

Jurisdiction Updates

Wisconsin: The board is updating supervision requirements. Wisconsin hit a hiccup, as social workers contact in budget bill which did not pass. The board is currently in a legislative blackout period and are hoping to have supervisory rule By Q1-2025

Idaho: The board updated supervision requirements, only offer clinical services as a master level social worker for 5 years. Idaho has heard many stories as to why social workers still feel that they should be able to offer these services.

Montana: The board updated rules in Feb 2024 splitting into license types and working on a big project for substantial equivalency.

North Dakota: The board has a private company that is entrusted to run the board, and these are not government employees. One of the challenges is the board is using outdated software. North Dakota is looking to have custom built software built. The board will be introducing the compact for 2025 legislation.

Quebec: The board wanted to implement a permanent license and need to decide whether to use this or not.

Prince Edward Island: The board is completely a volunteer board. The board reestablished a fee structure and did work on bylaws. The biggest challenge is doing investigations into complaints. Having run into conflict of interest-finding someone who isn't involved is challenging.

Ontario: The college has existed for almost 25 years. There are many infrastructure changes taking place with growth. Ontario is upgrading software to a custom system to support two separate professions. The board is looking to streamline systems to adapt to growth of registrants.

Alberta: The most interesting thing is a recent initiative of regulatory review of professions. The focus of the review is government gathering input on the role of preserving freedom of expression for regulated health professionals. The board is focused on the role that health regulators have had in the past with the pandemic with high profile cases that were disciplined for expressing views. "Jordan Peterson Law" focused on commentary on social media. The government is focused on the rights of regulated health professionals, specific to speech and expression.

Saskatchewan: The board had provincial election at the end of October, had a conservative party in power since 2007. The leader of the democratic party was a registered social worker but wasn't registered. Dual mandated-professional association and regulatory body. Amendments have moved them toward a regulatory body only. Communicating w/ members on how mandate as changed.

Newfoundland & Labrador: There is a proposal to regulate private practice for social workers. The board is expecting this to be approved in spring or fall of 2025. There will likely be significant implications for the ASWB exams, as they will have more individuals who will need

to access the ASWB exams. There are questions about accessibility to exams. There were concerns raised about indigenous performance on exams and barriers to practice. There is consideration of future regulations of social work technicians. The consultations are ongoing.

New Brunswick: Last June the board had legislation passed for amendments to regulate social work technicians, power to recognize institutions (post-secondary) to make sure they meet qualifications of minimal competencies, substantial equivalency to operational in this area. Complaints and disciplines are increasing and costly.

Kentucky: New technological system has been introduced and have helped increase the number of people being licensed. The system should be up and running by February 2025. Kentucky passed usage of the compact. The bill was introduced, written and compiled by the children's alliance but there are no social workers.

British Columbia: Extensive bylaw revisions focused on governance, reserving seats to implement DEI officially into the process. There has been an increase in clinical social worker designation, so they have cleaned up the bylaws to be more specific about the clinical designation and supervision. These rules were in place, but not reflected in prior bylaws. Also new regulations have been created to help with streamlining the application process. The board is waiting to see how elections affect registration.

DC: The board is moving forward with rolling renewals based on 2 years from issue date (last date of licensees birth month.) The Director is also working on alternative pathways for licensure. Nonclinical social workers may not be required to take an exam and could get an alternative license with a provisional (title). This got rejected but they are not sure where this will go.

Oklahoma: There is a bill pushing interstate compact. House Bill 3015 eliminates the minimum requirements regarding supervision. Effective November 1, there is no minimum requirement on the amount of time to complete supervision from start to finish. This could be a problem for reciprocity and other boards that still have this requirement, when other states don't use the compact. The board is no longer tracking total practice hours.

Florida: 2024 session was heavily focused on healthcare. House Bill 975: must submit fingerprints and level 2 background check. All current licensees, who were not previously screened, must get screened by the next licensure renewal. The board is determining how to incorporate all the fingerprints into their system. The board is also standardizing criminal history matrix for all health care professions to standardize requirements for consistent measures and guidelines. Senate bill 1600 is regarding universal endorsement, which creates universal endorsement for all healthcare professions. This bill creates a mobile act that requires the department of health to issue license by endorsement within seven days. An expedited license requires application and fee. Must hold a license with a similar scope of practice and must take a national exam or have national certification.

New Mexico: Conversations around the compact have started but had been denied before due to some legislators who have now retired. The board chair wants to move quickly on compact.

Many applicants are pushing for the compact. The board is working on rule changes. Moved to an online platform for licensees for applications and renewals. The rules still discuss old processes, so they need to update rules for alignment. The board used a third-party developer for the new platform. The new platform has had some issues specific to data integration with documents and requires many workarounds. Another issue to be discussed at the next board meeting is regarding complaints regarding those who are licensed. There are individuals doing “social work-ish” type of work. The board needs to figure out if this is in the scope of practice. The telehealth act hasn’t been updated since 2007, which only lists independent social workers who can practice.

New Hampshire: The board just added independent work back into title and practice. It has been about one year with endorsement rules in place for universal licensure.

New Jersey: Anticipating social work licensure compact. The compact went to legislation in March and was passed. The board is hoping to move forward with compact in 2025 but are still figuring out what needs to be done to implement the compact. The board is expecting to be onboarding staff for more applications.

Wyoming: The state has a high suicide rate, one of highest in country, which affects rules revision. The governor has created a task force to analyze the different aspects of health to include mental health professions board. To make licensing easy, they are attempting to modernize rules but need to address a few things before rules are revised.

Louisiana: Two pieces of legislation: pre-eligibility determination and if social work degree students who have a criminal background can apply for licensure. The Welcome Home Act is for individuals who have held a license in another state who have met similar requirements to Louisiana. It states examination or education and experience. The counsel interpreted that some who apply may not have passed the ASWB exam or may have passed another type of exam. The board is working on a new database with a plan to move back to a custom licensing program. The board is also overhauling rules and occupational licensing review commission. This was put in place by the governor and reviews rules that may have anti-trust component. The commission will cease to exist as of January 1, 2025. The Exam Committee is meeting to make recommendations for the bachelor’s level to have the option to sit for an exam so they can be part of the social work compact. An alternative path to licensure would be available for those who do not pass clinical exam within ten points. The board is working on how to dispel rumors and improve communications with licensees.

Nevada: The board is going into legislative session and is not putting any bill draft request through. They are working with a few entities to move forward with the interstate compact. The biggest obstacle the board is facing with legislation is that they were put under a business industry. They are looking at collapsing, merging, or combining boards, which would be new. The board is also reforming Nevada’s boards and commissions.

Kansas: The board is using CE broker and offering this free service that is voluntary. This service has been rolled out for social workers. The board is moving to a new licensing platform and a

decreased fee. Schools that reach out asking about accreditation but do not have the staff to support. The board is pursuing this in legislation.

Virginia: The board is looking at alternatives to exam-ad hoc committees and are engaging with stakeholders. The board is also doing a legislative report to give landscape on what other jurisdictions are doing. There is a low number of board members, but Virginia is obtaining new ones that are more engaged. Virginia is part of the compact as an umbrella agency. The board is considering CE Broker. There has been internal push back on CEs in general and whether they want to be auditing. There are concerns around reducing requirements and then removing checks and balances.

Iowa: Constant change has been the theme for the past few years. The governor has crunched 16 depts to 8. There has been a significant amount of work on how to become more consistent for all the boards that are not under one umbrella. The goal is to determine what is being sent out to the public agendas specific to legislative changes around licensure fees and renewal timelines. There is a red tape rule review process and all licensure rules had to be reviewed for redundant language. The board is asking the question of: should we be licensing and why?

Minnesota: The board launched jurisprudence online model which is required for different types of leave. Minnesota also passed the compact so they are busy looking at the impact of this. Minnesota has had a provisional pathway since 2007 for those who had ESL or foreign board and attempted ASWB exam once and have experience or supervision. The board is receiving lots of push to remove ESL/foreign born and exam requirements. Upholds exam pathway but there is an option for licensees to take the provisional pathway, implemented October 1.

South Carolina: The board is now doing online renewals and hoping to increase the percentage of those who use it. This has been a time saver for both sides. South Carolina also uses CE broker to save time. Starting next year, one CE hour will have to be on suicide prevention. The social work compact is back on the docket for 2025.

California: Legislatively, their bill specific to psychedelic assisted therapy and AI. The board has been dealing with groups pushing the required CE credits. The board is looking at pathway to licensure and identifying unnecessary barriers by a work committee. California put out a survey to get thoughts on barriers regarding administration, experience, education, and exams. Some things coming out of it were: changing the whole pathway, looking at early eligibility for clinical exams, reducing required supervision hours to expedite the process, law and ethics exam considerations on when this needs to be taken, allowing candidates to choose their own path, and looking at improving outreach to schools.

New York: The board recently enacted a new regulation to include tele-supervision being acceptable. There is a modernization project for the 57 professions. New York is very segmented with many departments. Candidates can now request for diagnostic privileges which is new in the board office.

Connecticut: The board is trying to move mental health licenses online only so that all applications and fees are digital.

Texas: The board is entering a contract with CE Broker. The board must review rules every 4 years for improvements and streamlining. Texas is searching for ways to deal with folks that have unique experiences that don't match up with licensure requirements. The board has adopted a rule that says that if you do not meet the board requirements, but you have good cause and can show that you meet statutory minimum requirements, you can get a license. There is legislation starting in January about workforce shortage. The board is finding ways to encourage the workforce while understanding that legislature is not interested in giving out licenses very easily. The board does not want a compact or to water down standards.

Rhode Island: The board was the second state to suspend the requirement for masters level exam. This has worked well and were able to immediately license 67 people who were stuck in the pipeline. Candidates must come in front of the board after failing the exam three times. The board has noticed that these people are in groups that have experienced biases. There was a suspension of exam usage for the masters exam until August of 2025. Another bill is coming to extend this suspension or may just get rid of the masters exam requirement all together. The board still requires clinical level exams, and there is support in the profession to keep that. The board has seen a 50% increase in masters level licenses after removing the exam requirement. The board is licensing people from all over the country.

Utah: The board is implementing finger printing with FBI's "rab back" program but are waiting on FBI approval. The board would have to get all licensees fingerprinted. They did not get extra staff with budget requests. The board has moved to one giant composite board. An alternative exam pathway has been implemented for anyone going for clinical license. Applicants can go through this pathway and not take the exam. This is for all license types except for psychology. There are some requirements for this, and the board is working on what the verification process looks like. Supervision changes are coming, especially changes around informed consent. Before you just had to be licensed for at least two years, but now there is required course work and CEs.

Maryland: In 2023, the board developed a work group appointed by the governor, to study licensing and ASWB exams and how it's used. Maryland requires all levels to take an exam to be licensed. The Executive Director was in the work group. The work group will be giving a recommendation to the governor, and the prediction is that the group will recommend doing away with the bachelors and masters exams. The social work compact legislation did not pass. They will explore reciprocity with surrounding states.

Michigan: Michigan is an umbrella agency. There are legislative issues, so they have not introduced compact. Generally, the governor is not supportive of compacts. There is pending legislation pushed by NASW and deans of social work programs, attempting to address disparities in licensing exams. This has been growing since 2019. There has also been a creation of the jurisprudence exam, which would need to be adopted and used as the only requirement for licensure.

Manitoba: The board is focusing on creating a strategic plan that is focused on reconciliation, EDI, and engagement. Manitoba is looking at how this strategic plan would tie into standards of practice. The board is also looking at developing standards around private practice.

Group discussions

Transition from independent to composite board:

- Nevada had this on the table from two different organizations to combine boards.
- Texas is a composite board, but boards are still individual to some degree,
- Things to consider:
 - Communication
 - Updating materials and website
 - Will the bill provide governor appointed or internal
 - Bandwidth considerations for the extra work
 - Discussions are no longer in a vacuum
 - Board feels more balanced,
 - How board complaints will be handled
 - When there is disciplinary action it goes to the specific specialty until there is one specialty funneling all the complaints,
 - Representation for each of the professions
 - Creation of team that does screening for complaints

Revisions/suspension of exam requirements:

Show of hands on who is either getting rid of exam or is considering: 4 (masters).

Idea: start tracking applicants who get licensed without passing the examination to see if there are differences later.

Impact of Compact:

Considerations:

- How the licensing software can interface with the current software that states are already using.
- These are the types of decisions that the commission is making.
- It may be helpful to look at other compacts that are further along than social work and see who has joined or hasn't joined.
- Matt Shaffer is a great contact regarding the compact.

Electronic practice and mobility:

Boards are trying to work together with other provinces to make sure they are recognizing other registrants. Canadians are required to have mobility rules with federal and provincial laws that set up the requirements. The idea is to work together and try to reduce barriers that are working across borders. The other idea is how to protect the public but also reduce requirements, which is the challenge of social work regulators.

There are temporary permits to practice that can be beneficial. There are requirements that vary for check-ins and license requirements. Temporary permits for natural disasters are also a possibility with an option to extend as needed.

Management of sexual misconduct cases:

Many boards have gotten really tough on this issue. Alleged sexual assaults are suspended within days in Rhode Island. A thorough investigation is conducted, and the case goes to the board. Would it make sense to have probation for some of these social workers, given some of the things that are happening?

Many boards have noticed an increase in some of these complaints. New York requires three credits of boundaries, which may help to reiterate expectations. New York does not suspend licensees immediately. There is variance here on figuring out what to do immediately regarding these complaints. Risk assessments are also helpful, as are interim actions and suspensions. Some boards have panels to review decisions, in terms of public risks.

It's important to give registrant fair treatment and set up an environment and investigation that is fair to the registrant.

Supervision:

Boards are receiving complaints from new licensees who are supervised about abusive relationships, in relation to supervisory fees.

Restrictions/guidelines on what people can charge

New York does allow charging. Applicants cannot pay for supervision.

Utah has a requirement that if you have an issue, it must be reported, and the supervisee is contacted by Utah and then they can respond for board to review. This requirement is in their statute.