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Interstate Occupational Licensure Arrangements to Expand Access to Behavioral Health Services

KEY FINDINGS

- Interstate licensure arrangements for behavioral health providers are in the early stages of development and utilization. As of November 2024, interstate licensure arrangements for psychologists, social workers, licensed professional counselors, marriage and family therapists, and school psychologists ranged from early stage development to occupational compacts that have recently become operational for selected services.
- Future research and evaluation will be needed to understand the degree to which behavioral health providers utilize interstate licensing arrangements and their impact on cost, access, and quality of behavioral health services.
- Telehealth is currently the most established method for patients to access behavioral health services from out-of-state providers. Some states have passed permanent legislation allowing out-of-state behavioral health providers to provide telehealth services to in-state patients. These regulations may enhance access to behavioral health services for rural patients.

BACKGROUND

The United States (U.S.) is facing a behavioral health crisis characterized by unprecedented levels of depression, anxiety, suicide, and substance use disorders.[1,2] In 2022, nearly half (48.8%) of young adults aged 18 to 25 experienced a mental health illness or substance use disorder (SUD), and 15.1% had a co-occurring mental health illness and SUD.[3] In 2023, an estimated 112,000 people died from a drug overdose, with the greatest impact on young people and people of color.[2,3]

Despite the critical need for behavioral health services, the longstanding and growing shortage of behavioral health professionals undermines patients' ability to obtain timely care.[4] Many factors contribute to the shortage, including attrition and retirement rates that exceed numbers of new graduates.[5,6] Estimates suggest that between a third (122 million people) and a half (169 million people) of the U.S. population lives in a mental health professional shortage area.[7,8] Rural areas are disproportionately affected[9] and account for more than two-thirds (68.1%) of mental health professional shortage areas.[10,11]

To increase the availability of behavioral health providers, some states are utilizing streamlined licensure pathways for providers who wish to practice across state lines. Because professional licensure is usually regulated and administered at the state level, traditional licensure requirements vary widely from state to state and often create a cumbersome and lengthy process for providers who hold a license in one state but wish to practice or obtain a license in another.[12,13] Interstate telehealth services and licensure arrangements can function as policy levers to address these barriers to practice and may improve access to services in high-need areas.[14]

This report describes state-based provisions to expand behavioral health services through interstate licensure arrangements for psychologists, social workers, licensed professional counselors (LPCs), marriage and family therapists (MFTs), and school

psychologists, including licensure compact agreements and licensure portability models. Although the interstate licensure arrangements for each of these occupations are in the early stages of development and/or utilization, we discuss their potential impact on the provision of behavioral health, including telehealth services, with a focus on how expanded services may enhance access to behavioral health care for rural residents.

METHODS

We draw from a review of published and grey literature using PubMed, internet search engines, and professional association websites to describe interstate licensure arrangements for psychologists, social workers, LPCs, MFTs, and school psychologists. We focus on professions that primarily provide behavioral health services, thus nurses, physicians, physician assistants, and advanced practice registered nurses are not included.

The professional titles for psychologists, social workers and other behavioral health professionals vary and reflect the education, licensure and specialization of these professionals. For example, state licensing agencies may refer to social workers as "Licensed Independent Clinical Social Workers," "Licensed Master Social Worker," and "Advanced Social Workers."[15,16] For the purposes of this report we use the professional titles employed by each professions' occupational compact or portability regulations. Specifically, we refer to the behavioral health professionals included in this report as 'psychologists,' 'social workers,' 'licensed professional counselors (LPCs),' 'marriage and family therapists (MFTs),' and 'school psychologists,' unless a different title is used by a source reference.

Definitions and Context

Interstate compact agreements are legal contracts between two or more states to cooperatively address shared policy issues as varied as emergency services management, child placement, shared water resources, and professional licensing.[17-19]

Occupational licensure compacts are a type of interstate compact agreement in which states agree on common standards for licensing a particular profession.[18,19] Occupational licensure compacts allow individuals who hold a primary license in any compact state to practice in participating compact states through "compact privilege" or a multistate license.[18,20]

License portability regulations allow an individual's qualifications for licensure in one state or jurisdiction to be applied, or partially applied, for licensure in another state or jurisdiction.[21-23] License holders may need to complete additional education or training and some states may have agreements with only one or two neighboring states.[21] A primary difference between interstate compacts and portability regulations are that compact agreements require that identical legislation be passed in each compact state, while portability allows regulations to be adapted for each state.[24]

RESULTS

Professional organizations that represent psychologists, social workers, LPCs, and school psychologists are developing multistate licensure compact agreements. In contrast, the American Association for Marriage and Family Therapy (AAMFT) intends to develop licensure portability models, rather than a compact. Table 1 is a point-in-time summary of states that have joined, or are considering joining, compacts for psychologists, social workers, LPCs, and school psychologists, respectively, as of November 2024. Table 1 does not include MFTs because at present interstate licensure arrangements for this profession are in the early stages of development and are not yet active.

Table 1. Enactment or Introduction of Legislation to Join Occupational Licensure Compacts for Psychologists, Social Workers, Professional Counselors, and School Counselors, by Year and State, as of November 2024[a,b]

State	Psychology Interjurisdictional Compact (PSYPACT)[c]	Social Work Licensure Compact[d]	Counseling Compact[e]	Interstate Compact for School Psychologists[f]
Alabama	2021	2022	2022	
Alaska				
Arizona	2016	2024	2024	
Arkansas	2021		2023	
California				
Colorado	2018	2024	2022	2024
Connecticut	2022	2024	2024	
Delaware	2019		2022	
District of Columbia	2021		2024	
Florida	2023		2022	
Georgia	2019	2024	2021	
Hawaii				
Idaho	2022			
Illinois	2018			
Indiana	2022		2023	
Iowa		2024	2023	
Kansas	2021	2024	2023	
Kentucky	2021	2024	2022	
Louisiana		2024	2023	
Maine	2021	2024	2022	
Maryland	2021		2021	
Massachusetts	2023			
Michigan	2022			
Minnesota	2021	2024	2024	
Mississippi	2024		2022	
Missouri	2018	2023	2023	
Montana			2023	
Nebraska	2018	2024	2022	2024
Nevada	2017			
New Hampshire	2019	2024	2022	
New Jersey	2021	2024	2024	2024
New Mexico				
New York	2023			
North Carolina	2020		2022	
North Dakota	2023		2024	
Ohio	2021	2024	2022	
Oklahoma	2019		2023	
Oregon				
Pennsylvania	2020	2023	2023	
Rhode Island	2022	2024	2024	
South Carolina	2023		2024	
South Dakota	2024	2024	2024	
Tennessee	2021	2024	2022	
Texas	2019			
Utah	2017	2024	2022	
Vermont	2023	2024	2023	
Virginia	2020	2024	2023	
Washington	2022	2024	2023	
West Virginia	2021		2022	2024
Wisconsin	2022		2023	
Wyoming	2023		2023	

a. See legend for description of legislation status. States without highlighting have no active legislation as of November 2024.
b. Dates reflect the year legislation was enacted or introduced.
c. PSYPACT map: PSYPACTMap - Psychology Interjurisdictional Compact (PSYPACT).
d. Social work compact map: Compact Map – Social Work Licensure Compact (swcompact.org).
e. Counseling compact map: Compact Map – Counseling Compact/.
f. Interstate school psychology compact map: Compact Map – School Psychology Compact.

Legislation enacted

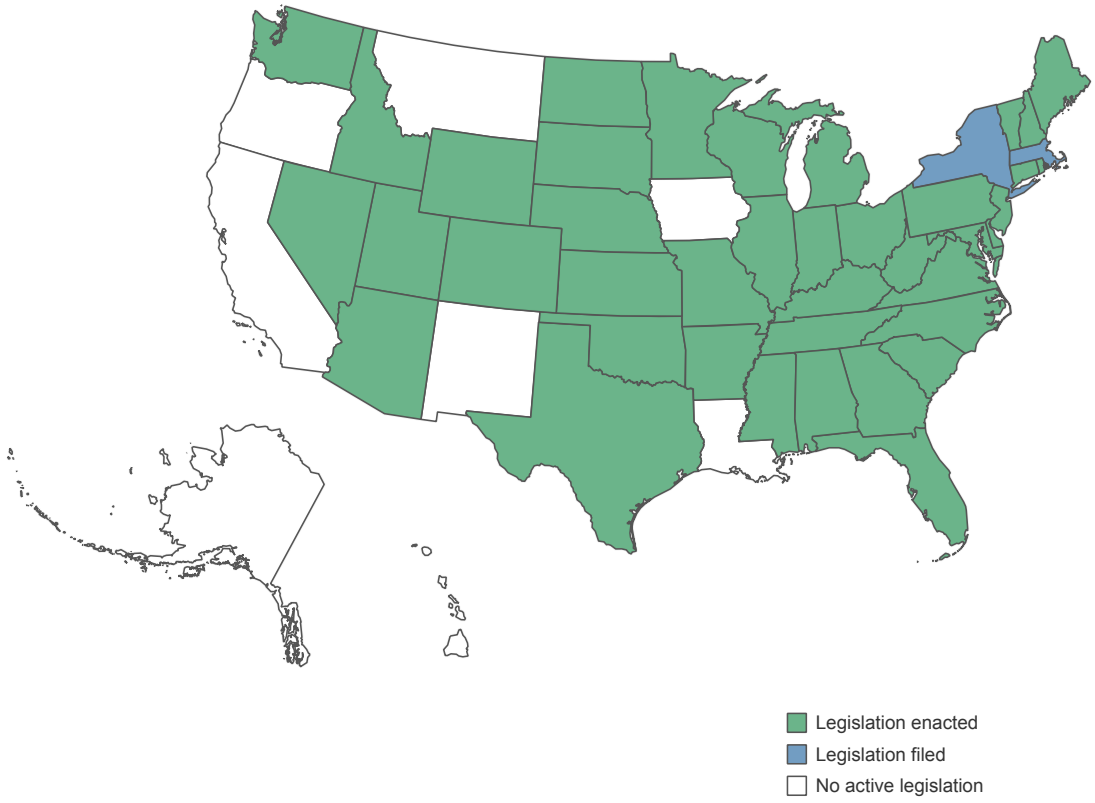
Legislation introduced

Below we summarize the status of interstate licensure agreements for psychologists, social workers, LPCs, MFTs, and school psychologists.

Psychologists: The Psychology Interjurisdictional Compact

The Psychology Interjurisdictional Compact (PSYPACT) became operational in July 2020 and, as of November 2024, has been enacted in Washington, D.C. and 40 states, with legislation introduced in two additional states (see Table 1 and Figure 1).[25,26] Psychologists with a doctoral degree and a current, active psychology license in at least one PSYPACT state can apply to practice in other PSYPACT states under this agreement.[27] An estimated 709 psychologists are authorized for a PSYPACT license.[26]

Figure 1. U.S. States in Which PSYPACT Legislation Has Been Enacted or Introduced as of November 2024



Source: PSYPACT map: PSYPACTMap - Psychology Interjurisdictional Compact (PSYPACT).

PSYPACT is unique in that it allows psychologists in the compact to provide only two limited and specific services: telepsychology and/or temporary in-person face-to-face services. Separate application processes, and a separate annual renewal, are required to provide these services. Each service is briefly described below

Telepsychology services: Psychologists providing telepsychology under PSYPACT are required to be physically located in their "declared home state of licensure" when providing telepsychology services.[27] If the psychologist is licensed in more than one PSYPACT state, the home state is defined as the state where the psychologist is physically present when the telepsychology services are delivered.[27,28]

Temporary in-person practice: Eligible psychologists can provide in-person face-to-face services in any PSYPACT state for up to 30 days per calendar year without needing to obtain additional state licensure.[29,30] This privilege is primarily used for emergency situations.[31]

Training and Role of Psychologists in Behavioral Health Services

Psychologists typically complete a bachelor's or master's degree in psychology followed by a Doctor of Psychology (PsyD) or Doctor of Philosophy (PhD) in psychology degree and supervised clinical training.[32] Clinical psychologists are trained to assess, diagnosis, and provide counseling for emotional, psychological, and behavioral issues in individual, group, or family therapy settings.[33,34] Although graduates of both PsyD and PhD psychology programs can become clinical psychologists, PsyD programs emphasize clinical work while psychology PhD programs focus on research and teaching.[35,36] Approximately 59,700 clinical psychologists practice in the U.S according to April 2024 National Plan and Provider Enumeration System (NPPES) data.[37]

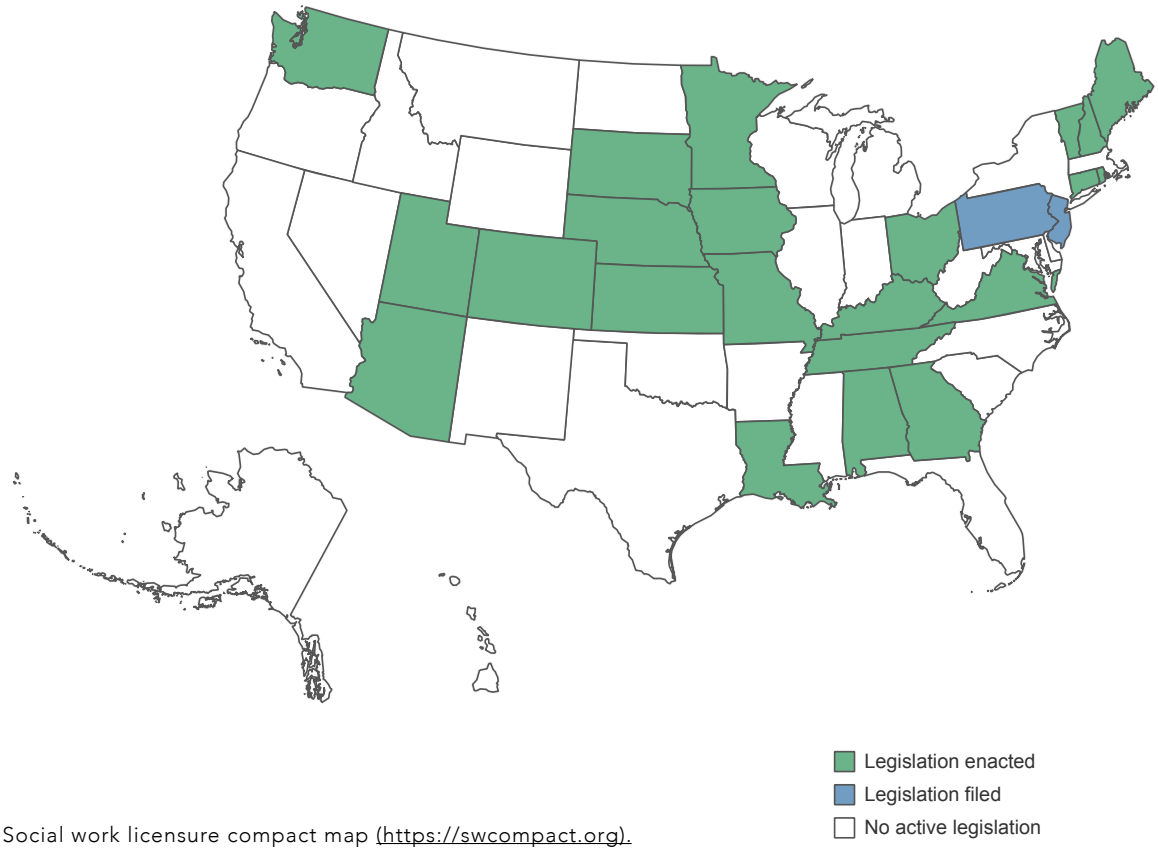
Workforce projections: The Health Resources and Services Administration (HRSA) estimates that by 2037 there will be a shortage of approximately 113,800 psychologists.[38]

Social Workers: The Social Work Licensure Compact

The social work profession is in the early stages of developing an interstate licensure compact.[18,39,40] The Social Work Licensure Compact became active in April 2024 after being enacted by seven states.[41] As of November 2024, the compact has been enacted in 22 states with legislation pending in two additional states (see Table 1 and Figure 2).[42]

Although the Social Work Licensure Compact has been legally enacted, the application infrastructure is currently being developed and the compact is not yet operational. The compact anticipates that social workers will be able to apply for multistate licenses in the Fall of 2025, after an 18-24 month implementation process, beginning in April 2024, is complete.[41,42] Once the compact is operational, social workers at the Bachelor of Social Work (BSW), Master of Social Work (MSW), and Licensed Clinical Social Worker (LCSW) levels will be eligible to apply for a multistate license that allows them to practice in all compact member states.[39,41,43] Social workers who wish to work in non-compact states will need to apply for an individual state's license.[40]

Figure 2. U.S. States in Which Legislation Has Been Enacted or Introduced for the Social Work Compact as of November 2024



Source: Social work licensure compact map (https://swcompact.org).

To join the compact, states must license and regulate social work, require that licensees pass a national qualifying exam, and require that licensees graduate from an accredited social work program corresponding to the category of licensure sought (ie, completion of a BSW for a bachelor's level license and a MSW or higher for licensure at the master's and clinical level).[43] LCSWs must additionally complete 3,000 hours or two years of full-time, post-graduate supervised clinical practice.[40,43]

Training and Role of LCSWs in Behavioral Health Services

According to April 2024 NPPES data there are approximately 371,000 social workers in the U.S., of which 252,000 are LCSWs.[37] LCSWs are the only social workers that perform clinical behavioral health services and, according to the National Association of Social Workers, comprise the largest group of mental health professionals in the U.S.[44,45] LCSWs typically have a MSW or doctoral degree in social work, two years of postgraduate supervised experience in a clinical setting, and licensure in their state or jurisdiction of practice.[45] LCSWs can provide one-on-one or group psychotherapy and other behavioral health services and may be employed in a variety of settings, including mental health clinics, substance use treatment centers, schools, and hospitals.[46] Some states also allow individuals with a BSW to be licensed and provide nonclinical mental health services. For example, the Michigan Board of Social Work issues a bachelor's level social work license that allows individuals to conduct psycho-social and pre-admission assessments for mental health facilities, among other services.[47]

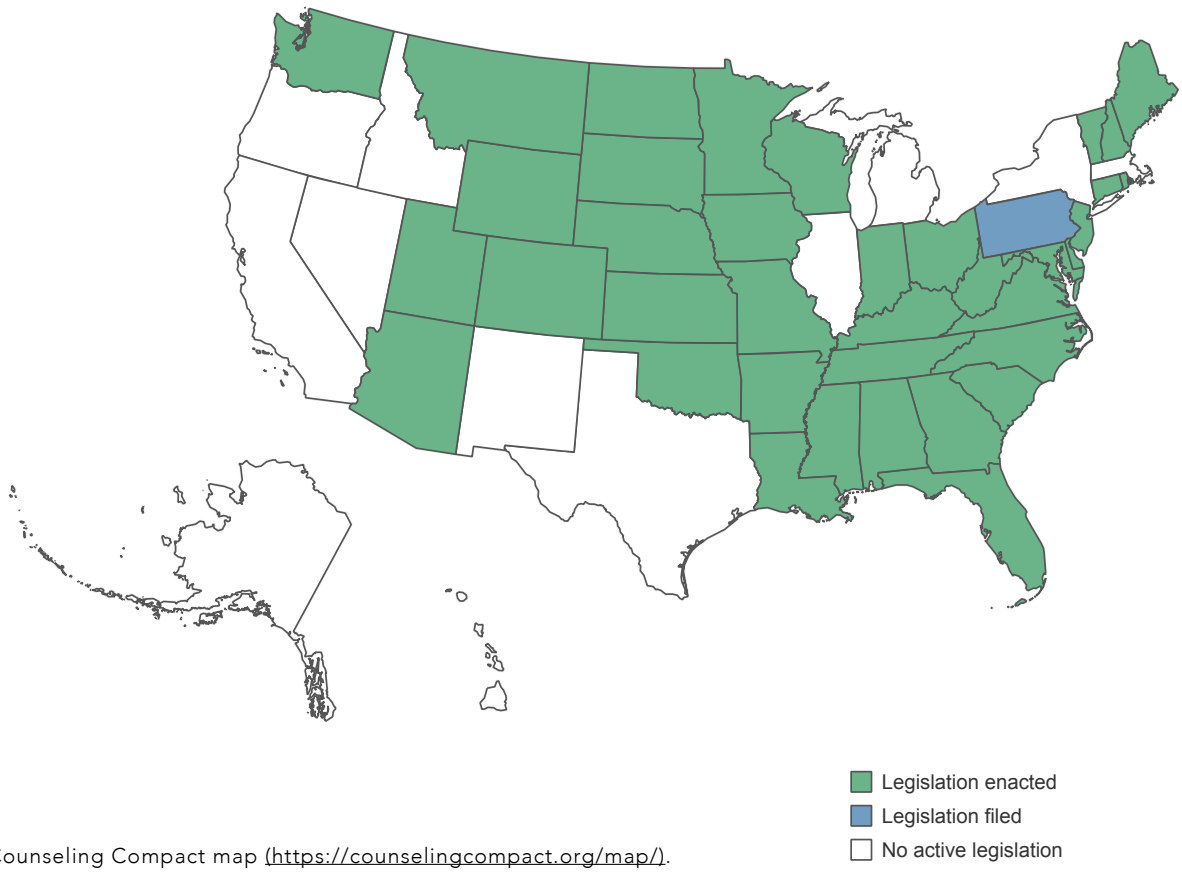
Workforce projections: Estimates suggest there will be a shortage of 51,000 social workers by 2037.[38]

Licensed Professional Counselors: The Counseling Compact

The Counseling Compact was finalized in December 2020 and, as of November 2024, has been enacted in 38 states with legislation introduced in one additional state (see Table 1 and Figure 3).[48] To participate in the Counseling Compact, states must adhere to a variety of requirements, including that licensees pass a nationally recognized exam and have completed a master's in counseling and supervised postgraduate professional experience.[49]

Individual counselors will be able to apply for Counseling Compact privileges in 2025, after the application website and database is complete.[50] LPCs who are licensed and living in a compact member state will be allowed to practice telehealth and in-person counseling in other member states through the compact's equivalent to a license, called the "privilege to practice."[50,51] Although counselors may be licensed or unlicensed,[52] the Counseling Compact applies only to Licensed Professional Counselors (LPCs) or counselors from states that use different but equivalent titles for counselors who can independently diagnose, assess, and treat patients (eg, Licensed Mental Health Counselor and Licensed Professional Clinical Counselor).[53] The Counseling Compact does not apply to other behavioral health professionals such as MFTs, social workers, or psychologists.[53]

Figure 3. U.S. States in Which Legislation Has Been Enacted or Introduced for the Counseling Compact as of November 2024



Source: Counseling Compact map (https://counselingcompact.org/map/).

Training and Role of LPCs in Behavioral Health Services

LPCs typically complete a 60-credit master's degree in clinical mental health counseling, followed by a supervised internship, and between 2,000 and 4,000 hours of supervised post-graduate clinical work experience.[54] LPCs work in a range of settings, including schools, private practice or community health organizations, and with a variety of clients, such as families and children, clients with learning disabilities, or those with substance use disorders.[54] Approximately 382,000 counselors practice in the U.S. (including mental health and addiction counselors) according to April 2024 NPPES data.[37]

Workforce projections: HRSA estimates a workforce shortage of 128,200 mental health counselors by 2037.[38]

Marriage and Family Therapists: MFT License Portability Models

The AAMFT has opted out of creating a state-level licensure compact and has instead focused on developing model licensure portability laws (also known as a uniform law) in each state.[23,55,56] A primary rationale for not pursuing an interstate MFT compact is the estimated $1,000,000 cost for the development phase alone.[24] AAMFT's model licensure portability laws aim to provide full endorsement for MFTs, in which an individual's qualifications for an MFT license in one state can be applied for licensure in another participating state.[23,56,57]

During the 2024 state legislative session, bills were signed into law in Arizona, Georgia, Iowa, Maryland, Tennessee and Virginia that allow MFTs licensed in other states to become licensed in these states.[58,59] Similar legislation is pending in additional states.[58,59] These laws follow AAMFT's model portability law, except the Arizona bill which will require a minimum of one year of practice as a licensed MFT before an out-of-state licensee can use the new law to obtain an Arizona MFT licensure.[59]

Training and Role of MFTs in Behavioral Health Services

MFTs typically earn a master's or doctoral degree in marriage and family therapy or a related field, complete two or more years of post-degree supervised clinical experience, and obtain licensure through state or national board exams, among other requirements.[60,61] States are responsible for licensing and defining MFTs' scope of practice.[60] HRSA has designated marriage and family therapy as a core behavioral health profession (in addition to psychiatrists, clinical psychologists, social workers and psychiatric nurse specialists).[62] MFTs provide psychosocial treatment for individuals, families, and groups with a focus on relationships between individuals and their families and other systems.[60,61] Approximately 80,000 MFTs practice in the U.S. according to April 2024 NPPES data.[37]

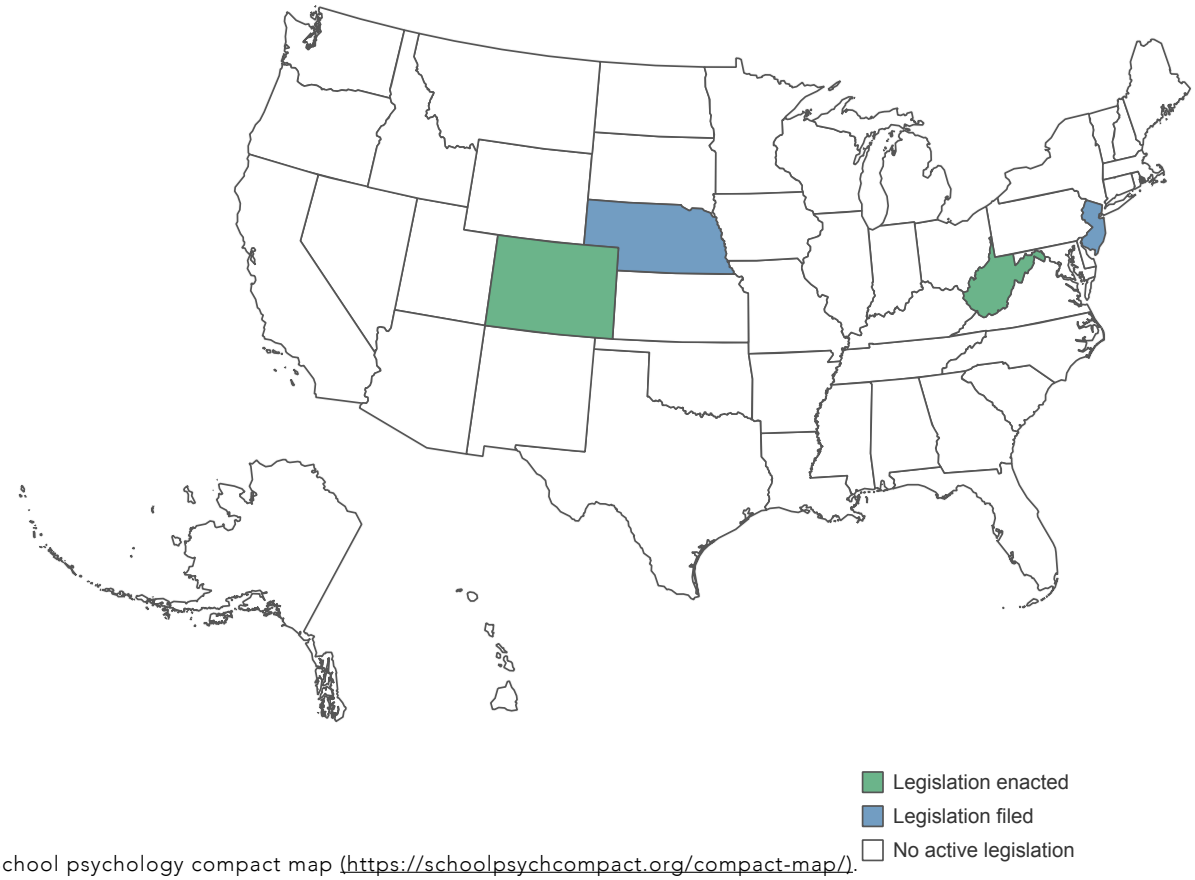
Workforce projections: HRSA estimates a workforce shortage of 50,700 MFTs by 2037.[38]

School Psychologists: The Interstate Compact for School Psychologists

The Council of State Governments, U.S. Department of Defense, and the National Association of School Psychologists (NASP) are partnering to develop the Interstate Compact for School Psychologists (ICSP).[63,64] Model legislation was drafted in 2022 and, as of November 2024, the ICSP had been enacted in Colorado and West Virginia with legislation introduced in Nebraska and New Jersey (see Table 1 and Figure 4).[24,65] Once seven states have enacted the ICSP model legislation – through approval by state legislatures and signature of state governors – member states can begin the process of making the compact operational.[64]

To join the compact, states must require that applicants have passed a qualifying national exam and completed a minimum of 1,200 hours of supervised internship, and have a mechanism in place for receiving and investigating complaints about licensees.[66] In addition to ICSP requirements, states can require additional state-specific qualifications and continue all current background check procedures.[64]

Figure 4. U.S. States in Which Legislation Has Been Enacted or Introduced for Interstate Compact for School Psychologists as of November 2024



Source: School psychology compact map (https://schoolpsychcompact.org/compact-map/).

Once the compact is activated, school psychologists who hold an active, unencumbered license in a member state can apply to the ICSP to obtain a license in other member states. The compact will facilitate the transfer of documents between states and the receiving state will grant the school psychologist the closest equivalent license.[64,66]

Training and Role of School Psychologists in Behavioral Health Services

Education and training requirements for school psychologists vary by state. Graduate programs in school psychology typically require a bachelor's degree in child development, psychology, sociology, or education.[67] Most states require that school psychologists complete either a doctoral degree or a specialist-level degree program with at least 60 graduate semester hours.[67] Both degrees require 1,200-1,500 hours of supervised internships.[67] School psychologists typically work in primary, middle and high schools and serve in a variety of capacities including assessment, support, and intervention services for students and collaborating with community providers to coordinate services for students.[67] An estimated 9,300 school psychologists practice in the U.S. according to April 2024 NPPES data.[37]

Workforce projections: According to NASP, the recommended ratio of school psychologists to students is 1:500.[68] In 2023, the national ratio was 1:1,211, with some states at ratios of 1:5,000.[68,69] Shortages were more acute in rural schools and historically underserved school districts.[69] Given the growing mental health crisis among young people and the decades-long shortage of school psychologists, the current shortages are expected to remain for the foreseeable future.[70]

Telehealth-Specific Licensure Arrangements

In addition to comprehensive licensure arrangements for behavioral health providers described above, some states have adopted telehealth-only licensure agreements for out-of-state providers. During the COVID-19 pandemic, all 50 states used emergency authority to waive some aspects of their state licensing requirements.[71,72] While many pandemic-related waivers have been discontinued, some states, such as Arizona, Delaware, Florida, Georgia and West Virginia, have passed permanent legislation allowing out-of-state physicians, and in some cases other health care providers including behavioral health providers, to register with the appropriate state board and provide telehealth services to in-state patients.[71-73] Other initiatives include New Hampshire's expansion of the provider types eligible to use telehealth to include psychologists, mental health practitioners, and physician assistants.[72]

A key flexibility is that the Drug Enforcement Administration (DEA) extended telehealth prescribing through December 2025 which allows authorized clinicians to prescribe Schedule II-V controlled medications via telemedicine without requiring an in-person examination.[74] This flexibility is being utilized by several states for behavioral health services.

Telehealth policies are complex and rapidly changing. The Center for Connected Health Policy's (CCHP) Telehealth Policy Finder provides up-to-date policy breakdowns for all 50 states, Washington, D.C., and some U.S. territories, where interested parties can track policy changes. Of note, some providers may serve patients in multiple states with different regulations, or patients who move frequently, such as people with unstable housing or young people moving back and forth between college and their parents' home.[75] According to the CCHP, the physical location of the patient – which should be verified at the start of each telehealth session – determines which state regulations to apply to avoid practicing without a license or jeopardizing malpractice insurance.[75,76]

Telehealth Reimbursement

Telehealth services are covered by most insurance plans, including commercial insurance.[77] Medicaid coverage for telehealth varies from state to state, and states have broad flexibility to determine coverage, reimbursement, and licensure requirements to practice telehealth.[78,79] Medicare and Medicaid each have separate and distinct regulations, eligibility, and telehealth reimbursement policies.[78]

Telehealth in Rural Areas

Telehealth may be particularly beneficial for improving access to behavioral health services for rural patients. Telehealth allows small rural hospitals to provide specialty services at lower cost, avoids stigma associated with seeking behavioral health care in a physical clinic, and decreases travel time and lost wages for patients.[80-83] During the COVID-19 pandemic, when telehealth became a more established mode of providing healthcare, 55% of rural patients and 35% of urban patients used telehealth for mental health and substance use services.[84] A June 2024 report using National Health Interview Survey data found that overall telehealth usage – not limited to mental health, substance use services, or rural areas – declined from 37.0% in 2021 to 30.1% in 2022.[85]

Barriers to providing telehealth in rural areas include limited high-speed internet access and difficulty using telehealth for some specialties. An unintended consequence of telehealth expansion is the introduction of competition from urban providers, with possible long-term financial consequences for rural healthcare providers and facilities. For example, research suggests that after a state joins the Interstate Medical Licensure Compact (IMLC) (ie, the licensure compact for physicians), urban hospitals and physicians gain an estimated 2.6% and 1.9% in revenue, respectively, while rural hospitals and providers lose an average of 4.6% and 5.6% in revenue, respectively.[86,87] Additionally, when states enacted the IMLC, rural patients substituted local, in-person visits for telehealth consultations with urban providers, with more than 80% of rural patients' telehealth claims involving urban providers.[86,87]

DISCUSSION

Approximately 30% of American jobs require a license today compared to less than 5% in the 1950s,[88] and over 90% of health care professions currently require licensure or certification.[89] Occupational licensing was developed to protect the health and safety of the public; however, states' potentially cumbersome and inconsistent licensing requirements can create challenges in transferring or obtaining a license in another state.[88,90]

The goals of interstate occupational licensure arrangements are to streamline licensing processes and improve access to services while continuing to safeguard the public.[18] States and professional advocacy organizations have adopted a variety of mechanisms to simplify state-to-state licensure. Interstate compacts are the most common.[18] As of November 2024, 17 professional occupations (see Box 1) including massage therapists, cosmetologists, nurses, physicians, and teachers had created interstate occupational licensure compacts.[18]

Box 1. Professions with Occupational Licensure Compacts

Available compacts, as of November 2024

- Advance Practice Registered Nurse Compact
- Audiology and Speech-Language Pathology Compact
- Cosmetology Compact
- Counseling Interstate Licensure Compact
- Dentist and Dental Hygienist Compact
- Dietitian Licensure Compact
- Emergency Medical Services Compact
- Interstate Medical Licensure Compact
- Interstate Teacher Mobility Compact
- Massage Therapy Compact
- Nurse Licensure Compact
- Occupational Therapy Compact
- Physical Therapy Compact
- Physician Assistant Licensure Compact
- Psychology Interjurisdictional Compact
- Interstate Compact for School Psychologists
- Social Work Compact

Compacts in development, as of November 2024

- Respiratory Therapists Compact
- Athletic Trainers Compact

Source: National Center for Interstate Compacts. Available at https://compacts.csg.org/compacts/.

Interstate licensure arrangements for behavioral health providers are in the early stages of development and utilization but are expanding. As of November 2024, PSYPACT, the compact for psychologists, is the only operational compact for behavioral health providers and is limited to telepsychology and/or temporary in-person services. Compact legislation for social workers, LPCs, and school psychologists has been proposed or legally enacted in many states (see Table 1), but these compacts are not yet functional. Rather than initiate an occupational compact, the AAMFT is pioneering model licensure portability laws to facilitate MFT licensure transfers between states.

Telehealth is currently the most established method for patients to access behavioral health services from out-of-state providers. According to the Kaiser Family Foundation, mental health and substance use visits represent a growing share of both telehealth and outpatient visits overall, but the trend is more pronounced for telehealth.[84] Initiatives, such as the Licensure Portability Grant Program, provide support to state professional licensing boards to develop and implement state policies that will reduce statutory and regulatory barriers to telemedicine.[91,92]

Benefits and Limitations of Interstate Licensure Agreements

Interstate licensure arrangements may help alleviate workforce shortages in high-need areas and practitioners may benefit from the ability to more easily practice across state lines.[18,93] However, although these strategies ease regulatory impediments and simplify state-to-state licensure, they do not increase the national supply of providers, and the degree to which these strategies improve access to behavioral health services has not yet been determined. Longitudinal data on the number of providers utilizing interstate licensure agreements are limited given that all current health care licensure compacts became operational only in the last decade.[14,94] Current data suggests that a minority of behavioral health providers have obtained interstate licenses. For example, PSYPACT estimates that approximately one percent of psychologists licensed in each member state purchased a compact authorization in 2023 (most recent data available).[26]

Challenges to creating compacts include concerns raised by labor organizations about the potential impact on collective bargaining and wages; concerns expressed by some states that compacts may have negative effects on states' regulatory authority and work standards; and high costs to develop and maintain compacts.[13,95,96] Occupational licensure compacts cost an estimated $500,000-1,000,000 to establish, and they accrue ongoing administrative, data collection, and record-keeping costs.[13,24] Professional organizations typically initiate, support, and provide funding to develop compacts, while clinicians or their employers contribute fees to participate. For example, physicians pay an initial $700 to join the Interstate Medical Licensure Compact, in addition to the cost of a license in each state where they intend to practice (range, $60.00 in Wisconsin to $833.25 in Texas), as well as annual renewal fees.[97] Similarly, PSYPACT application costs range from $240 to $440 one-time fees (for telepsychology privileges and temporary practice privileges, respectively), plus $50 to $100 annual renewal fees.[98] These costs may pose potential challenges for individual clinicians or their employers.

FUTURE CONSIDERATIONS

Once interstate licensure arrangements for behavioral health providers have been fully established, future research and evaluation will be needed to understand the degree to which behavioral health providers utilize interstate licensure arrangements and the effects of these arrangements on cost, access, and quality of behavioral health services.

REFERENCES

1. U.S. Department of Health and Human Services (HHS). *Protecting Youth Mental Health: The U.S. Surgeon General's Advisory.* Office of the U.S. Surgeon General; 2021. Accessed September 2023. https://www.hhs.gov/surgeongeneral/priorities/youth-mental-health/index.html
2. Substance Abuse and Mental Health Services Administration (SAMHSA). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health*. Accessed December 2023. https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf
3. Ahmad FB, Cisewski JA, Rossen LM, Sutton P. *Provisional Drug Overdose Death Counts*. National Center for Health Statistics. Accessed January 2024. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
4. Health Resources and Services Administration (HRSA). Projecting health workforce supply and demand. Accessed January 2024. https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand
5. Health Resources and Services Administration (HRSA). *Behavioral Health Workforce Projections, 2017-2030*. Accessed January 2024. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/bh-workforce-projections-fact-sheet.pdf
6. National Council for Mental Wellbeing. New study: behavioral health workforce shortage will negatively impact society. Accessed January 2024. https://www.thenationalcouncil.org/news/help-wanted/
7. Health Resources and Services Administration (HRSA). Health workforce shortage areas: mental health workforce. Accessed January 2024. https://data.hrsa.gov/topics/health-workforce/shortage-areas
8. Health Resources and Services Administration (HRSA). Behavioral Health Workforce, 2023. Accessed January 2024. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf
9. Andrilla CHA, Patterson DG, Garberson LA, Coulthard C, Larson EH. Geographic variation in the supply of selected behavioral health providers. *Am J Prev Med*. Jun 2018;54(6 Suppl 3):S199-S207. doi:10.1016/j.amepre.2018.01.004
10. Health Resources and Services Administration (HRSA). *First Quarter of Fiscal Year 2024: Designated HPSA Quarterly Summary*. Accessed January 2024. https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport
11. U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA). *Fiscal Year 2024: Justification of Estimates for Appropriations Committees*. Accessed January 2024. https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2024.pdf
12. U.S. Department of Education. Professional licensure. Accessed January 2024. https://sites.ed.gov/international/professional-licensure/
13. National Center for Interstate Compacts. Multistate problem solving with interstate compacts. Accessed November 2023. https://compacts.csg.org/wp-content/uploads/2020/11/Compact-Resource-Guide-1-1.pdf
14. Millbank Memorial Fund. Can interstate licensure compacts enhance the health care workforce? Accessed October 2023. https://www.milbank.org/2023/04/can-interstate-licensure-compacts-enhance-the-health-care-workforce/
15. Washington State Department of Health. Social worker and social worker associate. Accessed November 2023. https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/social-worker-and-social-worker-associate/frequently-asked-questions#:~:text=Advanced%20social%20workers%20typically%20work,010
16. Division of Occupational and Professional Licenses. Board of social work examiners. Accessed November 2024. https://dopl.idaho.gov/swo/#
17. The Psychology Interjurisdictional Compact (PSYPACT) Commission. Annual report 2022. Accessed October 2023. https://psypact.org/page/About
18. National Center for Interstate Compacts, The Council of State Governments. Occupational licensure compacts. Accessed September 2023. https://compacts.csg.org/compacts/

19. American Bar Association. Developments in interstate compact law and practice 2020. Accessed November 2023. https://www.americanbar.org/groups/state_local_government/publications/urban_lawyer/2021/51-1/developments-interstate-compact-law-and-practice-2020/
20. Livanos N. Mobility for healthcare professional workforce continues to soar. Accessed December 2023. *J Nurs Regul*. 10(4):54-56. https://www.journalofnursingregulation.com/article/S2155-8256(20)30015-6/pdf
21. U.S. Department of Labor. License recognition. Accessed January 2024. https://www.dol.gov/agencies/vets/veterans/military-spouses/license-recognition
22. Zbrog M. The fight for marriage family therapist license portability across states. Accessed December 2023. https://www.counselingschools.com/blog/advocacy-for-mft-state-license-reciprocity
23. Family Therapy Magazine. Decisions, decisions, decisions: considerations regarding license portability and compacts. Accessed December 2023. https://ftm.aamft.org/decisions-decisions-decisions-considerations-regarding-license-portability-and-compacts/
24. American Association for Marriage and Family Therapy. Strategic portability effort. Accessed June 2024. https://www.aamft.org/portability (see links to FAQs).
25. The Psychology Interjurisdictional Compact (PSYPACT) Commission. PSYPACT map. Accessed January 2024. https://psypact.org/mpage/psypactmap
26. The Psychology Interjurisdictional Compact (PSYPACT) Commission. PSYPACT 2023 annual budget and narrative report. Accessed January 2024. https://cdn.ymaws.com/psypact.org/resource/resmgr/proposed_budget/approved_2023_annual_budget.pdf
27. The Psychology Interjurisdictional Compact (PSYPACT) Commission. Application frequently asked questions. Accessed January 2024. https://psypact.org/page/appfaq
28. Page Wolfberg Wirth LLC. Home state and authority to practice interjurisdictional telepsychology. Accessed January 2024. https://cdn.ymaws.com/psypact.org/resource/resmgr/legal_opinions/20230124_-_signed_legal_opin.pdf
29. Association of State and Provincial Psychology Boards. Practicing temporarily under PSYPACT. Accessed January 2024. https://www.asppb.net/page/temporarypractice#:~:text=To%20practice%20temporary%2C%20in%2Dperson,Temporary%20Authorization%20to%20Practice%20(TAP)
30. The Psychology Interjurisdictional Compact (PSYPACT) Commission. Legislative frequently asked questions. Accessed January 2024. https://psypact.org/page/faq#:~:text=PSYPACT%20is%20an%20interstate%20compact,in%20every%20state%20to%20practice
31. The Council of State Governments. Occupational licensure: interstate compacts in action. Accessed January 2024. https://compacts.csg.org/wp-content/uploads/2020/11/OL_Compacts_InAction_Update_APR_2020-3.pdf
32. U.S. Bureau of Labor Statistics (BLS). *Occupational Outlook Handbook, Psychologists*. U.S. Deptartment of Labor. Accessed December 2023. https://www.bls.gov/ooh/life-physical-and-social-science/psychologists.htm
33. U.S. Bureau of Labor Statistics (BLS). *Clinical and Counseling Psychologists*. U.S. Department of Labor. Accessed December 2023. https://www.bls.gov/oes/current/oes193033.htm
34. Substance Abuse and Mental Health Services Administration (SAMHSA). *Medicaid Handbook: Interface with Behavioral Health Services*. Accessed November 2023. https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4773_mod3.pdf
35. American Psychological Association. A career in clinical or counseling psychology. Accessed December 2023. https:// www.apa.org/education-career/guide/subfields/clinical/education-training
36. Galarita B. Psy.D. Vs. Ph.D.: Which is the right fit for you? Forbes Advisor. Accessed December 2023. https://www.forbes.com/advisor/education/psyd-vs-phd/

37. National Plan and Provider Enumeration System (NPPES). Accessed June 2024. National Provider Identifier (NPI). https://npiregistry.cms.hhs.gov/
38. Health Resources and Services Administration (HRSA). *State of the Behavioral Health Workforce, 2024*. Accessed December 2024. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf
39. Association of Social Work Boards (ASWB). Social work licensure compact. Accessed January 2024. https://swcompact.org/
40. The Council of State Governments. Social work licensure compact. Accessed January 2024. https://swcompact.org/
41. National Center for Interstate Compacts. Social work compact implementation timeline. Accessed June 2024. https://swcompact.org/2024/04/30/social-work-compact-implementation-timeline/
42. The Council of State Governments. Social work compact map. Accessed September 2023. https://swcompact.org/compact-map/
43. The Council of State Governments. Social work licensure compact: review of model legislation. Accessed January 2024. https://www.socialworkers.org/LinkClick.aspx?fileticket=Z-TBhUoSZpU%3D&portalid=0
44. National Association of Social Workers. Clinical social work. Accessed January 2024. https://www.socialworkers.org/Practice/Clinical-Social-Work
45. National Association of Social Workers. Medicare reimbursement. Accessed November 2023. https://www.socialworkers.org/Advocacy/Policy-Issues/Medicare-Reimbursement#:~:text=Clinical%20social%20workers%20(CSWs)%20are,B%20for%20mental%20health%20services
46. National Association of Social Workers. Types of social work. Accessed June 2024. https://www.socialworkers.org/News/Facts/Types-of-Social-Work#:~:text=Social%20workers%20are%20found%20in,numerous%20public%20and%20private%20agencies
47. Michigan Department of Public Health. Michigan social work licensure and degrees for LBSW and LMSW. Accessed January 2024. https://www.publichealthonline.org/human-services/michigan-social-work-license/#becoming
48. Counseling Compact. Counseling compact map. Accessed January 2024. https://counselingcompact.org/map/
49. Counseling Compact. Counseling compact model legislation. Accessed January 2024. https://counselingcompact.org/wpcontent/uploads/2021/06/Final_Counseling_Compact_With_Cover.pdf
50. National Center for Interstate Compacts. Counseling compact. Accessed January 2024. https://counselingcompact.org/
51. Counseling Compact. Summary of the counseling compact's 60-hour master's degree requirement. Accessed January 2024. https://counselingcompact.org/wp-content/uploads/2021/10/60-Hour-Masters-Degree-Requirement-Explained-Counseling-Compact.pdf
52. United States Government Accountability Office (GAO). *Available Workforce Information and Federal Actions to Help Recruit and Retain Providers*. Accessed March 2024. https://www.gao.gov/assets/gao-23-105250.pdf
53. American Counseling Association. Counseling compact. Accessed September 2023. https://www.counseling.org/government-affairs/counseling-compact#:~:text=The%20Compact%20allows%20counselors%20licensed,expedited%20process%20to%20obtain%20a
54. Public Health Online. How to become a licensed professional counselor. Accessed March 2024. https://www.publichealthonline.org/counseling/lpc/
55. American Association for Marriage and Family Therapy. Learn more about licensure portability. Accessed January 2024. https://networks.aamft.org/portability/home
56. American Association for Marriage and Family Therapy. Marriage and family therapy license portability. Accessed January 2024. https://www.aamft.org/AAMFT/ADVANCE_the_Profession/License_Portability/Advocacy/MFT%20License%20Portability.aspx?hkey=1faeeaeb-a780-4add-ba09-9b41a144692f

57. American Association for Marriage and Family Therapy. Access MFTs proposed model. Accessed January 2024. https://networks.aamft.org/portability/proposedmodel
58. American Association for Marriage and Family Therapy. State map. Accessed July 2024. https://networks.aamft.org/portability/statemap
59. American Association for Marriage and Family Therapy. News and updates. Accessed July 2024. https://networks.aamft.org/portability/news
60. Congressional Research Service. *The Mental Health Workforce: A Primer.* Accessed December 2023. https://sgp.fas.org/crs/misc/R43255.pdf
61. American Association for Marriage and Family Therapy. About marriage and family therapists. Accessed December 2023. https://www.aamft.org/About_AAMFT/About_Marriage_and_Family_Therapists.aspx
62. Health Resources and Services Administration (HRSA). Shortage designation: heath professional shortage areas and medically underserved areas/populations. Accessed December 2023. https://bhw.hrsa.gov/shortage-designation
63. National Association of School Psychologists. Interstate compact for school psychologists. Accessed January 2024. https://www.nasponline.org/standards-and-certification/school-psychology-credentialing-resources/interstate-compact-for-school-psychologists
64. National Center for Interstate Compacts. The interstate compact for school psychologists. Accessed January 2024. https://compacts.csg.org/compact-updates/the-interstate-compact-for-school-psychologists/
65. The Council of State Governments. West Virginia becomes the first member state of the interstate compact for school psychologists. Accessed June 2024. https://schoolpsychcompact.org/2024/03/27/west-virginia-becomes-the-first-member-state-of-the-interstate-compact-for-school-psychologists/
66. The Council of State Governments. The interstate compact for school psychologists model language. Accessed January 2024. https://compacts.csg.org/wp-content/uploads/2024/01/ICSP-Model-Legislation.pdf
67. National Association of School Psychologists. School psychology: a career that makes a difference. Accessed January 2024. https://www.nasponline.org/about-school-psychology/a-career-that-makes-a-difference
68. National Association of School Psychologists. State shortages data dashboard. Accessed Janaury 2024. https://www.nasponline.org/about-school-psychology/state-shortages-data-dashboard
69. The Council of State Governments. School psychologist compacts: what you should know. Accessed Janaury 2024. https://www.csg.org/2023/01/04/school-psychologist-compacts-what-you-need-to-know/
70. American Psychological Association. There's a strong push for more school psychologists. Accessed January 2024. https://www.apa.org/monitor/2024/01/trends-more-school-psychologists-needed
71. Health Resources and Services Administration (HRSA). Licensure for behavioral health. Accessed September 2023. https://telehealth.hhs.gov/licensure/licensure-for-behavioral-health
72. Federation of State Medical Boards. U.S. states and territories modifying requirements for telehealth in response to COVID-19. Accessed January 2024. https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf
73. Bipartisan Policy Center. What eliminating barriers to interstate telehealth taught us during the pandemic. Accessed January 2024. https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/11/BPC-Health-Licensure-Brief_WEB.pdf
74. Drug Enforcement Administration and the Health and Human Services Department. Third temporary extension of COVID-19 telemedicine flexibilities for prescription of controlled medications. Accessed April 2025. https://www.federalregister.gov/documents/2024/11/19/2024-27018/third-temporary-extension-of-covid-19-telemedicine-flexibilities-for-prescription-of-controlled

75. Richmond LM (Psychiatric News). Cross-state licensure laws for telehealth evolve during pandemic. Accessed March 2024. https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2022.2.5
76. Center for Connected Health Policy. Fall 2023 report: state telehealth laws and Medicaid program policies. Accessed March 2024. https://www.cchpca.org/all-telehealth-policies/
77. U.S. Department of Health and Human Services (HHS). Private insurance coverage for telehealth. Accessed September 2023. https://telehealth.hhs.gov/providers/billing-and-reimbursement/private-insurance-coverage-for-telehealth/
78. U.S. Health and Human Services (HHS). Medicare and Medicaid policies. Accessed March 2024. https://telehealth.hhs.gov/providers/telehealth-policy/medicare-and-medicaid-policies
79. Centers for Medicare & Medicaid Services (CMS). Telehealth. Accessed March 2024. https://www.medicaid.gov/medicaid/benefits/telehealth/index.html
80. DeHart D, King LB, Iachini AL, Browne T, Reitmeier M. Benefits and challenges of implementing telehealth in rural settings: a mixed-methods study of behavioral medicine providers. *Health Soc Work*. Jan 31 2022;47(1):7-18. doi:10.1093/hsw/hlab036
81. Butzner M, Cuffee Y. Telehealth interventions and outcomes across rural communities in the United States: narrative review. *J Med Internet Res*. Aug 26 2021;23(8):e29575. doi:10.2196/29575
82. Cheesmond NE, Davies K, Inder KJ. Exploring the role of rurality and rural identity in mental health help-seeking behavior: a systematic review. *J Rural Ment Health*. 2019;43(1):45-49.
83. Hillls WE, Hills KT. Virtual treatments in an integrated primary care-behavioral health practice: an overview of synchronous telehealth services to address rural-urban disparities in mental health care. Accessed January 2024. https://medicalsciencepulse.com/article/135239/en
84. Lo J, Rae M, Amin K, Cox C, Panchal N, Miller BF (Kaiser Family Foundation). Telehealth has played an outsized role meeting mental health needs during the COVID-19 pandemic. Accessed March 2024. https://www.kff.org/mental-health/issue-brief/telehealth-has-played-an-outsized-role-meeting-mental-health-needs-during-the-covid-19-pandemic/
85. National Health Statistics Reports. Declines in telemedicine use among adults: United States, 2021 and 2022. Accessed April 2025. https://www.cdc.gov/nchs/data/nhsr/nhsr205.pdf
86. Burtch G, Li X, Zhou M. There's a problem with the telehealth revolution. Accessed September 2023. https://slate.com/technology/2023/09/telehealth-revolution-revenue-rural-hospitals-research.html
87. Zhou M, Li X, Burtch G. Healthcare across boundaries: urban-rural differences in the consequences of telehealth adoption. Information Systems Research, https://doi.org/10.1287/isre.2021.0380 (ahead of print). Accessed September 2023. https://pubsonline.informs.org/doi/abs/10.1287/isre.2021.0380?journalCode=isre
88. Hershbein B, Boddy D, Kearney MS (Brookings Institute). Nearly 30 percent of workers in the U.S. need a license to perform their job: it is time to examine occupational licensing practices. Accessed March 2024. https://www.brookings.edu/articles/nearly-30-percent-of-workers-in-the-u-s-need-a-license-to-perform-their-job-it-is-time-to-examine-occupational-licensing-practices/
89. U.S. Bureau of Labor Statistics (BLS). *Occupational Requirements Survey*. U.S. Department of Labor. Accessed March 2024. https://www.bls.gov/ors/factsheet/credentials.htm
90. Federal Trade Commission. Options to enhance occupational license portability. Accessed January 2024. https://www.ftc.gov/system/files/documents/reports/options-enhance-occupational-license-portability/license_portability_policy_paper_0.pdf

91. Health Resources and Services Administration (HRSA). Licensure portability grant program. Accessed March 2024. https://www.hrsa.gov/grants/find-funding/HRSA-24-011
92. Health Resources and Services Administration (HRSA). Licensure Portability Grant Program. Accessed July 2025. https://www.federalgrants.com/Licensure-Portability-Grant-Program-16511.html
93. Peterson, E. Are interstate compacts an answer to health workforce shortages? National Conference of State Legislatures. Accessed March 2024. https://www.ncsl.org/state-legislatures-news/details/are-interstate-compacts-an-answer-to-health-workforce-shortages
94. Evans S. The nurse licensure compact: a historical perspective. *J Nurs Regul*. https://doi.org/10.1016/S2155-8256(15)30778-X
95. Girnus AC. *The Nevada Current*. April 9, 2024. Labor unions push back on proposal to allow licensure reciprocity for nurses. Accessed November 2023. https://www.nevadacurrent.com/2023/04/09/labor-unions-push-back-on-proposal-to-allow-licensure-reciprocity-for-nurses/
96. Becker's Hospital Review. Which U.S. jurisdictions have not entered the nurse licensure compact? Accessed November 2023. https://www.beckershospitalreview.com/nursing/which-u-s-jurisdictions-have-not-entered-the-nurse-licensure-compact.html
97. Interstate Medical Licensure Commission. Compact application costs. Accessed October 2023. https://www.imlcc.org/what-does-it-cost/
98. Association of State and Provincial Psychology Boards. PSYPACT FAQS. Accessed June 2024. https://wyoleg.gov/InterimCommittee/2020/10-2020082015.PsyPactHandoutsforWY.pdf

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