

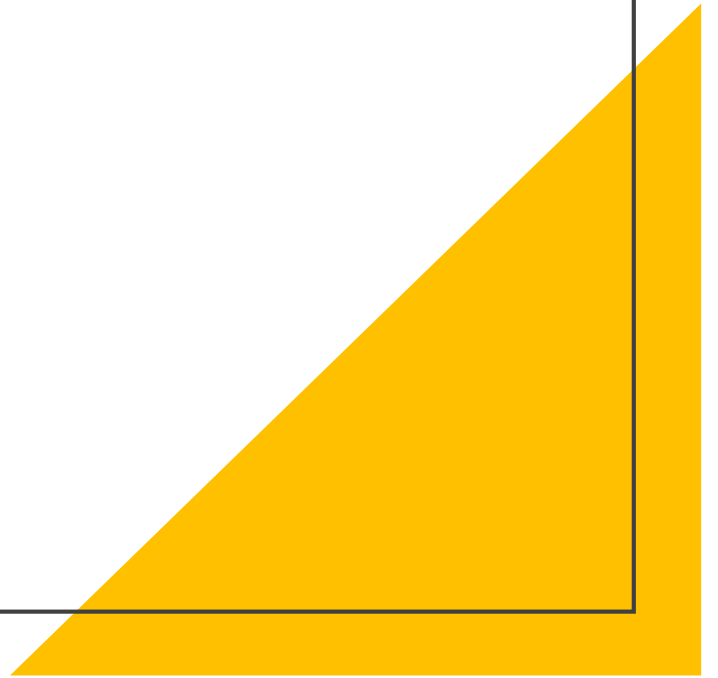
# Licensure Portability Considerations

Roger Smith, Director of Government and  
Corporate Affairs & General Counsel

Amanda Darnley, Chief Strategy Officer

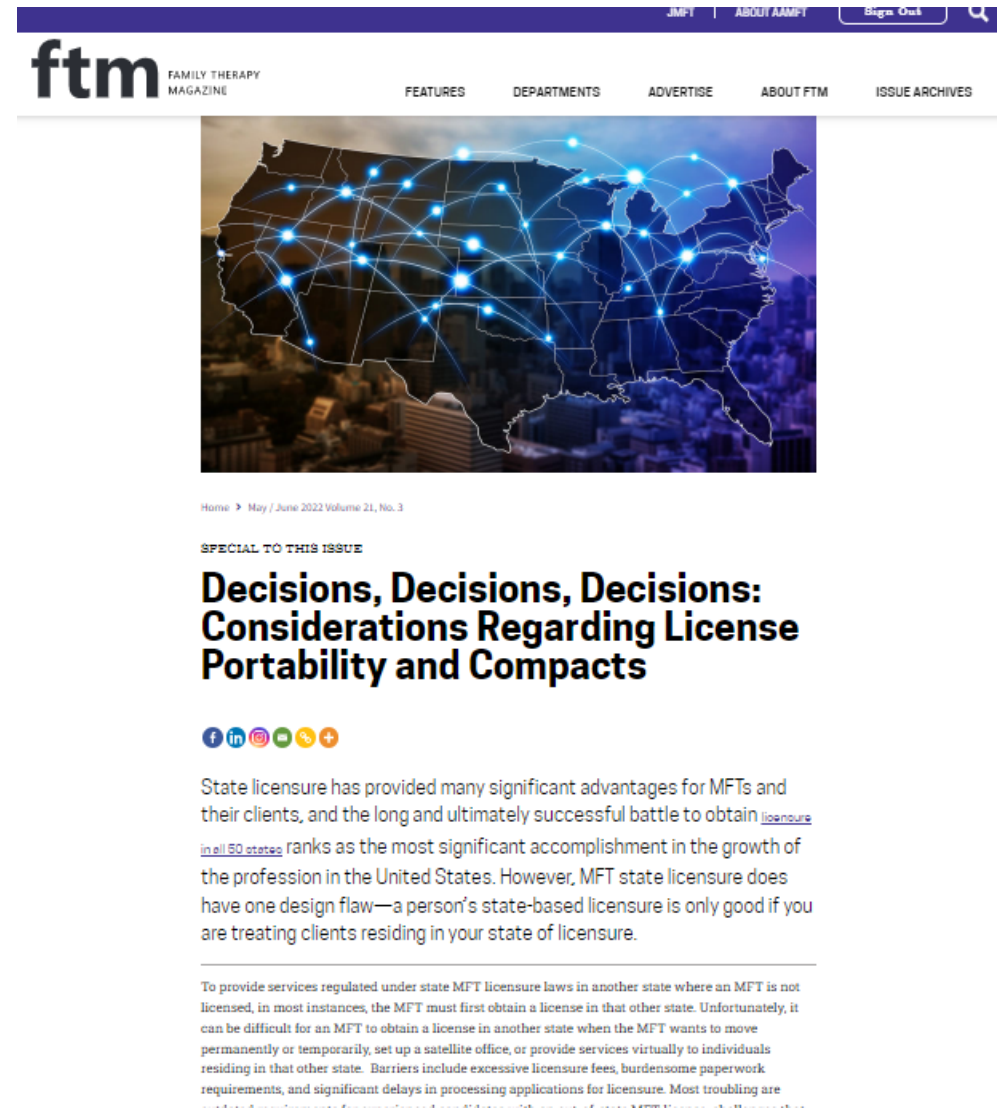


# Understanding Portability Methods



# Potential paths for MFT licensure portability

- Model laws
- Interstate compacts
- Other

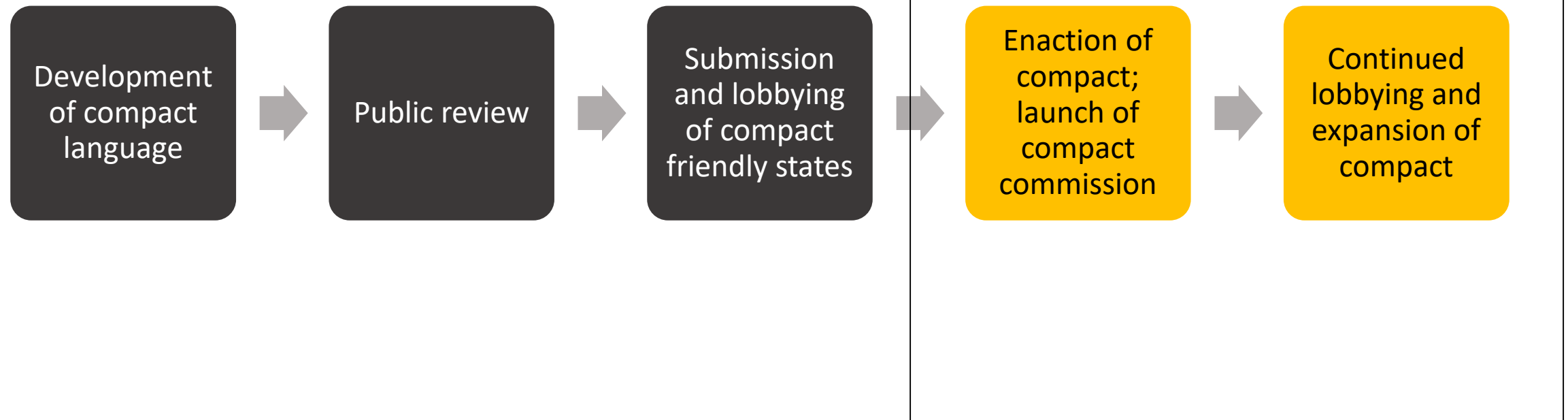


The screenshot shows the homepage of the Family Therapy Magazine (FTM) website. The header includes the FTM logo, navigation links for JUMP, ABOUT FTM, and a Sign Out button. Below the header, there are links for FEATURES, DEPARTMENTS, ADVERTISE, ABOUT FTM, and ISSUE ARCHIVES. The main content area features a large image of a map of the United States with a network of blue dots and lines, symbolizing connectivity or a network. Below the image, the text reads: Home > May / June 2022 Volume 21, No. 3. The article title is "Decisions, Decisions, Decisions: Considerations Regarding License Portability and Compacts". Below the title are social media sharing icons for Facebook, LinkedIn, Instagram, YouTube, and Twitter. The article text begins with: "State licensure has provided many significant advantages for MFTs and their clients, and the long and ultimately successful battle to obtain licensure in all 50 states ranks as the most significant accomplishment in the growth of the profession in the United States. However, MFT state licensure does have one design flaw—a person's state-based licensure is only good if you are treating clients residing in your state of licensure." The text continues with: "To provide services regulated under state MFT licensure laws in another state where an MFT is not licensed, in most instances, the MFT must first obtain a license in that other state. Unfortunately, it can be difficult for an MFT to obtain a license in another state when the MFT wants to move permanently or temporarily, set up a satellite office, or provide services virtually to individuals residing in that other state. Barriers include excessive licensure fees, burdensome paperwork requirements, and significant delays in processing applications for licensure. Most troubling are..."

# Model Portability Law Process



# Compact Process



# Other Types of Portability Laws



# Misconceptions about Portability



*Misconception:*

The result of  
portability is  
national  
licensure.

There is no current path to national licensure.  
It is only regulated at the state level.





*Misconception:*

Portability  
efforts  
result in  
lower fees.

Multi-state licensure requires fee payment in all states an MFT wants to be licensed in. There *may* be a reduction in fees but that is highly dependent on the number of MFTs participating.



*Misconception:*

Portability  
eases the  
burdens with  
multi-state  
licensure.

Portability makes the process of obtaining multi-state licensure easier however, MFTs are required to be aware of all laws and regulations in each state they are licensed in, pay all required fees, etc.



*Misconception:*  
Membership  
associations  
can manage  
compacts.

Membership associations can have a key role in compact launches (specifically lobbying) however, it is not advised that membership associations administer compacts.



*Misconception:*

Compacts  
can be  
started at  
the various  
state levels.

Compacts require:

- An oversight organization and central funding
- A set number of states to launch
- The **exact** same legal language in each state (no exceptions)



## *Misconception:*

Compacts  
can  
eliminate  
issues  
around  
state  
culture.

Compacts are more susceptible to state culture because the language passed must be identical in each state. The initial language must be a high enough bar that subsequent (more difficult) states will also pass it.



*Misconception:*

Model law  
strategy  
means the  
same law is  
passed in  
every state.

In model law strategy, there may be differences in the portability laws from state to state. The goal is to ease portability barriers.



*Misconception:*

MFTs can  
join  
compacts in  
other  
professions.

Compacts are specific to professions. They also can only be utilized for the terms outlined (for example telehealth only cannot be used for in-person therapy).



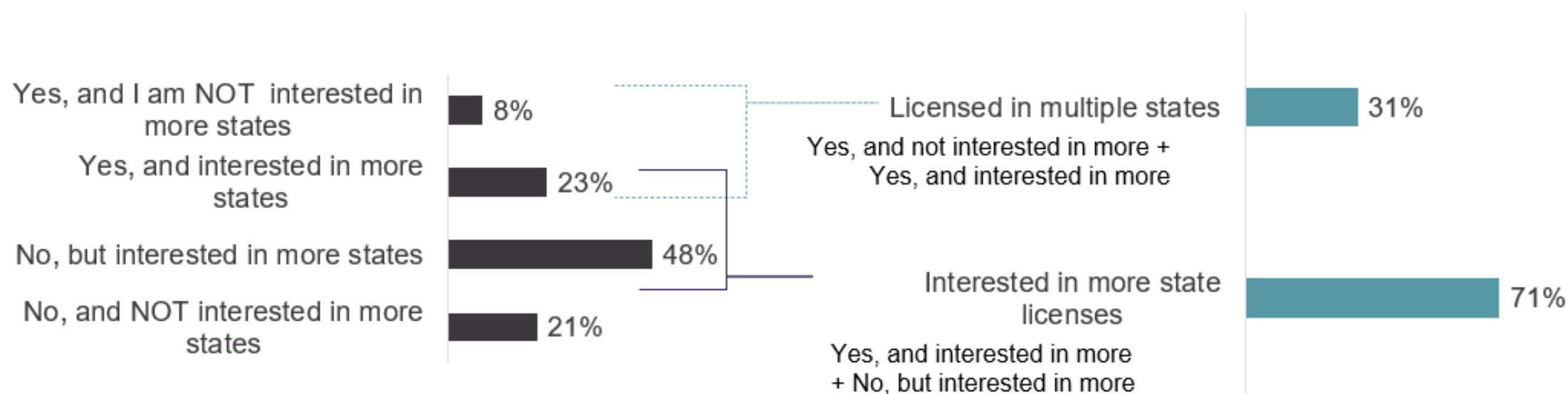
# Factors for Consideration





## Strong Majority of LMFTs Interested in Licensing in More States

### Are you currently licensed or practicing in multiple states?



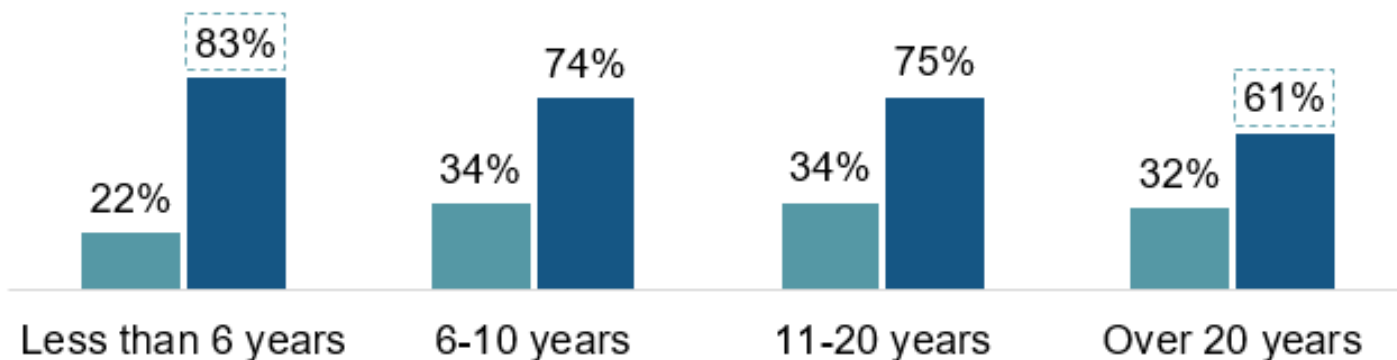
Nearly one-third (31%) of LMFTs held a license in multiple states.

A strong majority (71%) of LMFTs were interested in practicing in more states.

## Early Tenure LMFTs Least Likely to Hold Second License; As Tenure Increases, Interest in Additional State Licenses Decreases

### Are you currently licensed or practicing in multiple states?

■ Licensed in multiple states ■ Interested in more state licenses



83% of LMFTs with less than 6 years of experience were interested in being licensed in more states, compared to just 61% of respondents with over 20 years of tenure. Those with less than 6 years of experience were also less likely to already hold a second license (22%) compared to their counterparts (32-34%).

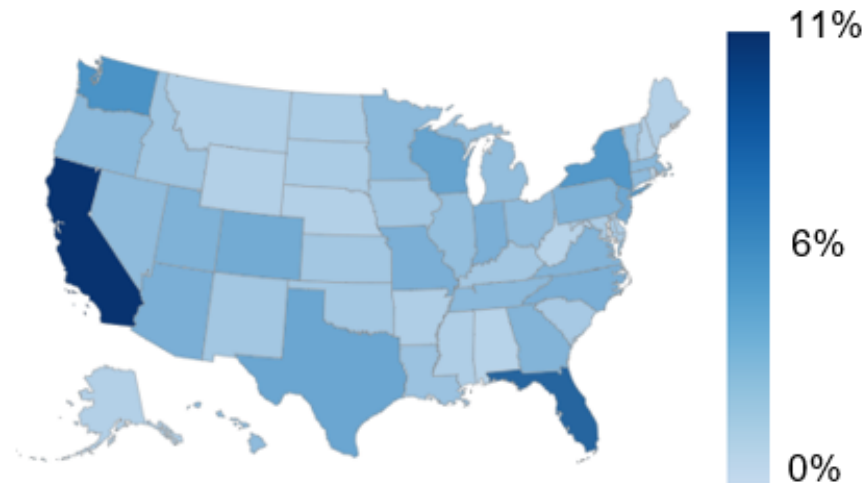
Less tenured LMFTs are likely still building their career and patient portfolio and may thus be more interested in practicing in additional states as well. More tenured LMFTs have had time to pursue additional state licenses, and thus may be more satisfied with the number of licenses they currently hold.

# Secondary Licenses Commonly Held for California, Florida, Washington, and New York

**In which other state(s) do you hold a license?**

*Top 14 states shown*

California	11%
Florida	8%
Washington	5%
New York	5%
Wisconsin	4%
Texas	3%
New Jersey	3%
Colorado	3%
Arizona	3%
Indiana	3%
Missouri	3%
North Carolina	3%
Pennsylvania	3%
Utah	3%

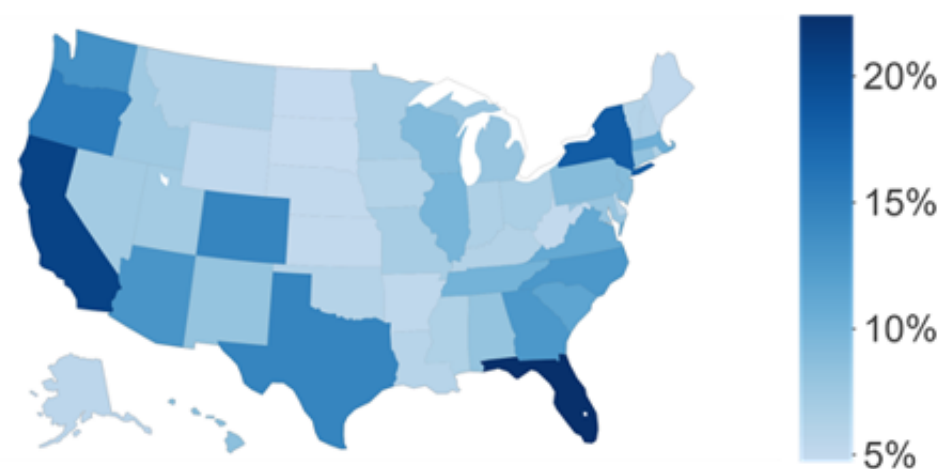
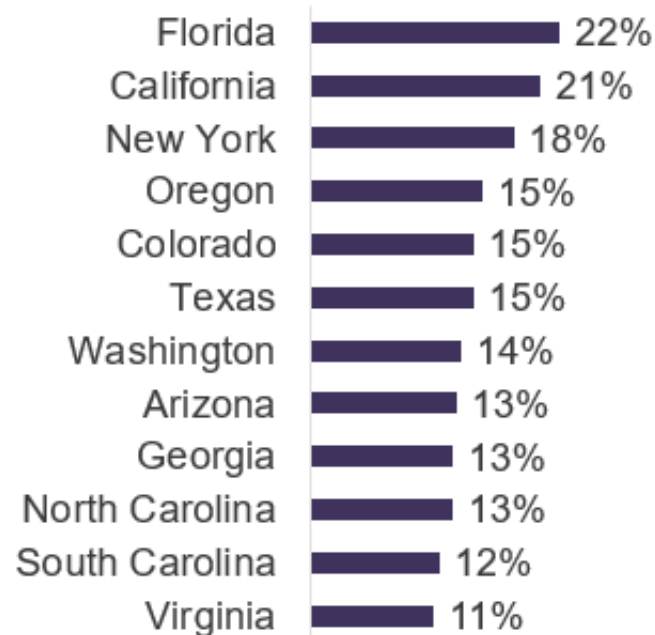


LMFTs most commonly selected California (11%), Florida (8%), Washington (5%), and New York (5%) as states they are licensed in beyond their primary practice state.

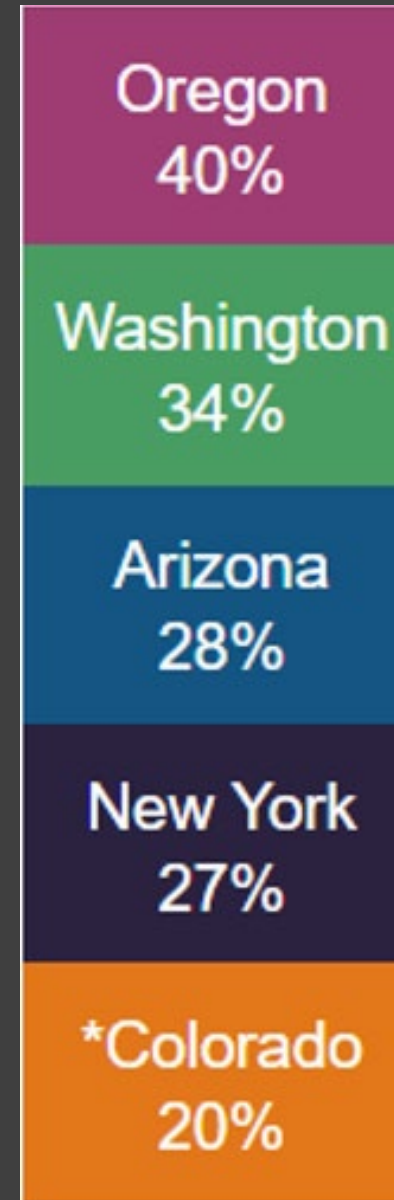
## Florida, California and New York were the Most Desired States for Additional Licensure

**In which other state(s) would you like to hold a license?**

LMFTs were most interested in additional state licenses in Florida (22%), California (21%), and New York (18%).



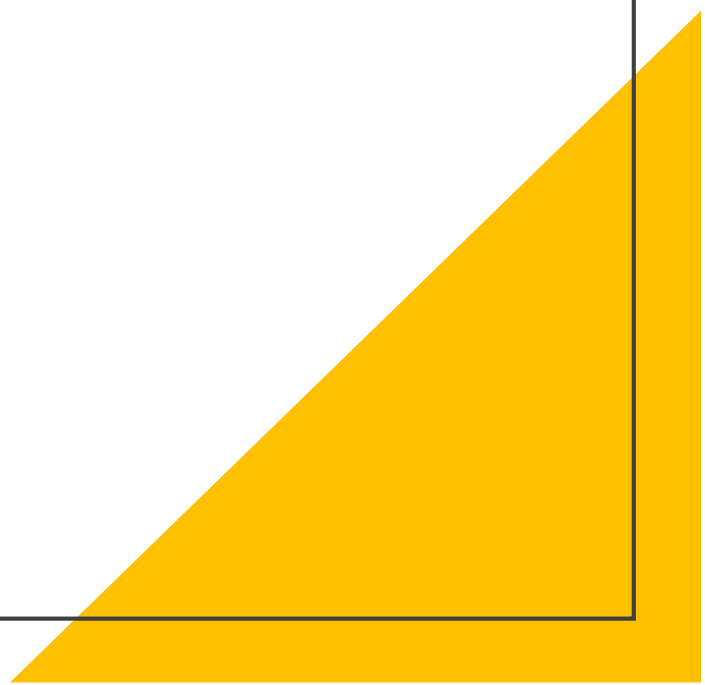
Where are  
Californian  
respondents  
interested in  
secondary licensure?



## Other feedback of note

- No preference in method for portability/multi-state licensure
- Most desire multi-state licensure to work with current clients
- Desire states that share borders with current license
- Most MFTs indicate they are at full employment; many working more clinical hours than they desire
- MFTs indicate financial stressors as top challenges
  - Cost of education
  - Reimbursement rates

# AAMFT Plan



# Strategic Portability Plan

1. Re-examine, and if necessary, update current model licensure portability law recognizing that adaptations to the language may occur in some states.
2. Determine approximately 10 state targets for phase one. States will be selected based on the following criteria:
  - a. Number of MFTs within the state (as well as advocacy volunteer strength).
  - b. Migration patterns of clients.
  - c. Friendliness of the legislature towards the profession.
  - d. Proximity to other states within targets (a strong preference was shown for multi-state licensure with adjoining states).
  - e. Level of challenges with existing laws for licensure portability/multi-state licensure.
3. Share plan with other industry stakeholders for support.
4. Begin lobbying efforts.
5. Continue to monitor the development of healthcare compacts.



# How to get involved

- Complete form to share your story, get more involved, give us more information on what issues around portability concern you most
- Attend trainings at AAMFT's Leadership Symposium
- Attend portability trainings and workshops
- Make a donation to the Practice Protection Fund (text PPF to 53-555 or visit [givebutter.com/PPF](https://givebutter.com/PPF))