



Rachel Talbot Ross  
Senator, District 28

THE MAINE SENATE  
132nd Legislature

3 State House Station  
Augusta, Maine 04333

*Testimony of Senator Rachel Talbot Ross introducing*  
**LD 1298, "An Act Establishing Alternative Pathways to Social Worker  
Licensing"**

*Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services*  
April 15, 2025

Senator Bailey, Representative Mathieson, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Senator Rachel Talbot Ross. I represent Senate District 28, which includes part of my hometown of Portland and Peaks Island.

Thank you for the opportunity to present LD 1298, An Act Establishing Alternative Pathways to Social Worker Licensing. This bill addresses a critical barrier in our behavioral health workforce development at a time when our state desperately needs qualified professionals to meet the growing mental health needs of Maine people.

The legislation before us isn't simply about licensing reform. It's about removing unnecessary barriers while maintaining high standards. It's about creating equity in access to professional opportunities. And most importantly, it's about ensuring that Mainers can receive the care they need without long delays on waitlists.

Before I go any further in my testimony, I have some thank-yous to give. First, thank you to the members of this committee from last year. Your feedback allowed us to create a different bill. This bill represents your concerns. Also, thank you to the folks at the Department of Professional and Financial Regulation. Their comments from last session, as well as the conversations around the drafting of this bill, have been very helpful.

Maine is experiencing a profound behavioral health workforce shortage that compromises our ability to care for our most vulnerable citizens. According to recent data from the Maine Department of Health and Human Services, providers consistently report that waitlists remain long, and agencies struggle to hire qualified clinicians.

Jayne Van Bramer, CEO of Sweetser, reports that her organization faces "extremely difficult" challenges in hiring clinicians and that "workforce shortages are really at the heart of our access problems."

The impact on Mainers seeking care is devastating. According to the point-in-time survey (attached to my testimony), "the fifty organizational leaders and 277 independent providers who responded reported access challenges across all BH service categories, from peer support services to medication prescribers, reporting an average wait period for services between 5 and 33 weeks.

The area reported to have the most severe access challenges was mental health services, with 10,012 persons waiting for mental health counseling and 2,819 waiting for mental health prescribing services. Twenty organizations reported a 32-week average wait time for mental health counseling, with 69% waiting ten months or more. For those independent providers who kept wait lists, 57 reported a 33-week average wait time, with 38% waiting 10 months or more. Ten organizations reported 2,819 persons waiting an average of 33 weeks wait time for mental health prescribing, with 59% waiting ten months or more.”

Perhaps most heartbreaking is the impact on Maine's children. According to DHHS data, as of January 2025 (latest data available), 422 children remain on waitlists for essential behavioral health services. These aren't just statistics — these are young people in critical periods of development who need support now, not months or years from now.

This proposal aims to remove a barrier to increasing our behavioral health workforce: The ASWB exam.

In 2022, the ASWB itself acknowledged the systemic bias in their examination, releasing data showing alarming disparities in pass rates. As the ASWB's own CEO stated, "The Association of Social Work Boards acknowledges and calls out systemic and institutional racism, specifically anti-Blackism, as being core to the racial disparities evidenced by the recently released licensing exam pass rate data."

The data from ASWB exams in Maine shows that:

- White test-takers have a first-time pass rate of 93.7%, while Black test-takers pass at only 59.1%
- Even when accounting for multiple attempts, 97.2% of white test-takers eventually pass, compared to just 63.6% of Black test-takers
- English-speaking test-takers pass at a rate of 93.4%, while those who speak English as an additional language pass at just 66.7%

These disparities aren't reflective of competence, knowledge, or ability to provide effective social work services. Rather, they reveal a testing system that perpetuates inequity and prevents us from building a workforce that reflects the diverse communities we serve across Maine.

Let me be clear: LD 1298 does not eliminate standards. Every candidate must still attempt the ASWB exam. Those who pass continue on their current path to licensure. For those who don't, this bill establishes alternative pathways that maintain rigorous standards through other competency-based assessments.

The alternative pathways include completing a jurisprudence examination, additional supervised practice hours, competency-based evaluations aligned with the Council on Social Work Education standards, and professional recommendations from licensed practitioners. These pathways honor social work graduates' training, education, and demonstrated competence while ensuring that public protection remains paramount.

The time to act is now. Every day we wait Maine children remain on waitlists for essential services, rural communities continue without adequate behavioral health resources, individuals in crisis seek help that isn't available, and qualified social work graduates — particularly those from underrepresented communities — are prevented from serving their neighbors due to a flawed assessment tool.

This bill represents our values as Mainers. It acknowledges that excellence in social work cannot be measured by a single exam. It recognizes that gatekeeping has no place in a profession dedicated to service and justice. And it offers a practical solution to a workforce crisis that affects every corner of our state.

I urge you to support LD 1298. I welcome your questions, and I look forward to working with you to ensure its passage.

Sincerely,

**Rachel Talbot Ross**

State Senator, District 28

*Representing part of Portland and Peaks Island*

# LD 1298 – ALTERNATIVE PATHWAYS TO SW LICENSURE

LICENSURE LEVEL	CURRENT	LD 1298 PROPOSED (Must attempt ASWB exam one time)
<b>LSW-C (LSX)</b>	1) Bachelor's degree in a field that is sufficiently related to social work or social welfare 2) Evidence of employment in a social service delivery field 3) Arrangement of social work supervision	No change
<b>LSW</b>	1) BSW degree 2) ASWB exam (Bachelor) 3) Arrangement of social work supervision  OR  4) LSW-C (LSX) 5) Completion of 96 hours of supervision with 3200 hours of employment (2-4 years) 6) ASWB exam (Bachelor) 7) Arrangement of social work supervision	1) BSW degree 2) Jurisprudence exam 3) Arrangement of consultation for 144 hours of supervision within 4800 hours of employment (not less than 3 years) 4) Demonstration of competence in the 9 CSWE competencies via BSW internship ( <i>note: typo in bill text says "graduate-level"</i> )
<b>LMSW</b>	1) MSW degree 2) ASWB exam (Masters)	1) MSW degree 2) Jurisprudence exam 3) Demonstration of competence in the 9 CSWE competencies via MSW internship experience

<b>LMSW-CC</b>	<ul style="list-style-type: none"> <li>1) MSW degree</li> <li>2) ASWB exam (Masters)</li> <li>3) Arrangement of clinical supervision</li> </ul>	<ul style="list-style-type: none"> <li>1) MSW degree</li> <li>2) Jurisprudence exam</li> <li>3) Arrangement of consultation for 144 hours of supervision within 4800 hours of employment (not less than 3 years)</li> <li>4) Demonstration of competence in the 9 CSWE competencies via MSW internship experience</li> </ul>
<b>LCSW</b>	<ul style="list-style-type: none"> <li>1) MSW degree</li> <li>2) Active LMSW-CC license</li> <li>3) ASWB exam (Clinical)</li> <li>4) 25 contact hours of continuing education</li> <li>5) Completion of clinical SW experience: <ul style="list-style-type: none"> <li>- <i>Clinical concentration</i>: 96 hours of supervision with 3200 hours of employment</li> <li>- <i>Non-Clinical concentration</i>: 192 hours of supervision with 6400 hours of employment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>1) MSW degree</li> <li>2) Jurisprudence exam</li> <li>3) Provide evidence (form TBD) of successful completion of clinical social work experience while licensed as LMSW-CC of 144 hours of supervision within 4800 hours of employment (not less than 3 years)</li> <li>4) 3 levels of recommendation from LCSWs, 2 of 3 being someone other than the clinical supervisor</li> </ul>