



**Comments of the**  
**New York State Society for Clinical Social Work, Inc.**

**on the**  
**2023-24 Executive Budget**  
**February, 2023**

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**Comments of**  
**New York State Society for Clinical Social Work,**  
**Inc.**  
**on the**  
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The New York State Society for Clinical Social Work (NYSSCSW) was founded in 1968 to address the need for legal and professional recognition of clinical social workers in all settings including private practice and to assist in navigating insurance reimbursement issues. NYSSCSW incorporated in 1970 and has constantly provided educational, professional and legislative services to its members and the clinical social work profession on the State and Federal level. Among the notable achievements of the Clinical Society are its collaboration with other clinical social work organizations to develop a Code of Ethics; legislative efforts to increase the role of clinical social workers in the delivery of mental health services; and to grow and protect opportunities for insurance reimbursement for these services. With the Clinical Society's initiation, in 2002, New York State enacted a licensing system for clinical social workers. NYSSCSW continues to be a leader in providing education and support for the profession and in the forefront in promoting the profession Statewide. The profession of social work largely concerns itself with advocating and empowering the public who are marginalized and oppressed. As a profession that centers mental health and health equity in addition to social justice, clinical social workers are the largest providers of mental health services in the United States and in New York State.

It is from this perspective that NYSSCSW offers the following comments on select portions of the Executive State Budget.

NYSSCSW fully supports well-reasoned plans to strengthen New York's mental health system, with comments reflected below:

**Qualified Mental Health Associate (A.3007 / S.4007 Part GG)**

NYSSCSW vehemently **opposes** any proposal authorizing the Commissioner of Mental Hygiene to create a counseling credential without the direct involvement of the State Education Department through its Office of the Professions which is statutorily responsible for assuring the competency of practitioners in the interest of consumer protection. It was as recently as 2018 that the Legislature itemized each activity in which unlicensed personnel might engage differentiating "counseling" activities which are reserved for licensed professionals from support services provided by unlicensed individuals. This proposal seeks to return us to the days of blurred distinctions and unrestricted unqualified personnel engaging in activities the licensure laws govern. We **oppose** any such capitulation.

Only with direct involvement of the Office of Professions can the appropriate credential be developed within the clear articulation of authorized activities and tasks, in furtherance of assuring the highest quality of care and service to this vulnerable population.

**Transfer of the Professions from State Education Department to the Department of Health (A.3007 / S.4007 Part CC)**

NYSSCSW must vehemently **oppose** the proposed transfer of the licensed professions to the Executive governed Department of Health. Both a legal and moral imperative, that the integrity of the licensed professions be preserved, inextricably tied to the institutions of higher education which assure the educational competencies required for professional licensure. Educational programming leading towards licensure must be preserved within a single state agency, the State Education Department, to assure the independence of these professions.

Accordingly, we **oppose** the transfer of the licensed professions from the State Education Department to the Department of Health.

**Telehealth Services by “O” Agency Licensed Facilities (A3007 / S.4007 Part II, Subpart C)**

While we enthusiastically support strengthening our mental health system through expansion of access to quality services, NYSSCSW cautions that an overreliance on telehealth as the primary service modality may have unintended consequences. The potential overreliance on telehealth to avoid the provision of services in certain communities cannot be ignored. For this reason, we are concerned that setting the reimbursement for covered services delivered by telehealth at the same rate as is reimbursed when delivered in-person, as proposed, invites the overutilization of these vital services, and incentivizes the use of telehealth by select “O” agency licensed facilities. Reimbursing costs not actually incurred in the provision of telehealth services, including charges related to facility costs, ignores the underlying threat to the provision of mental health services – the inadequacy of appropriate reimbursement.

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