

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 193 Session of 2019

INTRODUCED BY McNEILL, READSHAW, HILL-EVANS, SCHLOSSBERG, FREEMAN, KINSEY, D. MILLER, LONGIETTI, DAVIDSON, MURT, NEILSON, DeLUCA, MIZGORSKI, CIRESI, SIMMONS, SIMS, TOOHL, THOMAS, MARKOSEK, T. DAVIS, HOWARD, KORTZ AND STURLA, APRIL 5, 2019

AS REPORTED FROM COMMITTEE ON HUMAN SERVICES, HOUSE OF REPRESENTATIVES, AS AMENDED, MAY 14, 2019

A RESOLUTION

1 Directing the Joint State Government Commission to conduct a
2 study on the mental health CARE provider shortage in this <--
3 Commonwealth and to issue a report.

4 WHEREAS, The National Survey on Drug Use and Health estimates
5 that approximately 18.76% of adults in Pennsylvania, or
6 1,861,000 individuals, have a mental illness; and

7 WHEREAS, The National Survey on Drug Use and Health also
8 estimates that approximately 4.2% of adults in Pennsylvania, or
9 416,000 individuals, have a serious mental illness; and

10 WHEREAS, Mental health CARE providers, including <--
11 psychiatrists, psychologists, MARRIAGE AND FAMILY THERAPISTS, <--
12 clinical social workers and professional counselors, render
13 crucial services to residents across this Commonwealth; and

14 WHEREAS, Adequate access to mental health care is essential
15 to maintaining the mental health of Pennsylvanians; and

16 WHEREAS, Despite the growing demand for mental health

1 treatment across the United States, a mental health CARE <--  
2 workforce crisis has been developing, largely due to a shortage  
3 of mental health CARE providers; and <--

4 WHEREAS, Pennsylvania ranks 35 out of all 50 states and  
5 Washington, DC, for mental health CARE workforce availability, <--  
6 with a patient to mental health care worker ratio of 600 to 1;  
7 and

8 WHEREAS, Pennsylvania has a Statewide average of 179 mental  
9 health CARE providers per 100,000 people, which is below the <--  
10 national average of 214 providers per 100,000 people; and

11 WHEREAS, The lack of readily available mental health CARE <--  
12 providers in Pennsylvania has negatively impacted access to  
13 mental health care for a countless number of residents; and

14 WHEREAS, An estimated 53.2% of the adult population with a  
15 mental illness in Pennsylvania did not receive treatment for  
16 their mental illness in 2017; and

17 WHEREAS, Other factors contributing toward the mental health  
18 CARE workforce crisis include higher demand for mental health <--  
19 CARE providers, high turnover rates, an aging workforce and low <--  
20 compensation for workers in the field; and

21 WHEREAS, The mental health CARE provider shortage has led to <--  
22 an over-burdening of current mental health CARE providers to <--  
23 make up for insufficient staffing, lower quality of care for  
24 consumers and a lack of stability for patients due to frequent  
25 staff turnover; and

26 WHEREAS, The shortage of mental health CARE providers also <--  
27 has direct and indirect costs on the economy, including a loss  
28 of efficiency and productivity for employees and employers; and

29 WHEREAS, It is estimated that over the next five years, the  
30 shortage of ~~psychiatrists~~ MENTAL HEALTH CARE PROVIDERS in the <--

1 United States will result in more than 4.2 million lost or less  
2 productive workdays each month, which is a major cost to  
3 employers; and

4 WHEREAS, The ~~psychiatrist~~ MENTAL HEALTH CARE PROVIDER <--  
5 shortage in Pennsylvania alone is estimated to result in over  
6 163,000 lost or less productive workdays each month over the  
7 next five years; and

8 WHEREAS, Untreated mental illness in the United States costs  
9 the nation more than \$70 billion annually, solely due to lost  
10 productivity; and

11 WHEREAS, When accounting for the diverted resources of  
12 individuals in law enforcement, education and health care who  
13 are often the first responders to individuals experiencing  
14 mental health emergencies, the cost of untreated mental illness  
15 in the United States increases to more than \$193 billion per  
16 year; and

17 WHEREAS, The prevalence of mental illness in an individual  
18 can impact their overall health, as individuals with serious  
19 mental illness face an increased risk of having chronic medical  
20 conditions; and

21 WHEREAS, Adults in the United States living with a serious  
22 mental illness die on average 25 years earlier than those  
23 without, largely due to treatable medical conditions; and

24 WHEREAS, Research has identified a definite connection  
25 between mental health and the use of addictive substances, as  
26 many patients with disruptive or uncomfortable mental health  
27 symptoms tend to self-medicate by using alcohol, drugs or  
28 tobacco; and

29 WHEREAS, Unfortunately, the use of drugs and alcohol does not  
30 address the underlying mental health symptoms and often causes

1 additional health and wellness problems for the patient, while  
2 also increasing the severity of the original mental health  
3 symptoms; and

4 WHEREAS, The mental health CARE provider shortage is <--  
5 considerably more prevalent in rural counties and a significant  
6 discrepancy exists between access to mental health care in rural  
7 counties compared to urban and suburban counties; and

8 WHEREAS, Pennsylvania counties that are considered  
9 predominantly rural have some of the fewest mental health CARE <--  
10 providers per 100,000 people, with some counties only having a  
11 small number of working providers; and

12 WHEREAS, While the mental health CARE provider shortage is <--  
13 pervasive, it impacts certain populations to a larger extent;  
14 and

15 WHEREAS, In 2015, among adults with any mental illness, 48%  
16 of Caucasians received mental health CARE services, compared <--  
17 with 31% of African Americans and Hispanics and 22% of Asians;  
18 and

19 WHEREAS, One in four older adults experience a mental health  
20 issue such as depression, anxiety, schizophrenia or dementia,  
21 which is expected to double to 15 million older adults by 2030;  
22 and

23 WHEREAS, Adults 85 years of age and older have the highest  
24 suicide rate of any age group, especially among older Caucasian  
25 men who have a suicide rate almost six times that of the general  
26 population; and

27 WHEREAS, Two-thirds of older adults with mental health  
28 problems do not receive the treatment they need and have limited  
29 access to current preventative services; and

30 WHEREAS, It is believed that telemedicine, which involves the

1 use of electronic communications and software to provide  
2 clinical services to patients without an in-person visit, will  
3 expand the mental health CARE workforce by offering flexibility <--  
4 to work from home and will enable collaboration between  
5 ~~psychiatrists~~ MENTAL HEALTH CARE PROVIDERS and primary care <--  
6 providers; and

7 WHEREAS, Increased access to more varied client populations  
8 through telemedicine can decrease provider burnout and improve  
9 mental health CARE workforce retention; and <--

10 WHEREAS, The National Council for Behavioral Health  
11 identifies six broad areas that require change to address the  
12 shortage of ~~psychiatrists~~ MENTAL HEALTH CARE PROVIDERS, which <--  
13 include:

14 (1) Expanding the workforce providing ~~psychiatric~~ MENTAL <--  
15 HEALTH CARE PROVIDER services.

16 (2) Increasing efficiency of delivery of ~~psychiatric~~ <--  
17 MENTAL HEALTH CARE PROVIDER services. <--

18 (3) Implementing innovative models of integrated  
19 delivery of primary care and ~~psychiatric~~ MENTAL HEALTH care <--  
20 in more settings that have the potential to impact the total  
21 cost of care for high-risk patient populations with co-  
22 occurring medical and behavioral health conditions.

23 (4) Training ~~psychiatric~~ MENTAL HEALTH CARE residents <--  
24 and the existing workforce in delivering new models of care.

25 (5) Adopting effective payment structures that  
26 adequately reimburse ~~psychiatric~~ MENTAL HEALTH CARE providers <--  
27 for improved outcomes of care.

28 (6) Reducing the portion of ~~psychiatric~~ MENTAL HEALTH <--  
29 CARE providers who engage in exclusive, private, cash-only  
30 practices;

1 and

2 WHEREAS, Encouraging the growth and retention of the mental  
3 health CARE workforce in Pennsylvania will ensure that more <--  
4 individuals have access to timely and adequate mental health  
5 screening and treatment for mental illnesses; therefore be it

6 RESOLVED, That the House of Representatives direct the Joint  
7 State Government Commission to conduct a study on the mental  
8 health CARE provider shortage in this Commonwealth; and be it <--  
9 further

10 RESOLVED, That the Joint State Government Commission prepare  
11 a report of its findings that shall, at a minimum:

12 (1) Identify the factors behind the mental health CARE <--  
13 provider shortage in this Commonwealth.

14 (2) Make projections on the number of mental health CARE <--  
15 providers in Pennsylvania in 5 and 10 years.

16 (3) Determine how telemedicine can be used to extend the  
17 mental health CARE workforce in rural counties. <--

18 (4) Determine how Pennsylvania government entities can  
19 encourage more individuals to enter and remain in the mental  
20 health CARE workforce. <--

21 (5) Make recommendations regarding:

22 (i) How to solve the disparity in the number of  
23 mental health CARE providers in rural counties compared <--  
24 to urban and suburban counties.

25 (ii) Any other solutions to stop and reverse the  
26 mental health CARE provider shortage in Pennsylvania; <--

27 and be it further

28 RESOLVED, That the Joint State Government Commission report  
29 its findings and recommendations to the House of Representatives  
30 no later than one year after the adoption of this resolution.