



TO: NASW Members and the Social Work Community
FROM: Sarah Christa Butts, MSW and Karen Goodenough, PhD, MSW, LGSW
Co-chairs of the NASW Licensing Task Force
DATE: October 20, 2022
RE: Update on the Interstate Licensing Compact for Social Work & NASW Public Comment

Dear Colleagues,

We are writing to update you on the Interstate Licensing Compact for Social Work and the work of NASW's Licensure Task Force (LTF) on this issue. NASW has 110,000 members and works to enhance the professional growth and development of social workers, to create and maintain professional standards, and to advance sound social policies. As the largest professional organization of social workers in the nation, NASW is committed to promoting and protecting the practice of social work, and to ensuring that social workers have a consistent and powerful voice on issues impacting the social work profession. The LTF is a reflection of NASW's commitment to our workforce, our members, and to the social justice values that are the cornerstone of our profession.

In 2019, NASW formed the LTF, to evaluate the intersection of social work practice and the many rules, statutes, and regulations that impact the profession, with a focus on ways to support licensure portability and interstate practice. The LTF is comprised of NASW leaders at the headquarters office and Chapters, from across the country.

In early 2021, the Council of State Governments (CSG) received funding from the Department of Defense (DoD) to develop an Interstate Compact for Social Work. An interstate compact is a constitutionally authorized, legislatively enacted, legally binding contract between multiple states, which will facilitate multistate practice among member states and reduce barriers to license portability. CSG partnered with the Association of Social Work Boards (ASWB) with support from the National Association of Social Workers (NASW) and the Clinical Social Work Association (CSWA) on a [Social Work Compact Development Project](#), which is expected to be a multi-year process. We are in the early phase of Compact development and expect to have finalized draft legislation sometime in 2023.

Please note that each state will need to pass the finalized Compact legislation in order to participate in the Compact. Once adopted, the Interstate Licensing Compact, will become a central component of future social work standards, practice, and policy. It is the most significant legislative effort to unify social work licensing standards across the United States in the history of NASW and we are committed to ensuring the voice of the profession is heard throughout the development process. Acting on behalf of that commitment, LTF members have:

- Provided technical assistance to CSG during the compact planning process.
- Participated in the planning and writing of the Compact legislation.
- Held multiple stakeholder listening sessions to invite feedback on the proposed legislation.
- Reviewed current state social work legislation as well as other professional compacts.
- Evaluated the proposed legislation to assist with NASW's response.

In addition, the LTF recently submitted comments on the draft compact legislation, on behalf of NASW, to CSG. These comments reflect a point in time analysis, and we are actively negotiating changes to the draft legislation with CSG and others on the legislative drafting team. Notably NASW's comments include a recommendation to remove reference to a required exam, a recommendation that has become even more compelling given the very troubling [ASWB exam pass rate data](#) released midway through the Compact development process.

We expect the next iteration of draft Compact legislation to be released soon, and at that time anticipate additional opportunities for input. That said, it is possible that we are unsuccessful in getting all of the changes that we have requested to be incorporated into the final legislation. We will keep stakeholders, members, and others, updated as the Compact development process advances.

We extend our gratitude to our membership in their support of our efforts. Chapter staff from across the country, as well as multiple divisions at the NASW National Office, have dedicated time and resources to ensure our recommendations reflect the mission and values of the profession. Our comments, dated September 15, 2022, to CSG on the [draft legislation](#) follow.

Sincerely,

Members of NASW's Licensure Task Force (LTF)

Sarah Christa Butts, MSW
NASW-National Policy Director
NASW Licensure Task Force Co-Chair

Karen Goodenough, PhD, MSW, LGSW
NASW-Minnesota
NASW Licensure Task Force Co-Chair

Mirean Coleman, MSW, LICSW, CT
NASW-National, Clinical Manager

Dawn Ellis-Murray, MSW, MPA, LGSW
NASW-Alabama

Will Francis, MSW, LMSW
NASW-Texas

Angelo McClain, PhD, LICSW
NASW- Chief Executive Officer

Steven W. Pharris, MSW, JD, LCSW
NASW-Oklahoma

Brandie Reiner, MSW
NASW-Arizona

Joel Rubin, MSW, LSW, ACSW, CAE
NASW-Illinois

Leanne Rupp, MSW, LCSW
NASW-Colorado

Deborah Son, MSW
NASW-California

Stephen A. Wanczyk-Karp, MSW, LMSW
NASW-Connecticut



September 15, 2022

Council of State Governments (CSG)
1776 Avenue of the States
Lexington, KY 40511

RE: Social Worker Interstate Compact Public Comment

The National Association of Social Workers (NASW) is pleased to submit the following comments to the Council of State Governments (CSG) on draft legislation for a Social Work Interstate Licensure Compact (the Compact).

Background and Context:

National Association of Social Workers (NASW).

Founded in 1955, NASW is the largest membership organization of professional social workers in the United States (U.S.), and in the world. Headquartered in Washington, D.C., with 55 chapters in states and territories, NASW has 110,000 members and works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.

About the Social Work Profession.

Social workers are the largest provider of mental, behavioral, and social care services in the U.S., with 700,000+ nationwide. Roughly 250,000 are licensed clinical social workers (CSW), who can practice independently. A Master's degree is the terminal degree for professional practice, but there are BSW, MSW, DSW and PhD social work degree programs and each level has different scope of practice and requirements, which are largely determined by states. We are a majority female profession, and increasingly diverse, both racially and socioeconomically. In recent years, nearly 90% of MSW graduates have been women¹. In 2019, for example, more than 46% of the MSW graduates were the first ones in their families to graduate college; this was particularly true for Blacks/African Americans (57%) and Hispanic/Latinos (73%)². And more than 22% of new social workers are Black/African American, and 14% are Hispanic/Latino.³

¹ Edward Salsberg et al., *The Social Work Profession: Findings from Three Years of Surveys of New Social Workers*, NASW (Aug. 2020) at 12, https://www.socialworkers.org/LinkClick.aspx?fileticket=1_j2EXVNspY%3d&portalid=0.

² Id.

³ Id.

Social workers work in the community, helping people to cope and solve problems. Guided by the NASW Code of Ethics, social workers have an explicit commitment to social justice and improving life conditions for all people and communities, especially those who experience poverty and are vulnerable or underserved. Social workers practice in nearly all community settings, including schools, hospitals, behavioral health clinics, senior centers, prisons, child welfare and juvenile services, the military, corporations, courts, private practice, elected office and in numerous public and private agencies. Social workers provide urgently needed mental health and behavioral health services and help clients who face a disability or a life-threatening disease or a social problem, such as homelessness or unemployment. Social workers serve on crisis response teams and assist victims of violence. They also assist families that have serious domestic conflicts, involving child, family or other spousal abuse and neglect. Social workers conduct research, advocate for improved services, and engage in systems design, manage non-profits, or are involved in planning or policy development. Social workers provide these critically needed services to millions of Americans every day.

The demand for social workers is expected to increase in coming years. Specifically, the Bureau of Labor Statistics (BLS) projects that the employment of social workers will increase by twelve percent over the next decade.⁴ This expected increase is fifty percent more than the average expected for all occupations.⁵ There is expected to be a particularly significant need for child, family, and school social workers, healthcare social workers, and mental health and substance abuse social workers.⁶ There continues to be difficulty accessing social workers and other mental health and behavioral health providers in rural areas, especially specialists.

Despite the invaluable contributions and services that social workers provide, the profession faces a recruitment and retention problem that is exacerbated by low starting salaries, high student loan debt and demanding day-to-day work loads, which can lead to burn out and social workers opting to leave the profession. For example, child welfare agencies across the country have 20-50 % turnover rates for qualified social worker positions.⁷

NASW Supports Development of an Interstate Licensure Compact for Social Workers

NASW supports increasing access to social work services, via interstate practice and improved licensure portability. An interstate compact will be assistive to social workers, as well as the clients and communities that we serve. The development of an interstate licensure compact is necessary for the profession, especially as the landscape of practice continues to evolve, including the expansion of telehealth and the re-examination of how (and where) social workers engage with clients in the midst of the ongoing pandemic public health emergency and beyond.

⁴ Bureau of Lab. Stat., U.S. Dep't of Lab., Occupational Outlook Handbook - Social Workers, <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm> (last visited Sept. 21, 2021)

⁵ Id.

⁶ Id.

⁷ Critical Workforce Needs, Nat'l Child Welfare Workforce Inst. (Dec. 2020), <https://ncwwi.org/index.php/resourcemenue/resource-library/change-implementation/workforcedevelopment-planning/1597-critical-workforce-needs-2020/file>.

NASW has advocated for the social work profession and our clients, throughout the Compact development process. Social workers and others, from different states – including representatives from NASW – have been involved in the Compact drafting process. Because occupational licensure is within the authority of states, some of our 55 Chapters are submitting separate public comments. We have also consulted compact legislation for other professional organizations in formulating our response here.

Comments

SECTION 1: PURPOSE

Subsection F states that the Compact is designed to achieve the following purpose, among others:

“Authorize all Member States to hold a Regulated Social Worker accountable for abiding by the Member State’s Scope of Practice in the Member State in which the client is located at the time care is rendered;”

Recommendation: Add after “Scope of Practice” the following: “and Nationally recognized social work ethical standards”.

Rationale: The NASW Code of Ethics⁸ is the standard for professional conduct of social workers. The Nationally recognized Code of Ethics should be referenced in the Compact and provides one set of consistent standards for uniformity among states. NASW’s Code of Ethics already exists in whole or in part in some states’ statutes.

Recognition of the Code of Ethics is especially important now, as some states are increasingly passing very problematic laws that are in conflict with national standards of care (established by NASW and other major medical and health organizations) and nationally recognized ethical standards. Examples include restrictions on reproductive healthcare access and gender affirming care. These are services that social workers are ethically obligated to make clients aware of and help to access if the client chooses.

The intent of this section is to address conduct that is grounds for discipline under the Act.

SECTION 2: DEFINITIONS

Subsection L states that “ ‘Home State’ means the Member State that is the Licensee’s primary Domicile.”

Recommendation: This definition should be revised to read: “ ‘Home State’ means the Member State that is the Licensee’s primary Domicile or **the jurisdiction in which the Licensee is licensed**, as determined by the Licensee.” A revision to this definition could

⁸ NASW Code of Ethics: <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

be modeled after the analogous provision in PSYPACT. PSYPACT defines “Home State” as:

“a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the tele-psychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.”

Further, this is also analogous with the physicians compact which defines the **“State of Principal License” or (SPL) as:**

“The Compact member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact. The SPL is a state in which a physician holds a full and unrestricted medical license. The SPL is also sometimes called a “home state” or “primary state of licensure.” (<https://www.imlcc.org/faqs/>)

Rationale: This revision is necessary for those who live in one state and work in another, and for social workers who move from one state to another but keep their practice in a state where they no longer reside. Some social workers are not licensed in a state where they reside. While this is not the standard in other Compacts, now that telehealth has been scaled, it is necessary and proactive, to use this approach.

Further, as written, the social work Compact privileges military members/spouses, regarding maintaining their state of domicile designation when moving to a new state and holds civilian employers/employees to a different standard. This provision has potential to limit some social workers to only being able to live in compact participating states or sacrifice their telehealth business or employment. Telehealth advancements are facilitating a recent increase in the number of mental health professionals working in one state, while living in another. A plausible scenario is one where a private telehealth company employs social workers across numerous states, who each provide telehealth services interstate. What happens when a social work employee of said company decides to move to a state that doesn’t participate in the compact? Giving social workers the option to select their primary Home State or the jurisdiction in which the Licensee is licensed, as determined by the licensee, will help to mitigate potential practice-limiting problems. The Compact must also uphold American citizen’s rights to freedom of movement and residence within the state that they choose to live. We assert that social workers should be able to move freely and travel interstate without unnecessary hardship on their telehealth business or employment.

Subsection S states that “ ‘Qualifying National Exam’ means a national licensing examination developed and administered by a national association of Social Work Licensing Authorities or other competency assessment approved by the Commission.”

Recommendation: This definition should be deleted.

Rationale: Given significant pass rate disparities in the only available exam, we recommend eliminating any reference to a required examination and include alternate pathways to licensure as defined by individual state’s licensing boards. The current exam does not conform with industry testing standards. Further, there is no evidence that the exam ensures competence or prevents misconduct or unethical practice. We cannot support exam requirements that result in unnecessary gatekeeping and discrimination. For these reasons, multiple pathways to licensure are necessary and it is essential that states retain their authority to establish those pathways.

SECTION 3: STATE PARTICIPATION IN THE COMPACT

Subsection A.2 provides that as a condition of a state’s participation in the Compact it must require applicants for licensure to pass a corresponding Qualifying National Exam as outlined in Section 4. (Under that section, in order to participate in the Compact, a regulated social worker, at the clinical, master’s and bachelor’s levels, must pass this examination.)

Recommendation: The requirement to pass a “Qualifying National Exam” should be removed from the Compact, and states shall maintain their authority to establish competencies and mechanisms for social work licensure, including alternative pathways.

Rationale: A definition of “Qualifying National Exam” is not present in any compact legislation. The inclusion of a definition within this compact is not necessary.

Given significant pass rate disparities in the only available exam, we recommend eliminating any reference to a required examination and include alternate pathways to licensure as defined by individual state’s licensing boards. There is no evidence that an exam ensures competence or prevents misconduct or unethical practice. We cannot support exam requirements that result in unnecessary gatekeeping and discrimination. For these reasons, multiple pathways to licensure are necessary and it is essential that states retain their authority to establish those pathways.

Subsection B3b states that to maintain membership in the Compact a Member State shall, among other things, inform the Commission and member states, through the Data System or otherwise, regarding the verification of any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a Member State under Public Law 92-544.

Recommendation: We support the right of each state to determine the suitability of an individual to practice social work. Should background checks be required for Compact participation, the Home State shall bear the responsibility of conducting the background

check and providing the applicant with information about how that record will be retained and utilized.

The Compact should clarify what background check information will be in the data system, how long the records will be retained, and who may have access to the records

Rationale: There are inconsistent requirements, evaluative criteria, and methodologies among the states regarding background check information and there is debate about the utility of background checks in the licensure process. NASW fundamentally support states' abilities to determine their own qualifications for licensure and goodness of fit for a license.

The overreliance on criminal background checks by regulatory boards is not necessarily a predictor of future misconduct. Further, information in background checks can adversely affect potential licensees and are sometimes the result of racial and other inequities in our criminal justice system.

If the Compact data system does include background check information, licensees have a right to know what data will be included and how their personal data will be managed.

Subsection C provides that “Home States may charge a fee for granting the Interstate Compact License.”

Recommendation: NASW requests that cost(s) are seriously considered in the Compact, and that the fee structure and all required fees are not cost prohibitive (now and in the future).

Rationale: It is necessary to control costs for social workers to ensure fees do not create another barrier to access licensure.

SECTION 4: REGULATED SOCIAL WORKER PARTICIPATION IN THE COMPACT

Subsections B.1, C.1 and D.1 require regulated social workers (at the clinical, master’s and bachelor’s levels respectively) to pass a Qualifying National Exam. These subsections further provide that “Regulated Social Workers holding an active and unencumbered license, who were licensed in a state before a qualifying national exam was required, may be exempted from this requirement, as provided for by the Rules of the Commission.”

Recommendation: As recommended in connection with Section 3.A2, given significant concerns regarding bias in the national qualifying exam, the requirement that states mandate that social workers pass the examination should be removed. And in its place, states should be allowed to establish competency as a social worker at one or more licensing levels.

Subsections B.1,C.1 and D.1 should be revised to conform to our recommended revisions in Subsection 3.A2. In addition, these subsections should be revised to include an exemption provision analogous to the current language – along the following lines: “Regulated Social Workers holding an active and unencumbered license, who were licensed in a state before this requirement was established, shall be exempted from such requirement, as provided for by the Rules of the Commission.”

Rationale: A definition of “Qualifying National Exam” is not present in any compact legislation. The inclusion of a definition within this compact is not necessary.

Given significant pass rate disparities in the only available exam, we recommend eliminating any reference to a required examination and include alternate pathways to licensure as defined by individual state’s licensing boards. There is no evidence that an exam ensures competence or prevents misconduct or unethical practice. We cannot support exam requirements that result in unnecessary gatekeeping and discrimination. For these reasons, multiple pathways to licensure are necessary and it is essential that states retain their authority to establish those pathways.

Subsection B.3 states that a regulated clinical-category social worker must have “Completed a period of three thousand hours or two years of full-time postgraduate supervised clinical practice.”

Recommendation: This provision should be revised to read: “Satisfied the Home State’s requirements for postgraduate supervised clinical practice.” If necessary to set an amount, NASW recommends 1,500 hours and at least two years of practice. Further, blanket-in all social workers who completed less than 3,000 hours in compliance with their state requirements, prior to establishment of the Compact.

Rationale: Imposing specific postgraduate hours of supervised practice represents a significant barrier to accessing compact licensure in states that require less hours than designated or for those who were blanket-in to licensure before any supervision hour requirements existed. While the average requirement across states is 3,218 hours, current requirements span 1,500-4,000 hours. There is no evidence that any particular number of hours ensures competence or prevents misconduct. Required supervision hours should be left up to each Home State to determine.

Aligning the requirement for postgraduate supervision hours with home state requirements (already in statute) will allow for improved process of joining the compact and eliminate unnecessary barriers for licensed clinical social workers, many of whom will already have practiced for years upon application to join the compact.

SECTION 7: ADVERSE ACTIONS

Subsection B states that, “For purposes of taking Adverse Action, the Home State shall give the same priority and effect to reported conduct received from a Member State as it would if the conduct had occurred within the Home State. In so doing, the Home State shall apply its own State laws to determine appropriate action.”

Recommendation: Language along the following lines should be added at the end of this subsection: “provided, however, that any fine a Member State determines is appropriate for the reported conduct shall be offset by the amount of any fine imposed by another Member State.”

Rationale: Without this provision, it is possible that multiple states could fine a social worker for the same conduct, and that a social worker may have to pay excessive fees to unencumber their license.

In turn, subsection E provides that, “A Member State may take Adverse Action based on the factual findings of another Member State, provided that the Member State follows its own procedures for taking the Adverse Action”.

Recommendation: Language along the following lines should be added at the end of this section: “provided, however, that any fine such Member State determines is appropriate shall be offset by the amount of any fine imposed by another Member State.”

Rationale. See above.

SECTION 8: ESTABLISHMENT OF SOCIAL WORK LICENSURE COMPACT COMMISSION

Subsection B.2 states that the delegate selected by the Member State’s licensing authority shall be a member of the licensing authority or an administrator of the licensing authority.

Recommendation: Language should be added to require licensing authorities, in selecting delegates, to consider diversity and experience regarding social work education, practice, standards of care and professional obligation to ethical standards. .

Rationale: We encourage diversity, equity and inclusion to be promoted regarding the Commission composition and membership.

Social work is a majority female profession, and increasingly diverse both racially and socioeconomically⁹. Further, social justice is foundational in the mission of the profession. We would like a Commission that reflects the diversity of the profession, and is inclusive of social workers and knowledgeable about our practice, ethics, and values.

⁹ Id, 1.

Subsection B.3 provides that, “The Commission shall by Rule or bylaw establish a term of office for delegates and may by Rule or bylaw establish term limits.”

Recommendation: At the end of this section, the following should be added: “Such term of office shall not exceed eight years, and a delegate may not be reappointed for another term thereafter.”

Rationale: This revision is intended to ensure that a reasonable ceiling for term limits is set.

Subsection C.2 states that the Commission shall establish a code of conduct and conflict of interest policies.

Recommendation: Language along the following lines should be added to this subsection: “Such Code and/or policies shall include, among other things, a prohibition on delegates accepting gifts of any value from parties over whom the Commission has authority.”

Rationale: A gift ban of this type is essential to ensure fair decision-making.

Subsection D.2c provides that the Executive Committee of the Commission shall have up to two ex-officio, nonvoting members from two recognized national social worker organizations. In turn, subsection D.2d provides that the ex-officio members will be selected by their respective organizations (and which will rotate terms in alphabetical order of the organizations).

Recommendation: The Compact should be revised here and elsewhere to specify that NASW shall be a permanent voting member – of both the Executive Committee and the Commission itself. Additional revisions should be included to allow two other national social worker organizations to have rotating voting membership on the Commission.

Rationale: NASW, as the largest organization (by membership), is best positioned to prioritize protection of the profession (across many different practice settings) and the public. We believe that it is critical to have the voices of professional social workers on the Commission, as they represent the profession, not licensing boards. Again, this is crucial as some states enact laws that directly contradict the NASW Code of Ethics and standards of care and seek to punish/criminalize health and mental health providers.

Subsection F.2c states that the Commission or the Executive Committee may convene to discuss “Current or threatened discipline of a Licensee by the Commission or by a Member State’s Licensing Authority.”

Recommendation: The words “by the Commission or” should be deleted.

Rationale: The authority to discipline licensees is not included in the stated powers of the Commission.

Additional Recommendations (not in above sections):

Telehealth.

Recommendation: We encourage CSG to take steps in fully supporting tele-mental health practice through Compact development. We request consideration that the Compact include “privilege to practice tele-mental health” provisions. Centers for Medicare and Medicaid Services (CMS) recognizes telehealth service provision by social workers. This recommendation is consistent with provisions of both the licensed professional counselors and psychologist (PSYPACT) compacts.

Name Changes.

Recommendation: Ensure that each state participating in the Compact allows social workers to change their name for licensure purposes, even if it isn’t their legal name.

Rationale: For the purposes of inclusion, it is necessary to allow professional social workers who are trans/non-binary to practice under the name they desire.

Temporary Licensure.

Recommendation: Provide a temporary authorization to practice, not to exceed 30 days for those transferring from one Compact state to another.