

# Study: New Jersey's temporary health care license program expanded mental health services during pandemic

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At least 3,700 out-of-state mental health providers utilized New Jersey's COVID-19 Temporary Emergency Reciprocity Licensure program to

provide mental health services to more than 30,000 New Jersey patients during the first year of the pandemic, according to a Rutgers study.

The study, published in *The Journal of Medical Regulation*, examined the impact of the temporary licensure program on [access](#) to mental health care by surveying health care practitioners who received a temporary license in New Jersey.

"The New Jersey program enabled patients with already-established care to maintain care continuity and patients seeking new care to have increased access to mental health services," said Ann Nguyen, an assistant research professor at the Center for State Health Policy at the Rutgers Institute for Health, Health Care Policy and Aging Research (IFH) and the lead author of the study.

When New Jersey became a COVID-19 hotspot in March 2020, the state enacted the program to allow out-of-state, licensed health care providers to obtain a temporary license to provide COVID-19 and non-COVID-19 care to New Jersey residents via telecommunication technologies or in person. According to research on temporary licensure reciprocity, at least 45 states waived or modified existing rules to allow health care providers to work across state lines through temporary licensure programs during the pandemic.

One in five adults in the United States experience mental illness each year, and 1,112,000 adults in New Jersey have a mental health condition, according to the National Alliance on Mental Illness. In February 2021, more than 42% of adults in New Jersey reported symptoms of anxiety or depression.

With increasing deaths attributed to drugs, alcohol and suicide, and a shortage of mental health providers throughout the U.S., Rutgers researchers said increasing access to mental health services is crucial.

"Increased access to mental health services for even one individual, let alone over 30,000, has the potential to save lives," Nguyen said.

Researchers found that mental health care practitioners included in the study conversed with patients in at least 13 languages, and about 53% of practitioners served at least one patient from an underserved racial or ethnic minority group.

The study findings have implications for long-term licensure reciprocity mechanisms, such as interstate licensure compacts, designed to allow health care providers to have primary or home state licensure as well as either a multistate license or an option for expedited additional licenses, the researchers said.

"As states consider enacting laws to join interstate licensure compacts, policymakers should think through the ways in which more flexible and portable licensure can enhance access to the [mental health](#) workforce, especially for patients who are historically underserved, and mitigate the workforce supply crisis," said Nguyen.

Coauthors of the study include Jolene Chou of the Center for State Health Policy; Elissa Kozlov, Danielle Llaneza and Molly Nowels of Rutgers of Rutgers School of Public Health; and Magda Schaler-Haynes of Columbia University Mailman School of Public Health.

**More information:** Ann M. Nguyen et al, Increasing Access to a Diverse Mental Health Workforce Through Emergency Reciprocity Licensure, *Journal of Medical Regulation* (2023). [DOI: 10.30770/2572-1852-109.1.5](https://doi.org/10.30770/2572-1852-109.1.5)

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