License Portability for Marriage & Family Therapists in Minnesota

Access MFTs

Mental Healthcare in State

Threats to Mental Health

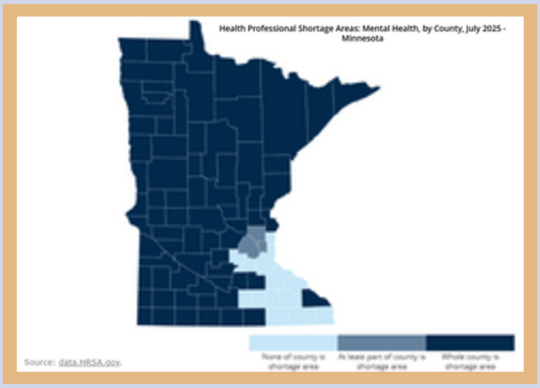
- Over 1 million adults in Minnesota live with a mental illness.
- 200,000 adults in Minnesota with mental health disorders did not receive needed mental healthcare
- Over 2 million people in Minnesota live in a community without enough mental health professionals

National Rankings

- 29th in overall prevalence of mental health disorders and access to mental healthcare
- 33rd in prevalence of mental health disorders
- 29th in access to mental healthcare

Legislative Points

- Barriers to licensure in Minnesota include
  - 5 years of experience
  - substantially equivalent language



Data from Mental Health America & NAMI

Why is Portability Important?

The need for mental health care services today is incredibly high. Americans deserve access to qualified mental health providers such as Marriage and Family Therapists (MFTs). Reducing barriers to licensure portability and supporting MFTs in their ability to work is a pivotal way to provide support and care.

Minnesota has a shortage of mental healthcare providers. With this strategy, the goal is rapid advancement for the MFT profession, addressing areas where MFTs are working and want to work as a priority. Qualified MFTs will be able to obtain licensure in Minnesota and provide needed services to Minnesota residents.

Benefits of the Access MFTs Model

- Maintains state control
- All licensure fees go to Minnesota
- No associated cost with implementation
- Proven success in active Access MFTs States
- No wait time for other states to pass and enact
- Flexible model to account for state culture and values

The Access MFTs Model

The Access MFTs Portability Model maintains a state's sovereignty over licensed professionals in their state, while also tackling the ongoing mental health crisis. The barriers that this model takes on aim to reduce the work of licensure boards by streamlining the licensure by endorsement process. This model will help qualified LMFTs obtain a license in Minnesota to provide needed mental healthcare to Minnesota residents.

The Model

- Eliminate substantially equivalent language
- Remove years of experience barriers
- Eliminate repetitive and excessive paperwork that has already been verified by another state

AAMFT
American Association for Marriage and Family Therapy

Questionnaire B – Scope of Practice

Proposal Summary/ Overview

To be completed by proposal sponsor. (500 Word Count Limit for this page) Please read the entire questionnaire before completing this page.

Name: Leah Seeger, MA, LMFT, LADC

Organization: Minnesota Association for Marriage and Family Therapy (MAMFT) with the support of the American Association for Marriage and Family Therapy (AAMFT)

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Email Address: president@mamft.net

Is this proposal regarding:

- *New or increased regulation of an existing profession/occupation? If so, complete Questionnaire A.*
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete this form, Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

Licensed Marriage and Family Therapists

2) Briefly describe the proposed change.

The proposal updates Minnesota's marriage and family therapist (MFT) licensure reciprocity law by moving the requirements from administrative rule into statute and simplifying the process for qualified out-of-state therapists to become licensed in Minnesota. The bill eliminates the current five-year waiting period and removes the "equivalent or substantially similar experience" requirement that has made licensure difficult for many applicants. Instead, the Board of Marriage and Family Therapy must issue a Minnesota license to an applicant who holds a valid, unrestricted MFT license from another state, is in good standing, passes a background check, and completes Minnesota's jurisprudence exam. The bill aims to reduce licensing barriers for marriage and family therapists to help address the state's shortage of mental health providers.

3) If the scope of practice of the profession/occupation has previously been changed, when was the most recent change? Describe the change and provide the bill number if available.

The Board of Marriage and Family Therapy has been working on some proposed changes (discussions have been happening for 2+ years). We are currently waiting for jackets from the Revisor's Office.

4) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

Questionnaire B – Scope of Practice

House Author: Joe Schomacker Senate Author: Sen. Koran

Questionnaire B: Change in scope of practice or reduced regulation of a health-related profession (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

This questionnaire is intended to help legislative committees decide which proposals for change in scope of practice or reduced regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions that do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1) Who does the proposal impact?

a. Define the occupations, practices, or practitioners who are the subject of this proposal.
Licensed Marriage and Family Therapists

b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota
    a. The Minnesota Association for Marriage and Family Therapy (MAMFT) with support of the American Association for Marriage and Family Therapy (AAMFT)
        i. 800+ Members in MN
        ii. Represent the professional interests of the apx. 3,270 professionals in this field throughout the state.

c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.
    a. Work Settings:
        i. Mental Health Clinics and Private Practices
        ii. Community Mental Health
        iii. K-12 School Based Mental Health
        iv. Hospitals
        v. Long Term Care Facilities
        vi. Higher Education/Academic and Research
        vii. Online Mental Health Settings (Telehealth)
    b. MFTs provide services throughout the state
    c. MFTs specialize in providing relational services working with individuals, couples, families and other groups

i. MFTs are the ONLY mental health professionals who must prove competency in relational therapeutic practices to obtain their license

d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.
    a. MFTs are mental health professionals alongside Licensed Psychologists (LPs) Licensed Professional Clinical Counselors (LPCCs), Licensed Clinical Social Workers (LICSWs) and Licensed Alcohol and Drug Counselors (LADCs)
        i. However MFTs are the only mental health professionals who are trained to support relationships and must prove competency in relational therapeutic practices to obtain licensure.

e. Discuss the fiscal impact.
    a. The bill has no fiscal impact.

2) Specialized training, education, or experience ("preparation") required to engage in the occupation

a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?
    i. MFTs who have secured licensure have achieved at least a Masters Degree in Marriage in Family Therapy, which requires 2-3 years of clinical training
        1. In MN this includes a 300 hour practicum internship, 150 of those hours must be in relational therapy
    ii. Post Graduation- MFTs must complete an additional supervised client contact prior to licensure
        1. In MN the requirement is 1,000 hours of client contact; 500 of those hours must be providing relational therapy services
    iii. MFTs must pass a national licensing exam, and a state ethics exam
    iv. MFTs must pass a criminal background check
    v. In order to MAINTAIN licensure MFTs must
        1. Pay an annual licensing fee
        2. Complete 40 hours of CEUs every 2 years
        3. Maintain compliance with MN State Ethics Codes

b. Would the proposed scope change or reduction in regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear the increase or benefit from reduction in cost of entry? Are current practitioners required to provide evidence of preparation or pass an examination? How, if at all, would this change under the proposal?
    i. We are not seeking to change the way practitioners prepare for licensure in MN
    ii. The proposed legislation seeks reduce the barriers to licensure for professionals who have already obtained MFT licensure status in other states creating a path to secure MFT licensure by reciprocity in MN:
        1. Reduce the number of years of required licensure in another state from 5 years to 0 years prior to being able to apply for licensure in MN
        2. Remove the "substantially equivalent" language in licensure by reciprocity applications in order to eliminate repetitive and excessive paperwork that has already been verified by another state

iii. MFTs from other states seeking licensure by reciprocity have achieved similar training and obtained MFT licensure in another state. At minimum they have:
    1. Attended a regionally accredited institution and received a graduate degree in our field of study
    2. Participated in supervised practice
    3. Passed a national* licensing exam
        a. **California currently has a state-based licensing exam, as of 2027 they will also utilize the national licensure exam*
iv. Applicants for licensure by reciprocity would still pay the costs associated with licensure ($175 application and $175 annual renewal) and would be subject to the same obligations of MN LMFTs to maintain licensure.

c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?
    i. The following states have all approved the licensure by reciprocity standards we are proposing. Exact dates for each state to be confirmed. However all states have completed these changes in the past 3-5 years in response to access to telehealth.
        1. Arizona
        2. Arkansas
        3. Delaware
        4. Georgia
        5. Illinois
        6. Iowa
        7. Massachusetts
        8. Maryland
        9. Nebraska
        10. Nevada
        11. North Carolina
        12. Tennessee
        13. Virginia
        14. West Virginia
    ii. The following states have similar licensure by reciprocity requirements (with minor variations in requirements)
        1. Indiana
        2. Ohio
        3. South Carolina
        4. Utah
    iii. The following states are currently working on similar legislation to what we are proposing in MN
        1. California
        2. Florida
        3. Kentucky
        4. Michigan
        5. Pennsylvania
        6. Rhode Island

3) Supervision of practitioners

a. How are practitioners of the occupation currently supervised, including any supervision within a

regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

a. Post Graduation- MFTs must complete supervised client contact prior to licensure
    i. In MN the requirement is 1,000 hours of client contact; 500 of those hours must be providing relational therapy services
b. There would be no changes for supervision requirements for individuals applying for their (first) licensure in MN
c. Licensure by reciprocity candidates would have completed their supervised practice experience in another state prior to obtaining their licensure in that state.
d. Once licensed in MN, they would be under the regulation of the MN Board of Marriage and Family therapy.

b. If regulatory entity currently has authority over the occupation, what is the scope of authority of the entity? (For example, does it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) How does the proposal change the duties or scope of authority of the regulatory entity? Has the proposal been discussed with the current regulatory authority? If so, please list participants and date.
    a. MN already has a Regulatory Board- the MN Board of Marriage and Family Therapy
        i. This regulatory board was already planning to reduce the number of years of required licensure to achieve licensure by reciprocity
    b. The proposal was discussed with Board Chair Dr. Shonda Craft and Board ED Jennifer Mohlenhof on 2/20/26.
        i. They did not take a stance (as is custom for the regulatory board) at the time, welcomed ongoing discussion, and they asked us to present to the full board
    c. We are presenting to full regulatory board on 3/20/26.

c. Do provisions exist to ensure that practitioners maintain competency? Under the proposal, how would competency be ensured?
    a. Provisions already exist and we are not seeking to change those provisions. Licensies would still be required to obtain CEUs to maintain competency, and renew their MN licensure annually.
    b. The MN Board of Marriage and Family Therapy would continue to retain full control of regulating licensed MFTs in MN

4) Level of regulation (See Mn Stat 214.001, subd. 2, declaring that "no regulations shall be imposed upon any occupation unless required for the safety and wellbeing of the citizens of the state." The harm must be "recognizable, and not remote." Ibid.)

a. Describe how the safety and wellbeing of Minnesotans can be protected under the expanded scope or reduction in regulation.
    a. Practitioners seeking to practice/receive licensure in MN by reciprocity would still be required to
        i. Pass a criminal background check
        ii. Ensure they have an unrestricted license from another state
        iii. Pass a MN ethics test and abide by MN Board of Marriage and Family Therapy ethics codes
        iv. Meet CEU requirements to maintain licensure

b. Can existing civil or criminal laws or procedures be used to prevent or remedy any harm to the

public?

a. Once licensed in MN, the individual would be subject to oversight by the MN Marriage and Family Therapy Regulatory Board (BMFT).

5) Implications for Health Care Access, Cost, Quality, and Transformation

a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?
    i. This proposal would increase access to quality marriage and family therapy services by ensuring qualified providers from other states would be able to secure licensure in MN
        1. MFTs in border states could secure licensure in MN to better serve many of our underserved populations in our rural and border communities
        2. MFT's working with families with individuals living in multiple states can provide services to the entire family simultaneously
        3. MFT's working with students or families who do not consistently reside in MN can ensure continuity of care to the individual or whole family
            a. Students who go to out of state schools
            b. Families with members who are deployed or transferred due to military service
            c. Families with members who retire to other states, or "snowbird" in other states
        4. MFTs with specialized skill sets would be able to secure licensure in MN to better serve many of our marginalized and underserved populations
            a. Increased Cultural Competence- BIPOC, immigrant, and multi-lingual MFTs can provide specialized care to Minnesotans with similar cultural backgrounds
                i. *Example:* a member of our organization is a Muslim, South Asian provider who specializes in working with trauma survivors and addiction issues within his community. Because he has been in the field for less than 5 years, he has to pay for supervision in 3 different states simultaneously in order to effectively serve his clients.
            b. MFTs providing specialty services can provide services across state lines. Examples include but are not limited to:
                i. Addiction Issues within Families
                ii. Child and Play Therapy
                iii. Medical Family Therapy
                iv. Death and Grief in Family
                v. Divorce and Blended Family Issues

b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.
    i. Proposal will increase access to care throughout the state and decrease wait times to see a qualified mental health providers with specialized skills in supporting

c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?
    i. No changes to compensation required within this proposal

d. Describe any impact of the proposal on an evolving health care delivery and payment system (eg collaborative practice, innovations in technology, ensuring cultural competency, value based payments)?
    i. Increases access to care, adds providers with a greater variety of cultural competencies, and ensures families with members living in multiple states can secure quality family therapy services via hybrid or telehealth providers.

e. What is the expected regulatory cost or savings to state government? How are these amounts accounted for under the proposal? Is there an up-to-date fiscal note for the proposal?
    i. No added cost
    ii. Additional revenue for the BFMT would likely occur due to increase in application and licensing fees from out of state providers seeking licensure by reciprocity

6) Evaluation/Reports

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

We would continue to work with DHS Workforce statisticians on the increase of access to care via providers who seek licensure by reciprocity and (hopefully) see a reduction in burnout to our existing providers. Stats below are from the 2024 DHS MFT Workforce Study

- 12.8% of MFTs in MN plan to leave the profession in the next 5 years
- There has been a 6% increase in providers who plan to leave the profession due to burnout

7) Support for and opposition to the proposal

a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?
    i. Sponsored by the Minnesota Association for Marriage and Family Therapy, 800+ members

b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.
    i. Supported by the American Association of Marriage and Family Therapy
    ii. Supported by the Mental Health Legislative Network (run by Mental Health MN and co-chaired by NAMI MN), includes over 40 mental health organizations across the state that represent 1,000s of mental health providers and organizations
    iii. MN Board of Marriage and Family Therapy has not expressed opposition, however does not regularly take stances on legislative issues.
        1. We have met with the Board Chair and Executive Director of this board, and will present to the full board on 3/20

c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.
    i. No organizations have indicated opposition at this time
        ii. Some individuals have had questions about the education and licensing standards of other states
        iii. There are members of our organization that would like to see a licensure compact instead of licensure portability

d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?
    i. AAMFT has researched MFT training programs across the country and noted that educational standards for MFT graduate programs are very similar across the US.
        1. More so than other mental health disciplines where interstate licensure compacts already exist
            a. LPs, LPCCs, and LICSWs have more variations in their training from state to state. And MN has approved licensure compacts for these disciplines
        2. As of 2027* every new MFT in the country will take the same national licensing exam prior to becoming licensed
        3. Per DHS's Lead Workforce Data Analyst, 18% of MFTs currently licensed in Minnesota received their highest level of education in a different state or country.
    ii. Unfortunately a licensure compact is cost prohibitive to Marriage and Family Therapists because nearly 50% of MFTs in the US are licensed in states that are anti-compact (NY and CA)
        1. The remaining MFTs in the country cannot feasibly bear the entire cost of creating and administering a licensure compact.
        2. Therefore licensure portability is the primary mechanism by which cross state licensure is possible for MFTs

Mental Health
LEGISLATIVE NETWORK

March 23, 2026

Minnesota House of Representatives
Committee on Health and Human Services Policy
75 Rev. Dr Martin Luther King Jr Blvd.
Saint Paul, MN 55155

Re. Support for Licensure Portability for Marriage and Family Therapists (HF XXXX)

Dear Chair Backer, Chair Bierman, and committee members,

On behalf of the Mental Health Legislative Network, thank you for considering HF XXXX, which updates Minnesota law to streamline the licensure process for marriage and family therapists licensed in other states. The Mental Health Legislative Network (MHLN) is a coalition of over 40 organizations advocating for a high-quality, accessible, and well-funded mental health system in Minnesota, co-chaired by NAMI Minnesota and Mental Health Minnesota. At a time when our state is facing an unprecedented demand for mental health services, licensure portability is a thoughtful, cost-neutral approach to increasing mental healthcare in Minnesota.

Currently, marriage and family therapists who want to provide mental health services in Minnesota either through telehealth or by relocating to the state face significant barriers including a requirement of having practiced for five years and demonstrating "equivalent or substantially similar experience." These barriers do not improve treatment and care or public safety but instead create a backlog of providers who want to serve Minnesotans but are not able to do so.

Most importantly, licensure portability does not lower Minnesota's professional standards. Marriage and family therapists licensed in other jurisdictions are required to attend an accredited program, pass a national licensing examination, and complete supervised clinical experience. These consistent national standards ensure that qualified therapists relocating to Minnesota are well prepared to provide high-quality care.

MHLN supports licensure portability for marriage and family therapists because it expands access to mental health care and reduces unnecessary regulatory barriers that prevent qualified therapists from serving Minnesotans. While licensure portability for marriage and family therapists will not solve the mental health crisis our state is facing, it is a meaningful step towards making Minnesota a place where quality mental healthcare is a little bit more accessible.

Thank you for your consideration.

Sincerely,

Shannah Mulvihill, MA, CFRE
Executive Director/CEO, Mental Health Minnesota
Co-Chair, Mental Health Legislative Network

Marcus Schmit
Executive Director, NAMI Minnesota
Co-Chair, Mental Health Legislative Network