

April 11, 2023

Testimony re: LD 1400: “An Act to Allow Social Workers to Diagnose Organic Mental Illness” – OUGHT TO PASS

Senator Bailey, Representative Perry, and honorable members of the Joint Committee on Health Coverage, Insurance and Financial Services:

Thank you for the opportunity to provide comment on LD 1400: “An Act to Allow Social Workers to Diagnose Organic Mental Illness”. My name is Chris McLaughlin, and I am a clinical social worker with over 22 years of experience providing behavioral health services to children and families across a variety of treatment settings here in Maine. I am also humbled to be the Executive Director of the Maine Chapter of the National Association of Social Workers (NASW). First and foremost, I want to also thank Representative Lydia Crafts on her efforts to bring this legislation forward. Prior to my time with NASW ME, I was honored to serve on the Board of Social Work Licensure here in Maine, and I want to also personally acknowledge the work that the Board of Social Work Licensure does for social workers and members of the public each and every day.

Currently, Maine law states, “No social workers at any level may diagnose organic mental illness or treat any illness by organic therapy” (Title 32, Chapter 83, Subchapter 3, 7053-A). This language has been in statute since 1985. Of note, however, is the fact that the definition of “organic mental illness” has changed several times over the last 35+ years. The Board of Social Work Licensure, in their rules, have the jurisdiction of defining “organic mental illness”. Last fall (October of 2022), newly updated rules governing Maine social workers went into effect. At that time, the definition of “organic mental illness” (Chapter 10) was updated to reflect “any neurocognitive disorder or neurodevelopmental disorder as described in the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition), American Psychiatric Association (Washington, D.C. 2013)”. While this new definition may best reflect the current understanding of organic mental illness as outlined by the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) (also known as the DSM-5), I believe there were some unintended consequences of this definition change. The DSM-5 lists, among other things, diagnoses such as Attention-Deficit/Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Motor Disorders, and Tic Disorders under this broad heading. Similarly, under Neurocognitive Disorders, we find diagnoses such as Delirium and Alzheimer’s Disease listed here. The current definition of “organic mental illness” combined with the current language of Title 32, Chapter 83, Subchapter 3, 7053-A essentially forbids clinical social workers from providing any of these all-too-common mental health diagnoses for any of the clients they are serving.

As you might know, social workers practice across a wide variety of clinical settings including schools, jails, hospitals, primary care offices, and community-based mental health agencies. Given the workforce shortages of clinical social workers across Maine, it is not uncommon for these settings to only have one clinical social worker on site to treat clients. Any prohibition on the ability of these social workers to render clinically sound diagnoses of their clients can significantly impact the care these clients receive and the organization’s ability to best serve individuals living in their communities. In order to deliver the highest quality of services and support, clinical social workers must be able to fully practice within the scope of their license without exception.

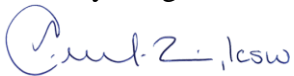
Social workers complete their training at programs of higher education through a combination of well-established course work (via a curriculum that is overseen by the Council on Social Work Education, or CSWE) and field education (internships and practicums) under the clinical supervision of qualified licensed clinical

social workers. In order to obtain their Licensed Master of Social Work, Conditional Clinical (LMSW-CC) license from the State of Maine, new graduates from accredited schools of social work must practice under the supervision of approved clinical supervisors for a minimum of two years before they are able to sit for a practice exam to obtain their independent level of licensure in Maine, the Licensed Clinical Social Worker (LCSW) designation. This is the highest level of licensure in the State of Maine and is considered the “terminal degree” by the NASW. The ability to conduct a thorough psychosocial evaluation and subsequently, a diagnostic formulation, is a skill that all LMSW-CC and LCSW licensees must be highly proficient at in order to advance in their career. Per the NASW Code of Ethics, social workers must practice within the scope of their license, have competence in the provision of their services, demonstrate integrity, and seek further education when the need arises to advance their skills in areas that might be unfamiliar to the social worker. Clinical social workers in Maine, both independently and conditionally licensed, must be allowed to perform all aspects of their role without semantic limitations and shifting definitions of key terms within their professional rules.

Upon consultation with the State of Maine’s Professional and Financial Regulation staff, social workers are the only behavioral health profession licensed and regulated in the State of Maine to have this sort of prohibition on their ability to diagnosis any category of mental health disorders found in the DSM-5. LD 1400 is not only an issue of behavioral health access but one of provider equity as well. The updates to the current statute that LD 1400 provides helps to not only modernize social work practice across Maine but also ensures that citizens have access to the services they need from the providers who are specially trained and exceptionally qualified to deliver that care. I urge you to vote LD 1400 as “ought to pass”.

I want to thank you all for your work on this important issue. Please do not hesitate to reach out to NASW ME for any support we can offer, including any behavioral health representation and participation in any future work sessions for LD 1400.

Thank you again,



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