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George Mason University

State Policies on Mental Health

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The Problem

- Mental health outcomes worsened nationwide
- Unemployment rate for psychologists 0.9% (BLS, 2021)
- Roughly 150 million americans live in area designated mental health shortage area (HRSA, 2022)

Review what states are doing and evidence

- Target mental health resources towards especially vulnerable groups
 - Schools, high risk communities
 - Risks spillover effects,
- Increase Supply:
 - Expanding Prescriptive authority for Psychologists and/or Nurse Practitioners
 - Telehealth Expansion
 - The Psychology Interjurisdictional Compact (PSYPACT)
 - Certified community behavioral health clinics

Expanding Prescriptive Authority: Psychologists

- Authorizing trained psychologists to prescribe certain psychotropic medications can improve access, especially in areas with provider shortages
- Requires training in clinical psychopharmacology
- Implemented in New Mexico, Louisiana, Illinois, Colorado, Iowa and Idaho.
- Evidence:
 - Choudhury and Plemmons (2023) find mortality from self-inflicted injury decreased by 5 to 7 percentage points in New Mexico and Louisiana

Expanding Prescriptive Authority: Nurse Practitioners

- Providing nurse practitioners full practice authority allowing them to assess, diagnose, interpret diagnostic tests, and prescribe medications
- Does not require physician oversight
- Implemented in 23 states and the District of Columbia
- Evidence:
 - Alexander & Schnell (2019) find mental health improvements and suicide reductions

Expanding Prescriptive Authority: Pharmacists

- Give pharmacists authority to prescribe certain medications
- Idaho model (piecemeal reform, one Medication/class at a time):
 - 2011: Pharmacists allowed to prescribe fluoride supplements
 - **2015: Opioid antagonists (Naloxone)**
 - 2016: Immunizations to children, EpiPen's
 - 2017: Tuberculosis tests and tobacco cessation products
 - Eventually, the legislature tired of revisiting these issues year after year and opted for a broader set of reforms.
- Evidence: Shakya et. al. (2022) find reduced delays for time-sensitive medications for Medicare beneficiaries
- Oregon model: Legislature establish criteria but delegates to State pharmacy board to decide medications, etc.

Telehealth

- Potential to improve access without increasing workforce
- 21 states allow long-term/permanent interstate telemedicine (Federation of State Medical Boards, May 2023)
- Evidence: Jury still out..

Telehealth cont'd: The Psychology Interjurisdictional Compact (PSYPACT)

- Allows psychologists in participating jurisdictions to practice across state lines either via telepsychology or temporary in-person practice
- Participating states aim to ensure that the public has better access to psychological services, especially in underserved or rural areas, while still maintaining a high standard of professional practice among psychologists
- Currently 36 States

Conclusion

- Good intentions not sufficient
- Options exist for states to increase access to mental health care *without merely* re-allocating existing providers
- Increasing provider supply through reforms to telehealth, scope of practice, prescriptive authority are all promising areas states are pursuing
- + Ensure orderly return of Medicaid eligibility redeterminations



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Mercatus Research and Commentary on Medicaid Expansion and Mental Health

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Charles Blahous and Liam Sigaud, [The Affordable Care Act's Medicaid Expansion Is Shifting Resources Away from Low-Income Children](#), Mercatus Policy Research, Mercatus Center at George Mason University, Arlington, VA, December 2022.

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References & Further Reading

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