaging in clinical practice as defined in subdivision 6.

In addition, social workers engage in clinical practice as defined in [MN Statute 148E.010 Subd. 6](#):

"Clinical practice" means applying professional social work knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including

addictions and emotional, mental, and behavioral disorders. Treatment includes a plan based on a differential diagnosis. Treatment may include, but is not limited to, the provision of psychotherapy to individuals, couples, families, and groups across the life span. Clinical social workers may also provide the services described in subdivision 11.

2) Specialized training, education, or experience (“preparation”) required to engage in the occupation

- a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

All social workers licensed by the Minnesota Board of Social Work must meet the license requirements for the appropriate licensure type of Licensed Social Worker (LSW), Licensed Graduate Social Worker (LGSW), Licensed Independent Social Worker (LISW), or Licensed Independent Clinical Social Worker (LICSW), according to [MN Statue 148E.055](#).

- Earned a baccalaureate or graduate degree in social work from a program accredited by the Council on Social Work Education, the Canadian Association of Schools of Social Work, or a similar accreditation body that the board designates;
- Passed the appropriate licensure examination or equivalent examination administered by the Association of Social Work Boards or a similar examination body that the board designates;
- Completed a criminal background check and paid the required fees;
- To be licensed by endorsement, hold an active license or credential in another jurisdiction.

Once a license is granted, a licensee must:

- For non-clinical practice, obtain at least 100 hours of supervised practice with at least 4,000 hours of practice.
- For clinical practice, obtain at least 200 hours of supervision with 4,000 – 8,000 hours of practice including at least 1,800 hours of direct clinical client contact.

- b. Would the proposed regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear these costs?

The proposed Social Work Licensure Compact does not change the requirements for applicants to obtain a Minnesota license. If a licensee chooses to apply for a multistate license, the licensee will be required to complete a multistate application, pay the applicable fee, and understand practice requirements of any member state in which the licensee practices.

- c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

The Social Work Licensure Compact has not been enacted yet. Seven states must pass legislation to establish the compact commission. Missouri signed the model compact legislation into law on July 7, 2023([SB670](#) and [SB157](#)).

- d. If current practitioners in Minnesota lack any training, education, experience, or credential that would be required under the new regulation, how does the proposal address that lack?

The Social Work Licensure Compact states that the applicants follow the home state licensing process.

- e. Would new entrants into the occupation be required to provide evidence of preparation or be required to pass an examination? If not, please explain why not. Would current practitioners be required to provide such evidence? If not, why not?

Licensees who obtain licensure by examination in Minnesota will not require additional preparation or examination except to complete an application and pay the multistate license fee.

Licensees who obtain licensure via Minnesota's provisional licensure pathway will be required to pass the national qualifying exam administered by the Association of Social Work Boards in addition to completing the application and paying the multistate license fee.

3) **Supervision of practitioners**

- a. How are practitioners of the occupation currently supervised, including any supervision within regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

The Social Licensure Compact does not change Minnesota supervision regulation. Licensees must comply with licensure requirements in their home states.

- b. Does a regulatory entity currently exist or does the proposal create a regulatory entity? What is the proposed scope of authority of the entity? (For example, will it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) Has the proposed change been discussed with the current regulatory authority? If so, please list participants and date.

The Board of Social Work exists to promote and protect the public health, safety, and welfare through the licensure and regulation of persons who practice social work in Minnesota.

The Social Work Licensure Compact creates a compact commission once seven states pass the model legislation. The commission will create regulations that administer and govern the compact. Member states retain the ability to establish state licensure requirements, regulate practice in the state, take adverse action against a licensee's state license, and take action against a licensee's multistate authorization to practice in the member state. All licensees licensed by Minnesota and any compact licensee practicing in Minnesota will also be required to follow Minnesota's Social Work Practice Act.

The Board of Social Work discussed and approved the Social Work Licensure Compact on July 21st at its public meeting.

- c. Do provisions exist to ensure that practitioners maintain competency? Describe any proposed change.

Licensees are required to follow their home state requirements to maintain competency. On 2-year renewal cycle, Minnesota licensees are required to complete 40 hours of continuing education related to their licensure level.

4) **Level of regulation** (See Mn Stat 214.001, subd. 2, declaring that "no regulations shall be imposed upon any occupation unless required for the safety and well-being of the citizens of the state." The

harm must be “recognizable, and not remote.” Ibid.)

- a. Describe the harm to the public posed by the unregulated practice of the occupation or by the continued practice at its current degree of regulation.

N/A. Licensed social workers are regulated by the Board of Social Work.

- b. Explain why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public.

N/A

- c. Explain why the proposed level of regulation has been selected and why a lower level of regulation was not selected.

The compact requires social workers to follow their home state licensure process. The multistate licensure allows social workers to practice in other member states, but it does not change how the board regulates social works. In addition, compliance information on compact licensees, investigation, and discipline will be accessible to all member states.

5) Implications for Health Care Access, Cost, Quality, and Transformation

- a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

The compact will increase access to social work services, including via telehealth, especially for individuals who are seeking culturally specific and specialty services available from a licensee in another state and individuals living in underserved parts of the state. The compact will also support continuity of care if a recipient moves to another member state.

- b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

The Board of Social Work has licensed 2122 licensees by endorsement based on their licensure by another jurisdiction. Most licensees were first licensed in Minnesota’s border states.

The Social Work Licensure Compact allows social workers the mobility to practice in other jurisdictions without completing multiple state licensure applications, which reduces financial barriers to multistate practice. The compact supports license mobility for active-duty military members and their spouses, allowing them immediate access to employment in member states. As stated above, the compact increases access for recipients to culturally specific and specialty services offered by licensees based in other jurisdictions.

- c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

N/A

- d. Describe any impact of the proposal on an evolving health care delivery and payment system (e.g., collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?

The compact will expand the use of telehealth services and third-party reimbursement eligibility if applicable.

- e. What is the expected regulatory cost to state government? Is there an up-to-date fiscal note for the proposal? How are the costs covered under the proposal?

The fiscal impact is unknown at this time because the compact commission will not be established until seven states pass the model legislation. The Board of Social Work expects to establish a multistate licensing fee structure where the cost of obtaining a multistate license will be paid by the licensee. The Board of Social Work anticipates that expenses associated with joining the compact include a fee to join the compact commission, upgrades to the Board's database, and increased staff time to process application and complaints. The Board may see a decrease in endorsement applications and fees received, as applicants may be able to apply in their home state for a compact license instead. Therefore, the Board will need to adjust the budget to include the increase costs for joining the compact.

6) Evaluation/Reports

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

The Board of Social Work collects monthly data about the number of applications and renewals. If the compact legislation passes, the Board will also collect data on multistate licensees.

7) Support for and opposition to the proposal

- a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

MN Board of Social Work- over 17,000 licensees
National Association of Social Workers – MN (NASW-MN) – 2000 members
MN Society for Clinical Social Work – 400 members

- b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

Same as question A:
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- c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

At this time, no groups have indicated concern(s).

- d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

The Board of Social Work has not received opposition to the bill.

NASW-MN has been public about our intent to pursue this legislation for the past two years. NASW reached out to other professional organizations pursuing compacts this session. Past compact bills have had little controversy.