

**Advancing Health Equity through Advocacy
Position Paper and Call to Action
National Register of Health Service Psychologists
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The National Register of Health Service Psychologists supports and encourages psychologists to take action to advance health equity. Health equity refers to fair opportunities to achieve optimal health (Whitehead, 1992), and it is widely recognized as a fundamental objective of public health. According to the Centers for Disease Control and Prevention (CDC, 2023) health equity is a state in which “everyone has a fair and just opportunity to attain their highest level of health.” The World Health Organization (WHO, 2023) describes it as the “absence of unfair, avoidable, or remediable differences among groups of people.” Health equity is a matter of social justice and human rights, emphasizing fair and just opportunities for all individuals, particularly those from systemically marginalized, excluded, or disenfranchised groups who have been socially disadvantaged in accessing such opportunities (Braveman, 2025; Braveman et al., 2011).

Advancing health equity requires careful consideration of the social determinants of health, as well as the social, economic, and political conditions in which individuals are born, grow, live, work, and age—which have been shown to exert a substantial influence on health outcomes (Chelak & Chakole, 2023). Despite acknowledging the importance of health equity, significant inequities in health outcomes persist across populations. For example, in the United States, the burden of disability, disease, and premature mortality continues to fall disproportionately on historically marginalized groups due to the combined impact of discrimination, socioeconomic disadvantage, and inequitable access to health-promoting resources and opportunities (Robert Wood Johnson Foundation [RWJF], 2017). Health inequities contribute to mental health burden which are heightened by lack of access to care (APA, 2022). Further, psychology as a discipline with expertise in the areas of environmental, psychosocial, and behavioral factors is well poised to help improve the health of populations and thus advance health equity (Kelly, 2022).

Efforts addressing health equity are a strategy to address the growing costs of health care in this country. This includes direct medical care costs, lost productivity, and premature deaths (Ndugga & Artiga, 2021). For example, a survey of adults under age 65 found that individuals who are uninsured were twice (42% vs. 20%) as likely as those who were insured to report that their health worsened due to skipped or postponed care (Sparks et al., 2025). In that same survey, 75% of adults without insurance under age 65 reported they went without needed care because of the cost. Those without health insurance are more likely to rely on the emergency department (ED) for care given they are less likely to have access to lower-cost alternatives (Scott et al., 2021). In 2021, there were 107.4 million visits for healthcare, including mental health care, at an ED in the United States that did not result in hospitalization for a total cost of \$80.3 billion (Roemer, 2024). Advancing health equity is not only a moral and public health imperative but also sound long-term economic policy and may represent the most effective strategy for curbing the escalating costs of health care.

There are historical and emerging challenges to achieving health equity that are pertinent to psychologists. For example, access to insurance contributes to health and well-being, thereby mitigating health disparities (Kelly, 2022; Ndugga & Artiga, 2021). While gains in coverage

were achieved by the Affordable Care Act, these are now threatened due to Medicaid cuts, changes to Medicaid eligibility, and the expiration of subsidies for plans purchased through health care marketplaces (Hill et al., 2025). Given Medicaid is the largest payer in the United States for mental health care (Centers for Medicare and Medicaid Services, n.d.) this should be of particular concern to psychologists.

Disparities are documented in terms of having health insurance. For individuals under the age of 65, American Indian/Alaska Native and Hispanic individuals have the highest uninsured rates at 18.7% and 17.9% respectively, followed by Native Hawaiian or Pacific Islander (12.8%), Blacks (9.7%), as compared to White individuals (6.5%) and Asian individuals (5.8%) (Hill et al, 2025). Overall, research shows that Medicaid expansion is associated with reductions in racial/ethnic disparities in health coverage as well as narrowed disparities in health outcomes for Black and Hispanic individuals, particularly for measures of maternal and infant health (Guth et al., 2020). However, people of color and low-income individuals remain at increased risk of not having health care coverage (Ndugga & Artiga, 2021).

While reported rates of mental disorders are similar or fewer for most ethnic and racial minority groups as compared to White, there is a differential long-term impact (American Psychiatric Association, 2017). Such differential impact includes an increase in disability and more persistent depression among Blacks and Hispanics. Further rates of mental health problems are common in the criminal justice system, where racial and ethnic minorities are overrepresented. Similarly, racial and ethnic minority youth with behavioral health concerns are more likely to be sent to the juvenile justice system compared to White youth. In addition, discrepancies exist with respect to receiving mental health care. For adults with a mental health concern Whites are more likely (50%) to report receiving treatment than Black (39%) or Hispanic (36%) adults (Panchal et al., 2024).

Another emerging challenge to advancing health equity revolves around the Mental Health Parity and Addiction Act (parity), which requires insurers to treat mental and physical health equally. Implementation of new parity enforcement mechanisms has been paused due to pending litigation seeking to block the new rules (Wemhoff, 2025). Insurers are still legally required to comply with current parity laws. However, funding for the Employee Benefits Security Administration, the agency charged with enforcing mental health parity, has been curtailed (Miller & Kohler, 2025). While this pause does not affect the act's original provisions, health service psychologists may experience challenges as a result. Challenges could include differences in how healthcare plans apply parity standards, increased denials, delays in care, or reimbursement issues.

Psychologists can make a difference by taking action to mitigate these challenges to advancing health equity. This could include patient-level advocacy within the profession to state and local advocacy as new rules are proposed. The following are specific suggestions for consideration.

Advocacy related to Medicaid Eligibility Changes:

- Get informed:

- For a comprehensive compendium of information see:
<https://modernmedicaid.org/medicaid-provisions-and-implementation-of-one-big-beautiful-bill/>
- Keep up to date on what is happening with your state Medicaid agency. Look for opportunities to provide comments as implementation plans are being proposed.
- Share resource guides specific to your state with your patients.
- Monitor the *Federal Register* and your state's *Department of Community Health* (or equivalent) for notices of proposed changes that impact eligibility, telehealth, or behavioral-health benefits.
- Subscribe to alerts from the *Centers for Medicare and Medicaid Services (CMS)* and your state psychological association for updates on Medicaid redeterminations, waivers, and expansions.
- Join advocacy or insurance committees at your State, Provincial, and Territorial Psychological Association.
- Connect with other psychologists to develop and implement an advocacy action plan.
- Form coalitions with other behavioral health professionals focused on advocacy.

Ways to Advance Advocacy for Health Equity in Health Service Psychology

- Kelly (2025)
 - Develop or promote programs on advocacy that help professional practice skills and strategies, and facilitate connections with legislators
 - Promote competence in advocacy for psychologists, including in training, early career professionals, and established psychologists
 - Develop or promote training materials and modules on advocacy for graduate students and CE offerings for professionals

Advocacy for Parity Protections (Wemhoff, 2025)

- Track disparities in coverage
- Engage in advocacy efforts to support stronger parity enforcement
- Educate your patients about their rights under parity and ensure that current protections remain in effect
- Encourage patients to appeal coverage denials by requesting a parity analysis and provide support through clinical documentation
- Inform patients that suspected violations can be reported to state insurance departments, U.S. Department of Labor (for employer-sponsored plans), or the Centers for Medicare & Medicaid Services (CMS).

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