Impact of State Medical Licensure Exemptions and Telehealth Registries on College Students' Access to Psychiatric Care

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Objective: This study examined the impact of state medical licensure exemptions and telehealth registries on college students' access to psychiatric care.

Methods: The authors attempted to contact 901 psychiatrists who advertised online on *Psychology Today* by using a simulated patient, described as a student attending college in a state with a medical licensure exemption or telehealth registry.

Results: Contact was established with 282 (31%) psychiatrists across 10 states. Of the 143 contacted psychiatrists who were accepting new patients, seven (5%) were aware of state medical licensure exemptions, 43 (30%) were willing to establish care with students attending college in another state regardless of state laws, 42 (29%) were willing to learn about licensure exemptions, and 51 (36%) were unwilling to care for students in another state even when permitted by law.

Conclusions: Given psychiatrists' lack of awareness of licensure exemptions and telehealth registries, interstate access to and continuity of care may be limited.

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The barriers to outpatient psychiatric care and the shortage of in-network psychiatrists are well established (1–5). The deficit of mental health treatment is larger among young adults than any other age group, and 20% of young adults report that they need mental health treatment but have no access (6). College students face additional barriers to psychiatric care, including frequent relocation, changes in health insurance, poor coordination between pediatric and adult systems, and difficulty learning to navigate complex systems; all of these problems (7–10) were exacerbated by the COVID-19 pandemic. One barrier that disproportionately affects college students is state medical licensure requirements, because college students move across state lines more frequently than other populations (8, 11). Medical licensure is required to be held in the state where a patient is located during each encounter. State medical licensure requirements disrupt care when students attend college or have a short-term academic or professional opportunity in another state.

To address problems with disruptions of care, most states have established either a medical licensure exemption or a telehealth registry to allow out-of-state physicians to provide care under specific circumstances. The most common types of exemptions target consultations (25 states), infrequent care (15 states), continuity of care (nine states), geographic proximity (eight states), traveling sports teams (eight states), mental health (five states), and rare diseases (two states). Governing bodies in multiple geographic regions have made efforts to create licensure exemptions based on medical license reciprocity between adjacent states, most recently

HIGHLIGHTS

- State medical licensure requirements are a barrier to psychiatric care for geographically mobile college students because psychiatrists are required to have a medical license in the state where a patient is located during each encounter.
- Most states have medical licensure exemptions to facilitate continuity of care or a telehealth registry that would allow a psychiatrist in another state to care for college students.
- Because psychiatrists advertising on online platforms are largely unaware of state medical licensure exemptions that permit treating a college student across state lines, exemptions are unlikely to be effective in expanding access to and continuity of care.

among the states surrounding Washington, D.C.; however, attempts to create reciprocity agreements have not been successful.

Eleven states have telehealth registries that allow physicians in other states to provide medical care only via telehealth and that specifically prohibit them from practicing medicine in person. Telehealth registries have much lower administrative burden and costs than full medical licensure. Although physicians are required to pay an initial application fee and annual fees, state-specific continuing medical education is not required. The telehealth registry fees range from $150 in Florida to $500 in Arizona, whereas the full medical licensure fees in those states are $955 and $1,000, respectively (12).

Although numerous organizations track state licensure exemptions and telehealth registries, inconsistencies between these sources remain (13, 14). We conducted primary research about each state medical licensure exemption and telehealth registry. We found that the criteria specified in different state laws about seemingly similar exemptions vary considerably between states, and the language is often confusing. The online supplement to this report contains one example of each of the most common categories of exemptions. For example, the definition of "consultation" is different in each state. Some state laws specify that the consultation be for academic purposes, exclude direct patient contact, or be uncompensated, whereas other state laws do not define consultation. "Mental health" exemptions do not specify whether the exemption includes nonphysician providers, psychiatrists, or other physicians. Other licensure exemptions and telehealth registries apply only to nurse practitioners or physician assistants or may be limited to only physicians who hold a doctorate degree in osteopathic medicine or in medicine. Even after direct communication with state medical boards and government agencies requesting clarification about their state's exemptions, certain exemptions remained incoherent.

The effectiveness of state medical licensure exemptions and telehealth registries in improving access to and continuity of care has not been studied. Given the disproportionate impact of state licensure requirements on care for college students and the unparalleled shortage of treatment for this population, we sought to assess psychiatrists' willingness to treat a college student who attends college in a state where a medical licensure exemption or telehealth registry would permit continuity of care for that student.

METHODS

The institutional review board at Baylor College of Medicine waived approval for our study. Using simulated-patient methodology, we conducted a study of psychiatrists who advertised on *Psychology Today* in 10 states. The simulated patient was described as a low-risk and psychiatrically stable college student experiencing their first episode of depression while staying with their parents at home during the summer. The college student attends college in another state with a medical licensure exemption that would permit the psychiatrist to provide care to the patient when they return to campus for the fall semester. The 10 states selected as the "home" states and the seven states selected as the "college" states were geographically and demographically diverse. After establishing contact with a psychiatrist and confirming that they are accepting new patients, the simulated student shares that they attend college in another state and want to start psychiatric treatment while they are at home (i.e., staying with their parents) during the summer. If the psychiatrist is unaware of the relevant state medical licensure exemption or telehealth registry, the simulated student provides information about the state laws and explains why their psychiatric treatment would be permitted in that specific state (Table 1).

TABLE 1. Summary of medical licensure exemptions and telehealth registries cited by a simulated patient, by state

College state	Relevant exemption or registry
Alabama	Infrequent care exemption
Delaware	Telehealth registry; infrequent care and mental health care exemptions
Florida	Telehealth registry
Idaho	Consultation, infrequent care, continuity of care, and mental health care exemptions
New Hampshire	Consultation and adjacent state exemptions
Oregon	Telehealth registry; infrequent care and continuity of care exemptions
Virginia	Consultation, continuity of care, and mental health care exemptions

Between May 1, 2023, and July 31, 2023, we sent 901 e-mails and subsequently made 539 phone calls to psychiatrists advertising in 10 states: Alabama, Arizona, California, Georgia, Idaho, Louisiana, Massachusetts, Mississippi, New York, and Texas. Psychiatrists were sampled in the order listed on *Psychology Today*, and the sample for each state consisted of the first 100 psychiatrists listed on *Psychology Today* or 100% of advertising psychiatrists within states with fewer than 100 listed psychiatrists. Because many telephone numbers listed were either incorrect or contained spam filters, we supplemented the psychiatrists' contact information with telephone numbers from databases obtained from state medical boards, health plan provider directories, and the national provider registry. Most of the contact information in those databases was also inaccurate, consistent with prior research. The data were collected and analyzed in Excel, and no additional statistical software was used.

RESULTS

Of the 901 psychiatrists advertising on *Psychology Today*, 55% (N=496) identified as female, 21% (N=189) indicated proficiency in more than one language, and the average number of years of experience was 19. Data were not

collected about the race and ethnicity of the psychiatrists because such questions would be atypical and potentially uncomfortable for a patient to ask a psychiatrist prior to scheduling an appointment; asking such questions also could have affected the psychiatrist's response to subsequent questions. Four hundred thirty-five (48%) psychiatrists were in network with any health insurance plan, 121 (13%) were in network with Medicare, and 40 (4%) were in network with Medicaid. The average cost of an initial appointment with an out-of-network psychiatrist was $487 and ranged from $150 to $2,000. The average cost of a follow-up appointment was $254 and ranged from $100 to $750.

Thirty-six (4%) of the 901 psychiatrists responded to the initial e-mail, and 100 (19%) of 539 psychiatrists answered our initial call. We left voicemails for 194 psychiatrists who did not answer the initial call but whose telephone numbers were functioning and connected to voicemail. Forty-four (23%) of the 194 psychiatrists who received voicemails returned our call.

After extensive efforts to contact psychiatrists via e-mail and telephone and cross-referencing contact information between multiple databases, we communicated directly with 282 (31%) psychiatrists. Of these, 143 (51%) were accepting new patients. Sixty-one (43%) of the psychiatrists who were accepting new patients were treating patients only via telehealth, four (3%) were treating patients only in person, and the remaining 78 (55%) were treating patients via telehealth and in person.

Of the 143 psychiatrists who were accepting new patients, seven (5%) were aware of medical licensure exemptions and telehealth registries. Forty-three (30%) psychiatrists were willing to establish care with a student who attended college in another state regardless of medical licensure laws. Fifty-one (36%) were unwilling to learn about state medical licensure exemptions or stated that they do not provide continuity of care for students who travel to other states under any circumstances. Forty-two (29%) were initially willing to learn about state medical licensure exemptions, but nine (21%) of the 42 who learned about the relevant exemptions were unwilling to treat the student despite a licensure exemption.

DISCUSSION

Consistent with prior research, our study found that many e-mails and telephone calls were required to find an outpatient psychiatrist who was accepting new patients, particularly patients with Medicaid (1, 2). On average, nine telephone calls were required to reach one psychiatrist who was accepting new patients and was in network for any private health plan; 77 telephone calls were required to reach one psychiatrist who was accepting new patients and was in network for any Medicaid health plan; and 108 telephone calls were required to reach one psychiatrist who was accepting new patients, was in network for any Medicaid health plan, and offered appointments in person. Most outpatient psychiatrists advertising on this *Psychology Today* online platform were out of network for all health plans (3–5). Errors in contact information were pervasive across four types of sources of physician contact information. Inaccurate health plan provider directories are referred to as "ghost networks" and inflate the access to care provided by health plans (15, 16). These findings reveal the effort required to contact an outpatient psychiatrist. Many psychiatric symptoms may interfere with a patient's ability to navigate this process, including poor frustration tolerance, executive dysfunction, cognitive impairment, low energy, low motivation, hopelessness, helplessness, or social anxiety.

Most psychiatrists in our study were unaware of medical licensure exemptions and telehealth registries, although a sizable proportion were willing to provide continuity of care across state lines regardless of state medical licensure laws. One medical licensure exemption exists at the federal level. State medical licensure exemptions have historically covered traveling sports teams, but the exemptions were confusing and inconsistent between states. A federal law was passed in 2018 that allows clinicians and physicians traveling with a sports team to practice in any other state (17). Licensure exemptions at the federal level to protect continuity of care when patients travel between states may be more effective than state legislation.

This study had numerous limitations regarding the generalizability of findings to outpatient psychiatrists in general or to physicians across specialties. Psychiatrists included in this study were not representative of outpatient psychiatrists because each psychiatrist had chosen to advertise on a freestanding for-profit platform. Most psychiatrists advertising on this platform were in private practice, and 28% (N=252) appeared to be part of a large group practice (either visible in their profile or apparent through their answering service). Community mental health clinics, academic medical centers, and large health care systems do not advertise on *Psychology Today*, and psychiatrists working for those systems are more often in network with private insurance and Medicaid. Obtaining a new patient appointment with an outpatient psychiatrist who is in network for private insurance or Medicaid may require fewer telephone calls if a prospective patient is aware that they should call those systems.

Another limitation of this study was the lack of a comparison cohort to understand differences in psychiatrists' willingness to treat college students compared with patients in other demographic and age groups. The impact of state medical licensure exemptions on other medical specialties, patient circumstances, and patient populations has not been studied.

CONCLUSIONS

Barriers to establishing care with an outpatient psychiatrist include inaccurate contact information, psychiatrists'

unresponsiveness to outreach, a shortage of psychiatrists accepting new patients, a shortage of psychiatrists who are in network with health plans, and high costs for out-of-network psychiatric care. Many college students face additional barriers and disruptions related to travel across state lines. Most of the psychiatrists we contacted were unaware of state medical licensure exemptions and telehealth registries that would permit continuity of care for college students. Because of this lack of awareness and unwillingness to rely on medical licensure exemptions, the impact of exemptions and telehealth registries on access to and continuity of care for college students is unclear. Given the precedent of federal licensure exemptions for traveling sports teams, medical licensure exemptions at the federal level—rather than at the state level—may be more effective.

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