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Testimony Before the District of Columbia Council
Committee on Health
Thursday, September 24, 2026

Public Hearing:
School Health Certificate Modernization Amendment Act of 2026

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Introduction

Good morning, Chairperson Henderson, and members of the Committee on Health. My name is Chris Gamble, and I am the Behavioral Health Policy Analyst at Children's Law Center. Children's Law Center believes every child should grow up with a strong foundation of family, health, and education and live in a world free from poverty, trauma, racism, and other forms of oppression. Our more than 100 staff – together with DC children and families, community partners and pro bono attorneys – use the law to solve children's urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for citywide solutions that benefit hundreds of thousands more.

Thank you for the opportunity to testify today about the School Health Certificate Modernization Amendment Act of 2026. Specifically, I am testifying about the provisions that create a tiered fee structure for health professional licenses based on educational requirements.ⁱ While the amendment applies to all health professional licenses, my testimony will focus on the behavioral health professions, those overseen by the Board of Professional Counseling,ⁱⁱ Board of Psychology,ⁱⁱⁱ and Board of Social Work.^{iv}

The process of becoming a licensed behavioral health professional is long, burdensome, and complicated, yet it is the front door of supplying the workforce. The

behavioral health workforce must expand in order to meet the needs of District residents.^v One of Children's Law Center's longstanding policy recommendations, included in the *A Path Forward: Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia* report, is to implement strategies and incentives to create an adequate labor pool of diverse behavioral health professionals for children.^{vi} For years, our clients, who include nearly half of DC's children in foster care, have struggled to consistently access quality behavioral health services.^{vii} This is partially due to short staffing and turnover within DBH's network of behavioral health care providers. When children have to wait weeks or months to begin treatment or have to start over and re-tell their story every time their therapist leaves, treatment progress is stalled. An insufficiently sized workforce contributes to an overburdening of the available workforce, furthering the cycle of burnout and staffing issues.^{viii}

While we support the legislation's intent to streamline licensure fees and bring them into closer accord with neighboring states, we have clarifying questions about how the tiered structure would function, as well as recommendations for meaningful licensure reform that can expand the workforce. In my testimony, I will:

- 1) Review factors beyond education level to consider when setting licensure fees,
- 2) Emphasize the importance of Board oversight and outcomes, and

- 3) Recommend licensure reform efforts that improve oversight of occupational licensure and expand the available workforce for critical, in-person behavioral health services.

Adjusting how licensure fees are set is one step in what should be a broader strategy to ensure licensure processes are not a barrier to the workforce and invest in workforce expansion.

Licensure Costs Should Consider Economic Factors and Contribute to Quality Board Operations

The introduction of the proposed legislation mentions that DC health professional licensure fees are not aligned with neighboring jurisdictions and are discouraging new professionals from working in DC.^{ix} The proposed new subsection will establish a tiered fee system based on the educational requirements for health professionals.^x Such a tiered system responds to observable misalignment in the current fee structure. Specifically, within the behavioral health professions, there are licensure fees that seem arbitrary and disconnected from educational requirements. For example, Licensed Marriage and Family Therapists (LMFT) pay higher application and renewal fees^{xi} than Licensed Graduate Professional Counselors (LGPC) and Licensed Professional Counselors (LPC) despite all three licenses requiring a Master's degree.^{xii} Social work licenses also have higher renewal fees than LGPCs, LPCs, and LMFTs, again despite all requiring Master's degrees.^{xiii} Children's Law Center supports the goal of the proposed legislation to address these problems with licensure fees. It is unclear,

however, how the proposed tiered fee structure would be implemented. There is a need for clarity as to whether all licenses requiring each level of degree will be priced at the same amount or will vary by Board. For instance, will all doctoral-level professionals pay the same amount, or will each Board develop its own tiered scale? If there is one fee set per degree level, it is important to know what formula or standards are being used to set the fee.

Further, it appears that basing the stepped fee increase on educational degree rests on an assumption that financial compensation increases with each level of educational attainment, but economic data challenges that assumption and shows variations for what can be expected across professions. The median salary for physician assistants (Master's level) in 2025 was \$135,880,^{xiv} but only \$99,110 for psychologists (doctoral level)^{xv} the same year. Higher levels of educational attainment also come with higher educational debt burdens,^{xvi} countering the logic that more highly educated professionals can or should pay higher licensure fees simply based on their level of education. Economic factors like inflation and workforce access, and health care system factors like the cost of health care services also make educational attainment alone insufficient to determine fee structures.^{xvii}

The proposed legislation overlooks the purpose of occupational regulation and thus puts forth a fee structure that may still be burdensome. In DC, licensing fees and civil fines relating to health occupations are deposited into the Health Occupations

Regulations Fund.^{xviii} This is in line with national practice wherein most licensing boards' funding comes from application and renewal fees.^{xix} Boards are tasked with protecting the public through ensuring quality and safe practice of health professionals. DC Health shares data about complaints, investigations, and fines every year for performance oversight, but there isn't clarity on the level of funding necessary to fulfill these functions.^{xx} More transparency about how licensure fees are used by the Boards could provide a pathway for setting fees according to what is required for each Board to function adequately. The proposed legislation only utilizes educational attainment as a measure for fee setting, which does not have any direct connection to Board functioning. In Virginia, guidance is provided for how Boards should establish fees, directly referencing Board tasks that the fees pay for and instructing Boards to use data on revenue and expenditures to set fees.^{xxi} DC should use a similar formula to restructure fees in a way that limits the cost burden on health professionals while adequately resourcing Boards.

Meaningful Expansion of DC's Healthcare Workforce Requires Significant, Strategic Licensure Reform

In addition to the proposed fee structure change, DC has made recent reforms and investments in the licensure process to ease the burden on health professionals. These include signing onto licensure compacts,^{xxii} implementing a non-exam pathway to become a Licensed Graduate Social Worker (LGSW),^{xxiii} and increasing staffing at DC Health to lower application processing times.^{xxiv} Each of these are welcome changes, but

DC needs to be strategic in coordinating broader licensure reform efforts that solve persistent problems, especially the need for a stronger in-person workforce. Services that require on the ground presence and coordination, like the School-Based Behavioral Health Program (SBBH) and mobile crisis response, and those that require intensive engagement with clients and their family units, like Community-Based Intervention (CBI) are the same ones facing staffing pressures and service inaccessibility.^{xxv}

Comprehensive licensure reform can preserve the workforce we have and encourage more behavioral health professionals to work in DC. Measures that should be considered to achieve this include passing universal recognition legislation to support cross-state mobility, establishing a department office that reviews licensure regulations, and expanding roles for bachelor-level paraprofessionals.

Consider Universal Recognition Legislation

It takes time to create new behavioral health professionals by way of completing educational and other requirements. A more direct way of expanding the workforce is by influencing cross-state mobility and work-related relocation decisions of already-licensed workers. DC has increased its participation in behavioral health licensure compacts, joining the compact for psychologists in 2020,^{xxvi} counselors in 2024,^{xxvii} and has introduced legislation to join the social work compact.^{xxviii} Licensure compacts are agreements between states that establish a mechanism for granting the ability to licensees to practice their profession across member states. Licensure compacts are

typically slow to get off the ground^{xxxix} and ultimately are more beneficial to telehealth practice than in-person. For example, psychologists who participate in the psychologist compact, or PSYPACT, are immediately able to provide telehealth services to clients living in any of the 43 member states but only have the authority to practice in-person across the member states for 30 calendar days per year.^{xxx,xxxi} The skewed benefit of compacts toward telehealth practice can also be seen in the private sector where large telehealth companies with nationwide workforces and client bases, like BetterHelp and Talkspace, tend to hire clinicians willing to become licensed in multiple states, which is made easier through compact participation.

Encouraging cross-state mobility can be achieved through universal recognition, which enables a state to recognize applicants' out-of-state licenses that are in good standing and quickly approve them to practice in their state. As of 2026, 28 states have enacted some form of universal recognition legislation.^{xxxii} These laws vary as far as which occupations they apply to; whether an applicant has to be a resident; and if the out-of-state license must have a "substantially similar" scope of practice to the in-state license to qualify.

Arizona is one of the states that uses the residency requirement, which acts as an incentive for people to move to the state for work. As of 2024, 1030 behavioral health professionals had used the universal recognition process to work in Arizona.^{xxxiii} A study conducted on Arizona's 2019 universal recognition law used an economic

simulation to estimate that by 2030 the state would gain nearly 16,000 workers, increase its population by 44,000, and raise its GDP by \$1.5 billion.^{xxxiv} Given projections about continuing economic struggles in DC,^{xxxv} the broader benefits of universal recognition should be seriously considered.

DC government should have particular interest in taking initiative to reform licensure processes in light of a recent lawsuit that has the potential to undermine behavioral health professional licensing as we know it. In June 2026, A Virginia-licensed counselor won a lawsuit against the District based on a claim that DC's licensure laws violated her First Amendment right to free speech, preventing her from providing professional counseling services to DC residents via telehealth from Virginia, without having a DC license.^{xxxvi} While the decision narrowly applies only to the complainant,^{xxxvii} the framing has concerning implications for the continued validity of behavioral health licensure in DC. The case is being appealed and the foundational claim of free speech violation is highly contested, but a universal recognition law would have allowed DC to review the Virginia counselor's license for good standing and allow her to provide counseling services to DC residents without any risk to DC's regulatory structure.

A Regular Review of Licensure Policies is Good Workforce Management

The system of occupational licensure applies to professionals outside of healthcare, like architects, barbers, and even tour guides.^{xxxviii} All licensed occupations

should have their licensure requirements reviewed periodically to ensure equitable and sensible eligibility measures. Newly proposed licensure categories should also undergo review to determine if such regulation is appropriate.^{xxxix} The District can look to Utah's Office of Professional Licensure Review (OPLR)^{xl} and Vermont's Office of Professional Regulation (OPR)^{xli} for examples of how this is done. Situated within Utah's Department of Commerce, OPLR conducts periodic reviews of the statutes and rules for each regulated occupation, sunrise reviews for proposed regulation of currently unregulated professions, and collects inquiries from legislators and the public regarding licensure issues.^{xlii} Their goal in conducting reviews is to strike a balance between the health and safety of the public and minimizing costs to professionals and consumers of professional services. The office provides recommendations for regulatory changes based on a set of review criteria that are not influenced by intra-profession priorities.^{xliii} A relevant example of Vermont's OPR's work is a recent review of how licensure is organized across all mental health professions, providing recommendations around streamlining and lowering barriers to workforce entry.^{xliv}

The District should explore how a system of review could be implemented, whether by incorporating these practices into DC Health's operations for health professions, the Department of Licensing and Consumer Protection (DLCP) for other professions, or a more independent structure to cover all regulated professions. Rigorous oversight of licensure policies ensures that licensure is not a burdensome

barrier to a career or to receiving a service, ultimately aiding the stability of the workforce, supporting health outcomes, and contributing to economic growth.

Expand Roles for Paraprofessionals

A strong behavioral health workforce includes both licensed clinicians and paraprofessional workforce extenders. The number of behavioral health professionals licensed in DC stood at 11,881 in FY25, which is an increase of over 1,200 since FY23.^{xliv} While the number of licensed behavioral health professionals is moving in the right direction, it is not growing at a rate to meet demand, particularly for in-person services provided through the public system. Licensed behavioral health professionals have a wide array of work options based on clinical and demographic specialty^{xlvi} and settings such as private practice or remote work,^{xlvi} so those available or willing to work in-person, in DC, within the public behavioral system are an increasingly niche demographic. Paraprofessionals like peer support specialists and community health workers cannot replace licensed clinicians but can act as workforce extenders allowing available services to reach more people. The District can expand the paraprofessional workforce by adding categories of bachelor's degree-level workers that have specific skills and qualifications for providing behavioral health services. Examples include Virginia's Qualified Mental Health Professional (QMHP), Oregon's Child Behavioral Health Specialist, and California's Certified Wellness Coach. There are variations in qualifications, regulatory structure, and job roles, but the general idea is that these

trained paraprofessionals can meet needs within their scope of practice, while also opening up entry into the behavioral health field.

Conclusion

Licensure is intended to ensure higher-quality services through health and safety standards, but when overly burdensome can reduce employment opportunities and wages and increase costs for consumers.^{xlviii} Reducing and simplifying licensure fees are only a small part of what the District needs to incentivize workforce entry and growth.

Thank you for the opportunity to testify, and I welcome any questions you may have.

ⁱ “(a-1) For all fees collected pursuant to subsection (a)(2) of this section, the Mayor shall establish a tiered fee structure based on the educational requirements of each health professional. Fees for licenses, registrations, or certifications shall range from lowest to highest for health professions in the following order: “(1) Does not require an undergraduate degree; (2) Requires an undergraduate degree; “(3) Requires a masters level degree; and “(4) Requires a doctoral degree.”

See: B26-0725 - School Health Certificate Modernization Amendment Act of 2026, *available at*: <https://lims.dccouncil.gov/Legislation/B26-0725>.

ⁱⁱ DC Board of Professional Counseling, *available at*: <https://dchealth.dc.gov/service/professional-counseling-licensing>.

ⁱⁱⁱ DC Board of Psychology, *available at*: <https://dchealth.dc.gov/service/psychology-licensing>.

^{iv} DC Board of Social Work, *available at*: <https://dchealth.dc.gov/service/social-work-licensing>.

^v “In the aftermath of COVID-19, the health care workforce crisis has been exacerbated by an aging workforce, exodus of clinicians and other health care workers from the field, burnout, and other factors. There also are critical shortages of allied health and behavioral health professionals” See: *Report and Recommendations of the Mayor’s Healthcare Workforce Task Force*, (2023), *available at*: <https://dchealth.dc.gov/hwtf22>.

^{vi} *A Path Forward: Transforming the Public Behavioral Health System for Children and their Families in the District*, (December 2021), *available at*: <https://childrenslawcenter.org/our-impact/health/behavioral-health/a-path-forward-for-dcs-public-behavioral-health-system/>.

^{vii} Internal Children’s Law Center Data Collection, “GAL Deep Dive,” October 1, 2024 through September 30, 2025.

^{viii} “In the aftermath of COVID-19, the health care workforce crisis has been exacerbated by an aging workforce, exodus of clinicians and other health care workers from the field, burnout, and other factors.” See: *Report and Recommendations of the Mayor’s Healthcare Workforce Task Force*, (2023), *available at*: <https://dchealth.dc.gov/hwtf22>.

^{ix} B26-0725 - School Health Certificate Modernization Amendment Act of 2026, *available at*: <https://lims.dccouncil.gov/Legislation/B26-0725>.

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^{xi} LMFT application fee = \$262, renewal fee = \$177. See: FY2026 Department of Health Performance Oversight Responses, response to Q109, *available at*: <https://dccouncil.gov/health-16/>.

^{xii} LGPC, LPC application fees = \$230, renewal fees = \$145. See: FY2026 Department of Health Performance Oversight Responses, response to Q109, *available at*: <https://dccouncil.gov/health-16/>.

^{xiii} All licenses regulated by the Board of Social Work have application fees of \$230 and renewal fees of \$185. See: FY2026 Department of Health Performance Oversight Responses, response to Q109, *available at*: <https://dccouncil.gov/health-16/>.

^{xiv} Physician Assistants Occupational Outlook, Bureau of Labor Statistics, *available at*: <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>.

^{xv} Psychologists Occupational Outlook, Bureau of Labor Statistics, *available at*: <https://www.bls.gov/ooh/life-physical-and-social-science/psychologists.htm>.

^{xvi} Melanie Hanson, *Average Student Loan Debt*, Education Data Initiative, (2026), *available at*: <https://educationdata.org/average-student-loan-debt>.

^{xvii} “But by making it harder to enter a profession, licensing can also reduce employment opportunities and lower wages for excluded workers, and increase costs for consumers. - Research shows that by imposing additional requirements on people seeking to enter licensed professions, licensing can reduce total employment in the licensed professions.

-Estimates find that unlicensed workers earn 10 to 15 percent lower wages than licensed workers with similar levels of education, training, and experience.

-Licensing laws also lead to higher prices for goods and services, with research showing effects on prices of between 3 and 16 percent. Moreover, in a number of other studies, licensing did not increase the quality of goods and services, suggesting that consumers are sometimes paying higher prices without getting improved goods or services.”

See: OCCUPATIONAL LICENSING: A FRAMEWORK FOR POLICYMAKERS, (2015), *available at*: https://obamawhitehouse.archives.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf.

^{xviii} § 7-733. Health Occupations Regulation Fund., *available at*: <https://code.dccouncil.gov/us/dc/council/code/sections/7-733>.

In the FY27 budget, this totaled \$12.5 million.

^{xix} “Most licensing boards are funded by application and renewal fees paid by licensees.” Rebecca Allensworth, *The Licensing Racket*, Harvard University Press, (2025), p. 7-8.

^{xx} FY2026 Department of Health Performance Oversight Responses, response to Q108, *available at*: <https://dccouncil.gov/health-16/>.

^{xxi} *Principles for Establishment of Fees*, Department of Health Professions, (2025), *available at*: https://townhall.virginia.gov/L/GetFile.cfm?File=C:%5CTownHall%5Cdocroot%5CGuidanceDocs%5C223%5CGDoc_DHP_118_v4.pdf.

^{xxii} D.C. Law 25-238. Counseling Compact Approval Act of 2024. <https://code.dccouncil.gov/us/dc/council/laws/25-238>.

^{xxiii} “In particular, we are working to address workforce pressures, including for social work professionals who have been kept out of the field due to controversial examination requirements. This challenge was especially concerning given that Black social work professionals were being excluded at a higher rate than the industry overall. DC Health responded to this challenge by establishing an education pathway that offers a practical alternative to the examination requirement. This pathway has made a real difference with 285 professionals using it to get licensed, with almost 90% of applicants through this pathway identifying as Black.” See: Ayanna Bennett, MD, *FY 2025 Performance Oversight of DC Health*, (February 20, 2026), *available at*: <https://lims.dccouncil.gov/Hearings/hearings/2129>.

^{xxiv} FY2026 Department of Health Performance Oversight Responses, response to Q111, *available at*: <https://dccouncil.gov/health-16/>.

^{xxv} "The availability of CBI has only gotten worse in the past year. According to DBH's service utilization dashboard, in FY25, 167 children received CBI, down from 198 in FY24. With only four providers, capacity is severely limited. A snapshot from July 2025 shows that there were only four vacancies, or spots available for a child to begin CBI services, amongst the providers."

See: Chris Gamble, Children's Law Center Testimony before the DC Council Committee on Health, (February 2, 2026), *available at*: <https://childrenslawcenter.org/resources/2025-26-oversight-testimony-department-of-behavioral-health/>.

"...the experiences of Children's Law Center's clients who have had interactions with police in part due to ChAMPS' low capacity. These interactions will only increase without ChAMPS. We have clients who in the past year had the police called during crises multiple times... We strongly urge that ChAMPS, have its contract restored and increased to \$1.3 million in order for the team to increase staffing, which will help reduce response times and result in better overall service."

See: Chris Gamble, Children's Law Center Testimony before the DC Council Committee on Health, (April 20, 2026), *available at*: <https://childrenslawcenter.org/resources/fy27-budget-testimony-department-of-behavioral-health/>.

^{xxvi} D.C. Law 23-190. Psychology Interjurisdictional Compact Act of 2020.
<https://code.dccouncil.gov/us/dc/council/laws/23-190>.

^{xxvii} D.C. Law 25-238. Counseling Compact Approval Act of 2024.
<https://code.dccouncil.gov/us/dc/council/laws/25-238>.

^{xxviii} B26-0442 - Interstate Social Work Licensure Compact Act of 2025, *available at*:
<https://lims.dccouncil.gov/Legislation/B26-0442>.

^{xxix} For example, only 9 of the 39 member states engaged in the Counseling Compact (the first state joined in 2021) are actively granting privileges to practice. The other states and DC are still finalizing technical needs to get the granting process up and running. See: Counseling Compact Map, *available at*:
<https://counselingcompact.gov/map/>.

^{xxx} PSYPACT Commission Annual Report 2025, (June 2026), *available at*:
https://cdn.ymaws.com/psypact.gov/resource/resmgr/annual_report/final_2025_psypact_annual_re.pdf.

^{xxxi} With the counseling compact, counselors who move to a new home state where they already have the "privilege to practice" through the compact still have to start over by getting a new home state license, but the process involves less paperwork than the standard application.

See: Counseling Compact FAQ, *available at*: <https://counselingcompact.gov/faq-2/>.

^{xxxii} Noah Trudeau, Edward Timmons and Benjamin Seevers, State Occupational Licensing Index 2026, Archbridge Institute, (August 2026), *available at*: <https://www.archbridgeinstitute.org/state-occupational-licensing-index/>.

^{xxxiii} This includes psychologists, counselors, social workers, marriage and family therapists, and addiction counselors. See: Heather Curry, *9,000 Arizonans and Counting Free to Work Thanks to Goldwater-Led Universal Recognition*, Goldwater Institute, (January 23, 2024), *available at*:
<https://www.goldwaterinstitute.org/9000-arizonans-and-counting-free-to-work-thanks-to-goldwater-led-universal-recognition/>.

^{xxxiv} *Economic Implications of Universal License Recognition- HB 2569*, Common Sense Institute, (May 27, 2022), *available at*: <https://commonsenseinstituteus.org/arizona/research/jobs-and-our-economy/economic-implications-of-universal-license-recognition-hb-2569/>.

^{xxxv} In 2025, DC's Chief Financial Officer (CFO) released a revenue forecast that estimated the city's revenue would decline by over \$1 billion over the next three years.

See: *February 2025 Revenue Estimates*, Office of the Chief Financial Officer, *available at*:
<https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/February%202025%20Revenue%20Estimate%20Letter.pdf>.

^{xxxvi} Elizabeth Brokamp v. District of Columbia, *available at*: https://www.govinfo.gov/app/details/USCOURTS-dcd-1_20-cv-03574/context.

Dan King, *Virginia Counselor Wins Lawsuit Challenging District of Columbia’s Restrictions on Teletherapy Sessions*, Institute of Justice, (June 25, 2026), *available at*: <https://ij.org/press-release/virginia-counselor-wins-lawsuit-challenging-district-of-columbias-restrictions-on-teletherapy-sessions/>.

^{xxxvii} “The Court finds that the licensure requirement is unconstitutional as applied to Brokamp, even under intermediate scrutiny.”

See: Elizabeth Brokamp v. District of Columbia, *available at*: https://www.govinfo.gov/app/details/USCOURTS-dcd-1_20-cv-03574/context.

^{xxxviii} Department of Licensing and Consumer Protection, *Occupational and Professional Licensing*, *available at*: <https://dlcp.dc.gov/service/occupational-and-professional-licensing-opl>.

^{xxxix} “Carry out comprehensive cost-benefit assessments of licensing laws through both sunrise and regular sunset reviews”

See: OCCUPATIONAL LICENSING: A FRAMEWORK FOR POLICYMAKERS, (2015), *available at*: https://obamawhitehouse.archives.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf.

^{xl} Utah Department of Commerce, *Office of Professional Licensure Review*, *available at*: <https://commerce.utah.gov/oplr/>.

^{xli} Vermont Secretary of State, *Office of Professional Regulation*, *available at*: <https://sos.vermont.gov/opr>.

^{xlii} Utah Department of Commerce, *Office of Professional Licensure Review*, *available at*: <https://commerce.utah.gov/oplr/about/>.

^{xliii} Utah Department of Commerce, *OPLR Occupational Regulation Framework*, (December 2025), *available at*: <https://commerce.utah.gov/wp-content/uploads/2025/12/OPLR-Occupational-Regulation-Framework-Dec-2025-vPOSTED.pdf>.

^{xliv} Vermont Secretary of State, *Mental Health Professional Licensing Study Report*, (2024), *available at*: <https://sos.vermont.gov/opr/regulatory/regulatory-review/mental-health>.

^{xlv} FY2026 Department of Health Performance Oversight Responses, response to Q108, *available at*: <https://dccouncil.gov/health-16/>.

^{xlvi} Ex: Age or diagnostic specialization

^{xlvii} Including nationwide companies like BetterHelp and Talkspace.

^{xlviii} OCCUPATIONAL LICENSING: A FRAMEWORK FOR POLICYMAKERS, (2015), *available at*: https://obamawhitehouse.archives.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf.