

Thank you to the House Chair and Committee members for taking the time to hear my opposition of HB 4083

I will start with some general information noting the differences in the licensing process for the two boards. In Oregon it takes a social worker 3500 post master's degree, supervised clinical hours, in addition to 100 hours of clinical supervision to request permission to sit for the ASWB exam and become a Licensed Clinical Social Worker. In comparison, an LPC/LMFT requires only 1900 hours of supervised clinical hours, with up to 400 of those allowed to come from internship hours done during graduate school, and the remainder being post masters; clinical supervision hours vary depending on client contact hours but average roughly two to three hours per month. Further, as it stands now, an LCSW can provide clinical supervision to LPC associates; however, an LPC cannot provide clinical supervision to a social work associate due to the difference in licensing requirements, ethics, standards of practice, and scope of practice, with LCSW being the superior.

I state this to highlight the stark difference in requirements for the LCSW and the LPC/LMFT professions. While, yes, they can all provide counseling and therapy, it is well known in the behavioral health field that the scope of practice of an LCSW is much, much, broader than an LPC/LMFT. This is something that I, personally, take a significant amount of pride in.

I am a Licensed Clinical Social Worker and worked hard to complete the education, clinical hours, and supervision necessary to enter a title protected field that garners significant respect in the medical, social service, administrative, and education fields, to name a few. To further this point, up until 2023, Medicare did not even recognize LPC/LMFT as a provider or reimburse payment for them; LCSW, on the other hand, have been recognized as providers by Medicare, long before that.

I say all of this to say: combining BLSW and OBLPCT as one entity under the MHRA, with OBLPCT taking over BLSW, would be foundationally inaccurate in that there are far more LCSWs that provide services that are NOT therapy, counseling, or mental health related, and lumping them into a board for Licensed Professional Counselors is misleading, and quite frankly, minimizes the gravity and respect that come with holding an LCSW.

In summary, I am opposed to HB 4083 because merging BLSW into OBLPCT demeans the title earned by those that hold an LCSW, while elevating LPC/LMFT in unfair and inaccurate ways; based on education, clinical experience, and scope of practice alone, the differences are stark between the two fields and having an LPC provide clinical supervision to a social work associate would be inappropriate and borderline negligent, while weakening the reliability and standards of the social work license.

Thank you, again, to the House Chair and Committee members for allowing my testimony in opposition to HB 4083.