



NASPA[®]

Student Affairs
Administrators in
Higher Education

**TRENDS IN MENTAL HEALTH
STATE LEGISLATION**
2023-2024

Background

Navigating services related to mental health has become a common part of the college experience for students. The [2022-2023 Healthy Minds Study](#) indicated that out of nearly 70,000 student respondents, 41% indicated some level of depression, while 14% experienced suicidal ideation over the last year. Addressing mental health concerns is recognized as a critical component of student well-being and success and an increasing priority for state legislatures.

The 2023 state legislative landscape offers insights into state-level strategies for how institutions and professionals might work toward proactive solutions to address the growing crisis. Multiple states have expanded available resources and frameworks for accessing mental health services, which better enables student affairs professionals to offer comprehensive support to students. As states introduce new forms of guidance, student affairs professionals must consider implications around implementation while recognizing the individual needs of students and existing institutional policies. A snapshot of the state policy landscape can serve as a resource for practitioners seeking timely insights into ways to provide mental health support to students.

NASPA staff identified 144 bills tracked throughout the 2023 legislative session using Fiscalnote legislative tracking software and narrowed bills for further analysis based on relevance for higher education. The status of each bill (i.e., enacted into law, failed, or in the House, Senate, or Assembly) was noted. Bills with failed status were included in analysis given the tendency for them to be reintroduced in later sessions or in other states. Legislation was tracked using Boolean search logic with terms including “mental health” or “behavioral health” and “higher education, post-secondary education, college, or university.” This brief offers a review of key themes and policy considerations, specifically focusing on legislation related to:

- Expanding access to mental health services;
- Addressing the mental health counselor shortage;
- Sharing information about mental health supports;
- Establishing advisory committees;
- Requiring faculty and staff training; and
- Implementing the 988 Suicide & Crisis Lifeline.

¹ According to the Southern New Hampshire University Shapiro Library, “Boolean searching is used to help find search results faster and with more precision. Boolean searching uses operators: words like AND, OR, and NOT. These are logic-based words that help search engines narrow down or broaden search results.”

Mental Health Insurance Parity

Mental health insurance parity refers to the requirement for health insurance plans to provide equal levels of coverage for mental health and substance use disorder services as they do for medical and surgical care. The [Council of State Government reports](#) that as of 2021, 37 states have some form of mental health parity statute in place. Insurance coverage expansion helps ensure access for students. Legislators considered ten bills in six states in 2023 regarding mental health parity with impacts for students. Laws were enacted in Illinois, New York, and Washington.

State	Legislation	Bill Status
Illinois	HB 1364	Enacted
Kentucky	HB 208	Failed
Massachusetts	H 2084 H 2094	Failed Failed
New York	A 1975 S 7590	In Assembly In Senate
Rhode Island	HB 6399 SB 572	Failed Failed
Washington	SB 5120	Enacted

Addressing the Mental Health Professional Shortage

The largest category of bills captured by the boolean search logic, 47 out of 144, involved states working to address a shortage of mental health professionals across the United States through a variety of strategies.

Loan Forgiveness and Professional Scholarships

In recent years, states have enacted policies that extend loan forgiveness to mental health professionals. States with currently enacted laws include: [Alaska](#), [California](#), [Minnesota](#), [North Carolina](#), [New York](#), and [Michigan](#). Since 2020, more states have proposed legislation to offer student loan forgiveness or scholarships for mental health professionals, often centering on providing services in underrepresented areas such as alcohol and substance use disorder treatment, and care for individuals with intellectual disabilities.

In 2023, Pennsylvania, Illinois, West Virginia, and Minnesota evaluated legislation relating to the development of student loan forgiveness for mental health professionals. California, Illinois, New York, Oregon, and South Dakota considered developing scholarships for students in the areas of career pathways programming and degree specialization. Utah successfully enacted a law to create a grant program for aspiring mental health therapists. While the measures in Oregon, South Dakota, and West Virginia failed, measures in California, Massachusetts, Minnesota, Pennsylvania, and Illinois remain active into 2024 legislatures.

State	Legislation	Bill Status
California	AB 291	In Assembly
Illinois	HB 3847 HB 2838	In House In House
Minnesota	HF 1436	In House
New York	A 7591 S 7044	In Assembly In Senate
Oregon	HB 2485	Failed
Pennsylvania	HB 725 SB 874	In House In Senate
South Dakota	HB 1044	Failed
Utah	HB 278	Enacted
West Virginia	HB 2833 HB 2381	Failed Failed

Behavioral Health Workforce Centers

In 2023, [Massachusetts HB 1275](#) and [Nevada AB 37](#) considered creating a behavioral health workforce center of excellence at a state or community college. The Massachusetts bill, carried over into 2024, would implement a landscape analysis of mental health worker demographics, conduct a needs assessment, review licensure protocol, examine licensure opportunities in the state, and consider additional opportunities for retention. The legislature in Nevada enacted AB 37 into law in June, and has tasked the workforce center to create a strategic plan for the recruitment, education, and retention of a diverse behavioral health workforce.

Licensure Changes and Oversight

In order to address the mental health counselor shortage while affirming access to quality care, states have considered options to both streamline licensing processes for mental health providers and strengthen mechanisms of oversight. Twelve states have considered policies involving licensure changes and oversight, and legislation has been enacted in New Hampshire, Nevada, and Washington.

State	Legislation	Bill Status
Arkansas	HB 1359	Failed
California	AB 921	In Assembly
Florida	SB 700	Failed
Hawaii	HB 1300 SB 343 HB 776	In House In Senate In House
Massachusetts	H 271	In House
Maine	LD 997 HP 633	Passed Senate Passed Senate
Nevada	AB 37 SB 313	Enacted Failed
New Hampshire	SB 207	Enacted
New York	S 4463	In Senate
Oregon	HB 3274	Failed
Utah	SB 285	Failed
Washington	HB 1724	Enacted

Initiatives to Enhance Institutional Capacity

Six states proposed legislation to standardize institutional requirements for maintaining a certain ratio of students to counselors, with an emphasis on certain high-need or underserved demographics, such as student athletes or law students. The [International Accreditation of Counseling Services](#) recommends offering one full time employee professional staff member for every 1,000 to 1,500 students in institutions of higher education. However, few states have enacted laws to standardize mental health professional staffing in higher education.

Several states have considered designating funding to be implemented with the purpose of improving counselor availability and access to services. [Connecticut HB 5027](#) would establish a health center for each regional campus of the University of Connecticut with the availability to provide students with mental health referrals. None of the measures proposed in 2023 were enacted into state law.

State	Legislation	Bill Status
California	SB 11	In Assembly
Connecticut	HB 5027	Failed
Hawaii	SB 500	In Senate
Minnesota	SF 1695	In Senate
New Jersey	A 4143 S 3648	Failed Failed
New York	A 4142 A 4425 S 2146	In Assembly In Assembly In Senate
Oregon	HB 2977	Failed
Texas	HB 2160	Failed
Washington	SB 5513	In Senate

Telehealth Services

During the COVID-19 public health emergency, many states used emergency authority to waive licensing requirements across state lines. As those statutes have ended, the landscape of telehealth reciprocity has [become more varied from state-to-state](#). Several states considered a more permanent codification of the law in an effort to address the national shortage of mental health workers. Telehealth access is an especially important consideration in the continuity of care for students. Some legislatures propose a permanent expansion to allow out-of-state practitioners to offer behavioral telehealth services in all states, while others propose interstate compacts to allow reciprocity between specific states only. In 2023, Kentucky, New York, Washington, and Wisconsin all considered legislation connected to the ability for students to access telehealth and virtual mental health services on and off campus. The Washington mental health counseling compact became effective in July.

State	Legislation	Bill Status
Kentucky	HB 196	Failed
New York	A 5085 S 2283	In Assembly In Senate
Washington	HB 1069 SB 5219	Enacted In Senate
Wisconsin	AB 382	In Assembly

Sharing Information About Mental Health Supports

Fifteen bills reviewed related to requiring institutions to provide information to students about available mental health services in a public-facing way. Most legislation here related to printing suicide prevention contact information on student identification cards, specifically including 1) the National Suicide Prevention Lifeline (988), 2) the Crisis Text Line, which can be accessed by texting HOME to 741741, and 3) the telephone or text number(s) of state or local mental health programs. In addition to student identification cards, legislation is calling for higher education institutions to share information about suicide prevention and mental health services with students through:

- Campus websites or mobile applications
- On-campus orientation tours
- Live presentations or seminars
- Virtual formats that allow for student interactions
- Email
- Paper-copy notices in high-traffic student areas, such as dormitories, libraries, and the student activity center.

Colorado, West Virginia, Tennessee, Texas, and Utah enacted bills related to information sharing about mental health support to students. One of those laws, [Texas SB 532](#), requires that information for students cannot be provided in paper format only and that institutions must include “a campus map identifying any location at which mental health services are provided to students on campus as well as information regarding how to access the services.” The law states that if an institution provides a tour during on-campus orientation for entering students, “the tour must identify at least one location for accessing mental health services.”

[New York A 1139](#), a bill in assembly, requires that the trustees or governing board of each public and private institution provide all incoming and current students with information about depression and suicide prevention as well as available resources on campus. The bill requires institutions to establish programs that inform incoming students about: the mental health services available to students through seminars, discussion groups, and presentations; how to identify an at risk person; the procedures in effect at the college for dealing with attempted suicide; the availability of counseling and other support services for persons at risk and those affected by suicide; the nature of and common circumstances relating to suicide on college campuses; and the methods the college employs to support at risk students.

Moreover, the bill includes requirements about appointing an advisory committee on mental health that would be responsible for reviewing current campus mental health policies and procedures and make recommendations for their improvement. Specifically, the bill requires the committee to review for policies and procedures about educating the campus community about mental health issues and suicide prevention; reporting persons in crisis to appropriate professionals; counseling individuals; and responding to inquiries from concerned persons. Findings would need to be reported to senior leadership once a year, and the report would be available upon request.

State	Legislation	Bill Status
California	AB 456	Enacted
Colorado	HB 23-1007	Enacted
Minnesota	SF 418	In Senate
New Jersey	S 503 A 1176	In Senate Passed Senate
New York	A 6804 A 1139	In assembly In assembly
Tennessee	SB 350 HB 294	Enacted Enacted
Texas	SB 532 HB 3631 SB 633	Enacted Failed Failed
West Virginia	HB 3218 HB 3536 HB 3054	Enacted Failed Failed

Establishing Advisory Committees

Several bills specifically call for the formation of an advisory committee or group to focus on creating policies and procedures for improving education about mental health issues and suicide prevention. These bills prescribe who has authority to appoint members of the committee and what expertise or role each committee member should bring. While the responsibilities of committees vary across the legislation, they largely relate to sharing resources for institutions and establishing policies for meeting mental health needs of students on campus.

[Maryland SB 263](#), enacted into law, establishes a mental health committee within the state's higher education commission and identifies members that reflect the state's institutional diversity. The legislation describes who should be on the 16-person committee and includes a range of representatives, including leadership from a public Historically Black University, a private liberal arts college, and a university systems representative, three student representatives, and various other directors and practitioners with mental health expertise and roles on campus. One key responsibility of this committee includes reviewing and identifying best models for providing mental health services, including stand-alone centers, centers with integrated student health services, comprehensive services, case management, and crisis resources. The law also requires that the committee specifically identify and report on concerns in rural areas and workforce shortage areas as it relates to mental health supports and access to off-campus services. Additional responsibilities include making recommendations regarding:

- ways to reduce costs and barriers to providing access;
- the use of telemedicine and video conferencing in the provision of services;
- the use of hotlines and other means to disseminate to students information related to mental health services on and off campus, including information concerning availability and fees;
- the implementation of general mental health counseling services and specialized counseling services; and
- study and make recommendations regarding any other matters the committee considers appropriate.

[Indiana SB 197](#) failed in state assembly but would have required a member of the mental health and suicide prevention in higher education taskforce to represent an organization dedicated to supporting veterans and that the taskforce identify mental health information specific to supporting veterans on campus. While several bills included components of committee reporting recommendations and findings, SB 197 specifically called for the collection and reporting of data related to campus mental health supports to the statewide suicide prevention coordinator. In addition to reporting on data around student-to-counselor ratios and student referrals, withdrawals, and hospitalizations, the bill would require sharing of information on mental health services specifically available to veterans. Moreover, the bill would have required the taskforce to develop a statewide resource guide that would include:

- A free curriculum to train students, staff, and faculty of a state educational institution concerning a screening method for suicide risk and referrals, including addressing specific needs of veterans;
- a model crisis protocol, per institutional type, on the identification of mental health issues and suicidal behavior, intervention, reentry, and postvention;
- model marketing materials to promote student mental health in higher ed; and
- culturally relevant mental health and suicide prevention resources for diverse communities and underrepresented populations.

State	Legislation	Bill Status
Indiana	SB 197	Failed
Maryland	SB 263	Enacted
	HB 573	Enacted
New York	A 5085	In Assembly
	A 1139	In Assembly
	S 2283	In Senate
Virginia	SB 910	Enacted
	HB 1916	Enacted

Requiring Faculty and Staff Training

Understanding mental health needs and how to respond to a student in crisis are paramount to ensuring that students receive the support necessary from faculty and staff to be successful at their college or university. Of the proposed legislation reviewed, 12 bills focused on introducing required training for faculty and staff focused on better understanding and supporting students with mental health concerns and, specifically, four bills mentioned the implementation of [Mental Health First Aid](#) training.

One example is [Texas HB 2059](#), which appropriates funds to provide optional Mental Health First Aid training to employees at educational institutions, including colleges and universities.

State	Legislation	Bill Status
California	AB 141	In Senate
Maryland	HB 375	Failed
Massachusetts	HD 4527	In House
New Jersey	A 1176 S 503	Passed Senate In Senate
New York	A 6804 S 7236 A 5085 S 2283	In Assembly In Senate In Assembly In Senate
Texas	HB 5096 HB 2059	Failed Enacted
West Virginia	HB 2182	Failed

Implementing the 988 Suicide & Crisis Lifeline

In July 2022, the [988](#) code was established nationally as a direct line to over 200 local suicide and crisis call centers. Nine of the bills in NASPA's analysis related to the implementation of 988. Specifically, one bill involved requiring the inclusion of 988 on student identification cards, four proposed the implementation of an official state 988 Task Force or workgroup, and three related to the implementation and funding of the call centers and behavioral health service models necessary for the success of the program within those states. While the latter bills do not explicitly apply to institutions of higher education, several cite elevated suicide rates among college students as a key reason why this legislation is significant.

State	Legislation	Bill Status
Alabama	SB 328	Failed
Illinois	HB 1364 SB 1403 HB 5866 SB 4256	Enacted In Senate Failed Failed
Massachusetts	H 2081	Failed
New Hampshire	SB 85	Enacted
Tennessee	SB 350	Enacted
Washington	HB 1134	Enacted

Closing Considerations

A review of state-level trends provides insights into key considerations for institutions to consider as they develop policies and processes around mental health services for students. While this analysis highlights a range of policy topics – from ways to expand access to on-campus support and promote awareness-building about available services, to incentivizing students to enter the mental health profession and more – it is notable that NASPA staff did not find themes related to the intersection of mental health supports and diversity, equity, and inclusion initiatives. Moreover, several bills analyzed were not specific to higher education but did focus on increasing mental health awareness and prevention for elementary, middle, and high school aged students. Policy related to mental health at the K-12 level – such as bills related to suicide prevention and mental health awareness – can have meaningful impacts on mental health literacy and the way students engage with available support once they arrive on campus.

As states continue to introduce legislation related to mental health support in higher education, practitioners can deepen their knowledge on state and local mental health policymaking offered by medical professional and advocacy organizations. The American Psychological Association, for example, has created model legislation adapted to all 50 states and the District of Columbia on [mental health insurance parity](#), and [offers model legislation particular to ensuring access to telehealth](#). Additionally, the [Higher Education Mental Health Alliance](#) advocates for policies that improve college student mental health and creates resource guides specific to higher education.

NASPA is continuing to monitor mental health legislation impacting campuses into the current legislative cycle. You can view an active report of current legislation [here](#).

For more resources and information please contact the authors of this report:

[Diana Ali](#)

[Alexa Wesley Chamberlain](#)

[Jennifer E. Henkle](#)



NASPA[®]

Student Affairs
Administrators in
Higher Education