The Buckeye Institute’s Recommendation
Ohio should permanently remove barriers that prevent out-of-state mental health professionals from treating Ohioans and practicing here. Ohio’s mental health licensing boards should universally recognize out-of-state licenses for psychologists and therapists in good standing in other states. The temporary regulatory changes that Ohio has made during the current pandemic should be codified.

Background
The COVID-19 pandemic threatens mental and physical health. The Centers for Disease Control and Prevention warns that pandemics can cause fear and anxiety that may lead to physical illness and drug and alcohol abuse. And with gyms, fitness centers, and organized recreational sports temporarily closed, the reduced physical exercise and activity can lead to mental health difficulties for some. Any increase in mental illness or difficulties will require more treatment from therapists and mental health providers.

Under Governor DeWine’s emergency order, Ohio has taken several prudent regulatory steps to make health care more available during the crisis. The State Medical Board of Ohio, for example, now allows out-of-state doctors and physician assistants to practice in Ohio, and the Ohio Board of Nursing has issued a similar order for out-of-state nurses. Other regulatory reforms governing telemedicine have also helped Ohio’s health care professionals meet the growing demand.

Ohio has taken similar steps in the mental health field. Before the quarantine, many Ohioans worked or resided outside the state and received mental health care from therapists across state lines. Pandemic-related restrictions now keep those individuals from meeting with their doctors or therapists. Fortunately, some licensing boards have suspended telehealth and teletherapy regulations in order to allow Ohioans to receive care from out-of-state practitioners. The Ohio Counselor, Social Worker and Family and Marriage Therapist Board has granted temporary licenses to out-of-state therapists to treat Ohio patients through teletherapy. And the Ohio Board of Psychology has temporarily recognized out-of-state psychology licenses to help meet Ohio’s mental health needs. These regulatory reforms should be permanent, not temporary. The Ohio Board of Psychology and other mental health boards should ensure that licensed out-of-state providers may continue treating patients in Ohio even after the pandemic.

Conclusion
Ohio mental health licensing boards should work with the General Assembly to make permanent the regulatory changes that have allowed out-of-state mental health providers to practice in Ohio during the pandemic.