

Committee on Health Coverage, Insurance, and Financial Services  
Cross Building, Room 220  
100 State House Station  
Augusta, ME 04333

Re: LD 1990: An Act to Improve the Licensing Procedure for Certain Social Workers by Removing the Examination Requirement

Dear Senator Baily, Representative Perry and esteemed members of the Health Coverage, Insurance, and Financial Services Committee,

As President of the board of National Association of Social Workers, Maine Chapter (NASW ME), I am supporting our Executive Directors testimony, which supports Rachel Talbot Ross's LD 1990 proposal to place a moratorium on the examination requirement for licensing of new social work graduates. This bill is a top priority for our board, given the significant differences in pass rates between different ethnic and age groups. It is a social justice issue at a time where we need more, not less behavioral health providers caring for Mainers.

The ASWB licensing exam pass rates discrepancies between ethnic groups in Maine (2011-2021) are similar to other parts of the country. For example, Bachelors level first time pass rates a 22-point difference between 63.6% for Blacks (68.6%) and Whites (85.7%). Masters level first time pass rates show a 35-point difference between Blacks (59.1%) and Whites (93.7%). Other ethnic groups fall somewhere in-between.

I spent my career working in academic family medicine, training physicians, social workers and other members of the health care team in communicating and caring for patients, particularly around behavioral health issues. I am familiar with the importance of having medical team members come from the communities they serve. Racial concordance between patients and their medical providers has been shown to 1) contribute therapeutic alliance, improved health care and lower medical costs (Shen, 2018; Ma, 2019; Jetty, 2022) and 2) contribute to improved alliance and continuance of treatment in behavioral health care (Alegria, 2013).

For these reasons, I recruited and supervised a master's level social work student from Portland's Sudanese community. Many Sudanese sought medical care from our clinic. Aamira\* is stately, wise, and a good clinician. She took on a leadership role for our interprofessional training program, impacting the students in ways that they will never forget. We have lost an opportunity for her to practice her clinical skills, as she has yet to pass the exam four years later. Aamira and others who have not yet passed the exam is a major loss for our refugee communities and for our behavioral health and health care systems.

I urge you to support LD 1990.

Regards,

Julie Schirmer, LCSW, ACSW  
Falmouth Resident  
President, Board of Directors  
NASW Maine

## References:

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Ma, A., Sanchez, A. and Ma. (2019) The impact of patient-provider race/ethnicity concordance on provider visits: updated evidence from the medical expenditure panel survey. *Journal of Racial and Ethnic Health Disparities*. Volume 6, pages 1011–1020. <https://link.springer.com/article/10.1007/s40615-019-00602-y>

Jetty, A., Jabbarpour, Y., Pollack, J., Huerto, R., Woo, S. and Petterson, S. (2022) Patient-physician racial concordance associated with improved healthcare use and lower healthcare expenditures in minority populations. *Journal of Racial and Ethnic Health Disparities*. Volume 9, pages 68–81. <https://link.springer.com/article/10.1007/s40615-020-00930-4>

Alegria, M., Roter, D.L., Valentine, A., Chen, C., Li, X., and Lin, J. (2013). Patient–clinician ethnic concordance and communication in mental health intake visits. *Patient Education and Counseling*. Volume 93(2), pages 188-196. <https://www.sciencedirect.com/science/article/abs/pii/S0738399113002760>