

March 29, 2026

Dear Committee Members,

My name is Megan O'Brien Crayne, and I am an Associate Licensed Marriage and Family Therapist in the state of Rhode Island. As a clinician who is personally affected by Rhode Island's current licensure requirements, I am writing to express my strong support for Senate Bill No. 3026 and its potential to positively impact clinicians, clients, and the mental health workforce across our state.

SB 3026 streamlines and clarifies licensure language to better align Marriage and Family Therapy (MFT) practicum requirements with standards set by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). The bill reduces excessive direct client contact hour requirements for licensure, strengthens role-specific training by requiring a portion of supervised experience to be with couples and families, and removes unnecessary barriers to licensure portability across states.

I completed my first post-graduate degree, a Master of Divinity, in 2017 and then worked for four years as a chaplain at Brown University. I had my first child in 2020 and completed my master's degree in Couple and Family Therapy in 2024—just two weeks after the birth of my second child. As someone entering the therapy profession as a second career and while raising two young children, I have often felt frustrated by both the lack of clarity in Rhode Island's licensure language and the lack of alignment between Rhode Island and neighboring states.

Under the current law, a candidate for associate licensure must complete "one calendar year of supervised internship consisting of twenty (20) hours per week, or its equivalent." For me, this rigid one-calendar-year requirement proved to be a significant burden during my postpartum period. When my second child was born two weeks early, I was required to continue working at my internship in the weeks immediately following her birth in order to meet the calendar-year requirement—even though I had already completed nearly a full year and well exceeded the total required number of hours. While I ultimately graduated on time, this requirement added significant stress and nearly delayed my degree completion. The updated language in SB 3026, which removes the arbitrary calendar-year requirement and instead focuses on total hours accrued, ensures that the emphasis remains on the quality and quantity of training received rather than adherence to an inflexible timeline.

As I now work toward independent licensure, I am also balancing the demands of caring for two young children. Because I am currently only able to work part-time and am accruing hours slowly, I frequently find myself comparing Rhode Island's licensure requirements with those of neighboring states. As my husband and I consider where to settle long-term and build both our family and careers, the significantly lower licensure requirements in nearby states present a compelling incentive to leave Rhode Island in order to establish an independent practice more quickly.

In my current clinical work, I often serve clients who live or work in neighboring states. I have already seen how limited licensure portability—particularly in a small and interconnected region like New England—disrupts continuity of care and inhibits client progress. In an era when telehealth is widely used, these barriers are increasingly unnecessary and detrimental to client access and outcomes.

My personal experience illustrates how updating MFT practicum language, reducing excessive post-graduate direct client contact hour requirements, and easing pathways to licensure portability can help qualified clinicians establish permanent professional roots in Rhode Island and continue serving this community for decades to come.

Key benefits of SB 3026 include:

Modernizing Rhode Island Licensure Laws and Achieving Regional Parity

Rhode Island's current direct client contact hour requirements for MFT licensure are among the highest in the nation and exceed national averages. Reducing these requirements modernizes Rhode Island's licensure framework and brings it closer to national norms. Importantly, SB 3026 also aligns Rhode Island more closely with neighboring states such as Connecticut and Massachusetts, helping the state remain competitive as clinicians decide where to live and practice.

Removing Unnecessary Barriers to Licensure

There is no evidence that excessively high post-graduate supervision hour requirements result in higher-quality clinicians. Instead, they often delay full licensure for therapists who are otherwise qualified and prepared to serve the community. Streamlining these requirements creates a more accessible and efficient pathway to licensure while maintaining appropriate professional standards.

Improving License Portability

Given Rhode Island's size and its integration with surrounding states, many residents seek services across state lines. Reducing barriers to dual licensure and endorsement supports continuity of care, particularly in the context of telehealth, and benefits both clients and clinicians.

Reflecting Current Quality and Training Standards

SB 3026 maintains strong safeguards for public protection while enhancing role-specific training. Although it reduces total direct client contact hour requirements, it also ensures that a portion of supervised experience is specifically focused on couples and families, consistent with the scope of Marriage and Family Therapy practice. The bill also updates educational practicum language to reflect current COAMFTE standards.

As a clinician currently serving Rhode Islanders and hoping to continue doing so, I strongly

support this legislation. Many states have already modernized their licensure laws in similar ways, and I hope Rhode Island will continue to strengthen its mental health workforce and improve access to care for residents across the state.

I respectfully urge you to support SB 3026 and vote in its favor. Thank you for your time and for your ongoing service to the people of Rhode Island.

Sincerely,
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