

Testimony on the Social Work Compact to the Vermont House Committee on Health Care

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January 5, 2024

I am a clinical social worker, practicing in Vermont since 1989 and licensed in Vermont since 1992. I have a private practice in Bennington, Vermont, where I see clients who reside in Vermont and neighboring New York, and Massachusetts. I also practice in the outpatient clinic of the Brattleboro Retreat, where I see residents of Vermont, as well as those from New Hampshire and Massachusetts, and occasionally, New York. Until 2020, I held one license, a Vermont LICSW. When the pandemic led to shut-down of in-person services, I had to apply for two temporary licenses and monitor provisions in NY State allowing for licensed clinicians from other states to practice temporarily “in” their jurisdictions (since telehealth with clients physically in their state is in their jurisdiction). In order to treat my clients and adhere to regulatory and malpractice insurance requirements, I had to monitor the status of these temporary licenses and temporary permission to practice in these other states—NY, NH, and MA—regularly. When NY abruptly ended the emergency order allowing out of state clinicians to practice “in” New York via telehealth earlier than stated, my ability to provide care to my existing clients in New York was disrupted, since my physical office was still closed due to the pandemic conditions. Clients had to come across the border into Vermont and find cell service data connections or secure wifi in order to meet with me via telehealth, often from their cars. In the meantime, I applied for a New York license. I subsequently applied for both a Massachusetts and a New Hampshire permanent clinical social worker license so that I could continue to meet the clinical needs of all my clients and maintain my practice.

The time required to gather documentation and complete background checks and multiple applications, along with the costs involved in license applications and licensing fees, are significant. Now licensed in three additional states, I need to meet the continuing education requirements for all four states. States differ in terms of the number of continuing education hours they require, specific topics that must be covered for a specific number of credits, which continuing education providers are authorized to provide credit in their state, and licensing renewal times. This is a lot to monitor as a single practitioner with the four licenses that I need in order to continue to see clients from my local region. I have had to create a spread sheet for myself indicating the continuing education requirements of each state and when each license will need to be renewed, and documenting a running tally of which continuing education credits are recognized by which state.

My licensing continuing education requirements spreadsheet sample entries:

Presenter	Live or Recorded	VT	NH	MA	NY	NY recorded
		20 hrs due 1/31/24 ethics, 1 hr cultural competency or oppression (not 2024 yet)	<b>40</b> hrs, incl 6 ethics, 3 si prevent Cat A Due <b>12-2023</b> (see board of <b>MH practice under laws and rules) only 20 home/recorded; 40 hrs Collaboration (small group, supv, etc)</b>	30 hrs due x/xx/24	36 hrs/3 yr Due 11/30/24; limit 12 hours recorded; 3 ceus on prof boundaries	
<b>Allowed providers</b>						NY approved providers include NASW, VT NASW
Sample Presenter #1	Live Webinar	6	<b>6</b>	7.2	No	
Sample Presenter #2	In-person conference	6	<b>6</b>	7.2	6	
<b>Total</b>		<b>12</b>	<b>12</b>	<b>14.4</b>	<b>6</b>	

In order to keep clients and myself (and by extension, my family) safe from undue exposure to continued covid risk, and to provide the availability and flexibility that allows me to meet clients in ways that work better for them, I expect to continue to provide telehealth into the future, working with clients variously in person and remotely. Living and working in two border areas in Vermont, this means I will need to have a license recognized in Vermont and in New Hampshire, Massachusetts, and New York. A social work compact that allows social work licensure in one state

to be recognized across these states would significantly simplify the effort to meet both client needs and regulatory requirements. While I would like to see all four jurisdictions in which I have clients be part of this compact, having Vermont participate with even a portion of them would make a difference to my practice and those of other clinicians who have long had clients from across state lines. Having predictable expectations across jurisdictions and fewer jurisdictions to monitor also makes it easier to maintain services for clients without unexpected disruptions due to rule changes within separate jurisdictions or states.