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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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HOUSE RESOLUTION

No. 1109 Session of  
2018

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INTRODUCED BY TAI, THOMAS, FRANKEL, NEILSON, READSHAW, SIMS,  
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A. DAVIS, COMITTA, BOBACK, FITZGERALD, DAVIS, M. QUINN,  
VITALI, GOODMAN, DALEY, DeLISSIO, DeLUCA, WARREN AND ROZZI,  
OCTOBER 1, 2018

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REFERRED TO COMMITTEE ON HEALTH, OCTOBER 1, 2018

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A RESOLUTION

1 Directing the Joint State Government Commission to conduct a  
2 study on the mental health 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 providers, including psychiatrists,  
11 psychologists, clinical social workers and professional  
12 counselors, render crucial services to residents across this  
13 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 workforce  
2 crisis has been developing, largely due to a shortage of mental  
3 health providers; and

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

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

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

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

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

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

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

28 WHEREAS, It is estimated that over the next five years, the  
29 shortage of psychiatrists in the United States will result in  
30 more than 4.2 million lost or less productive workdays each

1 month, which is a major cost to employers; and

2 WHEREAS, The psychiatrist shortage in Pennsylvania alone is  
3 estimated to result in over 163,000 lost or less productive  
4 workdays each month over the next five years; and

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

8 WHEREAS, When accounting for the diverted resources of  
9 individuals in law enforcement, education and health care who  
10 are often the first responders to individuals experiencing  
11 mental health emergencies, the cost of untreated mental illness  
12 in the United States increases to more than \$100 billion per  
13 year; and

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

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

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

26 WHEREAS, Unfortunately, the use of drugs and alcohol does not  
27 address the underlying mental health symptoms and often causes  
28 additional health and wellness problems for the patient, while  
29 also increasing the severity of the original mental health  
30 symptoms; and

1       WHEREAS, The mental health provider shortage is considerably  
2 more prevalent in rural counties and a significant discrepancy  
3 exists between access to mental health care in rural counties  
4 compared to urban and suburban counties; and

5       WHEREAS, Pennsylvania counties that are considered  
6 predominantly rural have some of the fewest mental health  
7 providers per 100,000 people, with some counties only having a  
8 small number of working providers; and

9       WHEREAS, While the mental health provider shortage is  
10 pervasive, it impacts certain populations to a larger extent;  
11 and

12       WHEREAS, In 2015, among adults with any mental illness, 48%  
13 of Caucasians received mental health services, compared with 31%  
14 of African Americans and Hispanics and 22% of Asians; and

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

19       WHEREAS, Adults 85 years of age and older have the highest  
20 suicide rate of any age group, especially among older Caucasian  
21 men who have a suicide rate almost six times that of the general  
22 population; and

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

26       WHEREAS, It is believed that telemedicine, which involves the  
27 use of electronic communications and software to provide  
28 clinical services to patients without an in-person visit, will  
29 expand the mental health workforce by offering flexibility to  
30 work from home and will enable collaboration between

1 psychiatrists and primary care providers; and

2 WHEREAS, Increased access to more varied client populations  
3 through telemedicine can decrease provider burnout and improve  
4 mental health workforce retention; and

5 WHEREAS, The National Council for Behavioral Health  
6 identifies six broad areas that require change to address the  
7 shortage of psychiatrists, which include:

8 (1) Expanding the workforce providing psychiatric  
9 services.

10 (2) Increasing efficiency of delivery of psychiatric  
11 services.

12 (3) Implementing innovative models of integrated  
13 delivery of primary care and psychiatric care in more  
14 settings that have the potential to impact the total cost of  
15 care for high-risk patient populations with co-occurring  
16 medical and behavioral health conditions.

17 (4) Training psychiatric residents and the existing  
18 workforce in delivering new models of care.

19 (5) Adopting effective payment structures that  
20 adequately reimburse psychiatric providers for improved  
21 outcomes of care.

22 (6) Reducing the portion of psychiatric providers who  
23 engage in exclusive, private, cash-only practices.

24 and

25 WHEREAS, Encouraging the growth and retention of the mental  
26 health workforce in Pennsylvania will ensure that more  
27 individuals have access to timely and adequate mental health  
28 screening and treatment for mental illnesses; therefore be it

29 RESOLVED, That the House of Representatives direct the Joint  
30 State Government Commission to conduct a study on the mental

1 health provider shortage in this Commonwealth; and be it further

2 RESOLVED, That the Joint State Government Commission prepare

3 a report of its findings that shall, at a minimum:

4 (1) Identify the factors behind the mental health  
5 provider shortage in this Commonwealth.

6 (2) Make projections on the number of mental health  
7 providers in Pennsylvania in 5 and 10 years.

8 (3) Determine how telemedicine can be used to extend the  
9 mental health workforce in rural counties.

10 (4) Determine how Pennsylvania government entities can  
11 encourage more individuals to enter and remain in the mental  
12 health workforce.

13 (5) Make recommendations regarding:

14 (i) How to solve the disparity in the number of  
15 mental health providers in rural counties compared to  
16 urban and suburban counties.

17 (ii) Any other solutions to stop and reverse the  
18 mental health provider shortage in Pennsylvania.

19 and be it further

20 RESOLVED, That the Joint State Government Commission report

21 its findings and recommendations to the House of Representatives

22 no later than one year after the adoption of this resolution.