

Senate Committee on Public Health and Welfare
Proponent Testimony on HB 2484
March 18, 2024

Chair Gossage and members of the Committee,

My name is David Fye, Executive Director for the Behavioral Sciences Regulatory Board (BSRB). Thank you for the opportunity to provide proponent testimony on behalf of the Board of BSRB in support of HB 2484, a bill that would add Kansas to a multi-state compact for the social work profession. In preparation for this compact, the Social Work Advisory Committee for the Board invited representatives from the Counsel for State Governments (CSG) to hold multiple presentations on the compact and we have been in discussions with representatives from the Kansas Chapter of the National Association of Social Workers (NASW), who requested the Board's support of this legislation. At a recent Board meeting, the Board chose to support the compact, understanding that a few of the details for compliance would need to be worked out. We have had good communication with representatives from the Kansas Chapter of NASW concerning the compact, including consideration of fees for multi-state licenses to mitigate loss of revenue.

Traditional Authorization to Practice Social Work

Currently, each state has jurisdictional authority to require that social workers providing services to individuals who are physically located within that state must be licensed by that state. This means that social workers who wish to provide services to individuals in multiple states must obtain a license in each state in which they intend to provide services and meet the renewal requirements for each license. Under this model, some social workers have held licenses in several states, paying license fees in several states, and meeting continuing education and other requirements each renewal period. Under this model, when clients travel or vacation outside of the licensee's state, the licensee must contact the remote states to determine what is required to provide care in those states, which generally would mean licensure in those states.

New Model Under HB 2484 – Multi-State Licenses

Over the past few years, other compacts concerning mental health professions have been enacted which authorize a limited scope of practice or a limited privilege to practice. It is important to understand that HB 2484 is designed very differently. If enacted, HB 2484 would substantially change state licensure. In this compact, compact member-states would gain authority to create a new "multi-state license" in addition to their existing "single-state" license. Individuals holding an existing "single-state" license would still be able to practice in their home-state, but individuals choosing to obtain a "multi-state license" would be able to practice in their home-state and all other compact member-states, without obtaining a license in those states. Going forward, social workers in Kansas would have a choice between obtaining the traditional "single-state" license if they only want to practice in Kansas or to obtain a "multi-state license" if they wish to practice in Kansas and in all compact states. Some benefits of the compact include mobility of licensees, continuity of care to clients when those clients travel to other states, providing more opportunities for in-state licensees to provide telehealth practice into other states, and an opportunity for out-of-state licensees holding a multi-state license in other states to provide services into Kansas.

Social Work Licensure in Kansas

In Kansas, the BSRB is the agency charged by the Legislature to protect the public by licensing and regulating social workers and six other mental health professions. At the end of my written testimony, I have attached a copy of historical permanent license totals under the BSRB. As of January 2024, the BSRB regulated 15,453 permanent licenses. Included in this amount, the BSRB regulates 8,288 permanent social work licenses. Of the 8,288 permanent social work licenses regulated by the BSRB, 1,794 of these permanent licenses were held by social workers who live outside of the state of Kansas. These may be individuals living in a border city that choose to live in another state, but practice in Kansas; these may be individuals who travel during year and practice in multiple states; or potentially these are individuals who have obtained a Kansas license, because they provide telehealth services into the state. This group of licensees makes up 21.6 percent of total social work licensees. Of the 1,794 social workers licensed in Kansas that live out-of-state, 109 are Licensed Bachelors Social Workers (LBSWs), 813 are Licensed Master's Social Workers (LMSWs), and 872 are Licensed Specialist Clinical Social Workers (LSCSWs).

What this Means for Kansas Social Work Licensure

It is anticipated that the social work compact will be popular with states and that sufficient states will pass the model legislation during the 2024 Legislative session, so the Compact Commission will begin to meet. It is also anticipated that the compact may become active as early as January 2025. As states will choose to pass the compact, it is anticipated our out-of-state licensees will discontinue renewing their Kansas licenses and choose instead to practice under their home-state multi-state license. This is important, because this will mean the number of social workers licensed in Kansas will decrease significantly, even though it will be likely that more individuals will be providing services into the state through the multi-state license model. It also means that the state of Kansas (the BSRB) will lose revenue from the 1,794 social workers living outside the state that currently hold a license in Kansas. Given the cost of the two-year license renewal fees for this group of licensees, it is estimated that the BSRB will lose revenue totaling \$153,640 every two years. This is a conservative estimate, as it only considers license renewal revenue for current licensees, rather than loss of application fees and original license fees from potential new licensees, who will likely choose to obtain a multi-state license in their home-state rather than apply to be licensed in Kansas.

What this Means for the BSRB

The BSRB was created by the Kansas Legislature to operate as a fee-funded agency. The agency operates on fees charged to licensees and the agency does not receive funding for operations from the State General Fund. In fact, by statute, the agency contributes 10% of all revenue, up to \$100,000 per year, to the State General Fund, to help fund state operations for other entities. The annual budget for the agency is a little over a million dollars each year, so a decrease in revenue each year of approximately \$76,820 would cause a significant impact to the agency. However, the drafters of the original Compact bill provided a solution to help mitigate this loss of revenue. States may determine the amount of fees that may be charged for multi-state licenses. As a single-state license authorizes practice in one state, and a multi-state license authorizes practice in many different states, it is reasonable that a multi-state license (which will allow in-state licensees to discontinue renewing licenses in other Compact states) would have a higher cost than a traditional single-state license. In the original bill draft, Section 2 (page 24) included amendments to K.S.A. 65-6314, the fee statute for fees charged by the BSRB. This statute sets the caps for fees, not the specific amounts. The original bill would have made clear that multi-state licenses are separate licenses compared to the traditional single-state licenses and would have authorized the BSRB to set fees for application, original licensure, and license renewals for multi-state licenses for the three levels of social work licenses. The House Committee replaced this authorization with language authorizing a \$25 privilege fee above the amounts for current fees for original licensure and license renewal. I understand that the House Committee added this amendment to try to be consistent with previous mental health compacts which including a \$25 privilege fee, however it is very important to understand that this compact is structured very differently than the previous compacts. Other compacts provided an alternative to licensure, sometimes with a limited scope of practice, such as only authorizing telehealth or a limited number of days of in-state practice, but did not replace licensure. Under this compact, creation of multi-state licenses would provide no incentive for individuals living outside of Kansas to continue to renew their Kansas licenses. For other compacts, we

expect to see some decrease in licenses, but some of those compacts provide the ability for states to make up for that lost revenue, such as the professional counseling multi-state compact, which authorizes each state the ability to charge a “privilege fee” to individuals living out-of-state who wish to practice in Kansas. Under the social work multi-state compact, we anticipate creation of multi-state licenses, with a fee by the home-state only upon original licensure or license renewal, will cause all individuals currently living out-of-state to discontinue renewing their licenses in Kansas and instead will obtain a multi-state license from their home state.

One of the main reasons that licensure by each state is currently required to practice is to ensure that if a citizen of a state makes a complaint regarding a violation of professional practice, there are adequate resources to investigate that complaint and determine if a violation occurred. The social work compact would open the door for individuals to practice telehealth services into all compact states, and for practitioners to travel to all compact states and provide services. While this will be helpful to ensure continuity of services and better opportunities for services for people living in Kansas and people living outside of Kansas, it also means that as more people are practicing into Kansas and as our licensees are providing more services into a lot more states, there will be an increase in complaints that will need to be investigated. Also, adding a new background check requirement will mean that there will be an increase in staff time necessary to review the results of these background checks and when items of concern are discovered, the investigators for the BSRB will require additional time to investigate these complaints. Setting the multi-state fee at a specific amount provides not flexibility to the BSRB to weigh these factors when determining how much individuals wishing to have a multi-state license should pay. Based on our current estimates, we anticipated that a \$25 fee would be too low and would lead to a anticipated shortfall in revenue of around \$25,000 each year, once the compact is active and individuals have changed multi-state license.

In January 2024, we polled all social workers currently licensed by the Kansas BSRB. We sent the survey to nearly 8,300 individuals, and we received responses back from 2,716 individuals. Based on the level of interest in switching from a single-state license to a multi-state license, we anticipate the amount currently needed to make up for the total shortfall would be closer to \$35 per person, rather than the proposed \$25, though providing a for cap for the BSRB similar to other fees would provide flexibility for the agency to adjust this amount upwards or downwards as needed, or to have a lower prorated fee for individuals holding a lower-level license. Additionally, it is currently unknown whether the social work compact commission will charge the state of Kansas (the BSRB) a yearly fee for compact membership, but if this occurs (as is the case with the nursing multi-state compact and the psychology PSYPACT compact), the BSRB would need to absorb this cost as well.

Background Checks with Fingerprinting

The House Committee also added language requiring background checks related to the multi-state license compact. It appears this language would also require background checks for all social workers, whether they are interested in changing to the multi-state license or wish to retain their existing single-state license. However, if this is not the intent of this new language, we would appreciate clarifying language in the bill.

Conclusion

The Board of the BSRB is happy to be a proponent of the Social Work Multi-State Compact. We believe the Compact is consistent with the public protection mission of the Board, it will provide greater continuity of care to clients, it will provide greater mobility to licensees, and it will otherwise address workforce concerns.

I would be happy to stand for any questions as the appropriate time.

**Behavioral Sciences Regulatory Board
History of Permanent Licenses July 2015 to Current**

	July 2015	July 2016	July 2017	July 2018	July 2019	Mar 2020	July 2021	July 2022	Sept 2022	Nov 2022	Jan 2023	Mar 2023	May 2023	July 2023	Sept 2023	Nov 2023	Jan 2024
LP	897	967	926	984	949	1,006	988	952	962	987	999	1,010	1,015	1,034	1,054	1,074	1,083
LASW	22	21	21	19	17	13	9	5	5	5	4	4	4	4	4	4	4
LBSW	1,756	1,754	1,764	1,725	1,638	1,577	1,466	1,346	1,327	1,313	1,295	1,280	1,266	1,241	1,223	1,209	1,202
LMSW	3,519	3,684	3,774	3,862	3,927	3,861	3,970	4,012	4,028	4,021	4,023	4,016	4,034	4,087	4,100	4,101	4,102
LSCSW	1,966	2,009	2,033	2,088	2,172	2,274	2,474	2,680	2,720	2,752	2,769	2,804	2,838	2,900	2,936	2,969	2,980
LPC	648	733	760	813	847	882	937	981	1,002	1,006	1,012	1,014	1,021	1,047	1,085	1,105	1,110
LCPC	500	546	561	619	704	747	843	1,034	1,047	1,077	1,088	1,104	1,127	1,169	1,201	1,221	1,260
LMLP	288	304	303	302	295	291	294	308	310	311	315	323	328	335	339	338	337
LCP	291	298	294	297	288	293	282	289	281	278	276	277	277	276	275	278	277
LMFT	354	350	340	347	324	327	335	330	318	312	319	320	313	313	313	305	315
LCMFT	444	499	535	566	611	620	681	754	763	773	776	783	789	794	802	810	821
LAC	930	919	729	620	618	569	578	522	523	526	530	535	532	542	509	514	511
LMAC	-	-	262	343	363	375	427	431	418	414	421	415	417	415	422	431	430
LCAC	537	528	541	527	566	541	570	556	561	566	568	574	576	583	560	561	569
LaBA	-	-	15	18	14	14	12	17	15	19	21	18	20	19	18	18	16
LBA	-	-	129	175	199	229	263	333	347	354	363	370	388	396	416	427	436
Total																	
Permanent Licenses	12,152	12,612	12,987	13,305	13,532	13,619	14,129	14,550	14,627	14,714	14,779	14,847	14,945	15,155	15,257	15,365	15,453

Note : In March 2020, the state of Kansas began to experience the COVID-19 pandemic. During this time, the Governor released Executive Orders which delayed enforcement of expiration of licenses until the end of May 2021.

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Total LPs	897	967	926	984	949	1,006	988	952	962	987	999	1,010	1,015	1,034	1,054	1,074	1,083
Total SWs	7,263	7,468	7,592	7,694	7,754	7,725	7,919	8,043	8,080	8,091	8,091	8,104	8,142	8,232	8,263	8,283	8,288
Total PCs	1,148	1,279	1,321	1,432	1,551	1,629	1,780	2,015	2,049	2,083	2,100	2,118	2,148	2,216	2,286	2,326	2,370
Total LMLPs/LCPs	579	602	597	599	583	584	576	597	591	589	591	600	605	611	614	616	614
Total MFTs	798	849	875	913	935	947	1,016	1,084	1,081	1,085	1,095	1,103	1,102	1,107	1,115	1,115	1,136
Total ACs	1,467	1,447	1,532	1,490	1,547	1,485	1,575	1,509	1,502	1,506	1,519	1,524	1,525	1,540	1,491	1,506	1,510
Total BAs	-	-	144	193	213	243	275	350	362	373	384	388	408	415	434	445	452
Total Permanent Licenses	12,152	12,612	12,987	13,305	13,532	13,619	14,129	14,550	14,627	14,714	14,779	14,847	14,945	15,155	15,257	15,365	15,453

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