
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

REFERRED TO COMMITTEE ON HUMAN SERVICES, APRIL 5, 2019

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
17 treatment across the United States, a mental health workforce

1 crisis has been developing, largely due to a shortage of mental
2 health providers; and

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

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

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

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

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

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

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

27 WHEREAS, It is estimated that over the next five years, the
28 shortage of psychiatrists in the United States will result in
29 more than 4.2 million lost or less productive workdays each
30 month, which is a major cost to employers; and

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

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

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

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

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

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

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

30 WHEREAS, The mental health provider shortage is considerably

1 more prevalent in rural counties and a significant discrepancy
2 exists between access to mental health care in rural counties
3 compared to urban and suburban counties; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 and

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

28 RESOLVED, That the House of Representatives direct the Joint
29 State Government Commission to conduct a study on the mental
30 health provider shortage in this Commonwealth; and be it further

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

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

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

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

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

12 (5) Make recommendations regarding:

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

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

18 and be it further

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