

March 31, 2026

RE: Support for Senate Bill No. 3026

Dear Committee,

My name is Kelly McDermott, LMFTA, and I am a co-occurring clinician at Thrive Behavioral Health in Warwick, Rhode Island. As a constituent and new clinician who is professionally affected by Rhode Island's current licensure requirements, I am writing to express my strong support for Senate Bill No. 3026, which has the potential to positively impact stakeholders around the state.

SB 3026 aligns direct client contact hour requirements for licensure with regional and national standards, strengthens role-specific training by requiring a portion of supervised experience to be with couples and families, and reduces unnecessary barriers to licensure portability across states.

Some of the potential benefits of this bill include:

Modernize RI Licensure Law Toward National and Regional Parity

Rhode Island's direct client contact hour requirements for MFT licensure are among the highest in the nation and exceed the national average. Aligning the direct client contact hour with our neighboring states and national standards modernizes Rhode Island's licensure law in our profession and brings us closer to national norms.

More importantly, changes in SB 3026 make Rhode Island licensure more comparable to other states in our region—particularly Connecticut and Massachusetts—keeping Rhode Island competitive as therapists consider where to live and work. These updates are designed to make it more favorable for clinicians trained in Rhode Island to stay and practice in Rhode Island, rather than seeking licensure and employment in neighboring states.

Modernizing requirements also helps close potential loopholes that can arise when licensure standards differ substantially across neighboring states. Aligning Rhode Island's licensure expectations with the regional landscape reduces incentives for individuals to circumvent requirements elsewhere and then transfer back into Rhode Island, while still supporting fair and efficient mobility for qualified clinicians in good standing.

Removes Unnecessary Burdens for Licensure

There is no evidence that excessive postgraduate supervision requirements produce higher-quality therapists. Higher numbers of required hours primarily serve to delay full licensure for clinicians who are otherwise qualified and ready to serve the mental health needs of our

community. Reducing hours to be more in line with national and regional standards ensures a more accessible, streamlined pathway to licensure.

More accessible pathways to licensure reduce unnecessary burdens for candidates and may help attract and retain qualified therapists to provide care in Rhode Island rather than relocating to neighboring states where licensure laws are more favorable.

Improves License Portability

Rhode Island is a small state within a highly interconnected region, and many Rhode Islanders live, work, and seek specialized services across state borders. In the digital age—where telehealth and cross-border continuity of care are increasingly common—reducing unnecessary barriers to dual licensure and endorsement simply makes sense for both clients and clinicians.

In my work, I often see clients whose work or family responsibilities span state lines, and continuity of care can depend on clinicians having reasonable pathways to licensure across borders. Clients sometimes seek specialty services across state lines; reducing unnecessary licensure barriers supports timely access to appropriate care.

Reflects Current Quality Standards

SB 3026 preserves appropriate safeguards and strengthens role-specific training requirements in a way that supports public protection. While the bill moves Rhode Island toward parity by realigning the direct client contact hour requirement, it also requires that a portion of those hours be specifically focused on couples and families—appropriate to the license being granted. This provides meaningful quality control for the profession and supports the systems-focused scope of Marriage and Family Therapy practice.

This bill additionally updates language surrounding educational practicum requirements to reflect current standards set forth by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

As an MFT professional, I strongly support this legislation. Many other states have pursued similar modernization efforts, and I am hopeful that Rhode Island will continue to update licensure laws in a way that strengthens the workforce and improves access to mental health services for the benefit of people across our state.

As such, I respectfully ask that you support SB 3026 and vote in its favor.

Thank you for the work that you do in responding to the needs of your constituency.

Sincerely,

Kelly McDermott, LMFTA

Co-Occurring Clinician

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