



States Help Mental Health Licenses Go Further

BY ZACH HERMAN

The National Institute of Mental Health estimates that 1 in 4 adults, or 60 million people, experience mental illness. With parts of the country experiencing a shortage of mental health professionals, some state lawmakers are working to reduce the barriers providers face in obtaining a license to practice.

A University of Michigan [study](#) found that most major public and private insurers define core mental health professionals as including psychiatrists, psychologists, licensed clinical social workers (LCSWs), licensed professional counselors (LPCs), and marriage and family therapists (MFTs). All five of these mental health professionals require a license to practice in all 50 states.

Licensed mental health professionals have a very high projected growth rate at 23%. This growing demand means the U.S. will need an [additional 250,000 mental health workers by 2025](#). In addition,

approximately [5,124 mental health professional shortage areas \(HPSA\)](#) exist in the United States as designated by the [Health Resources Services Administration](#)

Some policymakers are working to help meet the demand by improving the portability of licenses while decreasing variations in their requirements.

Licensure has two primary goals: to ensure the protection of patients and to ensure a minimum level of competency of all licensed practitioners. However, gaps and variations in licensure requirements can [potentially lead to service coverage gaps](#) and contribute to the uneven distribution of mental health professionals and patients' access to care.

State Action

Requirements for receiving and maintaining licensure vary significantly across states for psychiatrists, psychologists, LCSWs, LPCs, and MFTs.

Did You Know?

- Approximately [5,124 mental health professional shortage areas](#) exist in the United States.
- Licensed mental health professions have an [average projected growth rate of 23%](#).
- A [study by the University of Michigan](#) found that Washington, D.C., has the highest concentration of psychiatrists (59 per 100,000 people) and Idaho has the lowest (five per 100,000).

Table 1. Variation in length of license validity and amount of continuing education units (CEU) required for renewal

License Type	Length license is valid	Amount of CEUs Required
Psychiatrists	14 – 48 Months	20 – 200
Psychologists	12 – 36 Months	6 – 60
Licensed Clinical Social Workers (LCSW)	12 – 36 Months	15 – 48
Licensed Professional Counselors (LPCs)	12 – 36 Months	10 – 55
Marriage and family therapists (MFTs)	12 – 48 Months	15 – 55

Table 2. States with Reciprocity and Endorsement Provisions by License Type

License type	Number of States with Reciprocity	Number of States with Endorsement
Psychiatrists	13	31
Licensed Clinical Social Workers (LCSWs)	26	32
Psychologists	19	25
Licensed Professional Counselors (LPCs)	26	24
Marriage and Family Therapists (MFTs)	20	28

After receiving a medical degree, a psychiatrist must practice between one to three years to qualify for a license, depending on the state. Psychologists, LCSWs, LPCs and MFTs all require a master’s degree to be eligible for licensure. Despite these four having similar levels of required education, the hours of experience required to obtain a license vary significantly. Psychologists’ required practice hours range 1,500 to 4,500, depending on the state. LCSWs’ must practice for 1,500 to 5,760 hours while LPCs and MFTs need between 1,000 and 4,000 hours of experience.

The requirements for maintaining licensure also vary significantly by state. Table 1 shows the variation in both how long a license is valid, and the amount of continuing education units (CEUs) are required to renew a license.

Over the last few years, states have also paid increasing attention to licensing reciprocity and mobility for mental health professionals. A policy known as “licensing reciprocity” allows a professional holding an out-of-state license to earn another license in a receiving state, subject to that state’s specific requirements. “Licensure by endorsement” allows a candidate who holds a license in one state to obtain a license in another state if he or she meets the requirements and pass any required exams in the receiving state.

The University of Michigan Behavioral Health Workforce Research Center’s [2017 study of the](#)

[scope of practice for the behavioral health workforce](#) tracked all current reciprocity and endorsement statues for mental health workers. Table 2 shows a breakdown of reciprocity and endorsement statues by license type. Washington state introduced [HB 1954](#), which would allow MFTs licensed in another state to become licensed in Washington through an application, without having to take the Washington state exam.

California introduced [SB 679](#), which would create reciprocity for LPCs, MFTs and LCSWs. The bill would also loosen the education requirement to qualify for reciprocity—from a master’s degree from an accredited program to a master’s degree from any program as long as it is paired with an existing license.

Seven states—including Arizona, Arkansas, Colorado, Illinois, Nebraska, Nevada and Utah—have adopted an [interstate telehealth compact for psychologists](#), known as PSYPACT. PSYPACT makes it easier for psychologists to practice telepsychology (providing services remotely) across the states within the compact, reducing burdens of maintaining multiple licenses across states.

Whether through interstate compacts or expanding reciprocity, reducing barriers to licensing mobility has the potential to bring mental health services to areas of the country with mental health professional shortages.

Additional Resources

- [University of Michigan Behavioral Health Workforce Research Center](#)
- [PSYPACT Psychology Interjurisdictional Compact](#)
- [ScopeOfPractice-Policy.org](#)

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