WHEREAS: The “TREAT Act,” otherwise known as the “Temporary Reciprocity to Ensure Access to Treatment Act,” or S.4421 of the 116th United States Congress, and its companion bill H.R.8283 of 116th United States Congress, aim to provide temporary licensing reciprocity for telehealth and interstate health care treatment, and;

WHEREAS: The COVID–19 pandemic has led to the closure of many businesses and nonprofit organizations, including colleges and universities. Moreover, S.4221 and H.R.8283 finds that large areas of the country remain under full or partial stay-at-home orders, precluding the ability to seek routine or elective medical treatment and consultation, and;

WHEREAS: “The closing of campus-based in-person learning at institutions of higher education has also meant that up to 1,000,000 students have returned to live with their families across state lines from where they may have been receiving medical care in the university setting,” and;

WHEREAS: Mental health providers may only offer their services within their state of

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licensure. State licensing boards typically prohibit health providers from soliciting their services across state lines. An inability to visit a medical professional’s office in the state of licensure can render health care services inaccessible. Therefore, Wake Forest students not residing within the state of North Carolina may be unable to visit Student Health Services (SHS) or the University Counseling Center (UCC) to seek healthcare services as a result of these restrictions. Thus, Wake Forest students who may typically rely on the SHS or the UCC are forced to seek treatment within their state or country of residence—if at all. This dilemma presents a sobering reality: state licensing requirements promulgate inequities in the accessibility of health care services during the COVID-19 pandemic—a time when these very services are in especially high demand among students and faculty alike, and;

WHEREAS: Data collected by Johns Hopkins University, the Centers for Disease Control, and the COVID Tracking Project indicate that the percentage of positive COVID-19 cases in the U.S. has increased at unprecedented rates since September of 2020. Moreover, the percent of positive COVID-19 cases in the state of North Carolina continues to increase at a dizzying pace—surpassing earlier records set in the spring of 2020. With COVID-19 cases continuing to rise, there is a possibility that institutions of higher learning will be forced to close their campuses for in-person instruction. In the event that universities close their campuses in the spring semester, thousands, perhaps millions, of students will be without critical health care services provided by their respective institutions of higher learning. It is also possible that further travel restrictions will be implemented over the holiday to curb the spread of the virus—exacerbating existing health care inequities, and;

WHEREAS: Health and well-being is one of the most pressing concerns for Wake Forest students more broadly and this Student Government more specifically, and;

WHEREAS: This resolution, and the TREAT Act(s) more broadly, have received the unanimous support of the Wake Forest University Counseling Center (UCC) per extended correspondence with Dr. Nathaniel Ivers, Dr. Jose Villalba, and Dr. Daniel Paredes.

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THEREFORE BE IT RESOLVED:

1) The Wake Forest Student Government will support the passage of the bipartisan TREAT Act(s) to ensure that students across the country, but Demon Deacons in particular, have access to telehealth services and interstate health care treatment.

Respectfully Submitted,

Ethan Wearner,
Co-Chair, Judiciary