Recent years have seen increased awareness of the prevalence of mental illness in America. From resolutions and legislation throughout state legislatures and special gubernatorial commissions to dedicated episodes of hit television shows, there is a marked effort to erase the stigmas of mental illness and to encourage accessing mental health services. With more than 42 million American adults—or 18 percent of the U.S. adult population—diagnosed with some type of mental illness, that message is more relevant than ever.

Yet one of the underlying storylines emerging from efforts to destigmatize mental illness and care is the dramatic shortfall in the availability of mental health professionals. The U.S. Department of Health and Human Services estimates that more than 96 million Americans are living in areas in which there is a shortage of mental health service providers.

An emerging pathway to closing the gap between mental health service providers and those seeking help, however, is not a new pathway at all.

The proposed creation of an interstate compact that would allow psychologists to practice over the phone and across state lines has been introduced by the Association of State and Provincial Psychology Boards. While still in its draft stage, the association, which has partnered with The Council of State Governments’ National Center for Interstate Compacts to develop model language, hopes to have legislation introduced in the coming 2016 legislative session.

“Research has shown that the offering of psychological services via telecommunications greatly increases the ability of psychologists to deliver timely and effective services to both existing clients and populations previously underserved due to their rural location, lack of available psychologists, local stigma to seeking care and many other factors,” said Janet Pippin Orwing, executive director of the Association of State and Provincial Psychology Boards.

And mental health services are not the only health services on the verge of a potential crisis.

According to the Annals of Family Medicine, it is estimated that by the year 2025 the United States will face a shortage of more than 51,000 doctors. The deficit of primary care providers is potentially even more devastating when factoring in that by the year 2030 the number of Americans ages 65 years and older is expected to double to more than 72 million, narrowing even more the availability of care.

“Only about 6 percent of America’s doctors are licensed to practice in three or more states,”
according to Lisa Robin, chief advocacy officer for the Federation of State Medical Boards, an organization also championing their own licensure compact.

The deficit of providers, especially in rural communities throughout the United States, is a top reason many organizations representing service providers and states are collaborating on efforts to form compacts that specifically allow for the portability of licenses across state lines whether physically, while utilizing telecommunication, or both.

The utilization of interstate compacts to address this potential health delivery crisis is not only about closing the provider-consumer gap, it is also about ensuring consumer safety and safeguarding consumer confidence of a still heavily unregulated service delivery model.

“As the use of telepsychology grows,” said Pippin Owing, “it becomes increasingly important that the regulation of such practice also develops to ensure psychologists use these technologies within the boundaries of their license, and so that consumers are protected from the unregulated practice of psychology.”

An example often cited by proponents of interstate compacts is the Driver’s License Compact, which allows drivers to be recognized as licensed to operate motor vehicles across state lines but defers most disciplinary actions, such as the revoking of a license, to the operator’s state of primary residence. While such actions are reserved for the state of primary residence, drivers must still adhere to the laws and regulations enacted in the state in which they are driving.

The end result of the driver’s license compact has been a collaborative effort that has ensured the ease of travel across state lines, in part, because of effective regulation.

While opponents of interstate compacts fear that such agreements limit the sovereignty of state regulatory authority, compacts actually allow for each state to maintain their own licensing and disciplinary authorities while also allowing for the sharing of information across state borders, a critical component to ensuring legal, ethical and high-quality health care.

The National Center for Interstate Compacts estimates that there are currently 215 active compacts throughout the United States with most states belonging to two or more. These agreements in historic practice and current usage have been shown to strengthen the collective voice of the states while also respecting their legal jurisdiction.

As health service providers continue to think of innovative solutions to meet the growing demand for health care in America, interstate compacts will continue to be a tool in the kit of providers, policymakers and consumers alike.

Additional Resources

- The Council of State Governments’ National Center for Interstate Compacts- [www.csg.org/ncic](http://www.csg.org/ncic) [2]
- The Association of State and Provincial Psychology Boards- [www.asppb.org](http://www.asppb.org) [3]
- The Federation of State Medical Boards- [www.fsmb.org](http://www.fsmb.org) [5]
- The U.S. Department of Health and Human Services- [www.hhs.gov](http://www.hhs.gov) [6]
- Rural Assistance Center- [www.raconline.org](http://www.raconline.org) [7]

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