



# INSTITUTE FOR REFORMING GOVERNMENT

## Knocking down barriers for mental health access

### THE PROBLEM

- » The need for mental health services in Wisconsin is at a crisis point, leaving many who need care waiting for or never seeing a provider.
- » Wisconsin does not have an adequate supply of providers to meet the needs of residents.
- » Although current efforts by lawmakers will help to improve the supply of providers in Wisconsin, the problem has become so acute that action is needed immediately to get Wisconsinites the help they need.

### THE SOLUTION

- » Wisconsin should allow qualified out-of-state providers to care for Wisconsin residents via telehealth.
- » These providers would need to be licensed and in good standing in their home state.

*“According to a State Policy Network poll, 70% of Wisconsinites think mental health is a major issue. While there is work to be done to increase the number of providers working in Wisconsin, we need to find a solution that gets people the care they need now – and that is what this reform will do.”*

*- CJ Szafir, CEO of the Institute for Reforming Government*

### INTRODUCTION

In just the past decade, mental health has increasingly demanded more attention from Wisconsin lawmakers. During his time in office, former Governor Scott Walker (R) increased funding for mental health programs by more than any governor in the previous 25 years.<sup>1</sup> Former state representative John Nygren (R-Marquette), who served as co-chair of the powerful budgeting writing committee, fought tirelessly for a package of laws he called the HOPE Agenda, a set of solutions to the opioid and substance abuse epidemic in our state.<sup>2</sup> Just last year, Governor Tony Evers (D) declared 2023, the “year of mental health”. Mental health has become and will continue to be part of the policy

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<sup>1</sup> Kertscher, Tom. [Scott Walker says he put more funds into mental health than any Governor in 25 years. Politifact, The Poynter Institute. December 23, 2015.](#)

<sup>2</sup> Wisconsin State Assembly. [Heroin, Opioid Prevention and Education.](#)

*In 2021, 52% of Wisconsin K-12 students reported feeling regular symptoms of anxiety, and nearly a quarter of students have seriously considered suicide or self-harm.*

discussions in the state's Capitol. However, even as funding has increased and some solutions have been implemented, the mental health crisis persists and has accelerated as a result of the COVID-19 pandemic.

The pandemic is now behind us, but demand remains high as Wisconsinites continue to suffer with mental health issues. In 2022, almost 40% of

Wisconsin adults reported at least one day of poor mental health in a 30 day period. 25.2% of adults report poor mental health in five or more days in a given 30 day period.<sup>3</sup> In early 2023, 26.2% of adults reported having anxiety or depression.<sup>4</sup> It's not just adults either, children have been severely impacted by the pandemic. In 2021, 52% of Wisconsin K-12 students reported feeling regular symptoms of anxiety, and nearly a quarter of students have seriously considered suicide or self-harm.<sup>5</sup> Even though the pandemic is over, Wisconsin will be dealing with the mental health crisis for the foreseeable future.

## PROBLEM

A crucial aspect of the mental health crisis is the shortage of providers in Wisconsin. Wisconsin ranks 32nd in the number of practicing mental health professionals.<sup>6</sup> The scarcity of providers only gets worse as you move to rural parts of Wisconsin. Across the state, there is one mental health provider for every 420 Wisconsinites. For reference, one of the best states in this regard is Massachusetts, which has one provider for every 140 residents.<sup>7</sup> However, this number varies from county to county. In Dane County, there is one provider for every 220 residents, but in Buffalo County, that ratio jumps to a staggering 13,300:1.<sup>8</sup> As of November 2023, close to 2.9 million Wisconsinites live in a federally designated Health Professional Shortage Area (HPSA) for mental health.<sup>9</sup> The data clearly shows that we have a shortage of mental health providers in Wisconsin.

The issue of scarcity is affirmed by the data regarding who is getting treatment from a mental health provider in Wisconsin. In early 2022, 34.9% Wisconsin adults with anxiety or depression reported having an unmet need for treatment.<sup>10</sup> Other data sources paint a darker story - a 2019 Department of Health Services report estimated

*"When I started having panic attacks, I began seeking out a therapist. I quickly discovered that Wisconsin is experiencing a shortage - many providers booking out months on average, weeks if you were lucky."*

*- Benjamin Garbedian, Former IRG Student Fellow*

<sup>3</sup> Kaiser Family Foundation, [Adults Reporting Poor Mental Health by Number of Days per Month, 2022](#).

<sup>4</sup> Kaiser Family Foundation, [Mental Health in Wisconsin](#), Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder, February 1 to 13, 2023.

<sup>5</sup> Wisconsin Department of Public Instruction, [2021 Youth Risk Behavior Survey Results](#)

<sup>6</sup> Riccioli, Jim. [COVID-19 has only worsened a mental health crisis. A Carroll University program wants to put people to work to help](#). Milwaukee Journal Sentinel. June 17, 2021

<sup>7</sup> County Health Rankings & Roadmaps. [Data by County, Mental health providers](#).

<sup>8</sup> County Health Rankings & Roadmaps. [Data by County, Mental health providers](#).

<sup>9</sup> Kaiser Family Foundation, [Mental Health Care Health Professional Shortage Areas \(HPSAs\)](#). As of November 1, 2023

<sup>10</sup> Kaiser Family Foundation. [Mental Health in Wisconsin](#), Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder Who Had an Unmet Need for Counseling or Therapy, April 27 to May 9, 2023.

that 47% of adults with mental illness are going unserved.<sup>11</sup> Children in Wisconsin are not getting the care they need. In 2021, there were 70,000 kids between the ages of 12 and 17 showing signs of depression and more than 40% were not receiving the care they needed.<sup>12</sup>

## **PROBLEM**

Wisconsinites need increased access to mental health providers - the sooner the better. As demonstrated by the data, the gap between supply and demand has continued to grow. Wisconsin needs a way to close the gap - fast. Bipartisan proposals to ease workforce shortages usually involve building or increasing the pipeline of new people into these professions, which takes years before the impact is seen. These proposals are necessary and must continue if we are going to solve this problem in the long-term. However, if we want to get help to the people that need it now, we need to find a solution that will have immediate results.

Wisconsin could take immediate action by allowing licensed mental health providers from other states to practice in Wisconsin via telehealth technology. This approach would allow providers located and licensed in other states to provide care to Wisconsinites without needing to be licensed in Wisconsin first. Doing so would immediately increase the supply of providers available to Wisconsinites and improve access to care for the people that needed it.

## **THIS HAS HAPPENED BEFORE**

This solution has been successfully implemented before in Wisconsin. During the COVID-19 pandemic, Gov. Evers signed Emergency Order 16, which required the Department of Safety and Professional Services to immediately accept occupational licenses that were granted by other states to be valid in Wisconsin.<sup>13</sup> This meant that medical professionals were allowed to treat patients here without having to retake tests, pay extensive fees, or deal with a complicated bureaucracy. With the federal emergency coming to an end, this temporary reprieve from restrictive licensure requirements is now over.

## **REQUIRING A WISCONSIN LICENSE IS DUPLICATIVE**

There is no clinical difference between residents from different states, so it stands to reason that there shouldn't be a legal difference either. Every state sets occupational licensure requirements for mental health providers. Those providers then are able to see clients with anxiety, depression, or substance abuse issues. These providers are already treating clients in their home states. By implementing this reform, they would be able to treat Wisconsin residents as well. Requiring them to be licensed in Wisconsin in addition to the credentialing they already have is duplicative and unnecessary.

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<sup>11</sup> Wisconsin Department of Health Services. [Wisconsin Mental Health and Substance Use Needs Assessment, 2019.](#)

<sup>12</sup> National Alliance on Mental Illness. [Mental Health in Wisconsin.](#) February 2021.

<sup>13</sup> [Emergency Order 16.](#) March 27, 2020.

## REGULATION NEEDS TO CATCH UP WITH TECHNOLOGY

Of course, reforms like this are only possible because of modern technology. Telehealth is in wide use around the United States and regulatory agencies across the country are starting to catch up. The natural progression of telehealth is to break down what used to be thought of as a barrier to any health care treatment: distance. In treating conditions like anxiety or depression, there is usually no need to have an in-person visit.

## SAFEGUARDS

Safeguards are necessary to protect the client and the provider. Allowing providers from outside of Wisconsin to practice here will require that this necessity is not ignored. In order to practice in Wisconsin, providers should be licensed and in good standing in their state. They should also be required to provide clients with contact information for the board or agency through which they are credentialed and complaints can be filed. Other considerations for could also be considered such as notifying the Wisconsin Department of Safety and Professional Services once they begin practicing.

## WHAT ARE OTHER STATES DOING

Wisconsin is not alone - other states around the country are dealing with a shortage of mental health providers too. States are looking to or already have loosened the strict occupational licensure regulations that artificially constrict the supply of mental health professionals. Here is a partial list of what other states are currently doing:

### ALABAMA

Alabama allows out-of-state mental health providers to treat clients through telehealth for up to 30 days. The state does not have reciprocity with other states and does not issue temporary licenses. If a provider “will be continuing mental health services” to Alabama residents, they are “required to apply for licensure”.<sup>14</sup>

### ARIZONA

Arizona statutes permit therapists licensed by another state to treat residents via telehealth if they do so for fewer than 90 days every calendar year and provide proper disclosure of their credentials.<sup>15</sup>

*“My wife Helen took her life in 2022. After she passed, I could no longer live in the home we shared in Virginia. So, I decided to move to Florida. Because Florida allows out-of-state providers to practice here via telehealth, I was able to continue seeing my therapist in Virginia. Not having to establish a relationship with a new provider was a huge relief for me.”*

*- Drew Tidwell, Passing Lane Films*

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<sup>14</sup> Alabama Board of Examiners in Counseling. [Frequently Asked Questions](#). Accessed December 21, 2023

<sup>15</sup> Arizona State Board of Behavioral Health Examiners. [Telepractice Information](#).

## DELAWARE

Delaware allows residents to receive treatment from an out-of-state provider if:<sup>16</sup>

- » The provider is licensed and in good standing in their home state.
- » There are no open investigations or pending administrative actions against the provider in their home state.
- » They follow Delaware's statutory requirements for establishing a patient-provider relationship.

## Florida

Practitioners from other states can provide mental health services in Florida for no more than 15 days in a calendar year. These providers must also register with the state.<sup>17</sup>

## Idaho

Idaho allows for out-of-state mental health providers to practice in Idaho via telehealth if:<sup>18</sup>

- » The provider is licensed and in good standing in their home state.
- » Acts in full compliance with applicable state and federal laws.
- » Is in compliance with Idaho liability insurance requirements.
- » Consents to Idaho jurisdiction.
- » Registers every two years to provide telehealth services.

Idaho also allows for limited telehealth services from out-of-state providers in temporary situations where someone is traveling from out-of-state or there's an affiliation with an Idaho based provider. The provider is still subject to Idaho state and federal laws.<sup>19</sup>

## INTERSTATE COUNSELLING COMPACT

More than 25 states, including Wisconsin, are members of or currently have legislation pending to join the Interstate Counseling Compact (ICC).<sup>20</sup> Counselors who reside and are licensed in a member state are eligible to practice in and treat patients of any other member state without having to obtain duplicate licenses. This is a great step forward, and provides some expanded access, but several states that border Wisconsin - Illinois, Minnesota, and Michigan, and several states that have large populations of qualified therapists - like California and New York - are not yet members. As a result, Wisconsinites

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<sup>16</sup> Delaware Division of Professional Licensure. [Mental Health Interstate Telehealth Registration](#).

<sup>17</sup> Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling. [Telehealth](#). Accessed December 21, 2023

<sup>18</sup> Idaho State Statutes [Title 54, Chapter 57](#)

<sup>19</sup> Holland and Hart, LLP. [Idaho's New Virtual Care \(Telehealth\) Access Act](#). April 10, 2023.

<sup>20</sup> Counseling Compact. [Compact Map](#).

are missing out on potentially large areas where well-qualified therapists reside, and young people who come here to attend college from our border states likely aren't able to continue their existing relationships with their therapist.

## PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Finally, the Psychology Interjurisdictional Compact (PSYPACT) is another group of states “designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries.”<sup>21</sup> Similar to the ICC, this compact allows psychologists who are licensed in a member state to practice in any other member state. The main problem with this group is that it is strictly limited to psychologists, whereas the ICC is more broadly open to counselors.

## CONCLUSION

Wisconsin has to grapple with the mental health crisis. We have seen the need for services grow amongst adults and children alike since the pandemic. However, the supply of providers in Wisconsin is not adequate to meet this demand. We cannot allow Wisconsin citizens to struggle with bouts of mental illness when there are qualified providers around the country who are ready and willing to help. If we can break down the antiquated barriers surrounding occupational licensure, we can help people get the help that they need. Allowing these providers to practice in Wisconsin via telehealth would immediately increase the pool of providers and therefore, give Wisconsinites the opportunity to get the help they need.

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<sup>21</sup> PSYPACT. [Participating States](#).



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