

**MD – LCSWO: THE MARYLAND LEGISLATIVE COUNCIL OF
SOCIAL WORK ORGANIZATIONS**
Advocating for Social Workers and Their Clients in Maryland and the District of Columbia
**Representing Maryland Society for Clinical Social Work
Greater Washington Society for Clinical Social Work**

CANDIDATE QUESTIONNAIRE, 2006

JOSEPH R BARTLETT

DISTRICT: 4A

SEAT SOUGHT: House of Delegates

Questions for Candidates:

PART I. Can we count on your support on the following issues?

Expansion of coverage to the uninsured and underinsured

1. Efforts have been made to insure more Marylanders by allowing “Association Health Insurance Plans.” Proposals for such plans - thus far – would waive state-mandated benefits such as mental health and substance abuse treatment, in order to make these plans “affordable.” Maryland has taken a leadership role among states in attempting to provide its citizens with needed access to mental health and substance abuse care. We believe that waiving the state-mandated benefits would be a false economy, as there is compelling evidence that the availability of mental health and substance abuse treatment in health insurance plans does not increase costs to the insurer.

Are you willing to work to support the protection of the state-mandated benefits and find alternative approaches to insuring more Marylanders?

Response: Undecided.

Comment: I am learning more about this issue, but I am not yet ready to take a position.

2. We have joined the Maryland “Health Care for All” Coalition, working to win all Marylanders access to quality, affordable health care.

Do you support Health Care for All legislation? What are your ideas about what should be done to expand insurance coverage and/or health/mental health care services to those in our state who are either uninsured or underinsured?

Response: No

Comment: Expanding health care coverage to more of the uninsured is a laudable goal, but smokers don’t need another tax on their addiction. They need help, like real smoking cessation programs and organized public awareness campaigns.

Regulation of insurers

LCSW-Cs find that many of their clients face a variety of problems of access, choice, and privacy in dealing with their mental health and substance use treatment needs. Meanwhile, insurers have

lowered allowable fees to *below* the “reasonable and customary charges” established in 1990. We have supported legislation addressing these issues, including expansions of state regulation of insurance companies and managed behavioral health companies.

Will you be supportive of efforts to

a) Expand the networks of highly qualified providers by allowing increased fees and/or reimbursement rates?

b) Broaden coverage in the private sector to include those services currently offered mostly in the public system, such as inpatient rehabilitation, day hospital treatment, community behavioral rehabilitation, etc.?

c) Assure Marylanders of the privacy of their mental health and substance abuse treatment records?

Response: Undecided.

Comment: Most of this sounds fine, but I get nervous when I hear proposals with “Increased Regulation” and “increased fees”!

LCSW-Cs as qualified evaluators of mental health and functioning

Licensed Certified Social Worker-Clinical (LCSW-C) is the highest level of social work licensure in Maryland; the LCSW-C is licensed to “evaluate, diagnose, and treat mental disorders as defined in the Health General Article.” In addition, legal precedents establish that LCSW-Cs can qualify to serve as expert witnesses in court cases pertaining to mental disorders.

Legislation has established pools of professionals on which judges can draw for certain evaluations. Specialized training will be required of all clinicians in this pool, whatever their discipline. In several cases, LCSW-Cs have been excluded from this legislation, thus limiting the pool of qualified professionals available to judges and, in turn, increasing the possibility of delays for those in need of evaluation.

Would you support efforts to include LCSW-Cs - with the appropriate specialized training required by any other such clinician - in the pool of mental health professionals available to a judge for

a) evaluation of a juvenile’s competency to participate in legal proceedings?

b) evaluation of Permanent Impairment due to mental disorder for purposes of Workers’ Compensation?

c) participation, with a licensed physician, in verifying a certificate of competency or non-competency of a disabled person, to assign guardianship?

d) evaluation of the competency of a patient to select a Health Care Agent through Advance Directives?

Response: Yes

Comment: If the LCSW-C is truly the highest level of social work licensure in Maryland, then it makes sense that a judge should have the option of using their evaluations.

Evaluation and Treatment of Mentally Retarded Clients:

LCSW-Cs are licensed to evaluate, diagnose, and treat developmental disability and mental illness, but the wording of the Maryland law regarding Mental Retardation (ie, distinguishing Mental Retardation from Mental Illness) has led to confusion about whether LCSW-Cs are authorized to evaluate, diagnose, and treat mentally retarded individuals.

Would you support efforts to include LCSW-Cs - with the appropriate specialized training required by any other clinician - in the pool of mental health professionals available to a judge for evaluation, diagnosis, and treatment of mentally retarded (developmentally disabled) patients?

Response: Undecided

Comment: This proposal sounds fine, but it is likely that diagnosing “mental retardation” may require specialized medical training because it may be considered a “physical” condition and not a “psychological” condition.

PART II. What are the most important concerns you might want us to address *with you* in the next four years?

Comment: Please feel free to contact me at any time with follow-up questions or clarifications.