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Medical Licensure Disclosure Requirements Risk Physician Mental Health & Patient Safety

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Nearly **40% of U.S. physicians are reluctant to seek mental health treatment** out of fear that it might imperil their medical license.[1]

Physician mental health is a critical public health issue. An urgent barrier to mental health care lies within the medical licensing system. State medical licensure applications have historically required physicians to disclose past mental health diagnoses, hospitalizations, and treatment records, regardless of whether those conditions affect their present ability to practice medicine. Research from the University of Michigan Eisenberg Family Depression Center and the Intern Health Study (IHS), which tracks mental and physical health outcomes of more than 30,000 first-year physicians across the U.S.,[2] demonstrates how this systemic deterrent perpetuates untreated illness, impairs patient care, and contributes to physician suicide.[3] Between 20.9% and 43.2% of resident physicians screen positive for depression at any point during training, a 5-fold increase from pre-residency rates,[4] yet the majority do not seek treatment.[5] A cross-sectional study of surgeons found that only 26% of those experiencing suicidal ideation in the past 12 months had received psychiatric or psychologic help, while 60% were reluctant to seek treatment.[6] The most commonly cited reason was fear that seeking mental health care would jeopardize their medical license.[1,6] This problem demands immediate, evidence-based policy reform: Michigan should replace mental health questions with language focused only on current impairment affecting the ability to practice safely, applied consistently across initial and renewal applications, as endorsed by the Federation of State Medical Boards (FSMB).[7]

Intrusive licensure disclosure requirements lead to:

- **No treatment**: physicians in states with mental health licensure questions had 21% higher odds of forgoing treatment[1]
- **Covert, informal, and delayed treatment**: physicians may delay care until they are in crisis, often utilizing non-standard channels to maintain anonymity, reducing the quality of their care[8]
- **Suicidal ideation:** physicians who died by suicide were less likely to have been receiving mental health treatment[9,10]
- **Medical errors:** untreated physician depression is associated with a 2-fold increase in the likelihood of self-reported medical error[3]
- **Normalization of stigma across training**: 62% of medical students report hiding emotional distress, a pattern that persists into practice[7]
- **Physician attrition**: burnout and untreated illness contribute to early career departure[11]

State & Federal Legislation Models

Virginia HB 1573 / SB 970 (2023)
Signed into law March 16, 2023,[12] Virginia became the first state to mandate removal of mental health questions from all licensed health professional applications for physicians, nurses, and pharmacists.[12] The Department of Health Professions was directed to amend all applications to remove questions about current *and* past mental health conditions, impairment, or treatment.

Coming soon

Reform legislation is pending in **10+ additional states**, including Michigan HB 4277[13] (passed House 106-0; in Senate, 2025)[14]

Dr. Lorna Breen Health Care Provider Protection Act (2022, Reauthorized 2026)
The first federal law dedicated to preventing suicide, reducing burnout, and improving mental health support for clinicians was enacted in March of 2022 and reauthorized for five years in the Consolidated Appropriations Act of 2026.[15] The Act has provided $100 million in funding to 45 grantee organizations and supported more than 250,000 health workers. As a result, grantees have reported a 37% reduction in burnout and 50% decrease in mental health conditions.[16] As of February 2026, 43 medical boards and 2,115 hospitals had removed intrusive licensure questions.[17]

Recommendations for State Policy Change

Expand State SafeHaven Companion Law

Virginia's 2020 SafeHaven statute[18] provides a legislative template for granting full protection and exemption for clinicians enrolled in a confidential wellness program. SafeHaven laws protect communication between providers and counselors, exempting counselors from mandatory reporting to the Board of Medicine unless a patient presents a danger to themself or others. SafeHaven was expanded annually through 2024 to include nurses, pharmacists, dentists, and students.[18] Provider utilization of Virginia's SafeHaven-protected wellness programs has grown to 48% vs. 1% nationally, demonstrating a promising opportunity to expand to other states.[19]

Revise Renewal Applications (Michigan HB 4277 Model)

Modeled after Virginia HB 1573,[10] Michigan HB 4277 would replace mental health questions on initial *and* renewal medical licensure applications with two questions: "Do you have any reason to believe that you would pose a risk to the safety or well-being of a patient or client?" and "Are you able to perform the essential functions of the health profession for which you are seeking a license, registration, or renewal, with or without reasonable accommodation?"[13] National data suggest renewal applications are where reform has lagged: only three of 55 state boards currently meet all FSMB recommendations for renewal applications.[20] The Michigan Senate should pass HB 4277 to ensure the updated, noninvasive items are consistently applied to both applications.

Recommendations for Federal Policy Change

Expansion of Lorna Breen ALL IN Toolkit

The reauthorized Lorna Breen Act (2026–2031)[15] provides grant funding for wellbeing programs and has developed resources like the "ALL IN Toolkit." The toolkit was developed to "remove intrusive mental health questions from licensure and credentialing applications" through audit, change, and communication. There remain varying levels of heterogeneity in adoption.

Application in Michigan:
The ALL IN Toolkit can be leveraged to support implementation of HB 4277 reforms at an institution level. Confidential care pathways aligned with Safe Haven Principles are important to support direct access to treatment.

Americans with Disabilities Act (ADA) Guidance

ADA guidance recommends that licensure questions focus on current functional impairment rather than diagnosis history.[20] Despite this, many states remain non-compliant.[19] Congress or the DOJ could issue formal enforcement guidance, modeling a 2014 Louisiana Supreme Court settlement requiring all state medical boards to adopt FSMB model language[21] within a defined timeframe.

Application in Michigan:
By implementing ADA guidance, Michigan could position itself as an early full-compliance state, aligning licensing, credentialing, and institutional policies.

Recommendations for Local Action

Local action should focus on the institutions with authority to remove these barriers.

- The Michigan Board of Medicine can align licensure application language with FSMB recommendations by limiting questions to current impairment across initial and renewal applications.
- Hospitals and health systems can audit credentialing and privileging forms to ensure they use non-stigmatizing language focused only on current impairment affecting safe practice.
- Legislators can advance reforms like HB4277 to standardize the revised language across health professional licensing and prevent mental health history questions from being reintroduced.
- Research institutions like the Eisenberg Family Depression Center can support these actions by providing Michigan-specific data, evidence summaries, and implementation assistance.

Questions? Email us at depressioncenter@umich.edu
Learn more at depressioncenter.org

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