National Alliance on Mental Illness

NAMI 2023 STATE LEGISLATION
ISSUE BRIEF SERIES

Trends in Access to Mental Health Care State Policy

MAY 2024

About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Acknowledgements and Gratitude

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Additional thanks are extended to NAMI staff members who helped to edit (Anne Staab) and provide key facts and figures (Jessica Walthall), and to Pamela Krikorian, the designer of this brief. Finally, we deeply appreciate NAMI grassroots advocates who communicate with legislators to make mental health and improving access to care a priority in state legislatures across the country.

NAMI would like to thank the NAMI State Organizations and their leaders and members who advocated to improve access to mental health care in 2023, and for many years before that. We encourage policymakers who are interested in improving access to mental health care in their states to reach out to their NAMI State Organization leaders (look up your NAMI here) or reach out to NAMI National at mhpolicy@nami.org.

NAMI.org

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MAY 2024

Less than half

of adults with mental illness **receive treatment** in a given year.

One of NAMI's strategic plan priorities is that people get the best possible care — a goal that is far more complex than the simple language would suggest. There are many barriers to accessible, comprehensive and affordable mental health care, and studies routinely show that less than half of adults with mental illness receive treatment in a given year.

Many people experience financial barriers to mental health treatment, and concern about the cost of treatment is one of the most common reasons given by people with mental health conditions who feel that they need treatment but do not receive it. Even for individuals who have health insurance, the costs of accessing mental health care are higher than for other types of medical care. **Mental health providers are reimbursed at lower rates, which also contributes to far fewer mental health providers in insurance networks — causing people to seek out-of-network mental health care at more than three times the frequency than for other health care services.**

We are experiencing workforce shortages across the country just as demand for mental health care is at an all-time high. Ninety percent of Americans believe there is a mental health crisis in the U.S., yet over 120 million Americans live in a federally-designated Mental Health Professional Shortage Area. Environmental and cultural factors, from housing to transportation to inclusive and culturally appropriate care also affect an individual's willingness and ability to seek and find the care they need.

This issue brief highlights state legislation passed in 2023 that will help improve access to mental health care, and includes policy recommendations that may be implemented in states across the country, within the following key categories:

- **Mental Health Workforce**
- **Parity**
- **Medicaid and Private Health Insurance**
- **Medication Access**
- **Telehealth**
- **Statewide Systems Planning**

Additionally, a section titled Concerning Trends and Legislative Opportunities addresses recent policies, seen in many U.S. states, that may negatively affect mental health.

Methodology

The content of this issue brief is focused on mental health legislation that was enacted in 2023 (vetoed bills were not included). The research for this brief was conducted primarily using legislative tracking software (Quorum). Additionally, to inform our analysis of major legislation, NAMI National collected NAMI State Organizations' (NSOs) 2023 state legislative summaries (when available) and surveyed NSOs on their 2023 legislative activity.

Many public policy issues impact mental health and are important and worthy of policymakers' attention. However, in the interest of creating an accessible and usable brief for advocates and other interested parties, the brief's scope is specific to state policies that impact individuals' access to mental health care and services. This brief is not comprehensive; it is intended to discuss trends that either improve or hinder access to mental health care through state policies.

Even with these limits, more than 169 state mental health bills were collected for consideration in this brief. Upon further refinement, 98 bills were included in the final brief.

POLICY HIGHLIGHTS
AND EXAMPLE LEGISLATION

Mental Health Workforce

While the demand for mental health professionals is high, there is a **significant shortage** of these professionals throughout the U.S.

NAMI believes that the mental health and substance use workforce must be sufficient in supply, diversity and training to meet the health, cultural, and linguistic needs of people with mental health conditions. Access to mental health care and treatment cannot happen without a skilled and diverse workforce to provide these needed services. While the demand for mental health professionals is high, there is a significant shortage of these professionals throughout the U.S.

In 2023, states made significant strides to grow and strengthen the mental health workforce through legislative action.

POLICY RECOMMENDATIONS

To increase the mental health workforce, NAMI encourages states to:

- **Expand the workforce** to be more inclusive of peer support workers
- **Provide financial incentives** to recruit and retain diverse, high-quality professionals
- **Reduce barriers** so that providers can more easily deliver mental health care

Mental Health Workforce

Peer Support Workforce Expansion

Peer support workers are individuals with lived experience of recovery from a mental health condition, substance use disorder or both who are trained to support other individuals and their families in recovery. They play a critical role in a continuum of care, and NAMI supports policies that build, promote, expand and sustain the role of peer support workers throughout the mental health and substance use workforce.

In 2023, Florida looked to expand the peer support workforce by creating a Certified Peer Specialist Gateway Pilot Program within the Department of Corrections, which allows those who are incarcerated to become certified peer specialists (CS/CS/HB 1045). Programs such as this can improve reentry post-incarceration to find employment as a certified peer specialist.

BENEFITS OF PEER SUPPORT

increased **self-esteem and confidence**

reduced **hospital admission rates** and longer community tenure

To learn more, see **SAMHSA's peer support resource.**

Florida

Bill Number CS/CS/HB 1045

Sponsor(s)

Rep. Dianne Hart (D) and Rep. Berny Jacques (R)

Summary

An act that creates the Certified Peer Specialist Gateway Pilot Program within the Department of Corrections. This pilot program provides people who are incarcerated with a path to become a certified peer specialist by offering the training and experience to receive certification.

For more examples of 2023 peer support workforce expansion legislation, see Appendix A.

Mental Health Workforce

NAMI STATE ORGANIZATION SPOTLIGHT

NAMI Florida and the passage of CS/CS/HB 1045

Individuals with mental illness who are leaving jail or prison face many barriers to employment. That is why NAMI Florida (NAMI FL) and the Florida Mental Health Advocacy Coalition (FLMHAC) partnered together to support CS/CS/HB 1045, which creates a pathway to employment for individuals with mental illness who are incarcerated to become peer support workers. According to Gayle Giese, former Board Member of NAMI FL and President of FLMHAC, "Certified Recovery Peer Specialists with a history of justice system involvement can help others with related experiences while securing meaningful employment."

On June 23, 2023, Florida Governor Ron DeSantis signed CS/CS/HB 1045 into law. This bill was a bipartisan effort that creates a three-year Peer Support Specialist Gateway Pilot Program at four facilities in Florida. This program provides interested individuals, who meet certain qualifications and have lived experience of mental illness and/or substance use disorder, with the necessary training and experience to become a Certified Recovery Peer Specialist. Additionally, it makes them exempt from criminal background checks required for certification, which is a common barrier to employment for many people re-entering the community from jail or prison.

Fortunately, CS/CS/HB 1045 faced little opposition, sailing through both the Senate and the House with unanimous favorable votes in all committees. When asked about advocates' hope for this program Gayle Giese stated, "NAMI FL hopes this pilot program is successful and expanded throughout the state. This is an opportunity that will aid in achieving lasting recovery for the participants and those that they help."

"This is an opportunity that will aid in achieving lasting recovery for the participants and those that they help."

Gayle Giese
Former Board Member, NAMI FL and President, FLMHAC

Mental Health Workforce

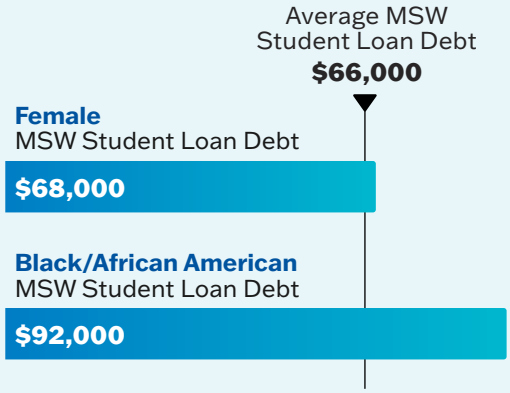
Repayment and Incentives

NAMI supports public policies and laws that ease or incentivize the path of entry into the mental health workforce. To further grow the mental health workforce, states looked at ways to provide financial incentives, such as scholarships, loan repayment opportunities, paid internships or retention bonuses.

Some 2023 legislative highlights include the District of Columbia's scholarship program at the University of the District of Columbia for social work students (B-25-0055), Illinois' increase of the maximum amount of loan forgiveness available to mental health professionals (SB 57), and Nevada's creation of a Student Loan Repayment for Providers of Health Care in Underserved Communities Program (AB 45).

AVERAGE STUDENT LOAN DEBT

The Council on Social Work Education and the National Association of Social Workers survey found that Master of Social Work (MSW) students have on average $66,000 in total student loan debt. However, the average total debt burden is **higher for female students** ($68,000) and **much higher for Black/African American students** ($92,000).



District of Columbia

Bill Number B 25-0055

Sponsor(s)
CM Robert White (D) and CM Anita Bonds (D)

Summary
An act that aims to increase social workers and counselors in the District by establishing a scholarship program at the University of the District of Columbia for District residents who pursue certain master's degree programs and then licensure from the Board of Professional Counseling or the Board of Social Work. In exchange for accepting the program's financial assistance, participants shall commit to working at certain eligible sites in the District for three years.

Mental Health Workforce

Illinois

Bill Number SB 57

Sponsor(s)
Sen. Laura Fine (D), Sen. Rachel Ventura (D), Rep. Lindsey LaPointe (D), Rep. Cyril Nichols (D), Rep. Sharon Chung (D), Rep. Anna Moeller (D) and Rep. Camille Y. Lilly (D)

Summary
An act that increases the maximum amount of loan forgiveness available to a range of mental health and substance use professionals in the Community Behavioral Health Care Professional Loan Repayment Program and clarifies eligible work sites. The bill also specifies that no less than 30 percent of the funding will be reserved for awards to minority applicants of African American or Black, Hispanic or Latinx, Asian, or Native American origin.

Nevada

Bill Number AB 45

Sponsor(s)
Assembly Committee on Government Affairs

Summary
An act that creates the Student Loan Repayment for Providers of Health Care in Underserved Communities Program to repay the student education loans of qualified psychologists, social workers, and clinical professional counselors, among other providers, who work in certain underserved communities for at least five years. At least 15 percent of the program funding must repay the student education loans of health care providers who commit to practicing in a county whose population is less than 100,000.

For more examples of 2023 repayment and incentives legislation, see Appendix A.

Mental Health Workforce

Licensure

In 2023, states made efforts to remove burdensome requirements that do not impact the quality of care provided by individuals. Illinois is providing an alternative to taking the social work licensure exam to address concerns over bias in the exam structure. Instead, social workers have the option to obtain extra supervised hours (HB 2365). This is in no way lowering the standards for social work; it is providing a longer alternate path. This alternative consists of at least 3,000 hours of supervised professional experience that is obtained within 10 years preceding the date of the application after the degree is acquired. Tennessee enacted legislation to make it easier for psychologists with an out-of-state license to become licensed in Tennessee. SB 953 allows the Board of Psychology to designate a person as a health service provider if they have a valid license or certificate in another state and have been practicing for at least 10 of the last 15 years preceding the application.

Illinois

Bill Number HB 2365

Sponsor(s)
Rep. Lindsey LaPointe (D), Rep. Mary E. Flowers (D), Rep. Norma Hernandez (D), Rep. Maurice A. West, II (D), Sen. Karina Villa (D), Sen. Elgie R. Sims (D), Sen. Mattie Hunter (D) and Sen. Cristina H. Pacione-Zayas (D)

Summary
An act that provides an alternative for the social work licensure exam. This alternative consists of at least 3,000 hours of supervised professional experience that is obtained within 10 years preceding the date of the application after the degree is obtained.

Tennessee

Bill Number SB 953

Sponsor(s)
Sen. Page Walley (R)

Summary
An act that allows the Board of Psychology to designate a person as a health service provider if they have a valid license or certificate in another state, and they have been practicing for at least 10 of the last 15 years preceding the application. The applicant's previous license or certification must have required training that is generally equivalent to Tennessee's licensing standards, and the applicant must not have been subject to disciplinary action.

For more examples of 2023 licensure legislation, see Appendix A.

Mental Health Workforce

INTERSTATE COMPACTS

An interstate compact is an agreement among states allowing a licensed professional to practice across state lines without requiring multiple licensures. These agreements have the potential to increase access to care, facilitate continuity of care when clients relocate or travel, and expand access to counselors who provide specialized services.

Below are some examples of licensure compacts that states can take up:

Counseling Compact	An interstate compact allowing professional counselors licensed and residing in a compact member state to practice in other compact member states without the need for multiple licenses.
Psychology Interjurisdictional Compact (PSYPACT)	An interstate compact designed to facilitate the practice of telepsychology and temporary in-person, face-to-face practice of psychology across state boundaries.
Social Work Compact	An interstate compact enabling social workers to practice in each other's jurisdictions, once practitioners demonstrate they meet the compact requirement.

To see which states passed legislation concerning licensure compact, see Appendix A.

POLICY HIGHLIGHTS
AND EXAMPLE LEGISLATION

Parity

Despite federal and state laws requiring parity in most health plans,

mental health care remains inaccessible and unaffordable

for many people.

Parity is the simple idea that mental health and substance use disorder care should be treated equally to other types of health care. Despite federal and state laws requiring parity in most health plans, mental health care remains inaccessible and unaffordable for many people, even those with comprehensive insurance coverage. A 2024 study found that people with private insurance are forced to seek mental health care out-of-network at far higher rates than for other types of care. The study also found that mental health providers are routinely paid less than other medical providers for similar services. These significant disparities show that mental health parity is still not a reality.

In 2023, Minnesota set up a Mental Health Parity and Substance Abuse Accountability Office to strengthen the state's ability to enforce compliance with parity laws. Additionally, Oklahoma enacted two bills strengthening equal access to mental health benefits. One of those bills, SB 254, continues a trend from the last few years in which states have passed legislation requiring that individuals are only responsible for in-network cost-sharing when they are forced to go out of network to access mental health care in a timely fashion.

POLICY RECOMMENDATIONS

To improve mental health parity, NAMI encourages states to:

- **Dedicate resources and staff** to identify parity violations and increase enforcement actions
- **Audit mental health and substance use provider network directories** for compliance with network adequacy standards—this could include secret shopper surveys to assess for ghost networks
- **Improve mental health and substance use treatment provider reimbursement rates** and require coverage of evidence-based care models
- **Empower state regulators** to levy penalties for parity violations

Parity

Minnesota

Bill Number SF 2744

Sponsor(s)

Rep. Zack Stephenson (D), Sen. Matt D. Klein (D) and Sen. Nick A. Frentz (D)

Summary

An act that creates the Mental Health Parity and Substance Abuse Accountability Office in the Department of Commerce to execute effective strategies for implementing the requirements under the federal and state mental health parity and addiction laws. The office may oversee compliance reviews, conduct and lead stakeholder engagement, review consumer and provider complaints, and serve as a resource for ensuring health plan compliance with mental health and substance abuse requirements. It also requires coverage of the Collaborative Care Model. ***Note: this is a large omnibus bill—for a description of additional provisions, see Appendix C, pg. 35.***

Oklahoma

Bill Number SB 254

Sponsor(s)

Sen. Jessica Garvin (R) and Rep. Jeff Boatman (R)

Summary

An act that requires insurance companies to establish a procedure for arranging out-of-network behavioral health care at no greater cost to the patient if an in-network provider is not available in a timely manner. Noncompliant insurers are subject to investigation and fees/fines.

Parity

Oklahoma

Bill Number SB 442

Sponsor(s)
Sen. John Montgomery (R) and Rep. Chris Sneed (R)

Summary
An act that requires insurers to publish an electronic directory of providers for each of its plans and update information in their directories every 60 days. Insurers are required to remove providers from directories who have not submitted a claim to the plan within a 12-month period.

For more examples of 2023 parity legislation, see Appendix B.

POLICY HIGHLIGHTS
AND EXAMPLE LEGISLATION

Medicaid and Private Health Insurance

Medicaid is the largest payer for mental health services in the United States and is a critical lifeline for many people with mental health conditions. Within broad federal guidelines, it is largely up to each state to administer their Medicaid programs and determine who is eligible, what services are covered and how providers will be reimbursed.

Unlike Medicaid, private health plans are not administered by the state, but states still have significant authority to regulate commercial plans and enforce both federal and state policies. One trend has been to require private health plans to cover Collaborative Care Models that better integrate mental and physical health care. Psychiatric collaborative care allows individuals to receive mental health care in medical settings, including primary care facilities. This approach can increase access to mental health care and encourage providers to treat the individual as a whole person, rather than siloing mental and physical health.

POLICY RECOMMENDATIONS

To improve Medicaid and private health insurance mental health benefits, NAMI encourages states to:

- **Enact Medicaid expansion** under the Affordable Care Act
- **Provide Medicaid services to additional populations,** including postpartum mothers and individuals reentering their communities after incarceration
- Allow a full range of mental health professionals, including peer support specialists, and facilities to **bill Medicaid for providing mental health services**
- **Require coverage of evidence-based care models,** including models that promote integration of care

Medicaid and Private Health Insurance

Nevada

Bill Number AB 138

Sponsor(s)
Assembly Committee on Health and Human Services

Summary
An act that requires the state Medicaid program to cover evidence-based, behavioral health integration models, including the Collaborative Care Model, which integrates psychiatric consultation and other behavioral health services into primary care settings.

Maryland

Bill Number HB 1148 / SB 0582

Sponsor(s)
Del. David Moon (D) and Sen. Malcolm Augustine (D)

Summary
An act to establish the Commission on Behavioral Health Care Treatment and Access to make recommendations on appropriate, accessible and comprehensive behavioral health services. Additionally, this bill establishes the Behavioral Health Care Coordination Value-Based Purchasing Pilot Program, which rewards quality of service over quantity, extends audio-only telehealth coverage until June 2025 in the Maryland Medical Assistance Program (Maryland Medicaid), and requires the state to submit an application to participate in the federal Certified Community Behavioral Health Clinics (CCBHC) demonstration program.

For more examples of 2023 Medicaid and private health insurance legislation, see Appendix C.

POLICY HIGHLIGHTS
AND EXAMPLE LEGISLATION

Medication Access

Individuals need
to be able to
access the treatment
that works best
for them and their
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Mental health medications affect people in different ways, and individuals need to be able to access the treatment that works best for them and their individual health needs, including medication. It is important that medication decisions are carefully considered with a health care provider who has both extensive knowledge of the individual and available medication options.

However, too often, access to medications is limited due to health insurers' formularies, or drug lists, and utilization management practices designed to curb the insurers' costs, including step therapy and prior authorization. Step therapy can be a danger to the health and well-being of the person taking the medication, and result in a worsening of symptoms and undermining the decisions made between individuals and their health care providers.

POLICY RECOMMENDATIONS

To increase and protect access to medications, NAMI encourages states to:

- **Eliminate or reform step therapy** and prior authorization
- **Prohibit therapeutic substitution** and non-medical switching of psychiatric medications
- **Exempt psychiatric medications** from prescription drug formulary restrictions

Medication Access

Colorado

Bill Number HB 23-1130

Sponsor(s)
Rep. Dafna Michaelson Jenet (D), Sen. Robert Rodriguez (D) and Sen. Chris Kolker (D)

Summary
An act that defines the term "serious mental illness" for use in allowing the provider's originally prescribed medication to be covered without satisfying the insurer's step therapy protocol. This bill also requires the medical services board to evaluate newly FDA-approved medications for coverage within 90 days of FDA approval.

Washington

Bill Number SB 5300

Sponsor(s)
Sen. Manka Dhingra (D)

Summary
An act that prohibits insurers from switching a person's medications to treat their mental health condition once they are reported as stable on that medication.

For more examples of 2023 medication access legislation, see Appendix D.

POLICY HIGHLIGHTS
AND EXAMPLE LEGISLATION

Telehealth

Telehealth is a growing, effective way to provide mental health care when individuals and providers are in different physical locations. While telehealth is not always the right option for every person or every condition, for many individuals, it can significantly reduce barriers to accessing care and play a vital role in a person's mental health condition management and recovery.

The COVID-19 pandemic led to a rapid expansion of telehealth access; however, when the federal public health emergency for COVID-19 ended in May 2023, states were largely left to decide if those policies would remain. In 2023, states expanded mental health care access by making permanent COVID-era telehealth flexibilities and reimbursement policies.

Telehealth can
significantly reduce barriers to accessing care
and play a vital role in a person's mental health condition management and recovery.

POLICY RECOMMENDATIONS

To improve telehealth access, NAMI encourages states to:

- **Permit mental health services to be delivered via telehealth** as clinically appropriate and consistent with a person's preferences
- **Ensure telehealth providers are appropriately reimbursed** for their services
- **Allow for audio-only telehealth options,** which is especially important for older adults as well as individuals living in areas with limited broadband access

Telehealth

Nevada

Bill Number SB 119

Sponsor(s)
Senate Committee on Health and Human Services

Summary
An act that requires insurers to provide reimbursement for counseling or treatment relating to a mental health condition or substance use disorder provided through telehealth, including an audio-only telehealth interaction, in the same amount as if the counseling or treatment was provided in person or through other means.

For more examples of 2023 telehealth legislation, see Appendix E.

POLICY HIGHLIGHTS
AND EXAMPLE LEGISLATION

Statewide Systems Planning

State mental health systems have long been piecemeal and fragmented, leaving individuals and families to navigate a complicated system that often lacks the services and supports they need. With the demand for mental health services now greater than ever, some states have turned to the creation of statewide commissions or other bodies to break down silos, bring stakeholders together, look comprehensively at what communities need and address system gaps.

In 2023, Montana and Maryland provided promising examples of new statewide commissions dedicated to improving mental health treatment access.

POLICY RECOMMENDATIONS

To improve the planning and implementation of comprehensive mental health care systems, NAMI encourages states to:

- **Create a statewide mental health and substance use commission**
- **Require the inclusion of lived experience** directly in the commission's membership or at least as part of the commission's meetings and other actions
- **Clearly outline the purpose of the commission and empower the commission** to advise the state legislature and administration on policy and funding strategies to improve access to care

Statewide Systems Planning

Montana

Bill Number HB 872

Sponsor(s)
Rep. Bob Keenan (R)

Summary
An act that establishes the Behavioral Health for Future Generations Commission and a related state special revenue fund that may only be used for designated behavioral health purposes. The act also designates funding for FY 23 and FY 24 for the special revenue fund as well as other behavioral health system needs.

Maryland

Bill Number HB 1148 / SB 0582

Sponsor(s)
Del. David Moon (D) and Sen. Malcolm Augustine (D)

Summary
An act to establish the Commission on Behavioral Health Care Treatment and Access to make recommendations on appropriate, accessible and comprehensive behavioral health services. Additionally, this bill establishes the Behavioral Health Care Coordination Value-Based Purchasing Pilot Program, which rewards quality of service over quantity, extends audio-only telehealth coverage until June 2025 in the Maryland Medical Assistance Program (Maryland Medicaid), and requires the state to submit an application to participate in the federal Certified Community Behavioral Health Clinics (CCBHC) demonstration program.

Concerning Trends and Legislative Opportunities

While there is so much to celebrate in the ways that states improved access to mental health care in 2023, we also want to draw attention to harmful trends that negatively impact mental health. As important as it is to advocate for improvements in care, NAMI also prioritizes opposing policies that put people and their mental health at risk.

Anti-LGBTQ+ Discrimination

Across the country, states have enacted policies that discriminate against LGBTQ+ individuals — especially trans and nonbinary youth. Members of the LGBTQ+ community are at higher risk for experiencing mental health conditions due to the systemic and personal discrimination they often face. In 2024, 39 percent of LGBTQ+ young people seriously considered attempting suicide, and rates were even higher among trans and nonbinary youth. Bills that ban gender-affirming care for youth or restrict students' ability to use their preferred pronouns in school can exacerbate depression, anxiety, and suicidality among LGBTQ+ youth. For a complete list of pending and passed anti-LGBTQ+ legislation, see this ACLU tracker.

NAMI supports policies that protect LGBTQ+ individuals and improve their access to mental health and medical care, and NAMI opposes public policies and laws that ban, limit or criminalize access to clinically appropriate gender affirming care. Due to the increase of anti-LGBTQ+ bills facing many states, some states worked to protect LGBTQ+ access to care. Washington enacted legislation that protects health care providers from criminal investigation or prosecution relating to providing protected health care services, including gender affirming care (HB 1469).

GENDER AFFIRMING CARE AND YOUNG PEOPLE

Affirming Care	When Is It Used?	Reversible or Not?
Social affirmations (e.g. pronouns, name acceptance)	**At any age or stage**	**Reversible**
Puberty blockers	**During puberty**	**Reversible**
Hormone therapy	**Early adolescence onward**	**Partially reversible**
Gender-affirming surgeries	**Typically used only in adulthood** (case-by-case only in adolescence)	**Not reversible**

Source: HHS Office of Population Affairs. (2022). *Gender-Affirming Care and Young People*

Concerning Trends and Legislative Opportunities

Washington

Bill Number HB 1469

Sponsor(s)
Rep. Drew Hansen (D)

Summary
An act that protects health care providers from criminal investigation or prosecution relating to providing protected health care services, including gender affirming care.

Criminalizing Homelessness

Housing and mental health are inextricably linked. Safe and stable housing — or the absence of it — can have a huge impact on mental health. In fact, 1 in 5 people experiencing homelessness in the United States have a serious mental health condition. Unfortunately, more than a third of states have exacerbated this problem by introducing or passing legislation that criminalizes homelessness and further prevents individuals from accessing the care and support they need. For a more complete list of pending legislation, see this Housing Not Handcuffs tracker.

Rather than impose criminal penalties on individuals experiencing homelessness, states should focus on increasing access to housing and mental health services like the New Jersey example below.

New Jersey

Bill Number A 4755

Sponsor(s)
Assemb. Yvonne Lopez (D) and Sen. Renee Burgess (D)

Summary
An act that authorizes behavioral health providers to provide services to homeless persons within homeless shelters.

Every individual experiencing a mental health condition deserves care that meets their health, cultural, and linguistic needs.

While many barriers currently exist that prevent access, states across the country have been making strides in helping people get the best possible mental health care. We encourage state policymakers to learn from one another and to consider the policy recommendations in this issue brief, using featured legislation as examples, to improve access to care in their states.

APPENDIX A

Mental Health Workforce

Peer Support Workforce Expansion

State	Bill Number	Summary
Colorado	SB 23-002	An act that authorizes the Department of Health Care Policy and Financing to seek federal authorization from the Centers for Medicare and Medicaid Services to provide Medicaid reimbursement for community health worker services. The act requires that reimbursement policies and federal authorities for existing unlicensed health workers, such as peer support professionals, be aligned and incorporated with the community health worker payment models.
Minnesota	SF 2995	An act that creates a grant program for licensed providers to train mental health certified peer specialists and appropriates $2.8M for loan forgiveness. This bill also funds an additional psychiatry resident slot, creates a program to train primary care and pediatricians alongside child psychiatrists in a clinic, provides funding for Black, Indigenous, and People of Color (BIPOC) mental health professionals to become supervisors, and provides funding for clinics that serve a high number Medicaid clients to provide supervision for free.
Virginia	HB 1525 / SB 846	An act that permits the Department of Behavioral Health and Developmental Services, direct care services providers, and community boards to hire peer recovery specialists who have been convicted of certain barrier crimes where a history of such offenses does not pose a risk in the work of a peer recovery specialist.
Washington	SB 5555	An act that establishes certified peer specialists as new health professionals that may engage in practice of peer support services and be billable to third party payers.

APPENDIX A

Mental Health Workforce *(Continued)*

Repayment and Incentives

State	Bill Number	Summary
Maryland	SB 283	An act that establishes the Behavioral Health Workforce Investment Fund to provide reimbursement for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals; and requiring the Maryland Health Care Commission, in coordination with certain other agencies, to conduct a comprehensive behavioral health workforce needs assessment by October 1, 2024.
Missouri	SB 157	An act that creates a loan repayment program for health, mental health and public health professionals who work in underserved areas for at least two years.
Oregon	HB 2235	An act that requires the Oregon Health Authority to convene a workgroup to study access to behavioral health treatment in rural and medically underserved areas of the state. The workgroup will develop recommendations to improve recruitment and retention of behavioral health workforce and reduce administrative burden on providers.
Texas	HB 400	An act that establishes the following grant programs: 1) the Psychiatric Specialty Innovation Grant Program to award incentive payments to medical schools that administer innovative residency training programs designed to increase the number of physicians in-state who specialize in pediatric or adult psychiatric care and 2) the Behavioral Health Innovation Grant Program to award incentive payments to public higher education institutions that administer innovative recruitment, training, and retention programs designed to increase the number of mental health professionals or professionals in related fields. Priority will be given to programs in rural or underserved areas.

APPENDIX A

Mental Health Workforce *(Continued)*

Repayment and Incentives

State	Bill Number	Summary
Texas	SB 532	An act that decreases the number of years a mental health professional must work in a designated mental health professional shortage area to qualify for the Loan Repayment Program for Mental Health Professionals from five to three years and expands the program to include mental health professionals in local mental health authorities and state hospitals. The bill also requires colleges and universities to provide a map to students that shows where mental health services can be located and to point out where mental health services are located during campus tours.
Texas	HB 1211	An act that amends the Loan Repayment Program for Mental Health Professionals to include licensed specialists in school psychology (LSSPs), who specialize in providing mental health and educational services to students in school settings.
Texas	HB 2100	An act that extends the eligibility for the current Loan Repayment Program for Mental Health Professionals to early-career mental health professionals working in any state hospital or providing community-based mental health services at a local mental health authority.
Virginia	HB 1573	An act that requires each health regulatory board within the Department of Health Professions to amend its licensure, certification and registration applications to remove any existing questions pertaining to mental health conditions and impairment and to include the following questions: 1) Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? and 2) Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation?

APPENDIX A

Mental Health Workforce *(Continued)*

Repayment and Incentives

State	Bill Number	Summary
Washington	SB 5189	An act that establishes "behavioral health support specialist (BHSS)," a new type of behavioral health professional certification available to individuals with a bachelor's degree and requires BHSS services to be covered by Medicaid by January 1, 2025.

Licensure

State	Bill Number	Summary
Idaho	H 61	An act that would allow a mental or behavioral health provider licensed in another state to practice in Idaho.
Maine	LD 1417	An act that amends the licensing of certain mental health and substance use treatment facilities and programs to provide that if such a facility or program receives and maintains accreditation from a national accrediting body, it is exempt from state inspection for compliance with state licensing laws and rules under certain circumstances.
Utah	HB 411	An act that expands qualifying personnel for student health and counseling support to include "behavioral health support personnel" who are not certified or licensed, but meet professional qualifications as defined by state board rule and work under the direct supervision of qualifying personnel.

APPENDIX A

Mental Health Workforce *(Continued)*

Licensure

State	Bill Number	Summary
Virginia	HB 1900	An act that requires the Department of Behavioral Health and Developmental Services to issue a provisional license to a provider who has previously been fully licensed when the provider is temporarily unable to comply with all licensing standards. The maximum term of a provisional license should not exceed six months. Requires the Department of Behavioral Health and Developmental Services and the Department of Medical Assistance Services to develop a joint agency protocol prior to imposing limitations on a provider that could lead to restrictions on reimbursements.
Virginia	HB 2124	An act that allows any local school board to provide a provisional school psychologist license for three school years (with an allowance for an additional two year extension with the approval of the division superintendent) to any professional licensed by the Board of Counseling, Board of Social Work, Board of Psychology or any other licensed counseling professional with appropriate experience and training, provided that any such individual makes progress towards completing the requirement for full licensure.
Washington	HB 1724	An act that offers targeted support to new behavioral health professionals, makes changes to licensing requirements, and creates a stipend program to offset out-of-pocket costs for supervised experience requirements.

Interstate Compact

State	Bill Number	Summary
Arkansas	HB 1181	An act that allows Arkansas to enter the Counseling Compact to allow licensed professional counselors to practice in other member states.

APPENDIX A

Mental Health Workforce *(Continued)*

Interstate Compact

State	Bill Number	Summary
Florida	CS/HB 33	An act that authorizes psychologists in compact states to practice telepsychology in other compact states.
Florida	CS/HB 33 / HB 35	An act that enters Florida into the Psychology Interjurisdictional Compact to allow licensed psychologists to practice in other member states.
Indiana	SB 160	An act that enters Indiana into the Professional Counselor Licensure Compact to allow licensed professional counselors to practice in other member states.
Iowa	HF 671	An act that enters Iowa into the Professional Counselor Licensure Compact to allow licensed professional counselors to practice in other member states.
Kansas	HB 2288	An act that enters Kansas into the Counseling Compact to allow for licensed professional counselors to practice in other member states.
Montana	HB 777	An act that enters Montana into the Interstate Counseling Compact to allow licensed counselors to practice in other member states.
Missouri	SB 157 / SB 70	An act that enters Missouri into the Social Work Compact to allow licensed social workers to practice in other member states.
New Jersey	A 5311	An act that enters New Jersey into the Counseling Compact to allow licensed counselors to practice in other member states.

APPENDIX A

Mental Health Workforce *(Continued)*

Interstate Compact

State	Bill Number	Summary
Vermont	H 62	An act that enters Vermont into the Counseling Compact to allow licensed professional counselors to practice in other member states.
Vermont	H 282	An act that enters Vermont into the Psychology Interjurisdictional Compact to allow doctoral level psychologists to practice telepsychology and temporary in-person psychology in other compact states.
Virginia	HB 1433 / SB 802	An act that enters Virginia into the Counseling Compact to allow licensed professional counselors to practice in other member states.
Washington	HB 1069	An act that enters Washington into the Counseling Compact to allow licensed professional counselors to practice in other member states.
Wisconsin	SB 196	An act that enters Wisconsin into the Counseling Compact, which allows licensed professional counselors to practice in other member states.
Wyoming	SF 10	An act that enters Wyoming into the Counseling Compact to allow licensed professional counselors to practice in other member states.
Wyoming	SF 26	An act that enters Wyoming into the Psychology Interjurisdictional Compact to allow psychologists to practice telepsychology in other member states.

APPENDIX B

Parity

State	Bill Number	Summary
Illinois	HB 2089 / SB 1568	An act that requires the Department of Insurance to issue a report by April 30, 2024 on the disability insurance plan policies that limit mental health and substance use disorder benefits.
New Mexico	SB 273	An act that calls on the Office of Superintendent of Insurance to enforce compliance with federal and state parity laws. The law also requires plans to systematically raise reimbursement rates for mental health and substance use disorder services to ensure parity with other health care services, among other provisions to improve network adequacy.

APPENDIX C

Medicaid and Private Health Insurance

State	Bill Number	Summary
Arkansas	**HB 1129**	An act that requires the state Medicaid program to reimburse for behavioral health screenings and behavioral health services provided in hospital outpatient clinics or physician clinics.
Arkansas	**SB 178**	An act that gives benefits and reimbursement for mental health or substance use disorder services via a psychiatric Collaborative Care Model.
Colorado	**HB 23-1200**	An act that requires Medicaid managed care entities to create a treatment voucher pilot program. This program allows people experiencing a mental health crisis who cannot find treatment with an in-network provider to receive a voucher to use for payment with an out-of-network provider.
Maryland	**SB 101**	An act that repeals a current Collaborative Care pilot program and requires the Maryland Department of Health to expand access to and provide reimbursement for services provided in accordance with the Collaborative Care Model under the Maryland Medical Assistance Program.
Minnesota	**SF 2744**	In addition to the parity and Collaborative Care Model provisions described on pg. 14, this is an act that requires group health plans to reimburse for services provided in Psychiatric Residential Treatment Facilities (PRFTs). This bill also lowers the suicide clause in life insurance from two years to one year, requires plans to allow any willing provider for the next two years and changes the network adequacy standards to go beyond having a provider within 30 minutes and 30 miles.
New Mexico	**HB 400**	An act that studies the potential effects of implementing Medicaid Forward by directing the state's Human Services Department to study and design a plan to allow any New Mexican to access health coverage through Medicaid by paying premiums and co-pays based on income.

APPENDIX C

Medicaid and Private Health Insurance *(Continued)*

State	Bill Number	Summary
Oklahoma	**SB 444**	An act that requires the state Medicaid program and certain health plans to cover evidence based integrated care models, such as the Collaborative Care Model, which integrates psychiatric consultation and other behavioral health services into primary care settings. Denial of these services must be consistent with federal and state parity laws.
Utah	**HB 437**	An act that would require the state Department of Health and Human Services to issue two reports on: 1) available resources and barriers to care for individuals with tardive dyskinesia, and 2) payment options for all types of long-acting injectable antipsychotics. The act would also require Medicaid reimbursement for telemedicine at the same rate as other health care services, and reimbursement for audio-only telehealth services and telepsychiatric consultations.
Wisconsin	**AB 616**	An act that requires the state Department of Health Services to seek a waiver to cover short-term stays for acute care in Institutions for Mental Disease (IMD) under the Medicaid program for beneficiaries ages 21 to 64.
Wyoming	**HB 140**	An act that requires private health insurance to provide reimbursement for benefits that are delivered through the psychiatric Collaborative Care Model.

APPENDIX D

Medication Access

State	Bill Number	Summary
Arkansas	HB 1271	An act that seeks to streamline the prior authorization process through more transparent prior authorization requirements and exemptions for known providers to prescribe certain treatments.
Colorado	HB 23-1183	An act that outlines an exceptions process for patients with serious or complex medical conditions to access their originally prescribed medication through a clear and timely prior authorization process. The bill outlines that a review and notification must be completed within 24 hours.
Maryland	SB 0515 / HB 785	An act that outlines a clear and timely exceptions process for step therapy protocols.
Nevada	AB 138	An act that requires Medicaid in Nevada to utilize Collaborative Care Billing Codes that encourage primary care and mental health care providers to work collaboratively to establish an effective medication or therapy for the patient.
Nevada	SB 167	An act that prohibits step therapy protocols for medications prescribed to treat psychiatric conditions under certain circumstances, including necessity as determined by the provider.
Nevada	SB 177	An act that requires Medicaid coverage of certain antipsychotic medications based on medical necessity reported by the prescribing provider.
Nevada	SB 194	An act that revises insurers' step therapy protocols to allow for a clear exceptions process by the health care practitioner.
New Jersey	A 1255	An act that establishes a clear and timely prior authorization process, requiring urgent requests to be answered in 24 hours and non-urgent requests to be addressed in 72 hours.

APPENDIX D

Medication Access *(Continued)*

State	Bill Number	Summary
North Dakota	SB 2389	An act that studies the effects of prior authorization.
Texas	HB 1283	An act that allows the continuation of the statewide singular drug formulary for Medicaid.
Texas	HB 1337	An act that limits step therapy protocol durations for medications that treat serious mental illness to trying and "failing" one medication before the originally prescribed medication will be covered.
Texas	HB 3286	An act that allows for new medications to be added to the listed drug formulary under certain circumstances and outlines an exceptions process for the preferred drug list.
Texas	HB 4990	An act that creates the Texas Pharmaceutical Initiative, governing board, and advisory council to provide cost-effective access to prescription drugs and medical supplies to certain people, including people confined in the Texas Department of Criminal Justice or Texas Juvenile Justice Department.
Washington	HB 1357	An act that establishes a clear and timely prior authorization process for private and state-regulated health plans. The bill outlines a streamlined process for timely review of requests, proper notice of denial and appeal options, and electronic authorization options.
West Virginia	SB 267	An act that modernizes the prior authorization process through use of an electronic portal for claim communications.

APPENDIX E

Telehealth

State	Bill Number	Summary
Hawaii	HB 907	An act that temporarily allows for the reimbursement services provided through telehealth via an interactive telecommunications system and two-way, real-time audio-only communication in certain circumstances and defines "interactive telecommunication system."
Illinois	SB 1913	An act to ensure telehealth appointments will continue to be covered under Medicaid insurance plans even though COVID-19-related telehealth policies are expiring.
Maine	HP 268 (LD 435)	An act that provides funding for continued telehealth consultations between pediatricians and medication providers to assist in increasing access to medication management/consults in communities for young people.
Maryland	SB 0534	An act to extend the coverage of audio-only telehealth appointments to June 2025 within the Maryland Medical Assistance Program (Maryland Medicaid).
Tennessee	SB 0721	An act that would waive the requirement that an individual have a prior existing relationship, defined as an in-person appointment with the provider within the last 16 months, before allowing a telehealth appointment for behavioral health.
Washington	SB 5036	An act that would amend the definition of "established relationship" for purposes of providing audio-only telemedicine. For mental health, it would extend the time to three years between in-person visits or a telehealth visit that included both audio and visual between the patient and the telehealth provider.

National Alliance on Mental Illness

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