

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

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BILL #: [HB 13](#)

TITLE: Social Work Licensure Interstate Compact

SPONSOR(S): Hunschofsky

COMPANION BILL: None

LINKED BILLS: [HB 15](#) Hunschofsky

RELATED BILLS: [SB 74](#) (Harrell)

Committee References

[Health Professions & Programs](#)

15 Y, 0 N



[Health Care Budget](#)

13 Y, 0 N



[Health & Human Services](#)

SUMMARY

Effect of the Bill:

Currently, social workers must obtain a separate license in each state in which they chose to practice. HB 13 authorizes Florida to enter into the Social Work Licensure Interstate Compact (Compact) and enacts the provisions of the Compact into Florida law. Under the Compact, individuals licensed or eligible for licensure as a clinical social worker in Florida will be able to obtain a multistate license to provide services to out-of-state patients through telehealth and in-person in any of the compact member states. Multistate licensed clinical social workers in other compact states will also be able to provide services to Florida patients via telehealth and in-person.

Fiscal or Economic Impact:

The bill will have an insignificant, negative fiscal impact on the Department of Health which estimates that it will cost \$97,611 (\$91,674 recurring, \$5,937 non-recurring) to implement the provisions of the bill. The bill has no fiscal impact on local governments.

[JUMP TO](#)

[SUMMARY](#)

[ANALYSIS](#)

[RELEVANT INFORMATION](#)

[BILL HISTORY](#)

ANALYSIS

EFFECT OF THE BILL:

Social Work Licensure Interstate Compact

Currently, social workers must seek a separate license in each state in which they chose to practice. The [Social Work Licensure Interstate Compact](#) (Compact) allows social workers who have or are eligible for licensure in the compact member state in which they reside to apply for a multistate license which authorizes practice in all compact member states.

HB 13 enacts the Compact and authorizes Florida to enter into the [interstate compact](#). Under the Compact, individuals licensed or eligible for [licensure as a clinical social worker](#) in Florida will be eligible to obtain a multistate license to provide services to out-of-state patients through [telehealth](#) and in-person in any of the compact member states. Multistate licensed clinical social workers in other compact states will be able to provide services to Florida patients via telehealth and in-person. (Section [1](#))

State Participation in the Compact

To participate in the Compact a state must:

- License and regulate the practice of social work at the clinical, master's, or bachelor's level;
- Require applicants for licensure to graduate from a program that is accredited, or in candidacy by an institution that subsequently becomes accredited, and that corresponds to the licensure being sought;
- Require applicants for clinical licensure to complete a period of supervised practice; and

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DATE: 1/14/2026

- Have a mechanism in place for receiving, investigating, and adjudicating complaints about licensees.

To maintain membership in the Compact a state must:

- Require applicants for a multistate license to pass a Qualifying National Exam that corresponds to the category of the multistate license sought;
- Participate in the Social Work Licensure Compact Commission's (Commission) data system;
- Notify the Commission of any adverse action or the availability of current significant investigative information regarding a licensee;
- Implement procedures for considering the criminal history records of applicants for a multistate license;
- Comply with Commission rules;
- Require applicants to obtain or retain a license in the home state and meet home state qualifications for licensure or renewal of licensure, and any other applicable home state laws;
- Authorize a licensee holding a multistate license in any member state to practice in accordance with the terms of the Compact and Commission rules; and
- Designate a delegate to participate in Commission meetings.

Multistate Licensure Requirements

Social workers seeking a multistate license to practice under the Compact, must apply for a multistate license through their home state's licensing board. The multistate license allows the social worker to practice in all compact member states, eliminating the need for a separate license in each state.

The Compact allows for three categories of social work multistate licensure, clinical, master's and bachelor's. To be eligible for a multistate license under the compact, a social worker in a member state must:

- Hold, or be eligible for, an active, unencumbered license to practice social work in the compact member state in which they are domiciled;
- Abide by the laws, regulations, and rules of the member state where the client is located at the time service is provided;
- Submit to a review of criminal history (background screening). (Any disqualifying events are subject to the discretion of the member state.);
- Pay all applicable fees, including any member state fees and other fees required by the compact, for multistate license;
- Notify the home state of any adverse action, encumbrance, or restriction on any professional license taken against the licensee by any member state or nonmember state within 30 days after the date the action was taken; and
- Meet any continuing competence requirements established by the home state.

To be eligible for a clinical-category multistate license a social worker must:

- Fulfill a competency requirement, which shall be satisfied by either:
 - Passing a clinical-category Qualifying National Exam; or
 - Hold and continuously maintain a clinical-category social work license in their home state prior to a Qualifying National Exam being required by the home state as further governed by the rules of the Commission; or
 - Proving clinical competency through a substantially equivalent standard which the Commission may determine by rule.
- Attain at least a master's degree in social work from a program that is accredited, or in candidacy by an institution that subsequently becomes accredited.
- Fulfill the supervised practice requirement, which shall be satisfied by demonstrating completion of:
 - A minimum of 3,000 hours of postgraduate supervised clinical practice; or

- A minimum two (2) years of full-time postgraduate supervised clinical practice; or
- Be found to have proven clinical competency through a substantially equivalent standard which the Commission may determine by rule.

To be eligible for a master's category multistate license a social worker must:

- Fulfill a competency requirement, which shall be satisfied by either:
 - Passing a master's-category Qualifying National Exam; or
 - Hold and continuously maintain a master's-category social work license in their home state prior to a Qualifying National Exam being required by the home state as further governed by the Rules of the Commission; or
 - Proving master's-category competency through a substantially equivalent standard which the Commission may determine by rule.
- Attain at least a master's degree in social work from a program that is accredited, or in candidacy by an institution that subsequently becomes accredited.

To be eligible for a bachelor's category multistate license a social worker must:

- Fulfill a competency requirement, which shall be satisfied by either:
 - Passing a bachelor's-category Qualifying National Exam;
 - Hold and continuously maintain a bachelor's-category social work license in their home state prior to a Qualifying National Exam being required by the home state as further governed by the rules of the Commission; or
 - Proving bachelor's-category competency through a substantially equivalent standard which the Commission may determine by rule.
- Attain at least a bachelor's degree in social work from a program that is accredited, or in candidacy by an institution that subsequently becomes accredited.

The Compact requires each member state to delegate the licensure category that will be accepted in that state and to accept multistate licensure from other member states as authorization to practice corresponding to the licensure category of that state. Only individuals who have a master's degree or higher are eligible for licensure as a clinical social worker in Florida. (Section [5](#) and [6](#))

Coordinated Data System

The Compact requires member states to submit licensure information to a shared coordinated data system for all social workers practicing under the compact, including identifying information, licensure data, and any adverse actions taken against a social worker's license. The shared data system enables states to instantaneously verify that social workers have met the requirements to practice under the compact and are in good standing with other state regulatory boards. The data system allows for expedited sharing of licensee, investigative and disciplinary information between member states.¹ Investigative information pertaining to a licensee in any member state will only be available to other member states. A member state may designate information submitted to the data system that may not be shared with the public without the express permission of that member state.

The bill requires DOH to report any significant investigative information relating to a licensed clinical social worker practicing under the Compact to the coordinated data system. The bill also requires clinical social workers to withdraw from all practice under the Compact if the social worker is in an [impaired practitioner program](#). (Sections [2](#) and [3](#))

Social Work Licensure Compact Commission

¹ SWLC, Summary of Key Provisions, at <https://swcompact.org/wp-content/uploads/sites/30/2023/02/Social-Work-Licensure-Compact-Section-by-Section-Summary.pdf>. (last visited December 16, 2025).

The Compact establishes the Social Work Licensure Compact Commission (Commission) as the governing body and the entity responsible for creating and enforcing the rules and regulations that administer and govern the compact. The Commission is composed of representatives from each compact member state's licensing board. The licensing authority of each member state must select one delegate to serve on the Commission. The Compact requires the Commission to establish and elect an executive committee, which shall have the power to act on behalf of the Commission.

Under the Compact, all Commission and executive committee meetings must be open to the public unless confidential or privileged information is being discussed.

The bill requires the [Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling](#) (Board) to appoint a delegate to serve on the Commission.² The bill also authorizes the Board to take adverse action against a licensed clinical social worker's authority to practice under the Compact and to impose disciplinary actions for violation of prohibited acts. (Sections [4](#) and [7](#))

Sovereign Immunity

The Compact does not waive [sovereign immunity](#) by the member states or by the Commission. The bill authorizes certain individuals, when acting within the official scope of their employment, duties, and responsibilities with the Commission, as agents of the state for sovereign immunity purposes and requires the Commission to pay any claims or judgments up to the statutory waived amounts of sovereign immunity. The bill also authorizes the Commission to maintain insurance coverage to pay any such claims or judgments. (Section [8](#))

The bill delegates the Commission the authority to adopt rules to facilitate and coordinate the implementation and administration of the Compact. The Compact specifies that the rules have the force and effect of law and are binding in all compact states. If a compact state fails to meet its obligations under the Compact or the promulgated rules, the state may be subject to remedial training, alternative dispute resolution, suspension, termination, or legal action. (Section [1](#))

The bill makes conforming changes to current law to reference the Compact and the requirements under the Compact.

RULEMAKING:

The bill delegates authority to the Commission to adopt rules that facilitate and coordinate the implementation and administration of the Social Work Licensure Interstate Compact.³

Lawmaking is a legislative power; however, the Legislature may delegate a portion of such power to executive branch agencies to create rules that have the force of law. To exercise this delegated power, an agency must have a grant of rulemaking authority and a law to implement.

FISCAL OR ECONOMIC IMPACT:

² S. [491.004, F.S.](#) The Board is the licensing authority in Florida responsible for regulating the practices of social work, marriage and family therapy, and mental health counseling.

³ *Freimuth v. State*, 272 So.2d 473, 476 (Fla. 1972) (quoting *Fla. Ind. Comm'n v. State ex rel. Orange State Oil Co.*, 155 Fla. 772 (1945); *Department of Children and Family Services v. L.G.*, 801 So.2d 1047 (Fla. 1st DCA 2001); and *Brazil v. Div. of Admin.*, 347 So.2d 755, 757-58 (Fla. 1st DCA 1977), disapproved on other grounds by *LaPointe Outdoor Adver. v. Fla. Dep't of Transp.*, 398 So.2d 1370, 1370 (Fla.1981).

STATE GOVERNMENT:

The bill will have an insignificant, negative fiscal impact on the Department of Health. DOH estimates that the total cost to implement the bill is \$97,611 (\$91,674 recurring, \$5,937 non-recurring).⁴

The Compact became active in 2024. However, multistate licenses have not been issued yet because the implementation process has not been completed. It is anticipated that this process will take up to 24 months. Development of the coordinated data system is expected to take approximately 10-12 months, after which states will be onboarded on varying timelines depending on their licensure infrastructure. After the data system is operational and the Commission finalizes its rulemaking, applications for multistate licensure will be available to social workers in Compact member states.⁵ Once the Compact is fully implemented, DOH may request resources needed to implement this act through either the Legislative Budget Request process or through the Legislative Budget Commission.

The Compact gives states the discretion to collect fees for social workers to participate in the compact. The Compact does not authorize DOH to collect a fee, but rather states that fees of this kind are allowable under the Compact. In order for DOH to have the required authority to collect fees, the Legislature would have to enact a fee bill in the practice act expressly authorizing DOH to collect such fees. A fee bill has not been filed for the costs associated with regulating social workers under the Compact. As such, all such costs would have to be funded through General Revenue or utilize any available cash balance in the Department of Health’s Medical Quality Assurance Trust Fund.

The effective date of this bill is July 1, 2026. (Section [9](#))

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Social Work Licensure in Florida

In Florida, a social worker is a person who has a bachelor’s, master’s, or doctoral degree in social work and a clinical social worker is a person who is licensed under Chapter 491, F.S.⁶ Licensed social workers provide counsel and advocacy for those affected by mental illness, addiction, abuse, and discrimination, among other economic difficulties. Social workers are the largest group of providers of mental and behavioral health services.⁷

The [Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling](#) (Board) within DOH regulates the practices of social work, marriage and family therapy, and mental health counseling.⁸ Chapter 491, F.S., sets forth the licensure requirements for each profession, as well as requirements for licensure renewal, continuing education, discipline, and professional conduct.

Licensure by Examination

DOH must issue a license as a clinical social worker to an applicant whom the Board has certified has meet all of the following criteria:⁹

- Submitted an application and appropriate fees;

⁴ DOH, *Agency Bill Analysis*, (2026) pg. 8, on file with the House Health Professions and Programs Subcommittee.
⁵ Social Work Licensure Compact, *Social Work Compact Implementation Timeline*, available at <https://swcompact.org/wp-content/uploads/sites/30/2024/04/SW-Commission-Timeline-2.pdf>, (last visited December 16, 2025)
⁶ [S. 491.003, F.S.](#)
⁷ *The Shortage of Licensed Social Workers in Central Florida*, Helen M. Burrows, Walden University (2019) at <https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=8101&context=dissertations>, (last visited December 16, 2025).
⁸ [S. 491.004, F.S.](#)
⁹ [S. 491.005\(1\), F.S.](#)

- Earned a doctoral degree in social work from a graduate school of social work accredited by an accrediting agency recognized by the U.S. Department of Education, or a master's degree in social work from a graduate school of social work which was accredited by the:
 - Council on Social Work Education (CSWE);
 - Canadian Association of Schools of Social Work (CASSW); or
 - Has been determined to be an equivalent program to programs approved by the CSWE by the Foreign Equivalency Determination Service of the CSWE;
 - Completed all of the following coursework:
 - A supervised field placement during which the applicant provided clinical services directly to clients; and
 - Twenty-four (24) semester hours or thirty-two (32) quarter hours in theory of human behavior and practice methods as courses in clinically oriented services, with a minimum of one course in psychopathology and no more than one course in research;
- Completed at least 2 post graduate years of clinical social work experience under the supervision of a licensed clinical social worker or the equivalent supervisor as determined by the Board;¹⁰
- Passed a theory and practice examination; and
- Demonstrated in a manner designated by Board rule, knowledge of the laws and rules governing the practice of clinical social work, marriage and family therapy, and mental health counseling.

Licensure by Endorsement

Endorsement is another pathway to licensure. In Florida, the Mobile Opportunity by Interstate Licensure Endorsement (MOBILE) Act establishes a standardized process for licensure by endorsement for all health care professions regulated by DOH.¹¹ Social workers seeking licensure by endorsement must submit an application and appropriate fees, submit to background screening, and demonstrate to the Board that he or she meets the requirements of the MOBILE Act.¹²

Under the MOBILE Act, DOH may grant a license to applicants seeking licensure by endorsement to any person who submits an application and meets the following requirements:¹³

- Holds an active, unencumbered license issued by another state, the District of Columbia, or a territory of the U.S. in a profession with a similar scope of practice, as determined by the Board or DOH;
- Has obtained:
 - A passing score on a national licensure examination or holds a national certification recognized by the Board, or DOH if there is no board, as applicable to the profession for which the applicant is seeking licensure; or
 - If the profession applied for does not require a national examination or national certification and the applicable Board, or the DOH, if there is no board, determines that the jurisdiction in which the applicant currently holds an active, unencumbered license:
 - Meets established minimum education requirements; and
 - The work experience, and clinical supervision requirements are substantially similar to the requirements for licensure in that profession in Florida;
- Has actively practiced the profession for at least three years during the four year period immediately preceding the application submission;
- Attests that he or she is not, at the time of application submission, the subject of a disciplinary proceeding in a jurisdiction in which he or she holds a license or by the U.S. Department of Defense for reasons related to the practice of the profession for which he or she is applying;

¹⁰ [S. 491.005\(1\)\(c\), F.S.](#) An individual who intends to practice in Florida to satisfy clinical experience requirements must register with the DOH pursuant to [s. 491.0045, F.S.](#), before commencing practice.

¹¹ [S. 456.0145, F.S.](#)

¹² [S. 491.006, F.S.](#)

¹³ [Ss. 491.006, and 456.0145, F.S.](#)

- Has not had disciplinary action taken against him or her in the five years preceding the application submission application;
- Meets the financial responsibility requirements of [s. 456.048, F.S.](#), or the applicable practice act; and
- Submits a set of fingerprints for a background screening pursuant to [s. 456.0135, F.S.](#)

Interstate Compacts

An interstate compact is a legal contractual agreement between two or more states to address common problems or issues, create an independent, multistate governmental authority, or establish uniform guidelines, standards or procedures for the compact’s member states.¹⁴ Article 1, Section 10, Clause 3 (Compact Clause) of the U.S. Constitution authorizes states to enter into agreements with each other, without the consent of Congress. However, the case law has provided that not all interstate agreements are subject to congressional approval, only those that may encroach on the federal government’s power.¹⁵

Florida is a party to multiple interstate health care compacts, including the Nurse Licensure Compact,¹⁶ the Interstate Medical Licensure Compact,¹⁷ the Professional Counselors Licensure Compact,¹⁸ and the Psychology Interjurisdictional Compact.¹⁹

[Social Work Licensure Interstate Compact](#)

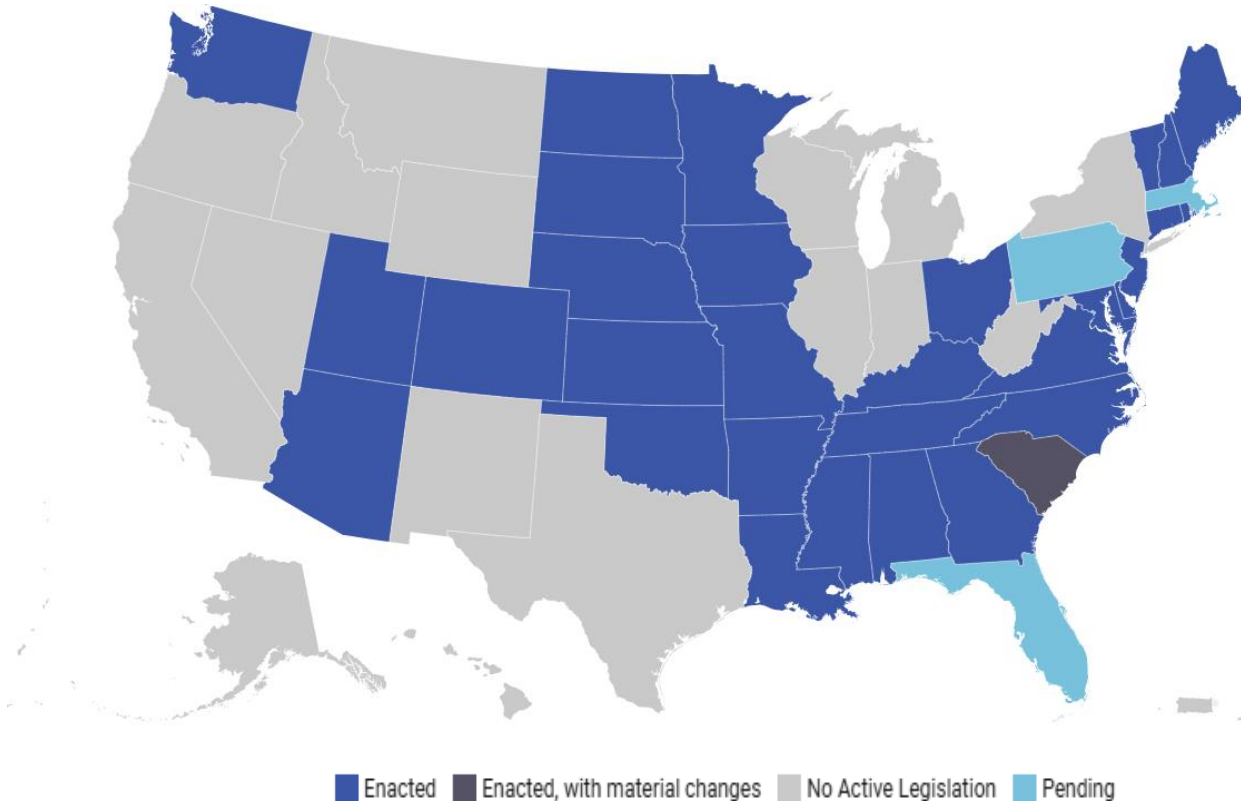
The Social Work Licensure Interstate Compact (Compact) was created to facilitate multistate practice of licensed social work both in-person and through telehealth. The Compact is governed by the Social Work Licensure Interstate Compact Commission (Commission), which is responsible for creating and enforcing the rules and regulations that administer and govern the Compact.

Under the compact, a multistate license to practice as a social worker is issued by the licensing authority in the applicant’s home state and authorizes the social worker to practice in all compact member states. Compact states are required to accept multistate licenses from other compact member states as authorization to practice in each member state. A social worker practicing under the compact practice privileges must comply with the practice laws of the state in which he or she is practicing or where the patient is located.

The Social Work Licensure Compact states that the compact becomes effective upon enactment by the seventh member state. The compact became active on April 12, 2024.²⁰ Although the compact is effective, multistate licenses will not be issued until the implementation process is complete. This process is expected to take 12 to 24 months.²¹

Currently, the Compact has 30-member states and legislation to enact the Compact is currently pending in three states, including Florida.²²

¹⁴ ASLP-IC, *What is a Compact?*, at https://aslpcompact.com/wp-content/uploads/2019/08/80057-What-is-a-Compact_Final.pdf, (last visited December 16, 2025).
¹⁵ *For example, see Virginia v. Tennessee*, 148 U.S. 503 (1893), *New Hampshire v. Maine*, 426 U.S. 363 (1976)
¹⁶ [s. 464.0095, F.S.](#)
¹⁷ [s. 456.4501, F.S.](#)
¹⁸ [s. 491.017, F.S.](#)
¹⁹ [s. 490.0075, F.S.](#)
²⁰ SWLC, Social Work Compact Enacted in 12 States, at <https://swcompact.org/2024/04/16/social-work-compact-enacted-in-7-states/>, (last visited December 16, 2025).
²¹ SWLC, Social Work Licensure Compact Current Status, at <https://swcompact.org/>, (last visited December 16, 2025).
²² SWLC, Compact Map, at <https://swcompact.org/compact-map/>, (last visited December 16, 2025).



Telehealth

A Florida-licensed health care practitioner, a practitioner licensed under a multistate health care licensure compact of which Florida is a member,²³ or a registered out-of-state-health care provider is authorized to provide health care services to Florida patients via telehealth.²⁴ Current law sets the standard of care for telehealth providers at the same level as the standard of care for health care practitioners or health care providers providing in-person health care services to patients in this state. This ensures that a patient receives the same standard of care irrespective of the modality used by the health care professional to deliver the services.

Under current law, in-state and out-of-state licensed or registered health care practitioners may use telehealth to provide health care services to patients physically located in Florida.²⁵ The law does not allow health care practitioners, including Florida licensed clinical social workers, to use telehealth to provide services to out-of-state patients.

Sovereign Immunity

Sovereign immunity generally bars lawsuits against the state or its political subdivisions for torts committed by an officer, employee, or agent of such governments unless the immunity is expressly waived. The Florida Constitution recognizes that the concept of sovereign immunity applies to the state, although the state may waive its immunity through an enactment of general law.²⁶

²³ Florida is a member of the Nurse Licensure Compact, see [s. 464.0095, F.S.](#), and the Interstate Medical Licensure Compact, see [s. 456.4501, F.S.](#)

²⁴ [S. 456.47\(4\), F.S.](#)

²⁵ [Ss. 456.47\(1\), and \(4\), F.S.](#)

²⁶ Fla. Const. art. X, s. 13.

Current law partially waives sovereign immunity, allowing individuals to sue state government and its subdivisions.²⁷ Individuals may sue the government under circumstances where a private person "would be liable to the claimant, in accordance with the general laws of [the] state" [Section 768.28\(5\), F.S.](#), imposes a \$200,000 limit on the government's liability to a single person, and a \$300,000 total limit on liability for claims arising out of a single incident.

[Impaired Practitioner Program](#)

The impaired practitioner treatment program provides resources to assist health care practitioners who are impaired as a result of the misuse or abuse of alcohol or drugs, or both, or a mental or physical condition which could affect the practitioners' ability to practice with skill and safety.²⁸ For a profession that does not have a program established within its individual practice act, DOH is required to designate an approved program by rule.²⁹ By rule, DOH designates the approved program by contract with a consultant to initiate intervention, recommend evaluation, refer impaired practitioners to treatment providers, and monitor the progress of impaired practitioners. The impaired practitioner program may not provide medical services.³⁰

RECENT LEGISLATION:

YEAR	BILL #/SUBJECT	HOUSE/SENATE SPONSOR(S)	OTHER INFORMATION
2025	CS/HB 27 - Social Work Licensure Interstate Compact	Hunschofsky, Koster/ Harrell	Died in Senate
2024	CS/HB 99 - Social Work Licensure Interstate Compact	Hunschofsky/ Rodriguez	Died in House

OTHER RESOURCES:

[Social Work Licensure Compact](#)

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Professions & Programs Subcommittee	15 Y, 0 N	12/9/2025	McElroy	Curry
Health Care Budget Subcommittee	13 Y, 0 N	1/14/2026	Clark	Day
Health & Human Services Committee				

²⁷ [S. 768.28, F.S.](#)

²⁸ [S. 456.076, F.S.](#) The provisions of [s. 456.076, F.S.](#), also apply to veterinarians under [s. 474.221, F.S.](#) and radiological personnel under [s. 486.315, F.S.](#)

²⁹ [S. 456.076\(1\), F.S.](#)

³⁰ Rule 64B31-10.001(1)(a), F.A.C.