

Dr. Alvord Testimony - Support - SB500.pdf

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Position: FAV

February 11, 2021

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller Senate Office Building
Annapolis, MD 21401

RE: SB 500 – PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee,

I am a constituent and am writing to ask you to **support SB 500, the Psychology Interjurisdictional Compact**. I own a home in Legislative district 14, own an office condo in Legislative district 17 where I practice, and lease office space for our second practice location, in District 18. Prior to private practice in Montgomery County, I worked in Calvert County as part of the Cheltenham Tri-County Outreach Program (now RICA - Southern MD) and later worked at RICA-Rockville.

I have been Licensed as a Psychologist since 1979. I am the Director of a large group practice with offices in Rockville and Chevy Chase and have been providing and advocating for telehealth for more than a decade. I co-chaired the Telehealth and New Technologies committee at the American Psychological Association from 2011-2013. I am defining telehealth as real-time, audio and visual video conferencing.

Since mid-March 2020, I have trained about 10,000 mental health practitioners in ethical and effective telehealth. While everyone had to pivot to telehealth during the pandemic, it is imperative that this process continue with fewer barriers to increase access to mental health care and continuity of care after the Public Health Emergency ends.

My experience and that of my practice with telehealth will be outlined here. Of note, our Rockville office is near Virginia and our Chevy Chase office is about 2 miles from Washington DC. Our clients, while primarily Maryland residents, include children, adolescents, families, and individual adults who live and work in multiple jurisdictions. Currently, on behalf of my Maryland clients, I hold temporary licenses in Texas, Maine, and Massachusetts and have been allowed to also telehealth into Pennsylvania, Washington DC, and Arizona. These temporary licenses will end once the emergency orders cease.

Observations.

- (1) Telehealth is here to stay.
- (2) Client mobility from state to state is here to stay.
- (3) Divorced parents living in different states is here to stay.
- (4) Some client having dual residences is here to stay.

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- (5) Maryland needs to protect its citizens and allow them to sustain treatment with a licensed doctoral-level Psychologist of their choice.

Due to the fact that nearby jurisdictions (and many across the country) have allowed temporary licensure (typically with no fees), we have been able to provide continuity of care during the pandemic. During the pandemic, most college students who were to go to their respective campuses, but instead stayed home, or who perhaps went and were sent back home shortly after due to a COVID19 outbreak on campus were able to continue therapy in most (not all) jurisdictions. The uncertainty associated with where they would be increased anxiety and exacerbated the mental state we and they were dealing with. It has been a lifesaver to have been able to provide care wherever they might have been located.

Scenarios presented below represent true cases based on submission from the 15 psychologists and 4 clinical social workers in the practice over the past 9+ years. All identifying information has been removed. Some examples relate to multiple cases:

Affordability. If a client must take several hours of leave to come to an appointment, they would lose pay. Partly affects those who are hourly workers.

Short check-in. Sometimes the best therapeutic intervention means a short check-in or “booster” session. The most efficient approach is to do a session via telehealth. This allows for short, 20-minute check-in sessions or longer exposures whenever and wherever they are relevant. Clients are increasingly mobile providing challenges to do this legally out-of-state.

Children living with parents who are located in two different jurisdictions. Some divorced parents live in MD and while the other parent may live in DC, VA, or another state. Many children split their weeks between households. I had several cases in which the weekly appointment resulted in the child being in DC. In these cases, pre-pandemic, I was not able to provide telehealth services when the child was not with the parent in MD.

Temporary or ongoing physical mobility challenges. A client who lives in DC had surgery and was unable to drive for more than a month. The client had been driving to one of our offices to have therapy sessions in person. We could not provide services to this client during that period of time. Another client developed a neurological condition that made mobility difficult. It was worth driving for the 45-minute session. However, when we reduced frequency of sessions and finally did “booster” sessions of 20 minutes, it took more time than that for this client to get into the car due to physical difficulties.

Equity. A client who misses a significant amount of time from school to attend appointments (several hours a week for travel and session) because the client lives in an area of DC without adequate mental health specialty services. During the pandemic, the telehealth option has allowed the client to continue therapy without the added stress of missing class time and incurring make up work.

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Weather. Over the years, when the weather has been predicted to be inclement, we have posted a notice on our website that if someone is not comfortable getting to our office, they could call their clinician and set up a telehealth appointment. While client response was extremely positive, this posed a problem for those of us not licensed in DC or VA. We are also limited by not being able to run the many Resilience Builder Program® groups if weather is poor when even **one** child or teen is from another nearby jurisdiction.

Transportation. If a child or teen who lives in DC or VA at the last minute cannot get a ride to the appointment, bus or metro travel would take too long unless it were pre-planned. Under these circumstances, the client would miss the appointment and likely be charged for that time.

Work in jurisdiction outside of MD, while living in MD. When providing family therapy, one parent may be located in MD while another is in another jurisdiction. The problem/question is whether the parent in the other jurisdiction, say, DC or VA, can be included in the telehealth session.

Being in the DC metropolitan area puts us on the border of three jurisdictions where clients often cross boundaries for work. Clients have sometimes had to skip therapy sessions due to lack of time to travel for appointments, forcing them to choose between work and healthcare. We should continue to support measures that remove barriers to treatment and increase accessibility.

Homes in two states: A client living in Maryland may also have a home in Delaware at the beach (we have many of these). Without interjurisdictional practice, we have to coordinate schedules for them to be in Maryland. Some drive to the Maryland border and sit in their car or find another private space. What do we do if they are in Delaware for an extended time? Continuity of care is the issue.

College students: This represents a frequent problem in which, either as a transition (until they find services in college) or for longer term treatment, the student would like continuity of care while attending college out of state. College students in this situation provide a particular challenge to us as psychologists, as there are waitlists at the university counseling centers and often a limited number of sessions allowed. What we frequently face is that despite significant effort to find a new local therapist, the client remains on several provider waitlists. Student health services often offer inconsistent support due to the high demand for mental health services. In addition to asking clients to relinquish the therapeutic relationship, there are also major barriers with provider availability in some areas.

In addition, there are numerous breaks (fall, winter break) when the students might be home for more than a month. Further, there might not be specialists either at the university or in the nearby community who are trained in evidence-based therapies, such as treatment for Obsessive-Compulsive Disorder. The question/problem is how to provide continuity of care?

Specialty expertise. We specialize in evidence-based services and offer Cognitive Behavior Therapy (CBT) for Obsessive-Compulsive Disorder (OCD), exposure and response prevention, Trauma-Focused

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CBT, tics, trichotillomania, Selective Mutism, Parent Child Interaction Therapy (PCI), Autism Spectrum Disorders, Gender issues, and LGBTIA issues.

Language barriers (foreign and ASL). Telehealth offers the ability for continuity of care for a multilingual clinician and/or including others to serve as interpreters (language and ASL). State lines limit those possibilities.

Co-morbidities (multiple diagnoses). We have many young adult clients with multiple diagnoses. We support them through whatever the transition process might be, but we have had a client for example, who landed their first job – a job which has them working in multiple states. As this job is their first, they want continuity of care. Further, it is difficult to find a new psychologist that would be able to meet all of the requirements of expertise and who is allowed to practice in all (or even many) of those states.

In another situation, we worked with a child newly diagnosed with Autism Spectrum Disorder. The family suddenly moved to another state due to the parent's job requirements. It was incredibly stressful for them because they were moving to a state where they had no connections or knowledge of any system. It would have helped this child's transition if continuous care could have been provided as they settled.

In another case of a child client with several developmental disorders and anxiety, the parents relocated to another state. They needed to leverage family support for distance learning, and their own need for respite care. Due to the long, demanding drive and the adjustment issues, there were critical care issues that emerged and required support and continuity of care until new services were found.

Waitlists. For people who need Exposure/Response Prevention for CD or other specific therapies, waitlists create a lapse in treatment when another provider is not immediately available in another state. Waitlists have become the norm for evidence-based practices. Thus, it makes it challenging to transfer a client within a short timeline if they move out of state. We would like to help transition them.

Temporary Licenses. Pre-pandemic and during the pandemic, for those states that require a formal temporary license, the process typically has taken weeks for approval, leaving the clients without services until the temporary license is approved.

In addition, one does not always know when treatment might be ended or whether the client has other concerns to address. The investment in the relationship of trust and understanding makes it easier and preferable to see the same psychologist for different concerns over time --- even when client and clinician are no longer in the same jurisdiction. The challenges of obtaining temporary licensure act as a barrier to continuity of care and provide the risk that the client might not seek help or spend more time in treatment if a new therapeutic relationship has to be built.

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Gender affirming. Case example: “They” refused to see other therapists, as “they” felt I understood “them” and “their” history well. It would be “too much of a loss,” to stop seeing the clinician. “They” said. “They” would drive every week to a parking lot on the border between X and MD.

These are just a few examples of the many challenges that clients have faced over the years because interjurisdictional practice has been not been possible without Psychologists becoming licensed in multiple states. This is especially critical for our clients who live or work in bordering states. Remote working, remote learning and mobility is on the increase. Maryland can be a model state supporting interjurisdictional practice while maintaining high standards for their residents and those seeking services from Maryland providers. Telehealth decreases barriers and therefore, increases access to care. Mental wellness leads to resilience of individuals and our communities. Continuity of care is the greatest advantage secured by telehealth by qualified psychologists and interjurisdictional practice.

Respectfully submitted,

A handwritten signature in cursive script that reads "Mary K. Alvord Ph.D." The signature is written in black ink and is positioned below the text "Respectfully submitted,".

Mary K. Alvord, Ph.D.

SB500_Support_KennedyKrieger_PsychCompact.pdf

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Position: FAV



Kennedy Krieger Institute

DATE: February 16, 2021 **COMMITTEE:** Education, Health, and Environmental Affairs
BILL NO: Senate Bill 500
BILL TITLE: Psychology Interjurisdictional Compact
POSITION: Support

Kennedy Krieger Institute supports Senate Bill 500 – Psychology Interjurisdictional Compact

Bill Summary:

Senate Bill 500 enters Maryland into the Psychology Interjurisdictional Compact.

Background:

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based and community-based programs.

Psychology Telehealth Services: Kennedy Krieger provides approximately 134,000 behavioral health appointments to 15,000 families per year, of whom over 1000 live outside of the state of Maryland.

While over ninety percent of the patients seen in these disciplines reside across Maryland, the use of telehealth during the pandemic has been beneficial for our Maryland families residing in Southern Maryland, Western Maryland, and the Eastern Shore and those out of state. Using Telehealth in state as an alternative service delivery model has reduced costs for families related to lost time from work, gas/mileage costs, and other travel-associated expenses, and has allowed patients to receive service in their natural setting. Results of our initial Institute-wide patient experience survey to all families who received telehealth services from March 15, 2020 through end of May 2020 indicate that the majority of patients & families are satisfied or extremely satisfied with the telehealth services, and many indicate a desire to continue receiving telehealth even once in-person services are available again in their specific programs.

Out of State Services:

Kennedy Krieger Institute provides specialized services to patients nationally and internationally. In pre-pandemic times, families would need to make arrangements to complete the potentially costly and time consuming trip to Kennedy Krieger Institute to obtain the skilled services their child and/or family required. In our current and uncertain time with COVID-19, the Telehealth service delivery model enables our providers to see patients from 44 of the 50 states in 2020 but barriers with licensure and regulations can cause significant delays and sometimes an inability to provide the specialized care. With the complete services offered both at Kennedy Krieger Institute locations, in our community, and in the homes of our patients and their families combined with our geographic proximity to numerous surrounding states, there has been and will continue to be extreme struggles in providing care in the absence of an interstate compact.

Rationale:

Maryland's participation in the PSYPACT would serve to:

- increase client/patient access to care,
- facilitate continuity of care when client/patient relocates,
- certify that psychologists licensed in other PSYPACT states and treating Maryland patients have met acceptable standards of practice across education, training and experience,
- promote cooperation between PSYPACT states in areas of licensure and regulation,
- offer a higher degree of consumer protection across state lines, and
- permit psychologists to provide services to populations currently underserved or geographically isolated.

Enacting PSYPACT will allow a formal and legal relationship amongst states that promote a common agenda, to improve the health, wellbeing, and lives of the patients and families that we serve so they can live their lives to the fullest. This will allow families across participating states to have access to the highest quality of psychologists available while also decreasing the burdens placed on the patient, family, and the system. Though the need for an interstate compact has existed for many years, the COVID-19 pandemic has pushed this need to the forefront. As states begin to modify their telehealth waivers and remove their expedited licensure policies put into place due to the pandemic, access to care and continuity of care will be reduced and as a result, the full potential of those who need and have been receiving specialized services will be halted. To date, there are 14 PSYPACT states (15 as of 3/1/2021), including our sister states of Delaware, Pennsylvania and Virginia. There are 15 additional states with pending legislation. It is time for Maryland to join the Compact to ensure access to mental health for all Maryland residents, and to ensure that Maryland psychologists can provide telebehavioral health services to all of their patients, regardless of their physical location.

Kennedy Krieger Institute requests a favorable report on Senate Bill 500.

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MANPOWER AND
RESERVE AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

1500 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-1500

February 16, 2021

The Honorable Paul G. Pinsky
Chair, Committee on Education, Health & Environmental Affairs
Miller Senate Office Building, 2 West Wing
11 Bladen St., Annapolis, MD 21401 – 1991

RE: Memorandum of Support – SB500 – AN ACT concerning Psychology Interjurisdictional Compact

Dear Senator Pinsky and Honorable Committee Members:

On behalf of military families and the Department of Defense, I am writing to express the support of the Department of Defense for the policy changes proposed in Maryland SB0500 / HB0970, the Psychology Interjurisdictional Compact (PsyPACT), which addresses licensing issues affecting our service members and their families. I would like to thank you for considering this issue in the 2021 session.

My name is Christopher Arnold. I am the Northeast Regional Liaison for the Defense-State Liaison Office, operating under the direction of Under Secretary of Defense for Personnel and Readiness. Our mission is to be a resource to state policymakers as they work to address quality of life issues of military families.

Approved in February 2015 by the Association of State and Provincial Psychology Boards (ASPPB) Board of Directors, PsyPACT has been created to facilitate telehealth and temporary in-person, face-to-face practice of psychology across jurisdictional boundaries. PsyPACT is an interstate compact, which is an agreement between states to enact legislation and enter into a contract for a specific, limited purpose or address a particular policy issue.

PsyPACT is of dual benefit, in that it not only expands access to care for military services members, but also allows military spouses who are practicing psychologists to conduct interstate practice via telehealth or in person. To date, 15 states have joined PsyPACT and 14 states currently have legislation pending in addition to Maryland. This compact is designed to achieve the following purposes and objectives:

- Increase public access to professional psychological services by allowing for telepsychological practice across state lines as well as temporary in-person, face-to-face services into a state which the psychologist is not licensed to practice psychology;
- Enhance the states' ability to protect the public's health and safety, especially client/patient safety;
- Encourage the cooperation of Compact States in the areas of psychology licensure and regulation;
- Facilitate the exchange of information between Compact States regarding psychologist licensure, adverse actions and disciplinary history;
- Promote compliance with the laws governing psychological practice in each Compact State; and
- Invest all Compact States with the authority to hold licensed psychologists accountable through the mutual recognition of Compact State licenses.

Portable employment opportunities support military spouse career development. PsyPACT allows an active duty servicemember, or their spouse, to designate a home state where the individual has a current

license in good standing. This state then serves as the individual's home state for as long as the servicemember is on active duty, while adhering to the laws, rules and scope of practice in Maryland.

We appreciate the opportunity to support the policies outlined in SB0500 / HB0970 introduced this session and would like to thank Senators Lam and Hettleman for their sponsorship. Joining PsyPACT will improve access to care and allow military personnel and spouses to more easily maintain their certifications when relocating. Please feel free to contact me with any questions you might have.

Sincerely,

CHRISTOPHER R. ARNOLD
Northeast Region Liaison
Defense-State Liaison Office

CC: Members of the Maryland Senate Education, Health, and Environmental Affairs Committee
Senator Clarence K. Lam
Senator Shelly Hettleman
Delegate Steve Johnson

Dr. Berman Testimony - Support - SB500.pdf

Uploaded by: Berman, Paul

Position: FAV

BERMAN & KILLEEN, P.A.

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February 12, 2021

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller Senate Office Building
Annapolis, MD 21401

RE: SB 500 – PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee:

My name is Dr. Paul Berman. I am a licensed psychologist in Maryland. My wife and I, both psychologists, have a forensic/court-related psychology practice in Towson, Maryland. I was also the Director of the Towson Addictions Center, an outpatient substance abuse education and treatment program for more than 30 years. In addition, I work part-time for the Maryland Psychological Association as Professional Affairs Officer.

I am honored to be here today on behalf of the Maryland Psychological Association and the 1000 member psychologists to testify in **support of Senate Bill 500 – the Psychology Interjurisdictional Compact.**

I will spend a few minutes discussing this interstate compact, how it works, and why the Maryland Psychological Association is supporting the compact. I will also spend a few minutes talking about the benefits of telehealth, and specifically, this interstate compact which allows psychologists to provide telehealth services across state and jurisdictional boundaries. I will explain the credentialing process and the disciplinary process.

I would like to start by talking about the history and purpose of the Psychology Interjurisdictional Compact – SB 500.

SB 500, The Psychology Interjurisdictional Compact, or PSYPACT, is an interstate compact, or an agreement between member states, that is designed to increase access to mental health care services. To join this psychology interstate compact, a state must enact the model statute into law. The model statute is SB 500, sponsored by Senators Lam and Hettleman, and that is what we are asking you to support.

PSYPACT was developed with the assistance of local and national psychological associations, practicing psychologists, consumer groups, the National Governors Association, the Council of State Governments and the psychological regulatory community.

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Psychologists licensed in their home state which is a member of PSYPACT will be able to practice into other member states via two Authorizations (Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice) issued by the PSYPACT Commission. This interstate compact increases access to mental health care by creating a process to approve and regulate the delivery of telepsychology and the temporary practice of psychology by doctoral degree psychologists across state and territorial boundaries into other PSYPACT states. The purpose of PSYPACT is to increase public access to needed psychological services by increasing access to care and providing mechanisms for continuity of care all while ensuring a higher degree of consumer protection across state lines.

PSYPACT provides for patient protection by certifying that only doctoral degree psychologists can practice in PSYPACT and certifies that each psychologist applicant is competent to provide services and is free of criminal and disciplinary history. PSYPACT is governed by the Psychology Interjurisdictional Compact Commission, a governmental entity made up of the member states. Each state appoints one member of its Licensing Board to the Commission which meets annually. If this bill is enacted into law, then Maryland appoints one member to the PSYPACT Commission.

Licensed psychologists in any PSYPACT state who wish to participate with PSYPACT must meet the following credentials (please see Attachment 1):

- Possess a current, full, unrestricted license in their Home State which is a Compact State;
- Possess a doctoral degree from an American Psychological Association/Canadian Psychological Association or National Register accredited graduate school program;
- Have no history of adverse action that violates the rules of the Commission;
- Have no criminal record;
- Possess a current active E. Passport certificate or IPC Certificate (depending on if the psychologist is practicing telepsychology or physically practicing in a distant jurisdiction temporarily);
- Provide attestation in regard to areas of intended practice, criminal background, competence in telepsychology technology, etc.
- Provide release of information to allow for primary source verification; and
- Meet other criteria as defined by the Commission.

Maryland is the only jurisdiction in our region which is not yet included in PSYPACT – the District of Columbia, Pennsylvania, Delaware, and Virginia are all active PSYPACT members (please see Attachment 2). **West Virginia is expected to introduce PSYPACT in this legislative session.** PSYPACT has been enacted in a total of 16 states/jurisdictions including: Arizona, Utah, Nevada, Colorado, Nebraska, Missouri, Georgia, Delaware, Texas, New Hampshire, Oklahoma, Illinois, Pennsylvania, Virginia, the District of Columbia, and North Carolina.

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We know there is considerable report for mental health interstate compacts and believe the introduction of SB 500 is particularly timely. Lt. Governor Rutherford supported the concept of mental health interstate compacts during the Governor's Press Conference on January 14, 2021. In addition, the General Assembly passed Senate Bill 402 during the 2020 session, with Sponsors Senator Kagan and Senator Lam, and clearly recognized the importance of interstate compacts when it stated: "...it is the intent of the General Assembly that the Governor shall develop and implement a plan to facilitate the joining of the State with adjacent states and jurisdictions in interstate compacts regulating health care practitioners for the purpose of improving patient access to health care practitioners in State communities experiencing a health care practitioner shortage." (Please see Attachment 3.)

Research has shown that telehealth services are effective, and offer additional benefits such as increased accessibility, flexibility, and affordability.

PSYPACT will benefit Maryland's residents who live near bordering states and the District of Columbia, those in rural areas, those who lack access to specialty care (addictions, autism spectrum disorder, language barriers), those with transportation or mobility issues, individuals with significant time constraints such as caregivers, and those concerned about seeking treatment due to potential stigma of mental health care.

COVID-19 has forcefully highlighted the importance of an interstate compact like PSYPACT which allows for continuity of mental health and substance use treatment in situations when someone needs to relocate. People who have lost their jobs and been forced to move, college students who have started and stopped school and returned home, people who have had to temporarily leave Maryland to take care of a sick family member, and people in similar circumstances have suddenly found their mental health and substance use treatment interrupted by this global pandemic. PSYPACT allows people who move between states – whether temporarily or permanently – as a result of illness, family, financial, education, business, or other reasons, to maintain consistent mental health and substance use treatment.

I want to make clear that this interstate compact, PSYPACT, has the same credentialing requirements as those in Maryland. There is no difference between PSYPACT credentialing requirements and Maryland licensing requirements for psychologists. Both require:

- doctoral degree in psychology from a program that was accredited by APA/CPA or designated as a psychology program by the ASPPB/ National Register Joint Designation Committee at time of conferral; or deemed to be equivalent by a recognized foreign credential evaluation service
- two years supervised training.

Article VII within SB 500 details the Adverse Action/Disciplinary Process. This section covers how the compact, home and receiving states conduct and report adverse actions as well as the consequences for a psychologist who receives adverse actions. (Please see Attachments 4, 5, 6.)

- The home state may take adverse actions against a psychologist's license.
- If home state does take adverse action a psychologist's authority to practice Interjurisdictional telepsychology is terminated and the e. Passport is revoked. In

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addition, that psychologist's temporary practice is terminated, and the IPC is revoked.

- A home state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a receiving state as it would if such conduct had occurred by a licensee within the home state. In such cases, the home state's law shall control in determining any adverse action against a psychologist's license.
- A receiving state may take adverse action on a psychologist's authority to practice interjurisdictional telepsychology and temporary authorization to practice within that receiving state.
- If Discipline is reported against a psychologist, the psychologist will not be eligible for telepsychology or temporary practice in accordance with the rules of the Commission.
- All adverse actions taken are electronically reported to the Commission in accordance with the rules of the Commission.
- Nothing in the compact will override a compact state's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the compact state's law. The psychologist must cease providing services while in an alternative program.

SB 500 is clear and specific with regard to our licensing board's responsibilities regarding out-of-state licensees. (Please see Attachment 7.)

- Investigation by the BoE of psychologists who practice into Maryland via telehealth is discretionary. The BoE is not required by PSYPACT to investigate complaints made against licensed psychologists who practice into Maryland via telehealth. Complaints submitted to the Maryland BoE against out-of-state licensees may be investigated by the BoE, or the BoE can forward the complaint to the licensee's Home state for investigation via the electronic process developed by PSYPACT.
- The BoE, however, is required to investigate complaints made against licensed psychologists from other states who practice in Maryland, face-to-face, under the auspices of PSYPACT and the 30 day/year Temporary Authorization to Practice (TAP).

The Maryland Psychological Association urges you to support SB 500 – the Psychology Interjurisdictional Compact.

Thank you for your time and attention.



Paul C. Berman, Ph.D.
Licensed Psychologist

ATTACHMENT 1

UNDERSTANDING

HOW PSYPACT WORKS



1 STATES ENACT PSYPACT

PSYPACT legislation is enacted by a state legislature. Upon enactment, the state officially joins PSYPACT.



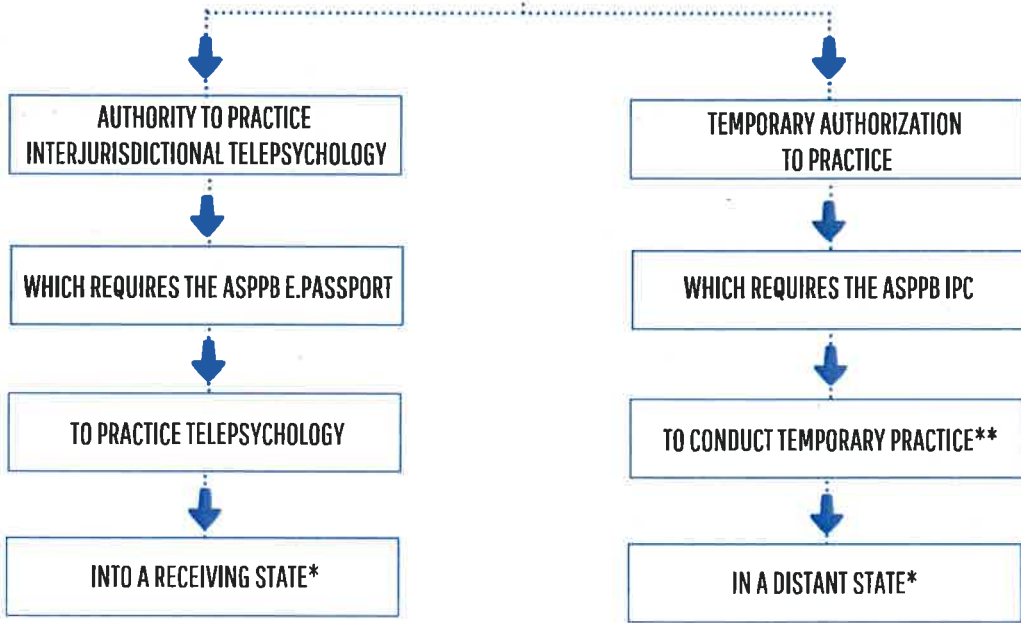
2 STATES JOIN THE PSYPACT COMMISSION

Each state appoints a representative to serve as that state's Commissioner. The PSYPACT Commission is the governing body of PSYPACT and is responsible for writing the Bylaws and Rules of PSYPACT.



3 PSYCHOLOGISTS PRACTICE UNDER PSYPACT

Psychologists licensed in their Home State* can obtain authorization to practice under PSYPACT from the PSYPACT Commission:



* Indicates must be a Compact State that has enacted PSYPACT legislation

** Indicates temporary practice must be in-person, face-to-face



ASPPB E.Passport QUICK GUIDE

**Read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the Mobility Program and requirements. Note: Requirements are subject to change and are determined by the Mobility Committee.*

The E. Passport facilitates the process for licensed psychologists to practice telepsychology across state lines, in states that participate in PSYPACT,* without obtaining additional licenses.

**In order to practice telepsychology under the authority of PSYPACT, the PSYPACT Commission requires that a psychologist obtains an Authority to Practice Interjurisdictional Telepsychology (APIT). The E.Passport is required in order to obtain an APIT from the PSYPACT Commission.*

Application Checklist



License

- Must have a current and active psychology license, based on a doctoral degree, in at least one PSYPACT participating state.
- No disciplinary action listed on any psychology license.



Education

- Must have a doctoral degree in psychology from an institution of higher education that was, at the time the degree was awarded: (1) accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists; or (2) deemed to be equivalent to (1) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service.
- Graduate degree transcripts must be sent directly by the degree granting institution to ASPPB in a sealed envelope with appropriate institutional seals



Examination

- Successful completion of the Examination for Professional Practice in Psychology (EPPP) with a score that meets or exceeds the established ASPPB recommended passing score at the time of application.

Renewal Requirement

Annual renewal by submission of established fee, documentation of a current and active license in a PSYPACT participating state and demonstration of 3 hours of continuing education relevant to the use technology in psychology (continuing education may include academic courses and/or approved sponsor continuing education). Failure to renew will cause the certificate to expire and the certificate holder may not practice if certificate is expired.



ASPPB Interjurisdictional Practice Certificate (IPC) QUICK GUIDE

**Read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the Mobility Program and requirements. Note: Requirements are subject to change and are determined by the Mobility Committee.*

The IPC facilitates the process for licensed psychologists to provide temporary psychological services across state lines, in states that participate in PSYPACT,* without obtaining additional licenses. Temporary psychological services can be provided up to 30 days per calendar year.

***In order to conduct temporary practice under the authority of PSYPACT, the PSYPACT Commission requires that a psychologist obtains a Temporary Authorization to Practice (TAP). The IPC is required in order to obtain a TAP from the PSYPACT Commission.**

Application Checklist



License

- Must have a current and active psychology license, based on a doctoral degree, in at least one PSYPACT participating state.
- No disciplinary action listed on any psychology license.



Education

- Must have a doctoral degree in psychology from an institution of higher education that was, at the time the degree was awarded: (1) accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists; or (2) deemed to be equivalent to (1) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service.
- Graduate degree transcripts must be sent directly by the degree granting institution to ASPPB in a sealed envelope with appropriate institutional seals

Renewal Requirement

Annual renewal by submission of established fee and documentation of a current and active license in a PSYPACT participating state. Failure to renew will cause the certificate to expire and the certificate holder may not practice if certificate is expired.

ATTACHMENT 2

PSYPACT WHAT'S NEW WITH

THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT



North Carolina becomes effective 3/1/2021.

PSYPACT COMMISSION

The PSYPACT Commission is the governing body of PSYPACT responsible for oversight of the compact and for writing the Bylaws and Rules that govern PSYPACT. Each PSYPACT state has appointed a representative to serve as their state's Commissioner.

Since its formation, the PSYPACT Commission has convened for six meetings. For more information about the meetings as well as future meeting dates, please visit the Scheduled Meetings page at www.psypact.org.

PSYPACT APPLICATIONS ARE NOW OPEN

On July 1, 2020, applications to practice under the authority of PSYPACT officially opened. There are two ways to practice under PSYPACT. As a psychologist licensed in a PSYPACT state, you can apply to practice telepsychology and/or conduct temporary in-person, face-to-face practice in PSYPACT states.

 **VISIT WWW.PSYPACT.ORG TO START YOUR APPLICATION!**

FEES FOR PSYCHOLOGISTS

TELEPSYCHOLOGY	FEE	TEMPORARY IN-PERSON, FACE-TO-FACE PRACTICE	FEE
Authorization to Practice Interjurisdictional Telepsychology	\$40	Temporary Authorization to Practice	\$40
E Passport Application Fee	\$400	Interjurisdictional Practice Certificate (IPC) Application Fee	\$200
E Passport Annual Renewal Fee	\$100	Interjurisdictional Practice Certificate (IPC) Annual Renewal Fee	\$50

PSYPACT COMMISSION TIMELINE

- July 22-23, 2019 Inaugural PSYPACT Commission Meeting held (in-person)
- October 9, 2019 PSYPACT Commission Meeting held for Proposed Rules from July 2019 Meeting (via teleconference)
- November 21-22, 2019 PSYPACT Commission Meeting (in-person)
- January 28, 2020 PSYPACT Commission Meeting Scheduled (via teleconference)
- February 27, 2020 PSYPACT Commission Meeting held for Proposed Rules from November 2019 Meeting (via teleconference)
- November 19-20, 2020 PSYPACT Commission Meeting (via teleconference)

ATTACHMENT 3

SENATE BILL 402

J2, J1

EMERGENCY BILL
ENROLLED BILL

(0lr1855)

— Education, Health, and Environmental Affairs/Health and Government Operations

Introduced by Senators Kagan and Lam

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

_____ day of _____ at _____ o'clock, _____ M.

President.

CHAPTER _____

1 AN ACT concerning

2 **Health Care Practitioners – Telehealth and Shortage**

3 FOR the purpose of authorizing certain health care practitioners to establish a
4 practitioner–patient relationship through certain telehealth interactions under
5 certain circumstances; requiring a health care practitioner providing telehealth
6 services to be held to certain standards of practice and provide or refer a patient for
7 certain services under certain circumstances; requiring a health care practitioner to
8 perform a certain clinical evaluation before providing certain treatment or issuing a
9 prescription through telehealth; prohibiting a health care practitioner from
10 prescribing a controlled dangerous substance *certain opiate* through telehealth
11 except under certain circumstances; providing that a health care practitioner who
12 prescribes a controlled dangerous substance through telehealth is subject to certain
13 laws under certain circumstances; requiring a health care practitioner to document
14 certain information in a patient’s medical record using certain documentation

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber / conference committee amendments.



standards; providing that certain laws regarding confidentiality and a patient's right to health information apply to telehealth interactions in a certain manner; requiring a health care practitioner performing services through telehealth to be licensed, certified, or otherwise authorized by law to provide health care services in the State under certain circumstances; authorizing health occupations boards to adopt certain regulations; defining certain terms; stating the intent of the General Assembly; making this Act an emergency measure; and generally relating to ~~telehealth and~~ health care practitioners.

BY adding to

Article – Health Occupations

Section 1–1001 through 1–1006 to be under the new subtitle “Subtitle 10. Telehealth”

Annotated Code of Maryland

(2014 Replacement Volume and 2019 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Health Occupations

SUBTITLE 10. TELEHEALTH.

1–1001.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) “ASYNCHRONOUS TELEHEALTH INTERACTION” MEANS AN EXCHANGE OF INFORMATION BETWEEN A PATIENT AND A HEALTH CARE PRACTITIONER THAT DOES NOT OCCUR IN REAL TIME, INCLUDING THE SECURE COLLECTION AND TRANSMISSION OF A PATIENT’S MEDICAL INFORMATION, CLINICAL DATA, CLINICAL IMAGES, LABORATORY RESULTS, AND SELF-REPORTED MEDICAL HISTORY.

(C) “HEALTH CARE PRACTITIONER” MEANS AN INDIVIDUAL WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED BY LAW TO PROVIDE HEALTH CARE SERVICES UNDER THIS ARTICLE.

(D) “SYNCHRONOUS TELEHEALTH INTERACTION” MEANS AN EXCHANGE OF INFORMATION BETWEEN A PATIENT AND A HEALTH CARE PRACTITIONER THAT OCCURS IN REAL TIME.

(E) (1) “TELEHEALTH” MEANS A MODE OF DELIVERING HEALTH CARE SERVICES THROUGH THE USE OF TELECOMMUNICATIONS TECHNOLOGIES BY A

1 HEALTH CARE PRACTITIONER TO A PATIENT AT A DIFFERENT PHYSICAL LOCATION
2 THAN THE HEALTH CARE PRACTITIONER.

3 (2) "TELEHEALTH" INCLUDES SYNCHRONOUS AND ASYNCHRONOUS
4 INTERACTIONS.

5 (3) "TELEHEALTH" DOES NOT INCLUDE THE PROVISION OF HEALTH
6 CARE SERVICES SOLELY THROUGH AUDIO-ONLY CALLS, E-MAIL MESSAGES, OR
7 FACSIMILE TRANSMISSIONS.

8 1-1002.

9 A HEALTH CARE PRACTITIONER MAY ESTABLISH A PRACTITIONER-PATIENT
10 RELATIONSHIP THROUGH EITHER A SYNCHRONOUS TELEHEALTH INTERACTION OR
11 AN ASYNCHRONOUS TELEHEALTH INTERACTION, IF THE HEALTH CARE
12 PRACTITIONER:

13 (1) VERIFIES THE IDENTITY OF THE PATIENT RECEIVING HEALTH
14 CARE SERVICES THROUGH TELEHEALTH;

15 (2) DISCLOSES TO THE PATIENT THE HEALTH CARE PRACTITIONER'S
16 NAME, CONTACT INFORMATION, AND THE TYPE OF HEALTH OCCUPATION LICENSE
17 HELD BY THE HEALTH CARE PRACTITIONER; AND

18 (3) OBTAINS ORAL OR WRITTEN CONSENT FROM THE PATIENT OR
19 FROM THE PATIENT'S PARENT OR GUARDIAN IF STATE LAW REQUIRES THE CONSENT
20 OF A PARENT OR GUARDIAN.

21 1-1003.

22 (A) A HEALTH CARE PRACTITIONER PROVIDING TELEHEALTH SERVICES
23 SHALL ~~BE~~:

24 (1) BE HELD TO THE SAME STANDARDS OF PRACTICE THAT ARE
25 APPLICABLE TO IN-PERSON HEALTH CARE SETTINGS; AND

26 (2) IF CLINICALLY APPROPRIATE FOR THE PATIENT, PROVIDE OR
27 REFER A PATIENT TO IN-PERSON HEALTH CARE SERVICES OR ANOTHER TYPE OF
28 TELEHEALTH SERVICE.

29 (B) (1) A HEALTH CARE PRACTITIONER SHALL PERFORM A CLINICAL
30 EVALUATION THAT IS APPROPRIATE FOR THE PATIENT AND THE CONDITION WITH
31 WHICH THE PATIENT PRESENTS BEFORE PROVIDING TREATMENT OR ISSUING A
32 PRESCRIPTION THROUGH TELEHEALTH.

1 (2) A HEALTH CARE PRACTITIONER MAY USE A SYNCHRONOUS
2 TELEHEALTH INTERACTION OR AN ASYNCHRONOUS TELEHEALTH INTERACTION TO
3 PERFORM THE CLINICAL EVALUATION REQUIRED UNDER PARAGRAPH (1) OF THIS
4 SUBSECTION.

5 ~~(C) (1) A HEALTH CARE PRACTITIONER MAY NOT PRESCRIBE A~~
6 ~~CONTROLLED DANGEROUS SUBSTANCE, AS DEFINED IN § 5-101 OF THE CRIMINAL~~
7 ~~LAW ARTICLE, THROUGH TELEHEALTH, UNLESS A DECLARED STATE OF~~
8 ~~EMERGENCY IS IN EFFECT.~~

9 (C) (1) A HEALTH CARE PRACTITIONER MAY NOT PRESCRIBE AN OPIATE
10 DESCRIBED IN THE LIST OF SCHEDULE II SUBSTANCES UNDER § 5-403 OF THE
11 CRIMINAL LAW ARTICLE FOR THE TREATMENT OF PAIN THROUGH TELEHEALTH,
12 UNLESS:

13 (i) THE INDIVIDUAL RECEIVING THE PRESCRIPTION IS A
14 PATIENT IN A HEALTH CARE FACILITY, AS DEFINED IN § 19-114 OF THE
15 HEALTH - GENERAL ARTICLE; OR

16 (ii) THE GOVERNOR HAS DECLARED A STATE OF EMERGENCY
17 DUE TO A CATASTROPHIC HEALTH EMERGENCY.

18 (2) ~~IF A DECLARED STATE OF EMERGENCY IS IN EFFECT~~ SUBJECT TO
19 PARAGRAPH (1) OF THIS SUBSECTION, A HEALTH CARE PRACTITIONER WHO
20 THROUGH TELEHEALTH PRESCRIBES A CONTROLLED DANGEROUS SUBSTANCE, AS
21 DEFINED IN § 5-101 OF THE CRIMINAL LAW ARTICLE, IS SUBJECT TO ANY
22 APPLICABLE REGULATION, LIMITATION, AND PROHIBITION IN FEDERAL AND STATE
23 LAW RELATING TO THE PRESCRIPTION OF CONTROLLED DANGEROUS SUBSTANCES.

24 1-1004.

25 (A) A HEALTH CARE PRACTITIONER SHALL DOCUMENT IN A PATIENT'S
26 MEDICAL RECORD THE HEALTH CARE SERVICES PROVIDED THROUGH TELEHEALTH
27 TO THE PATIENT ACCORDING TO THE SAME DOCUMENTATION STANDARDS USED FOR
28 IN-PERSON HEALTH CARE SERVICES.

29 (B) ALL LAWS REGARDING THE CONFIDENTIALITY OF HEALTH
30 INFORMATION AND A PATIENT'S RIGHT TO THE PATIENT'S HEALTH INFORMATION
31 APPLY TO TELEHEALTH INTERACTIONS IN THE SAME MANNER AS THE LAWS APPLY
32 TO IN-PERSON HEALTH CARE INTERACTIONS.

33 1-1005.

1 A HEALTH CARE PRACTITIONER PROVIDING HEALTH CARE SERVICES
2 THROUGH TELEHEALTH MUST BE LICENSED, CERTIFIED, OR OTHERWISE
3 AUTHORIZED BY LAW TO PROVIDE HEALTH CARE SERVICES IN THE STATE IF THE
4 HEALTH CARE SERVICES ARE BEING PROVIDED TO A PATIENT LOCATED IN THE
5 STATE.

6 1-1006.

7 (A) A HEALTH OCCUPATIONS BOARD MAY ADOPT REGULATIONS TO
8 IMPLEMENT THIS SUBTITLE.

9 (B) REGULATIONS ADOPTED BY A HEALTH OCCUPATIONS BOARD UNDER
10 SUBSECTION (A) OF THIS SECTION:

11 (1) MAY NOT ESTABLISH A SEPARATE STANDARD OF CARE FOR
12 TELEHEALTH; AND

13 (2) SHALL ALLOW FOR THE ESTABLISHMENT OF A
14 PRACTITIONER-PATIENT RELATIONSHIP THROUGH A SYNCHRONOUS TELEHEALTH
15 INTERACTION OR AN ASYNCHRONOUS TELEHEALTH INTERACTION PROVIDED BY A
16 HEALTH CARE PRACTITIONER WHO IS COMPLYING WITH THE HEALTH CARE
17 PRACTITIONER'S STANDARD OF CARE.

18 SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General
19 Assembly that the Governor shall develop and implement a plan to facilitate the joining of
20 the State with adjacent states and jurisdictions in interstate compacts regulating health
21 care practitioners for the purpose of improving patient access to health care practitioners
22 in State communities experiencing a health care practitioner shortage.

23 SECTION 2. 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
24 July 1, 2020 is an emergency measure, is necessary for the immediate preservation of the
25 public health or safety, has been passed by a yea and nay vote supported by three-fifths of
26 all the members elected to each of the two Houses of the General Assembly, and shall take
27 effect from the date it is enacted.

ATTACHMENT 4

PSYPACT Advancing the Interjurisdictional Practice of Psychology

Purpose

- Allows for Telepsychological Communications from providers to patients in separate states.
- Allows for up to 30 days of In-Person Face-to-Face Practice
- Recognizes that states have vested interest in protection public health and safety and through this compact and regulation will afford the best available protection.
- Only applies to person not holding licenses in both home and receiving jurisdictions
- Compact does not apply to permanent In-Person Face-to-Face practice

Article II

Definitions

This article is used to define the terms as used throughout the compact. This was done in an effort to alleviate confusion on the part of the states and practitioners.

Article III

Home State Licensure

This article denotes what home state licensure means and further requirements to provide services through the compact.

This section defines the Home state. "Home state in which a psychologist is licensed shall be a compact state where a psychologist is licensed to practice psychology." To provide the services allowed by this compact the professional must hold a license in a compact state.

Section E. Allows for practice to the receiving jurisdiction to practice telepsychology only if the state requires:

- That the psychologist holds an active E. Passport
- Has a mechanism in place for receiving and investigating complaints about licensed individuals.
- Notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual.
- Requires an identity history summary of all applicants at initial licensure.
- Complies with the bylaws and rules of the commission.

Section F. Allows for temporary face-to-face practice in a distant state if requires:

- That the psychologist holds active Interjurisdictional Practice Certificate (IPC).
- Has a mechanism in place for receiving and investigating complaints about licensed individuals.
- Notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual.
- Requires an identity history summary of all applicants at initial licensure.
- Complies with the bylaws and rules of the commission.

Article IV

Compact Privilege to Practice Telepsychology

This section lays out the requirements of education and training to provide services through the Compact.

This section allows for the practice of telepsychology in a “receiving state” in which the psychologist is not licensed. Only if the psychologist:

- Holds a graduate degree in psychology from an institute of higher education that was at the time the degree was awarded;
 - Regionally accredited by an accrediting body recognized by the US Department of Education to grant graduate degrees or authorize by provincial statute or royal charter to grant doctoral degrees.
 - A foreign college or university deemed to be equivalent by a foreign credential evaluation service that is a member of the NACES or by a recognize foreign credential evaluation.
- Hold a graduate degree in psychology that meets designated criteria
- Possess current, full and unrestricted license to practice psychology in a home state which is a compact state
- Have no history of adverse action that violate the rules of the commission
- Have no criminal record history that violates the rules of the commission
- Possess a current and active E. Passport
- Provide attestations regarding areas of intended practice, conformity with standards of practice, competence in telepsychology technology, criminal background and knowledge and adherence to legal requirements in the home and receiving states, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and
- Meet other criteria as defined by the rules of the Commission.

This section also requires a psychologist practicing under the compact must practice within the areas of competencies and is subject to the scope of practice of the receiving state.

A receiving state may, in accordance with that state’s due process law, limit or revoke a psychologist’s authority to practice interjurisdictional telepsychology in the receiving state and may take any other necessary actions under the receiving state’s applicable law to protect the health and safety of the receiving state’s citizens. If a receiving state takes action, the state shall promptly notify the home state and the Commission.

If a psychologist’s license in any home state or another compact state or any authority to practice interjurisdictional telepsychology in any receiving state is restricted, suspended or otherwise limited, the E. Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a compact state under the authority to practice interjurisdictional telepsychology.

Article V

Compact Temporary Authorization to Practice

By accepting the compact the jurisdiction will allow for temporary face-to-face practice.

The education requirements are like those listed in Article IV with the substitution of a psychologist to be required to hold an Interjurisdictional Practice Certificate (IPC) instead of the E. Passport. The other components are similar to those in Article IV.

Article VI

Condition of Telepsychological Practice in a Receiving State.

A psychologist must practice interjurisdictional telepsychology in accordance with the scope of practice of the receiving jurisdiction and within the rules of the commission, as well as;

- The psychologist initiates a client/patient contact in home state via telecommunications technologies with a client/patient in a receiving state or

- other condition regarding telepsychology as determined by rule promulgated by the commission.

Article VII

Adverse Actions

This section covers how the compact, home and receiving states will conduct and report adverse actions. As well as the consequences for a psychologist who receives adverse actions.

- The home state may take adverse actions against a psychologist license. A receiving state may take adverse action on a psychologist authority to practice interjurisdictional telepsychology and temporary authorization to practice within that receiving state.
- If home state does take adverse action a psychologist's authority to practice interjurisdictional telepsychology is terminated and the E. Passport is revoked. In addition, that psychologist's temporary practice is terminated, and the IPC is revoked.
 - All adverse actions taken should be reported to the Commission. In accordance to the rules of the Commission.
 - If Discipline is reported against a psychologist, the psychologist will not be eligible for telepsychology or temporary practice in accordance with the rules of the Commission.
 - Other actions may be imposed as determined by the rules promulgated by the commission.
- A home state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a receiving state as it would if such conduct had occurred by a licensee within the home state. In such cases, the home state's law shall control in determining any adverse action against a psychologist's license.
- A license revoked, surrendered in lieu of discipline or suspended following investigation of all services granted through the compact would be terminated.
- Nothing in the compact will override a compact state's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the compact state's law. The psychologist must cease providing services while in an alternative program.

Article VIII

Additional Authorities Invested in a Compact State's Psychology Regulatory Authority.

This section provides all compact states the right to maintain their psychology regulatory authority.

- Issue Subpoenas, for both hearings and investigations.
- Issue Cease and Desists and injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology or through temporary authorization.

It also states if an investigation is taking place, a psychologist may not change their home state status. The conclusion of all investigations should be reported to the Commission. All information provided to the commission or distributed by compact states pursuant to the psychologist shall remain confidential, filed under seal and used for investigatory or disciplinary matters. The commission may create additional rules for mandated discretionary sharing of information by compact states.

Article IX

Coordinated Licensure Information System

This section denotes the requirement of sharing licensee information for all compact states. Notwithstanding any other provision of state law to the contrary, a compact state shall submit a uniform dataset to the Coordinated Database on all

psychologists to whom this compact is applicable as required by the rules of the commission. This database will allow for the expedited sharing of adverse action against compact psychologists. The coordinated database information will be expunged by the law of the reporting compact state.

Article X

Establishment of the Psychology Interjurisdictional Compact Commission

This section establishes the ruling commission of the compact. The compact is not a waiver of sovereign immunity.

- The commission shall consist of one voting representative appointed by each compact state who shall serve as that state's commissioner. Appointed by each states regulatory Board.
- Vacancies of Commissioners must be filled in accordance of the laws of the compact state.
- Each commissioner is granted (1) vote in regard to creation of rules and bylaws and shall otherwise have the opportunity to participate in the business and affairs of the Commission.

Article XI

Rulemaking

This section lays out the requirements for rules made to the current compact once accepted by the first 7 states.

Article XII

Oversight, Dispute Resolution and Enforcement

This section details the oversight and enforcement of the compact by accepting states.

Article XIII

Date of Implementation of Psychology Interjurisdictional Compact Commission and Associated Rules, Withdrawal and Amendment

The compact becomes effective on the date of enactment in the seventh compact state. States that join after the adoption of the rules shall be subject to the rules as they exist on the date which the compact becomes law in that state.

Article XIV

Construction and Severability

This compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining compact states.

ATTACHMENT 5

SENATE BILL 500

1 NECESSARY ACTIONS UNDER THE DISTANT STATE'S APPLICABLE LAW TO PROTECT
2 THE HEALTH AND SAFETY OF THE DISTANT STATE'S CITIZENS. IF A DISTANT STATE
3 TAKES ACTION, THE STATE SHALL PROMPTLY NOTIFY THE HOME STATE AND THE
4 COMMISSION.

5 (E) IF A PSYCHOLOGIST'S LICENSE IN ANY HOME STATE OR ANOTHER
6 COMPACT STATE, OR ANY TEMPORARY AUTHORIZATION TO PRACTICE IN ANY
7 DISTANT STATE, IS RESTRICTED, SUSPENDED, OR OTHERWISE LIMITED, THE IPC
8 SHALL BE REVOKED AND THEREFORE THE PSYCHOLOGIST SHALL NOT BE ELIGIBLE
9 TO PRACTICE IN A COMPACT STATE UNDER THE TEMPORARY AUTHORIZATION TO
10 PRACTICE.

11 **ARTICLE VI.**

12 **CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE.**

13 A PSYCHOLOGIST MAY PRACTICE IN A RECEIVING STATE UNDER THE
14 AUTHORITY TO PRACTICE INTERJURISDICTIONAL TELEPSYCHOLOGY ONLY IN THE
15 PERFORMANCE OF THE SCOPE OF PRACTICE FOR PSYCHOLOGY AS ASSIGNED BY AN
16 APPROPRIATE STATE PSYCHOLOGY REGULATORY AUTHORITY, AS DEFINED IN THE
17 RULES OF THE COMMISSION, AND UNDER THE FOLLOWING CIRCUMSTANCES:

18 (1) THE PSYCHOLOGIST INITIATES A CLIENT/PATIENT CONTACT IN A
19 HOME STATE VIA A TELECOMMUNICATIONS TECHNOLOGY WITH A CLIENT/PATIENT
20 IN A RECEIVING STATE; AND

21 (2) OTHER CONDITIONS REGARDING TELEPSYCHOLOGY AS
22 DETERMINED BY RULES PROMULGATED BY THE COMMISSION.

23 **ARTICLE VII.**

24 **ADVERSE ACTIONS.**

25 (A) A HOME STATE SHALL HAVE THE POWER TO IMPOSE ADVERSE ACTION
26 AGAINST A PSYCHOLOGIST'S LICENSE ISSUED BY THE HOME STATE. A DISTANT
27 STATE SHALL HAVE THE POWER TO TAKE ADVERSE ACTION ON A PSYCHOLOGIST'S
28 TEMPORARY AUTHORIZATION TO PRACTICE WITHIN THAT DISTANT STATE.

29 (B) A RECEIVING STATE MAY TAKE ADVERSE ACTION ON A PSYCHOLOGIST'S
30 AUTHORITY TO PRACTICE INTERJURISDICTIONAL TELEPSYCHOLOGY WITHIN THAT
31 RECEIVING STATE. A HOME STATE MAY TAKE ADVERSE ACTION AGAINST A
32 PSYCHOLOGIST BASED ON AN ADVERSE ACTION TAKEN BY A DISTANT STATE
33 REGARDING TEMPORARY IN-PERSON, FACE-TO-FACE PRACTICE.

1 (C) (1) IF A HOME STATE TAKES ADVERSE ACTION AGAINST A
2 PSYCHOLOGIST'S LICENSE, THAT PSYCHOLOGIST'S AUTHORITY TO PRACTICE
3 INTERJURISDICTIONAL TELEPSYCHOLOGY IS TERMINATED AND THE E.PASSPORT IS
4 REVOKED. FURTHERMORE, THAT PSYCHOLOGIST'S TEMPORARY AUTHORIZATION
5 TO PRACTICE IS TERMINATED AND THE IPC IS REVOKED.

6 (2) ALL HOME STATE DISCIPLINARY ORDERS THAT IMPOSE ADVERSE
7 ACTION SHALL BE REPORTED TO THE COMMISSION IN ACCORDANCE WITH THE
8 RULES PROMULGATED BY THE COMMISSION. A COMPACT STATE SHALL REPORT
9 ADVERSE ACTIONS IN ACCORDANCE WITH THE RULES OF THE COMMISSION.

10 (3) IN THE EVENT DISCIPLINE IS REPORTED ON A PSYCHOLOGIST,
11 THE PSYCHOLOGIST WILL NOT BE ELIGIBLE FOR TELEPSYCHOLOGY OR TEMPORARY
12 IN-PERSON, FACE-TO-FACE PRACTICE IN ACCORDANCE WITH THE RULES OF THE
13 COMMISSION.

14 (4) OTHER ACTIONS MAY BE IMPOSED AS DETERMINED BY THE RULES
15 PROMULGATED BY THE COMMISSION.

16 (D) A HOME STATE'S PSYCHOLOGY REGULATORY AUTHORITY SHALL
17 INVESTIGATE AND TAKE APPROPRIATE ACTION WITH RESPECT TO REPORTED
18 INAPPROPRIATE CONDUCT ENGAGED IN BY A LICENSEE THAT OCCURRED IN A
19 RECEIVING STATE AS IT WOULD IF SUCH CONDUCT HAD OCCURRED BY A LICENSEE
20 WITHIN THE HOME STATE. IN SUCH CASES, THE HOME STATE'S LAW SHALL CONTROL
21 IN DETERMINING ANY ADVERSE ACTION AGAINST A PSYCHOLOGIST'S LICENSE.

22 (E) A DISTANT STATE'S PSYCHOLOGY REGULATORY AUTHORITY SHALL
23 INVESTIGATE AND TAKE APPROPRIATE ACTION WITH RESPECT TO REPORTED
24 INAPPROPRIATE CONDUCT ENGAGED IN BY A PSYCHOLOGIST PRACTICING UNDER
25 TEMPORARY AUTHORIZATION TO PRACTICE THAT OCCURRED IN THAT DISTANT
26 STATE AS IT WOULD IF SUCH CONDUCT HAD OCCURRED BY A LICENSEE WITHIN THE
27 HOME STATE. IN SUCH CASES, THE DISTANT STATE'S LAW SHALL CONTROL IN
28 DETERMINING ANY ADVERSE ACTION AGAINST A PSYCHOLOGIST'S TEMPORARY
29 AUTHORIZATION TO PRACTICE.

30 (F) NOTHING IN THIS COMPACT SHALL OVERRIDE A COMPACT STATE'S
31 DECISION THAT A PSYCHOLOGIST'S PARTICIPATION IN AN ALTERNATIVE PROGRAM
32 MAY BE USED IN LIEU OF ADVERSE ACTION AND THAT SUCH PARTICIPATION SHALL
33 REMAIN NON-PUBLIC IF REQUIRED BY THE COMPACT STATE'S LAW. COMPACT
34 STATES MUST REQUIRE PSYCHOLOGISTS WHO ENTER ANY ALTERNATIVE PROGRAMS
35 TO NOT PROVIDE TELEPSYCHOLOGY SERVICES UNDER THE AUTHORITY TO
36 PRACTICE INTERJURISDICTIONAL TELEPSYCHOLOGY OR PROVIDE TEMPORARY

1 PSYCHOLOGICAL SERVICES UNDER THE TEMPORARY AUTHORIZATION TO PRACTICE
2 IN ANY OTHER COMPACT STATE DURING THE TERM OF THE ALTERNATIVE PROGRAM.

3 (G) NO OTHER JUDICIAL OR ADMINISTRATIVE REMEDIES SHALL BE
4 AVAILABLE TO A PSYCHOLOGIST IN THE EVENT A COMPACT STATE IMPOSES AN
5 ADVERSE ACTION PURSUANT TO SUBSECTION (C) OF THIS ARTICLE.

6 ARTICLE VIII.

7 ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY
8 REGULATORY AUTHORITY.

9 (A) IN ADDITION TO ANY OTHER POWERS GRANTED UNDER STATE LAW, A
10 COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY SHALL HAVE THE
11 AUTHORITY UNDER THIS COMPACT TO:

12 (1) ISSUE SUBPOENAS, FOR BOTH HEARINGS AND INVESTIGATIONS,
13 WHICH REQUIRE THE ATTENDANCE AND TESTIMONY OF WITNESSES AND THE
14 PRODUCTION OF EVIDENCE. SUBPOENAS ISSUED BY A COMPACT STATE'S
15 PSYCHOLOGY REGULATORY AUTHORITY FOR THE ATTENDANCE AND TESTIMONY OF
16 WITNESSES, AND/OR THE PRODUCTION OF EVIDENCE FROM ANOTHER COMPACT
17 STATE SHALL BE ENFORCED IN THE LATTER STATE BY ANY COURT OF COMPETENT
18 JURISDICTION, ACCORDING TO THAT COURT'S PRACTICE AND PROCEDURE IN
19 CONSIDERING SUBPOENAS ISSUED IN ITS OWN PROCEEDINGS. THE ISSUING STATE
20 PSYCHOLOGY REGULATORY AUTHORITY SHALL PAY ANY WITNESS FEES, TRAVEL
21 EXPENSES, MILEAGE, AND OTHER FEES REQUIRED BY THE SERVICE STATUTES OF
22 THE STATE WHERE THE WITNESSES AND/OR EVIDENCE ARE LOCATED; AND

23 (2) ISSUE CEASE AND DESIST AND/OR INJUNCTIVE RELIEF ORDERS
24 TO REVOKE A PSYCHOLOGIST'S AUTHORITY TO PRACTICE INTERJURISDICTIONAL
25 TELEPSYCHOLOGY AND/OR TEMPORARY AUTHORIZATION TO PRACTICE.

26 (B) DURING THE COURSE OF ANY INVESTIGATION, A PSYCHOLOGIST MAY
27 NOT CHANGE HIS/HER HOME STATE LICENSURE. A HOME STATE PSYCHOLOGY
28 REGULATORY AUTHORITY IS AUTHORIZED TO COMPLETE ANY PENDING
29 INVESTIGATIONS OF A PSYCHOLOGIST AND TO TAKE ANY ACTIONS APPROPRIATE
30 UNDER ITS LAW. THE HOME STATE PSYCHOLOGY REGULATORY AUTHORITY SHALL
31 PROMPTLY REPORT THE CONCLUSIONS OF SUCH INVESTIGATIONS TO THE
32 COMMISSION. ONCE AN INVESTIGATION HAS BEEN COMPLETED, AND PENDING THE
33 OUTCOME OF SAID INVESTIGATION, THE PSYCHOLOGIST MAY CHANGE HIS/HER
34 HOME STATE LICENSURE. THE COMMISSION SHALL PROMPTLY NOTIFY THE NEW
35 HOME STATE OF ANY SUCH DECISIONS AS PROVIDED IN THE RULES OF THE
36 COMMISSION. ALL INFORMATION PROVIDED TO THE COMMISSION OR DISTRIBUTED

ATTACHMENT 6

PSYPACT AND DISCIPLINE:

Understanding the Role Each State Plays

TELEPSYCHOLOGY

PSYPACT requires that a psychologist obtain an **AUTHORITY TO PRACTICE INTERJURISDICTIONAL TELEPSYCHOLOGY (APIT)**. Psychologists can then practice telepsychology into a:

AND

One of the main purposes of PSYPACT is provide states with a regulatory mechanism designed to address disciplinary issues that occur across state lines in other compact states. PSYPACT specifies the role each state plays concerning disciplinary issues related to the practice of telepsychology and temporary in-person, face-to-face practice across state lines in PSYPACT states.

TEMPORARY PRACTICE

PSYPACT requires that a psychologist obtain a **TEMPORARY AUTHORIZATION TO PRACTICE (TAP)**. Psychologists can then practice temporarily into a:

DISTANT STATE

As a requirement of TAP, a psychologist must obtain an Interjurisdictional Practice Certificate (IPC) to conduct temporary practice in a **DISTANT STATE**.

A psychologist must practice within the scope of practice of the **DISTANT STATE** and is subject to the **DISTANT STATES'** authority and law.

A **DISTANT STATE** can limit, revoke or take adverse action on a psychologist's Temporary Authorization to Practice.

If a **DISTANT STATE** takes action, it will notify the **HOME STATE** and the PSYPACT Commission.

A **DISTANT STATE** will investigate and take appropriate action on reported inappropriate conduct which occurred in that **DISTANT STATE** as it would if such conduct had occurred within the **HOME STATE**.

A **DISTANT STATES'** law will control in determining any adverse action against a psychologist's Temporary Authorization to Practice.

HOME STATE

A psychologist must hold a current, full and unrestricted license to practice psychology in a **HOME STATE**, which has enacted PSYPACT.

A **HOME STATE** maintains authority over the license of any psychologist practicing under the authority of PSYPACT.

A **HOME STATE** can impose adverse action against a psychologist's license issued by the **HOME STATE**.

All **HOME STATE** disciplinary orders which impose adverse action are reported to the PSYPACT Commission.

RECEIVING STATE

As a requirement of the APIT, a psychologist must obtain an E.Passport Certificate to practice telepsychology into a **RECEIVING STATE**.

A psychologist is subject to the **RECEIVING STATES'** scope of practice.

A **RECEIVING STATE** can limit or revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology.

If a **RECEIVING STATE** takes action, it will notify the **HOME STATE** and the PSYPACT Commission.

A **HOME STATE** will investigate and take appropriate action on reported inappropriate conduct in a **RECEIVING STATE** as it would if such conduct had occurred within the **HOME STATE**.

A **HOME STATES'** law will control in determining any adverse action against a psychologist's license.

If a psychologist's license in any **HOME STATE**, another **COMPACT STATE**, or Authority to Practice Interjurisdictional Telepsychology in any **RECEIVING STATE**, is restricted, suspended or otherwise limited, the E.Passport will also be revoked, and the psychologist will not be eligible to practice telepsychology in a **COMPACT STATE** under the Authority to Practice Interjurisdictional Telepsychology.

ATTACHMENT 7

1 NECESSARY ACTIONS UNDER THE DISTANT STATE'S APPLICABLE LAW TO PROTECT
2 THE HEALTH AND SAFETY OF THE DISTANT STATE'S CITIZENS. IF A DISTANT STATE
3 TAKES ACTION, THE STATE SHALL PROMPTLY NOTIFY THE HOME STATE AND THE
4 COMMISSION.

5 (E) IF A PSYCHOLOGIST'S LICENSE IN ANY HOME STATE OR ANOTHER
6 COMPACT STATE, OR ANY TEMPORARY AUTHORIZATION TO PRACTICE IN ANY
7 DISTANT STATE, IS RESTRICTED, SUSPENDED, OR OTHERWISE LIMITED, THE IPC
8 SHALL BE REVOKED AND THEREFORE THE PSYCHOLOGIST SHALL NOT BE ELIGIBLE
9 TO PRACTICE IN A COMPACT STATE UNDER THE TEMPORARY AUTHORIZATION TO
10 PRACTICE.

11 ARTICLE VI.

12 CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE.

13 A PSYCHOLOGIST MAY PRACTICE IN A RECEIVING STATE UNDER THE
14 AUTHORITY TO PRACTICE INTERJURISDICTIONAL TELEPSYCHOLOGY ONLY IN THE
15 PERFORMANCE OF THE SCOPE OF PRACTICE FOR PSYCHOLOGY AS ASSIGNED BY AN
16 APPROPRIATE STATE PSYCHOLOGY REGULATORY AUTHORITY, AS DEFINED IN THE
17 RULES OF THE COMMISSION, AND UNDER THE FOLLOWING CIRCUMSTANCES:

18 (1) THE PSYCHOLOGIST INITIATES A CLIENT/PATIENT CONTACT IN A
19 HOME STATE VIA A TELECOMMUNICATIONS TECHNOLOGY WITH A CLIENT/PATIENT
20 IN A RECEIVING STATE; AND

21 (2) OTHER CONDITIONS REGARDING TELEPSYCHOLOGY AS
22 DETERMINED BY RULES PROMULGATED BY THE COMMISSION.

23 ARTICLE VII.

24 ADVERSE ACTIONS.

25 (A) A HOME STATE SHALL HAVE THE POWER TO IMPOSE ADVERSE ACTION
26 AGAINST A PSYCHOLOGIST'S LICENSE ISSUED BY THE HOME STATE. A DISTANT
27 STATE SHALL HAVE THE POWER TO TAKE ADVERSE ACTION ON A PSYCHOLOGIST'S
28 TEMPORARY AUTHORIZATION TO PRACTICE WITHIN THAT DISTANT STATE.

29 (B) A RECEIVING STATE MAY TAKE ADVERSE ACTION ON A PSYCHOLOGIST'S
30 AUTHORITY TO PRACTICE INTERJURISDICTIONAL TELEPSYCHOLOGY WITHIN THAT
31 RECEIVING STATE. A HOME STATE MAY TAKE ADVERSE ACTION AGAINST A
32 PSYCHOLOGIST BASED ON AN ADVERSE ACTION TAKEN BY A DISTANT STATE
33 REGARDING TEMPORARY IN-PERSON, FACE-TO-FACE PRACTICE.

2021 MCHS SB 500 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Maryland Community Health System

Committee: Senate Education, Health, and Environmental Affairs Committee

Bill Number: Senate Bill 500 – Psychology Interjurisdictional Compact

Hearing Date: February 16, 2021

Position: Support

Maryland Community Health System (MCHS) supports *Senate Bill 500 – Psychology Interjurisdictional Compact*. The bill proposes that Maryland join an interstate licensure compact for psychologists.

As a network of federally qualified health centers, we are acutely aware of workforce shortages in the behavioral health field. We support interstate licensure compacts as a means of increasing the number of providers who can provide both in-person and telehealth behavioral health care. Compacts are particularly important to our health centers that border other jurisdictions. If those health centers could more easily hire psychologists licensed in bordering states, they could increase their capacity to serve their patients.

Thank you for your consideration of our testimony. We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

**5850 Waterloo Road, Suite 140, Columbia, Maryland 21045
410-761-8100**

2021 MSPA SB 500 Senate Side.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



Delegate Paul G. Pinsky, Chair
Delegate Cheryl C. Kagan, Vice Chair
Education, Health, and Environmental Affairs Committee
2 West, Miller Senate Office Building
Annapolis, MD 21401

Bill: Senate Bill 500 – Psychology Interjurisdictional Compact

Position: Support

Dear Chairman Pinsky, Vice Chair Kagan, and Members of the Committee:

I am writing on behalf of the Maryland School Psychologists' Association (MSPA), a professional organization representing about 500 school psychologists in Maryland. We advocate for the social-emotional, behavioral, and academic wellbeing of students and families across the state.

This letter is to provide support for Senate Bill 500. This bill enters Maryland into the Psychology Interjurisdictional Compact (PSYPACT), which is an interstate compact designed to facilitate telepsychology and temporary in-person psychology practice across state lines. PSYPACT is governed by a commission which operates under structured bylaws and regulations. MSPA supports this bill because it allows for an increase in access to highly qualified mental health providers and the high quality interventions they provide.

MSPA supports SB 500 and we urge a favorable report. If we can provide any additional information or be of any assistance, please contact us at legislative@mSPAonline.org, or Rachael Faulkner at rfaulkner@policypartners.net or (410) 693-4000.

Respectfully submitted,

Kyle Potter, Ph.D., NCSP
Chair, Legislative Committee
Maryland School Psychologists' Association

MD PsyPACT.Letter of Support.HB970.SB500_Gray_2.pd

Uploaded by: Gray, Laura

Position: FAV



111 Michigan Avenue, NW
Washington, DC 20010-2970
ChildrensNational.org

February 10, 2021

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller senate Office Building
Annapolis, MD 21401

Re: Support for SB500 & HB970, Maryland Psychology Interjurisdictional Compact

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee:

My name is Laura Gray, Ph.D. and I am a pediatric psychologist working at Children's National Hospital. My job entails providing mental and behavioral health support for children, adolescents, and young adults with acute and chronic medical conditions. I work primarily in our Rockville, MD location and I also reside in Rockville. Children's National prioritizes accessible quality care for youth in the DMV by supporting behavioral health services across the area. Children's National has highly skilled and specialized psychologists offering primary care behavioral health services, neuropsychology, and pediatric psychology (specialization working with medically ill children). We often utilize telehealth sessions to reduce service access barriers for the families we serve. During the COVID-19 pandemic, we have been able to use telemedicine to expand access to services, reducing barriers to care for families across Maryland.

I would like to provide strong testimony in support of the Psychology Interjurisdictional Compact (PSYPACT) bill, (SB500 and HB970). **This bill will increase access to high quality mental health care and increase continuity of mental health services, removing jurisdictional barriers.**

The mental health crisis resulting from the COVID-19 pandemic exacerbates longstanding gaps in access to mental health services and continuity of mental health service; these gaps result in steep increases in untreated depression and anxiety in the youth in Maryland. **Best mental health care services include treatment from highly qualified clinicians, continuity of care over time AND access to care at critical times.** Importantly for our youth, this bill enables increased access to specialized mental health care AND continuity of care across many states where patients may go for college, vacation, who live and go to school/work in different jurisdictions, or for those living with multiple guardians across jurisdictions.

Children's National supports this bill because the children and families of Maryland need and deserve increased access to the highest quality mental health care. PSYPACT leads to **improved Continuity of Care**:

1) Specialty Services

Many children experience medical trauma and difficulty adjusting to their illnesses. Following treatment with a psychologist inpatient at Children's National, they return home to Maryland. Many of them need extra support to help with readjusting back to home and school. There is a shortage of specialist psychologists. Kids lose out on the care they need with transportation barriers.

Patient Story:

One of my patients was a 9-year-old with a debilitating, painful life-limiting illness. His family had to secure medical transport to make the 2.5-hour trip to get his mental health and medical care at Children's National. They spent more time commuting than meeting with doctors. He needed medical care, pain management, and emotional support for end-of-life care. There are no specialists closer to his home. Unfortunately, the patient received fewer services due to the transportation barriers.



2) College Students

PSYPACT enables continues support for youth leaving for college. At one of the most challenging transition points for adolescents and young adults, many Maryland youth are forced to abandon their mental health treatment as they move out of state. Particularly for our youth with Medicaid, we are unable to find them out of state mental health clinicians when they leave for college. This transition is difficult for many youth, but much more difficult for those with mental health and chronic medical conditions. Too many times for my patients, they have left for college full of hopes and aspirations, become overwhelmed by the stress of the transition, they experience a mental health crisis, are unable to find a well-qualified therapist, and they are forced to return home for treatment...abandoning their college and professional goals.

3) Interjurisdictional Telehealth to increase Access to Care

For many of my patients, we found unexpected improvements in continuity of care with executive orders for cross-state mental health services at the outset of the COVID-19 pandemic. With the expansion of telehealth services and ability to follow our patients to college, their treatment improved.

Patient Story:

One of my patients is a 20-year-old female from Maryland with chronic migraines, Vertigo, and ongoing anxiety and depression. A college junior, she had four prior semesters with transitioning to school, becoming overwhelmed by stress, then having exacerbation of her migraines and depression. Every semester she has either returned home early or had to drop several classes, delaying her hopes of graduation and starting her career. THIS year, for the first time, I was able to provide continuous mental and behavioral health care as she returned to college out of state in August (due to executive orders). Together, we identified problems early, created plans to mitigate stress, and worked to apply evidence-based therapeutic strategies to improve her mood. She completed last semester at school, with a full course load and her highest GPA to date – all this despite the stressors related to the COVID-19 pandemic.

We know continuity of care, access to care, and high-quality specialized care are critical to support mental health of Maryland youth. Through this pandemic, we have now seen it work.

The children of Maryland need and deserve the mental health support they need to survive and to thrive.

Please, help us pass the Psychology Interjurisdictional Compact so that we improve access to and continuity of mental health care for Maryland youth. Thank you for the opportunity to testify on SB500/HB970 and look forward to ways to work collaboratively to help our youth reach their goals.

A handwritten signature in black ink that reads "Laura Schaffner Gray". The signature is written in a cursive, flowing style.

Laura Gray, Ph.D.

Assistant Professor of Psychiatry & Behavioral Sciences
Behavioral Pain Medicine Program
Children's National Health System
202-476-6765
LaGray@childrensnational.org

MD PsyPACT.Letter of Support.HB970.SB500- Herbert.

Uploaded by: Herbert, Linda

Position: FAV



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ChildrensNational.org

February 12, 2021

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller senate Office Building
Annapolis, MD 21401

Re: Support for SB500 & HB970, Maryland Psychology Interjurisdictional Compact

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee:

My name is Linda Jones Herbert, PhD, and I am a child health psychologist and Assistant Professor at Children's National Hospital. I have been working in my role at Children's National for the past seven years. My job responsibilities include the directorship of the psychology program with the Division of Allergy and Immunology, where I provide mental health services to children, adolescents, and young adults diagnosed with medical conditions and their caregivers. My patients include many Maryland residents, as I provide mental health services to patients seen at our Maryland Regional Outpatient Centers in Maple Lawn, Rockville, and Lanham. I also am a constituent of Maryland Legislative District 14.

I am writing to provide testimony in support of the Psychology Interjurisdictional Compact (PSYPACT) bill, (SB500 and HB970). **I believe that it is imperative to pass this bill because it will ensure that children in Maryland have increased access to high quality mental health care and increased continuity of mental health care.**

Many Maryland children go out of state in order to receive the life-saving or urgent care that they need. For example, many of our patients travel to the Children's National hospital in the District of Columbia in order to receive emergency care services or undergo medical procedures that cannot be conducted in an outpatient setting. Mental health services are therefore established in the District of Columbia. However, when these children are discharged, they return to their homes in Maryland and many of them continue to need mental health support as they readjust to their lives and routines. School in particular can be a challenging adjustment for these children and it is essential that they receive help during this transition in order to ensure that they maintain their academic progress. However, **if these Maryland children are unable to get to the District of Columbia to see their psychologist for consistent therapy appointments, their mental health care is disrupted during a critical readjustment period, which may have a long-term impact on their mental health and overall well-being.**

Furthermore, many Maryland children are seen by child health psychologists at Children's National who are experts in specialty care. For example, I frequently complete single-case agreements with insurance companies to provide mental health services to patients with allergic diseases because the insurance companies recognize that there are no other psychologists in the area who can provide the type of specialized care that they need. There is a shortage of specialty mental health care for children with acute and chronic health conditions. Thus, children in Maryland whose parents are unable to travel to the District of Columbia for psychology appointments are faced with the unfortunate reality that they will not be able to find an appropriate mental health provider in their state. **Passing this bill will ensure that patients can receive the**



Children's National™

specialty mental health care they need. This specialty care, in combination with the high standards implemented as part of this psychology interjurisdictional compact, will ensure that the children of Maryland receive the care that they deserve.

The COVID-19 pandemic has offered mental health professionals the opportunity to observe the positive impact that access to high quality telehealth services across jurisdictional lines and continuity of care has on children's mental health and overall well-being. Thanks to the quick work of the states, patients have been able to continue seeing their psychologists during this difficult time, even if the psychologist was providing telehealth services from a different jurisdiction. As an example, one of my patients was about to receive a much-needed new medication that is delivered by infusion for an immunological disorder as the pandemic began. However, due to significant medical anxiety, she had a history of aggressive behavior during medical procedures that put into question whether she would be able to receive this treatment. Due to my ability to see her via telehealth across jurisdictional lines, she has since successfully received several doses of this medication. As another example, one my patients experienced increased anxiety during the start of the pandemic, but her family needed to temporarily move to another state to provide care for a loved one. We were fortunate that an executive order was in place that permitted me to work with her via telehealth and we prevented the anxiety increase that certainly would have been observed had she missed appointments for several months. Thus, **I have seen firsthand the benefits of high quality mental health care delivered across state lines via telehealth. Our Maryland children deserve to have access to this kind of care.**

Thank you for the opportunity to submit testimony in support of this bill. It is an honor to be able to advocate on behalf of Maryland children who receive care at Children's National. As you can see, I strongly believe that it is our job as the caretakers of the next generation to ensure that children in Maryland have access to mental health care that will promote their healthy development. Please help us pass this needed Psychology Interjurisdictional Compact.

Linda Jones Herbert, PhD
Assistant Professor
Division of Psychology & Behavioral Health
Children's National Hospital
E-mail: lherbert@childrensnational.org
Phone: 410-336-6976

LAM_FAV_SB0500.pdf

Uploaded by: Lam, Clarence

Position: FAV

CLARENCE K. LAM, M.D., M.P.H.
Legislative District 12
Baltimore and Howard Counties

Education, Health, and Environmental Affairs
Committee

Executive Nominations Committee

Joint Committee on Ending Homelessness

Chair

Joint Audit and Evaluation Committee

Joint Committee on Fair Practices and
State Personnel Oversight

Vice Chair

Baltimore County Senate Delegation

Chair

Howard County Senate Delegation



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Miller Senate Office Building
11 Bladen Street, Room 420
Annapolis, Maryland 21401
410-841-3653 · 301-858-3653
800-492-7122 Ext. 3653
Clarence.Lam@senate.state.md.us

Support SB 500
Psychology Interjurisdictional Compact

Senator Clarence Lam

Why SB 500 is Needed

- We are in the midst of a mental health and substance use crisis, which has only been exacerbated by the Covid-19 pandemic.
- States typically require that all psychologists are licensed by their Board of Examiners in order to practice in the state, including practicing via telehealth.
- This creates continuity-of-care problems when psychologists and patients live across state lines, which is particularly common in Maryland. For example, if a young person has a psychologist in Maryland, but then goes to college in Pennsylvania, they cannot keep seeing their psychologist via telehealth.
- This can also lead to access-to-care issues, especially for people living in rural areas and for people who need specialized care (for example, children with autism spectrum disorder).
- Psychologists often treat individuals experiencing conditions that can, when triggered, lead to crises like substance use or suicide. Being able to support patients across state lines saves lives.

What SB 500 Does

- SB 500 joins Maryland into PSYPACT, an interjurisdictional compact of psychologists.
- PSYPACT allows licensed psychologists who go through PSYPACT's approval process to practice telehealth into other PSYPACT states, and to practice 30 days total of in-person psychology in other PSYPACT states.
- PSYPACT's licensing requirements are as strict or stricter than Maryland's licensing requirements. Under PSYPACT, Maryland's patient safety laws (duty to warn, child

abuse reporting, etc.) would supersede for psychologists practicing telehealth into Maryland. All patients in Maryland will be protected by Maryland's laws, regardless of where the psychologist is located.

- PSYPACT also includes clear guidance on which state's scope-of-practice laws supersede.
- PSYPACT includes clear guidelines around how complaints will be investigated.

Current Psychology Interjurisdictional Compact Laws

- Fourteen states and DC have formally joined PSYPACT.
- 4 of the 5 states surrounding Maryland have joined PSYPACT (PA, DE, VA, DC).
- Legislation has been introduced in another fifteen states, including Maryland, to join PSYPACT.
- PSYPACT has been endorsed by the American Psychological Association, the American Board of Professional Psychology, the American Telemedicine Association, and the Association of Psychology Postdoctoral and Internship Centers.

SB0500 PowerPoint Senator Lam.pdf

Uploaded by: Lam, Clarence

Position: FAV

SB 500

Psychology Interjurisdictional Compact

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Senator Clarence Lam, District 12

Psychologist Licensing Laws in Maryland

- Typically, psychologists must be licensed in each state in which they practice
 - Psychologists cannot practice telehealth into states in which they are not licensed
- State's Board of Examiners of Psychologists issues licenses and investigates complaints

What does SB 500 do?

- Adds Maryland to the PSYPACT interstate compact
 - **DC, PA, DE, and VA are currently members**
- Allows licensed **doctoral-level psychologists** in Maryland to practice telehealth into other PSYPACT States
- Allows licensed **doctoral-level psychologists** from other PSYPACT states to practice telehealth into Maryland
- Allows licensed doctoral-level psychologists to conduct 30 days per year of **in-person treatment** in other PSYPACT states
- Clearly specifies which state laws supersede in different circumstances
- Clearly specifies how disciplinary action will occur in the event of a complaint

Why should Maryland join PSYPACT?

- **Continuity of care**

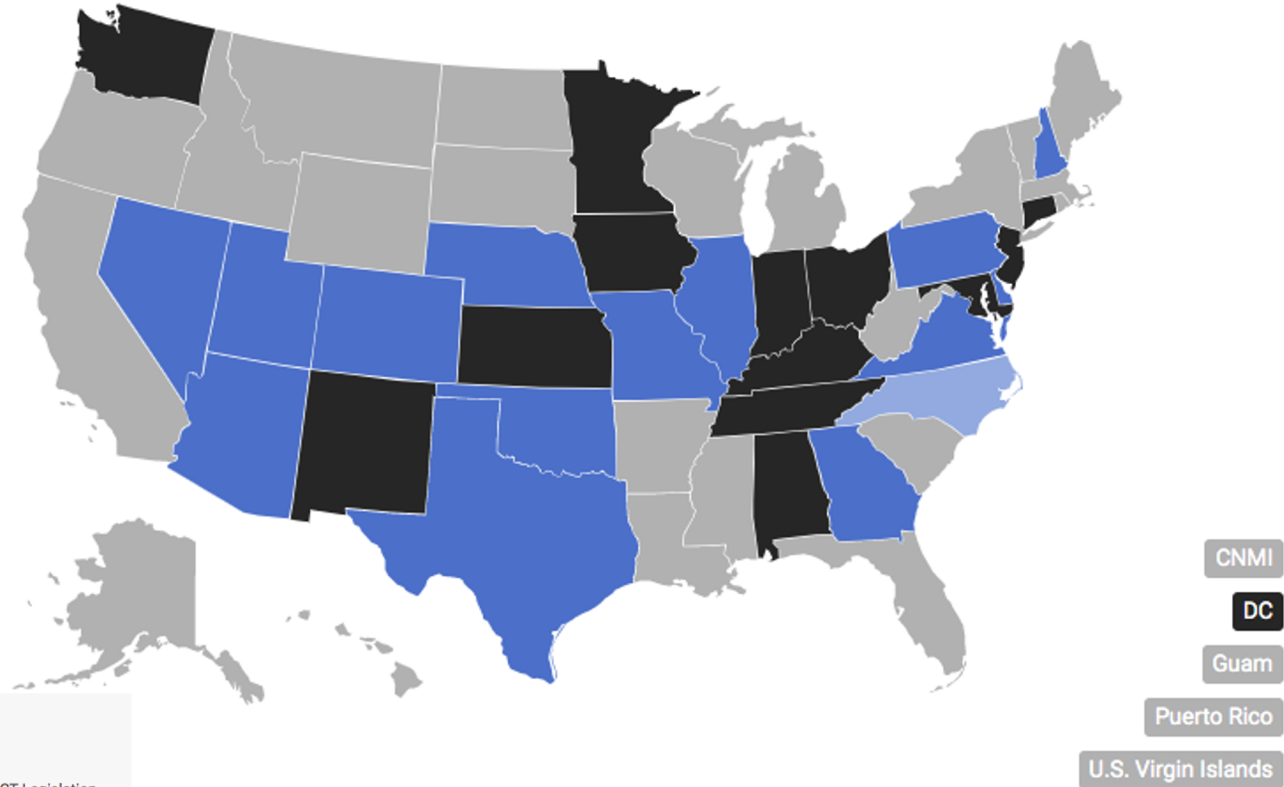
- Young people who go to college in a different state
- Children with parents living in different states
- Crisis response when someone lives across state lines
- Lack of reliable transportation or inclement weather

- **Access to care**

- Increases access to qualified psychologists
- Especially important in rural areas
- Especially important for those who require specialty care (autism spectrum disorder, etc.)



Many states have joined or are considering legislation to join PSYPACT:



Map Key

- States with Enacted PSYPACT Legislation
- States with Enacted but not Effective PSYPACT Legislation
- States with Pending PSYPACT Legislation

Will PSYPACT allow a psychologist with lesser credentials to practice into Maryland?

- No.
- PSYPACT's licensing requirements are **as strict or stricter** than Maryland's licensing requirements.

Will PSYPACT endanger patients by allowing out-of-state psychologists to avoid Maryland's laws?

- No.
- For patient safety issues like duty-to-warn (warning authorities if a patient is a danger to themselves or others) and child abuse reporting statutes **Maryland's laws supersede when psychologists are practicing into Maryland via telehealth.**

MD Psychology Interjurisdictional Compact Act of 2

Uploaded by: Marschall, Donna

Position: FAV



111 Michigan Avenue, NW
Washington, DC 20010-2970
ChildrensNational.org

February 1, 2021

Maryland Senate
The Committee of Education, Health, and Environmental Affairs
11 Bladen Street
Annapolis, Maryland 21401

Re: Support for SB 500, Psychology Interjurisdictional Compact Act

Dear Senators Lam and Hettleman and other distinguished committee members:

My name is Donna Marschall, Ph.D. and I am a clinical psychologist and Director of Whole Bear Care: Primary Care Behavioral Health Services at Children's National Hospital (Children's National). Children's National prioritizes accessible quality care for Maryland youth by supporting behavioral health services across the region. We exclusively provide evidence-based services within primary care centers throughout DC, that serve thousands of Maryland children, adolescents and young adults who reside in Prince George's and Montgomery Counties, and beyond. Most notably, we serve a significant number of children insured through Maryland Medicaid. Maryland patients represent 51% of the total number of patients receiving care at Children's National for 2019-2020 and 52% of those patients are Medicaid beneficiaries. Whole Bear Care psychologists, along with our highly skilled Children's National colleagues such as neuropsychologists and pediatric psychologists (specialization working with medically ill children), often utilize telehealth sessions to reduce service access barriers for the Maryland families we serve.

Mental health distress does not recognize jurisdictional boundaries. As a clinical psychologist who has had the privilege of serving Maryland's young residents and their families for over 20 years, I am keenly aware of the pressing need for access to and continuity of quality mental health care. The Maryland Psychology Interjurisdictional Compact Act will **increase mental health care access and continuity for Maryland youth and families** by removing cross jurisdictional barriers. Specifically, broadening the care reach of licensed psychologists will facilitate improved well-being for Maryland youth via cross jurisdictional telehealth intervention and support.

Children's National supports this bill because the children and families of Maryland need and deserve increased access to quality mental health care.

- **Reason #1: Increased Access to Care**

Maryland youth with mental health concerns and their caregivers need and deserve fuller access to quality care. Mental health care should not be out of reach if a psychologist's office is located outside of Maryland or the youth/caregiver is temporarily in another jurisdiction. Children's National has a highly skilled behavioral health workforce and Maryland youth would benefit from having access to a fuller compliment of these services. Whether the DC-based psychologist



conducts a telehealth session with a caregiver sitting at their Maryland-based home or is providing a telehealth session to a teen and caregiver sitting in their Maryland home, increased access benefits the Maryland resident.

- Reason # 2: **Continuity of Care**

Maryland youth with mental health concerns need and deserve opportunities to succeed.

Mental health services should not be limited based on where a young person is standing. For example, young adults receiving mental health services to address anxiety or depression should not have to forgo treatment that has enabled them to attend college out of state. During this time of transition, mental health support is often paramount to their success. Too often young Maryland residents have the opportunity to thrive but are unable to access needed services because they are geographically beyond the provider range of Maryland insurance. Sadly, I have witnessed the life trajectories of Maryland youth falter when ongoing mental health services that would have sustained their autonomy and academic success are not accessible.

- Reason #3: **Increased Mental Health Workforce**

Maryland youth with mental health concerns need and deserve access to more providers. The cost of psychologists initiating and maintaining multiple professional licenses in order to serve Maryland youth and caregivers who traverse multiple jurisdictions is time consuming and cost prohibitive. As a psychologist licensed in three local jurisdictions I can understand firsthand why other local psychologists have been unable to broaden their clinical reach, limiting service availability to Maryland youth and their families. Given the ongoing challenges of insufficient mental health service availability for Maryland youth, removing the need for professional licensure across jurisdiction (MD, DC, VA and beyond) increases care access and subsequently, the well-being of Maryland youth.

In sum, the children, adolescents, and young adults of Maryland need and deserve increased access and continuity of mental health services. Through the Maryland Psychology Interjurisdictional Compact this will be possible. We thank you for the opportunity to testify on Bill 500 and look forward to ways to work collaboratively to support better outcomes for Maryland youth.

A handwritten signature in purple ink, appearing to read "Donna Marschall".

Donna Marschall, Ph.D.

Maryland Psychologist license: 04368

Director, Whole Bear Care: Primary Care Behavioral Health Services

Children's National Hospital

111 Michigan Avenue, NW

Washington, DC 20010

Office: 202-476-2309

SB0500 PSYPACT.pdf

Uploaded by: Martin, Dan

Position: FAV

Senate Bill 500 Psychology Interjurisdictional Compact
Education, Health, and Environmental Affairs Committee
February 16, 2021
Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders. **We appreciate the opportunity to provide this testimony in support of Senate Bill 500.**

SB 500 enters Maryland into the Psychology Interjurisdictional Compact (aka PSYPACT), an interstate compact designed to increase access to mental health care. It does this by creating a process whereby Maryland psychologists can deliver telepsychology or temporary in-person care in participating PSYPACT states, and vice versa. As of March 1, 2021, 15 states and the District of Columbia are participating in PSYPACT, including practically every state in our region.

The Maryland General Assembly has taken important steps in recent years to address a rising demand for mental health treatment. We are making progress, but we are not out of the woods yet. Unmet need persists, resources are scarce, and disparities in access to mental health care continue to widen.

The coronavirus is making matters even worse. Isolation, loss of income and grief resulting from the loss of a loved one – not to mention the threat of actually contracting the virus itself – are all having a profound impact on our mental health. Up to 40% of Marylanders have reported feeling anxious or depressed as a result of the pandemic. Maryland suicide rates have been rising since well before COVID-19, but pandemic-related stress and despair are exacerbating these concerns. Calls to the Baltimore crisis hotline doubled between April and July 2020, and as of September the number of callers threatening suicide was five times higher than at the beginning of the pandemic. In Montgomery County, nearly 400 residents went to a hospital emergency room reporting self-injury or suicidal thoughts between July 1 and August 15, 2020.

If we expect to meet this increased demand for treatment, we must think outside the box and use innovative approaches to expand access to care. PSYPACT is an important component in that strategy.

SB 500 will help ensure Marylanders can access mental health care when and where needed. For this reason, **MHAMD supports this bill and urges a favorable report.**

For more information, please contact Dan Martin at (410) 978-8865

Dr. McGhee Testimony - Support - SB500.pdf

Uploaded by: McGhee, Linda

Position: FAV



Linda Fleming McGhee, J.D., Psy.D.

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller Senate Office Building
Annapolis, MD 21401

RE: SB 500 – PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee,

My name is Linda Fleming McGhee, and I am a proud constituent of Delegate Bonnie Cullison, who has shown great leadership on the companion bill in the House, HB 970. I am a lawyer turned psychologist and the President-Elect of MPA. I am here today to fight for Maryland's residents and psychologists and to ask you to **support SB 500, the Psychology Interjurisdictional Compact.**

Interstate practice of psychology is an idea whose time has come. It has come into its own in the midst of a perfect storm: burgeoning awareness of the absolute necessity of mental healthcare; and skyrocketing numbers of cases of depression, anxiety, addiction, and suicides. The eye of the storm, Covid-19, further catapulted mental health concerns into the stratosphere, with the federal government reporting record cases of depression and anxiety. Fortunately, the mental health system has moved toward making therapy more available. Telehealth within state has given way to teletherapy across state lines due to the temporary licenses or exemptions permitted by states and with the advent of PSYPACT in fifteen states.

Continuity of care for Maryland residents is the paramount concern. The effectiveness of therapy is largely dependent upon establishing a therapeutic relationship and continuing care even if a client geographically relocates. In my practice, I primarily treat teenagers and college students, who regularly leave this area for college. PSYPACT would allow me the ability to provide therapy during critical transitions from high school to college, during college and post college, where relocations are frequent. Likewise, it would allow out of state students at Maryland universities to continue their care with their home state therapist. Under current law, if my Silver Spring-based college student goes to Penn State, I am unable to treat them, as I have no license in Pennsylvania. I am often forced to transfer the care of

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
Members of the Education, Health and Environmental Affairs Committee
RE: SB 500

vulnerable clients due to laws made decades ago. COVID-19 gave us some temporary respite to provide treatment due to states allowing for temporary licenses, but many of these exemptions have expired. The mental health effects of Covid-19 remain and will likely do so in the foreseeable future. Prior to COVID-19, I was licensed in Maryland and could see clients in my Chevy Chase office regardless of whether they came from D.C. or Virginia. In order to see clients in the District and Virginia via telehealth, I was by law required to get a license in both Virginia and D.C. This was a very expensive process that involved taking more and different continuing education classes, getting fingerprinted (again), required a notary (not so easy in a pandemic) and cost several hundred dollars. These costs are prohibitive in this economic environment and place a heavy hardship on many members of our profession who are already struggling to make ends meet and paying off student debt.

Continuity of service would also allow out of state psychologists to follow their clients who relocate to Maryland. MPA recognizes that there are specialties that may have more providers for services from out of state. One such example is the dearth of marriage and family therapists in some areas of our state. Likewise, Maryland psychologists may provide specialized services that may be marketable in other states. I provide a lot of court-based educational consultation in states where I am licensed to practice and PSYPACT would allow me to branch out regionally.

There are two underserved communities that I hold near and dear to my heart ---rural areas and communities of color. Being a native of rural Indiana, I know that many areas of Maryland have little access to mental health care. There may only be a few therapists in the area and often times, that mental health professional either may not be a good fit or may not be able to provide a service, due to not having experience in the specialty needed, or the psychologist may have dual relationships with the client, which are sometimes prohibited. Often times, in small communities, a person might be more comfortable seeing treatment outside of the close circle of their friends, families and co-workers. There are only 3726 psychologists licensed in Maryland and while there are other mental health professionals, there are by no means enough therapists to treat the six million Maryland residents. In communities of color, the needs are even more dire. Nationwide there are roughly 4 percent of psychologists are black and the data suggests a similar dearth of black psychologists in Maryland. Thus, there is likely less than 150 African American psychologist in the entire state. This is matched against the 1.8 million African Americans in this state. The predominantly black counties such as Baltimore and Prince Georges Counties have the most severe shortages of psychologists. In light of the fact that experts estimate that up to thirty percent of black people need mental health treatment at any given time. Unfortunately, the time between the outset of mental illness to treatment in the black community is up to a decade. The mental health needs in the black community are exacerbated by the disproportionate impact of COVID-19. And the suicide rate is the fastest rising in black and brown children. PSYPACT would allow more providers to serve these communities, both rural and minority communities, and provide therapy to Maryland residents suffering from the mental health impacts of the catastrophic pandemic.

Psychologists licensed in Maryland would be disadvantaged without PSYPACT. We would be nearly surrounded by states with PSYPACT -- Pennsylvania, Virginia, D.C., and Delaware. Therefore, the Delaware psychologist would be allowed to provide services in Pennsylvania and Virginia, while Maryland psychologists would not without obtaining cumbersome state-by state licensing. I fear that

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
Members of the Education, Health and Environmental Affairs Committee
RE: SB 500

this would provide a disincentive to obtaining a Maryland license in the future. There are many psychologists licensed in Maryland whose office border on another state. These psychologists may move their places of business to neighboring jurisdictions and apply to be in PSYPACT from those states, depriving MD of those psychologists and MD residents of mental health services.

Finally, we serve people, not places. And, mental illness is not stationary, it travels with you. PSYPACT would allow our residents to get treatment and would allow us to care for them, wherever they go.

I urge you to pass SB 500 – the Psychology Interjurisdictional Compact for the sake of Maryland citizens and psychologists. I look forward to answering your questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Fleming McGhee". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Linda Fleming McGhee, J.D., Psy.D.
Founder

MRHA SB500 - Psychology Interjurisdictional Compact

Uploaded by: Orosz, Samantha

Position: FAV



Statement of Maryland Rural Health Association

To the Education, Health, and Environmental Affairs Committee

February 16, 2021

Senate Bill 500 Psychology Interjurisdictional Compact

POSITION: SUPPORT

Chair Pinsky, Vice Chair Kagan, Senator Lam, Senator Hettleman, and members of the Education, Health, and Environmental Affairs Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 500 Psychology Interjurisdictional Compact.

MRHA supports this legislation that facilitates the entrance of Maryland psychologists into a Psychology Interjurisdictional Compact. Further, MRHA supports the general purpose of this compact in that it improves the public's access to psychology services and importantly, includes access to telepsychology services.

Rural Marylanders encounter many barriers to accessing behavioral health services. The formation of this compact would positively impact rural communities' access to quality telepsychology services, while promoting health equity among rural and non-rural populations across the state. The integration of Maryland psychologists into this compact will help to achieve greater health equity and advanced data management practices to inform on provider details across rural Maryland and beyond.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland.

Rural Maryland represents almost 80 percent of Maryland's land area and 25% of its population. Of Maryland's 24 counties, 18 are considered rural by the state, and with a population of over 1.6 million they differ greatly from the urban areas in the state.

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent.

MHRA believes this legislation is important to support our rural communities and we thank you for your consideration.

Lara Wilson, Executive Director, larawilson@mdruralhealth.org, 410-693-6988

Dr Hobson Testimony (1)

Uploaded by: Savage, Pat

Position: FAV



WHITNEY C. HOBSON, PSYD
LICENSED PSYCHOLOGIST

CONTACT

The Resource Group
Counseling and Education
Center
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Baltimore, MD 21286
T: 443-827-9392
E: drhobson.wc@gmail.com

<https://www.linkedin.com/in/whitney-c-hobson-psyd-4a0b928b>

FEBRUARY 11, 2021

THE HONORABLE PAUL G. PINKSY, CHAIR
THE HONORABLE CHERYL C. KAGAN, VICE-CHAIR
2 WEST, MILLERSENATE OFFICE BULDING
ANNAPOLIS, MD 21401

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee:

My name is Dr. Whitney C. Hobson and I am a licensed psychologist here in Maryland. I am a staff psychologist at the University of Maryland, Baltimore County as well as an independent contractor in a group practice in Towson, MD; I have been in both positions since 2016. I am writing to request your support for SB 500, Psychology Interjurisdictional Compact which will come before your committee next week.

The Psychology Interjurisdictional Compact, or PSYPACT, is an interstate compact designed to increase access to mental health care services through the use of telepsychology. It does so by creating a process to approve and regulate the delivery of telepsychology and the temporary practice of psychology in other PSYPACT states. Research has shown these services are effective, and offer additional benefits such as increased accessibility, flexibility, and affordability. PSYPACT is currently enacted in 16 states/jurisdictions: Arizona, Utah, Nevada, Colorado, Nebraska, Missouri, Georgia, Delaware, Texas, New Hampshire, Oklahoma, Illinois, Pennsylvania, Virginia, the District of Columbia, and North Carolina (effective 3/1/2021).

Maryland is the only jurisdiction in our region which is not yet included in PSYPACT - the District of Columbia, Pennsylvania, Delaware, and Virginia are all active PSYPACT members. West Virginia is expected to introduce PSYPACT in this legislative session.

PSYPACT will benefit Maryland's residents who live near bordering states and the District of Columbia, those in rural areas, those who lack access to specialty care (addictions, autism spectrum disorder, language barriers), those with transportation or mobility issues, individuals with significant time constraints such as caregivers, and those concerned about seeking treatment due to potential stigma of mental health care.

It's my hope that PSYPACT will receive a favorable vote in the committee. If you have any questions, please feel free to contact MPA's Executive Director Stefanie Reeves at exec@marylandpsychology.org

Sincerely,

Whitney C. Hobson, PsyD

Maryland Psychological Association - Support - SB

Uploaded by: Savage, Pat

Position: FAV



10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: 410-992-7732. www.marylandpsychology.org

February 10, 2021

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Senator Paul G. Pinsky, Chair
Senate Education, Health and Environmental Affairs Committee
11 Bladen Street
Miller Senate Office Building, 2 West
Annapolis, MD 21401

RE: SB 500 Psychology Interjurisdictional Compact

Position: **Support**

Dear Chair, Vice Chair, and Committee Members:

The Maryland Psychological Association represents over 1000 doctoral level psychologists throughout the state. **We write in support of SB 500, which would enable psychologists in participating states to practice telehealth and 30 days of temporary of in-person psychological treatment across jurisdictional lines. It is designed to increase access to mental health care and assure continuity of care. Research has demonstrated the efficacy of telehealth for many mental health issues. Benefits of this bill include increased access to care for all Marylanders, ease of access to care for rural and underserved communities, disabled individuals, elderly, and members of our society who have been dislocated or are mobile, as well as supporting small businesses in Maryland. This bill expands the reach of specialty care that might not be conveniently located in many areas of Maryland, such as substance abuse and addictions, trauma care, and support for those struggling with deficits/weakness in brain function.**

We have consistently heard from our members about the challenges of treating Maryland residents who live in an area where it is not unusual for family members to live, work, or go to school in different jurisdictions, making continuity of care difficult to impossible: given our current licensing laws. The current situation leaves Marylanders at increased risk of relapse into substance abuse/self-destructive behaviors, harm to others physically and emotionally as well as increased suicides. Most of these challenges occur when a Maryland resident has worked hard to build a trusting relationship with their psychologist and the following happens:

- Students go out of state to school while engaged in treatment.
- People who go on vacation or a business trip and experience a crisis event.
- Families who divorce and live in different jurisdictions.
- Individuals who experience a crisis which requires immediate intervention while at a work or home location that is not in the same jurisdiction as their treatment.
- Elderly or disabled individuals who may be in medical crisis and could use mental health support from their doctor but are hospitalized in a jurisdiction other than the one in which they are receiving treatment.

For these and many other reasons noted above the Maryland Psychological Association asks for a **FAVORABLE** report on Senate Bill 500. Our members will be providing you with specific examples of situations in where this bill will make a critical difference in the lives of Marylanders seeking mental health treatment.

Please note that we have attached additional information for your review, as you consider your response to this vital bill.

Thank you for considering our comments on SB 500. If we can be of any further assistance as the Senate Education, Health, and Environmental Affairs Committee considers this bill, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or exec@marylandpsychology.org.

Esther Finglass
Esther Finglass, Ph.D.
President

R. Patrick Savage, Jr.
R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

Attachments:

Appendix 1 - Letters of Support
Appendix 2 - Supporting Documents

MPA Testimony SB 500 - Support - Appendix 1 - Lett

Uploaded by: Savage, Pat

Position: FAV

APPENDIX 1

Maryland Psychological Association – MPA Senate Bill 500 - Psychology Interjurisdictional Compact

Letters of Support:

1. Esther L. Finglass, Ph.D. LLC
2. Janice C. C. Lepore, Psy.D. and Associates, LLC
3. Selena C. Snow, Ph.D., The Snow Psychology Group
4. Laura Gray, Ph.D., Children’s National Health
5. Kimberly Y. Campbell, Ph.D.
6. Cheryl S. Rubenstein, Ph.D.
7. Jonathan Gorman, PsyD
8. Nicole T. Newhouse, PsyD
9. Julie Bindeman, Psy-D, Integrative Therapy of Greater Washington
10. Andrea Chisolm, Ph.D.
11. Peter Smith Psy.D. MSCP
12. Linda Jones Herbert, PhD, Children’s National Health
13. Stefanie Reeves, FASAE, CAE, MPA Executive Director
14. Mental Health Association of Maryland - MHAMD

ESTHER L. FINGLASS, Ph.D. LLC
LICENSED PSYCHOLOGIST
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FAX: 410 902-0235

Email: Efinglass@estherfinglass.com

February 12, 2021

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee,

My name is Dr. Esther Finglass and am a licensed psychologist with a private practice in Baltimore County, Maryland and the current president of the Maryland Psychological Association. I am writing to request your support for SB 500, the Psychology Interjurisdictional Compact which will come before your committee next week.

The Psychology Interjurisdictional Compact, or PSYPACT, is an interstate compact that enables psychologists in participating states to practice telehealth and temporary in-person psychological treatment across jurisdictional lines. It is designed to increase access to mental health care and assure continuity of care through telepsychology. Research has demonstrated the efficacy of telehealth with benefits such as increased access to care for rural and underserved communities and for the disabled and elderly. It expands the reach of specialty care, such as substance abuse and addictions and trauma care, and minimizes language obstacles to treatment.

In my clinical practice, I have experienced barriers to treatment that PSYPACT will remedy. This year, I received an urgent request for family therapy with one family member residing in Maryland and the other in Washington State. Telehealth enables long distance therapy, but under current conditions, a practitioner would have to be licensed in both states to provide treatment. The application for temporary licensing in the distant state took months, during which time the family went without care. Patients relocating out of state for work or to attend college often require telepsychology sessions for continuity of care, or to bridge the gap until treatment can be established in the new locality. It is sometimes unsafe to interrupt treatment until a new provider is located or temporary licensure obtained.

PSYPACT is currently enacted in 16 states/jurisdictions including Arizona, Utah, Nevada, Colorado, Nebraska, Missouri, Georgia, Delaware, Texas, New Hampshire, Oklahoma, Illinois, Pennsylvania, Virginia, the District of Columbia, and North Carolina (effective 3/1/2021).

Maryland is the only jurisdiction in our region not yet included in PSYPACT - the District of Columbia, Pennsylvania, Delaware, and Virginia are all active PSYPACT members. West Virginia is expected to introduce PSYPACT in this legislative session.

PSYPACT will benefit Maryland's residents who live near bordering states and the District of Columbia and will allow Maryland psychologists to compete financially with psychologists in neighboring states who now enjoy these privileges.

It's my hope that PSYPACT will receive a favorable vote in the committee. If you have any questions, please feel free to contact MPA's Executive Director Stefanie Reeves at exec@marylandpsychology.org

Sincerely,
Esther L. Finglass, Ph.D.
Licensed Psychologist
President, Maryland Psychological Association



JANICE C. C. LEPORE, PSY.D. AND ASSOCIATES, LLC

February 10, 2021

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller senate Office Building
Annapolis, MD 21401

Bill: SB 500 Psychology Interjurisdictional Compact

Position: Support

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee:

I am a licensed psychologist in private practice in Lutherville, Maryland. I am writing today in **SUPPORT of SB 500, the Psychology Interjurisdictional Compact.**

This legislation would allow Maryland to enter into the Psychology Interjurisdictional Compact (PSYPACT). PSYPACT is an interstate compact that creates a process to approve and regulate the delivery of telepsychology and the temporary practice of psychology in PSYPACT member states. PSYPACT is currently enacted in 15 states, including our surrounding states of Delaware and Virginia. In addition, PSYPACT is in the legislative process in the District of Columbia, as well as in 16 other states.

PSYPACT will benefit Maryland's residents by increasing access to mental health care. This is critical for many residents, including residents in rural areas, those who require specialty care that can be difficult to access (addictions, autism spectrum disorder, language barriers), and those with transportation concerns, mobility concerns, or significant time constraints. These issues pre-existed COVID, but have become increasingly relevant to pandemic and post-pandemic life.

PSYPACT will also ensure the maintenance of a high standard of care for psychologists serving the citizens of Maryland. The compact provides for patient protection by certifying psychologists to ensure they are competent to provide services and are free of criminal and disciplinary history. PSYPACT enables providers to ensure continuity of mental health and substance use treatment in situations when someone needs to relocate. Given the relative frequency of movement within our region, joining PSYPACT will enable Maryland psychologists to sustain ongoing care relationships with clients, as our colleagues in Delaware and Virginia currently can, and our colleagues in the District of Columbia will soon be able to do.

For these reasons, I ask for your support and for a favorable report on SB 500.

Thank you for your time and consideration,

Janice C. C. Lepore, Psy.D.
Licensed Psychologist
Constituent, District 12



The Snow Psychology Group

6274 Montrose Road, Rockville, MD 20852 • (240) 676-4206

WWW.SNOWPSYCH.COM

February 10, 2021

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West Miller Senate Office Building
Annapolis, MD 21401

Re: **PLEASE SUPPORT SB 500 – THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT**

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee:

My name is Dr. Selena Snow. I am a licensed psychologist in Maryland, and I own and direct a mid-size group practice in Rockville, only a few minutes' drive from DC and Northern VA. I am writing to request your support for SB 500, Psychology Interjurisdictional Compact, which will come before your committee next week.

The Psychology Interjurisdictional Compact, or PSYPACT, is an interstate compact designed to increase access to mental health care services through the use of telepsychology. It does so by creating a process to approve and regulate the delivery of telepsychology and the temporary practice of psychology in other PSYPACT states. Research has shown these services are effective, and offer additional benefits such as increased accessibility, flexibility, and affordability. PSYPACT is currently enacted in 16 states/jurisdictions: Arizona, Utah, Nevada, Colorado, Nebraska, Missouri, Georgia, Delaware, Texas, New Hampshire, Oklahoma, Illinois, Pennsylvania, Virginia, the District of Columbia, and North Carolina (effective 3/1/2021).

Maryland is the only jurisdiction in our region which is not yet included in PSYPACT - the District of Columbia, Pennsylvania, Delaware, and Virginia are all active PSYPACT members. West Virginia is expected to introduce PSYPACT in this legislative session.

Potential patients have called our office during the pandemic and stated that they live nearby in DC or NoVA and understand the licensing restrictions, but they are willing to drive over the state line and conduct their sessions from parking lots in MD in order to be treated by our staff. This does not seem to serve the needs of anyone by making patients drive to parking lots a few minutes from their house so that they can be located within the geographic boundaries of MD in order to be treated by Maryland psychologists. Similarly, we get calls from MD parents of college students whose child may be temporarily located out of MD for school and the parent wants them to begin telehealth treatment with our practice. These parents may decide to bring the student home from school in order to have their treatment in MD, which causes more stress and anxiety from missing classes, or they may wait to begin therapy until after the semester ends and the student returns home, which further delays access to care and may worsen the presenting symptoms. It would be far simpler for these MD families if PSYPACT was enacted in MD and students at college in participating states could seamlessly work with their psychologists in MD and have continuity of care whether they are away at school or back at home in MD.

PSYPACT will benefit Maryland's residents who live near bordering states and the District of Columbia, those in rural areas, those who lack access to specialty care (addictions, autism spectrum disorder, language barriers), those with transportation or mobility issues, individuals with significant time constraints such as caregivers, and those concerned about seeking treatment due to potential stigma of mental health care. It's my hope that PSYPACT will receive a favorable vote in the committee. If you have any questions, please feel free to contact MPA's Executive Director Stefanie Reeves at exec@marylandpsychology.org.

Sincerely,

Selena C. Snow, Ph.D.
Licensed Psychologist



February 10, 2021

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller senate Office Building
Annapolis, MD 21401

Re: Support for SB500 & HB970, Maryland Psychology Interjurisdictional Compact

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee:

My name is Laura Gray, Ph.D. and I am a pediatric psychologist working at Children's National Hospital. My job entails providing mental and behavioral health support for children, adolescents, and young adults with acute and chronic medical conditions. I work primarily in our Rockville, MD location and I also reside in Rockville. Children's National prioritizes accessible quality care for youth in the DMV by supporting behavioral health services across the area. Children's National has highly skilled and specialized psychologists offering primary care behavioral health services, neuropsychology, and pediatric psychology (specialization working with medically ill children). We often utilize telehealth sessions to reduce service access barriers for the families we serve. During the COVID-19 pandemic, we have been able to use telemedicine to expand access to services, reducing barriers to care for families across Maryland.

I would like to provide strong testimony in support of the Psychology Interjurisdictional Compact (PSYPACT) bill, (SB500 and HB970). **This bill will increase access to high quality mental health care and increase continuity of mental health services, removing jurisdictional barriers.**

The mental health crisis resulting from the COVID-19 pandemic exacerbates longstanding gaps in access to mental health services and continuity of mental health service; these gaps result in steep increases in untreated depression and anxiety in the youth in Maryland. **Best mental health care services include treatment from highly qualified clinicians, continuity of care over time AND access to care at critical times.** Importantly for our youth, this bill enables increased access to specialized mental health care AND continuity of care across many states where patients may go for college, vacation, who live and go to school/work in different jurisdictions, or for those living with multiple guardians across jurisdictions.

Children's National supports this bill because the children and families of Maryland need and deserve increased access to the highest quality mental health care. PSYPACT leads to **improved Continuity of Care**:

1) Specialty Services

Many children experience medical trauma and difficulty adjusting to their illnesses. Following treatment with a psychologist inpatient at Children's National, they return home to Maryland. Many of them need extra support to help with readjusting back to home and school. There is a shortage of specialist psychologists. Kids lose out on the care they need with transportation barriers.

Patient Story:

One of my patients was a 9-year-old with a debilitating, painful life-limiting illness. His family had to secure medical transport to make the 2.5-hour trip to get his mental health and medical care at Children's National. They spent more time commuting than meeting with doctors. He needed medical care, pain management, and emotional support for end-of-life care. There are no specialists closer to his home. Unfortunately, the patient received fewer services due to the transportation barriers.



2) College Students

PSYPACT enables continues support for youth leaving for college. At one of the most challenging transition points for adolescents and young adults, many Maryland youth are forced to abandon their mental health treatment as they move out of state. Particularly for our youth with Medicaid, we are unable to find them out of state mental health clinicians when they leave for college. This transition is difficult for many youth, but much more difficult for those with mental health and chronic medical conditions. Too many times for my patients, they have left for college full of hopes and aspirations, become overwhelmed by the stress of the transition, they experience a mental health crisis, are unable to find a well-qualified therapist, and they are forced to return home for treatment...abandoning their college and professional goals.

3) Interjurisdictional Telehealth to increase Access to Care

For many of my patients, we found unexpected improvements in continuity of care with executive orders for cross-state mental health services at the outset of the COVID-19 pandemic. With the expansion of telehealth services and ability to follow our patients to college, their treatment improved.

Patient Story:

One of my patients is a 20-year-old female from Maryland with chronic migraines, Vertigo, and ongoing anxiety and depression. A college junior, she had four prior semesters with transitioning to school, becoming overwhelmed by stress, then having exacerbation of her migraines and depression. Every semester she has either returned home early or had to drop several classes, delaying her hopes of graduation and starting her career. THIS year, for the first time, I was able to provide continuous mental and behavioral health care as she returned to college out of state in August (due to executive orders). Together, we identified problems early, created plans to mitigate stress, and worked to apply evidence-based therapeutic strategies to improve her mood. She completed last semester at school, with a full course load and her highest GPA to date – all this despite the stressors related to the COVID-19 pandemic.

We know continuity of care, access to care, and high-quality specialized care are critical to support mental health of Maryland youth. Through this pandemic, we have now seen it work.

The children of Maryland need and deserve the mental health support they need to survive and to thrive.

Please, help us pass the Psychology Interjurisdictional Compact so that we improve access to and continuity of mental health care for Maryland youth. Thank you for the opportunity to testify on SB500/HB970 and look forward to ways to work collaboratively to help our youth reach their goals.

Laura Gray, Ph.D.

Assistant Professor of Psychiatry & Behavioral Sciences
Behavioral Pain Medicine Program
Children's National Health System
202-476-6765
LaGray@childrensnational.org

February 10, 2021

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller senate Office Building
Annapolis, MD 21401

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee

My name is Dr. Kimberly Y. Campbell. I am a licensed psychologist in Maryland and have had a practice in Silver Spring since 2002. I am writing to request your support for SB 500, Psychology Interjurisdictional Compact which will come before your committee next week.

The Psychology Interjurisdictional Compact, or PSYPACT, is an interstate compact designed to increase access to mental health care services through the use of telepsychology. It does so by creating a process to approve and regulate the delivery of telepsychology and the temporary practice of psychology in other PSYPACT states. Research has shown these services are effective, and offer additional benefits such as increased accessibility, flexibility, and affordability. PSYPACT is currently enacted in 16 states/jurisdictions: Arizona, Utah, Nevada, Colorado, Nebraska, Missouri, Georgia, Delaware, Texas, New Hampshire, Oklahoma, Illinois, Pennsylvania, Virginia, the District of Columbia, and North Carolina (effective 3/1/2021).

Maryland is the only jurisdiction in our region which is not yet included in PSYPACT - the District of Columbia, Pennsylvania, Delaware, and Virginia are all active PSYPACT members. West Virginia is expected to introduce PSYPACT in this legislative session.

PSYPACT will benefit Maryland's residents who live near bordering states and the District of Columbia, those in rural areas, those who lack access to specialty care (addictions, autism spectrum disorder, language barriers), those with transportation or mobility issues, individuals with significant time constraints such as caregivers, and those concerned about seeking treatment due to potential stigma of mental health care.

It's my hope that PSYPACT will receive a favorable vote in the committee. If you have any questions, please feel free to contact MPA's Executive Director Stefanie Reeves at exec@marylandpsychology.org

Sincerely,

A handwritten signature in black ink that reads "Kimberly Y. Campbell". The signature is written in a cursive style with a large, looped initial 'K'.

Kimberly Y. Campbell, Ph.D.
Clinical Psychologist
DC/MD/VA Licensed

Cheryl S. Rubenstein, PhD
716 Giddings Avenue
Suite 33
Annapolis, MD 21401
EIN 26-2261577
MD License #04510

February 10, 2021

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller Senate Office Building
Annapolis, MD 21401

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee

Thank you for your considering SB500. This legislation is critical to allowing psychologists to continue to provide ongoing care to patients treated before the pandemic in our offices in Maryland, regardless of where the patient lives. Without SB500, some patients will have to make untimely changes in providers at a time when mental Health care needs often outstrip availability of treatment.

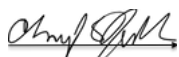
We, as a profession, take caring for our patients very seriously and want to provide them with the continuity and quality of care they need, especially now, when so many folks are struggling and the rates of mental illness are increasing as we are all battered by the pandemic. Without this bill, we run the risk of being prohibited from continuing to provide care once the Health Emergency expires.

I was surprised and disappointed that the Board of Examiners is supporting a bill which would allow other, often less educated practitioners, to treat patients in Maryland with no standards besides licensure in another state, while opposing this legislation, which would require more rigorous credentialing standards, including a doctoral degree, for psychologists who wanted to practice in Maryland and out of Maryland.

Why the difference in the rigor of credentialing? It is because some states require only a Master's degree to qualify for licensure as a psychologist, whereas as psychologists in Maryland are required to have completed an APA approved PhD program and to have earned many, many hours of supervised clinical experience beyond that. **Therefore, I request that you SUPPORT SB 500 - The Psychologist Interstate Compact.**

Again, thank you for your consideration!

Sincerely,



Cheryl S. Rubenstein, PhD

Jonathan Gorman, PsyD
CLINICAL PSYCHOLOGIST

February 10, 2021

Re: PSYPACT

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller senate Office Building
Annapolis, MD 21401

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee:

I am a constituent and a psychologist licensed in Maryland. I am writing to you in support of SB0500. I would like to express my appreciation for your consideration of the Psychology Interjurisdictional Compact (PSYPACT) legislation. The Association of State and Provincial Psychology Boards (ASPPB) is the association of all psychology regulatory boards throughout the United States and Canada. ASPPB created PSYPACT, allowing for the interstate practice of telehealth as well as the ability to practice for a limited period of time while physically located in a PSYPACT participating state. PSYPACT, is an interstate compact which provides a mechanism for the ethical and legal practice of telepsychology, as it reduces regulatory barriers and provides for client or patient protection.

The goal of PSYPACT is to improve access to mental health services by facilitating the competent practice of telehealth by licensed psychologists across state lines and represents a significant and crucial step in the profession of psychology.

As people begin to understand more about mental health issues and the need to treat them, an increase in those seeking the services of psychologists may continue to grow. Unfortunately, like so many other health professionals, psychologists are not always available in underserved areas. Increasingly, psychologists are using telehealth as a means of responding to the demand for services. Psychology is uniquely suited to taking advantage of telehealth services as psychology intervention is talking and doesn't need additional equipment like some medical specialties. When done via live video links, treatments are as effective via telehealth as when patients come to the psychologist's office. PSYPACT would be particularly helpful when patients travel out of state, and for patients such as family of military personnel who move frequently.

And, as we have seen from this past year in which the COVID-19 pandemic has prohibited many people from receiving in-person healthcare services, we have demonstrated that the practice of psychotherapy via telehealth works. The infrastructure now exists. In my own therapy practice, the ability to conduct psychotherapy sessions via live video-based telehealth has allowed me to continue to treat Maryland-based patients in need of mental health care. PSYPACT would take this capability a step further by allowing psychologists like myself to treat patients such as college students who have left Maryland to go back to their home state for a break from school.

Jonathan Gorman, PsyD

CLINICAL PSYCHOLOGIST

It would also allow Maryland residents to continue mental health treatment with psychologists in different states, which expands access to care and accessibility to providers who are the best fit for sometimes very unique mental health diagnoses, especially for residents living in areas of Maryland with a scarcity of mental health services.

PSYPACT provides protection to the public by certifying that psychologists have met acceptable standards of practice. Importantly, it provides compact states with a mechanism to address disciplinary issues that occur across state lines. It increases access to mental health care where care is not readily available, while at the same time, providing for continuity of care for an increasingly mobile society. PSYPACT has many benefits for Maryland. The ability of psychologists to deliver mental health services through telehealth could greatly increase the access to care for people in rural and underserved areas, to people who may avoid accessing psychological interventions due to stigma or shame, to people who have special or complicated mental health needs and requires access to specialized services, as well as many others. Finally, PSYPACT promotes public protection, where none currently exists, for the interstate practice of telehealth.

Several years of work preceded the final version of PSYPACT, much of which was completed in collaboration with many other psychology professional organizations such as the American Psychological Association and the American Insurance Trust. Through this collective process, PSYPACT provides a means for providers to legitimately practice as well as a mechanism for the oversight of such practice in such a manner as to benefit all parties. This is important for the profession as well as for protection of the public.

Thank you for considering this very important mental health care issue.

Sincerely,



Dr. Jonathan Gorman, Psy.D.

February 10, 2021

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller senate Office Building
Annapolis, MD 21401

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee:

My name is Nicole Newhouse, Psy.D. I am a licensed psychologist here in Maryland. I am writing to request your support for SB 500, Psychology Interjurisdictional Compact which will come before your committee next week.

The Psychology Interjurisdictional Compact, or PSYPACT, is an interstate compact designed to increase access to mental health care services through the use of telepsychology. It does so by creating a process to approve and regulate the delivery of telepsychology and the temporary practice of psychology in other PSYPACT states. Research has shown these services are effective, and offer additional benefits such as increased accessibility, flexibility, and affordability. PSYPACT is currently enacted in 16 states/jurisdictions: Arizona, Utah, Nevada, Colorado, Nebraska, Missouri, Georgia, Delaware, Texas, New Hampshire, Oklahoma, Illinois, Pennsylvania, Virginia, the District of Columbia, and North Carolina (effective 3/1/2021).

Maryland is the only jurisdiction in our region which is not yet included in PSYPACT - the District of Columbia, Pennsylvania, Delaware, and Virginia are all active PSYPACT members. West Virginia is expected to introduce PSYPACT in this legislative session.

PSYPACT will benefit Maryland's residents who live near bordering states and the District of Columbia, those in rural areas, those who lack access to specialty care (addictions, autism spectrum disorder, language barriers), those with transportation or mobility issues, individuals with significant time constraints such as caregivers, and those concerned about seeking treatment due to potential stigma of mental health care.

It's my hope that PSYPACT will receive a favorable vote in the committee. If you have any questions, please feel free to contact MPA's Executive Director Stefanie Reeves at excc@marylandpsychology.org

Sincerely,



Nicole T. Newhouse, Psy.D.
Licensed Psychologist
Maryland #04574



*Julie Bindeman, Psy-D
Licensed Psychologist
Integrative Therapy of Greater Washington
5914 Hubbard Drive
Rockville, Maryland 20852
office: (301) 468-4849
cell: (240) 505-5751
drbindeman@gmail.com
www.GreaterWashingtonTherapy.com*

February 10, 2021

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller senate Office Building
Annapolis, MD 21401

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee;

My name is Dr. Julie Bindeman and I am a licensed psychologist here in Maryland who owns a group practice located in Rockville. I am writing to request your support for SB 500, Psychology Interjurisdictional Compact which will come before your committee next week.

The Psychology Interjurisdictional Compact, or PSYPACT, is an interstate compact designed to increase access to mental health care services through the use of telepsychology. It does so by creating a process to approve and regulate the delivery of telepsychology and the temporary practice of psychology in other PSYPACT states. Research has shown these services are effective, and offer additional benefits such as increased accessibility, flexibility, and affordability. PSYPACT is currently enacted in 16 states/jurisdictions: Arizona, Utah, Nevada, Colorado, Nebraska, Missouri, Georgia, Delaware, Texas, New Hampshire, Oklahoma, Illinois, Pennsylvania, Virginia, the District of Columbia, and North Carolina (effective 3/1/2021).

Maryland is the only jurisdiction in our region which is not yet included in PSYPACT - the District of Columbia, Pennsylvania, Delaware, and Virginia are all active PSYPACT members. West Virginia is expected to introduce PSYPACT in this legislative session.

PSYPACT will benefit Maryland's residents who live near bordering states and the District of Columbia, those in rural areas, those who lack access to specialty care (addictions, autism spectrum disorder, language barriers), those with transportation or mobility issues, individuals with significant time constraints such as caregivers, and those concerned about seeking treatment due to potential stigma of mental health care. Additionally, PSYPACT enables treating psychologists of adolescents who go out of state to college to potentially be able to ensure continuity of care from their provider during this potentially vulnerable time.

It's my hope that PSYPACT will receive a favorable vote in the committee. If you have any questions, please feel free to contact MPA's Executive Director Stefanie Reeves at exec@marylandpsychology.org

Sincerely,

Julie Bindeman, Psy-D



3200 Tower Oaks Blvd Suite 200 Rockville MD 20852
p 301.593.6554 f 301.255.0461

8401 Connecticut Ave Suite 1120 Chevy Chase MD 20815
p 301.593.6554 f 301.754.1034

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller senate Office Building
Annapolis, MD 21401

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee,

My name is Dr. Andrea Chisolm. I am a licensed psychologist here in Maryland. I am writing to request your support for SB 500, Psychology Interjurisdictional Compact which will come before your committee next week.

The Psychology Interjurisdictional Compact, or PSYPACT, is an interstate compact designed to increase access to mental health care services through the use of telepsychology. It does so by creating a process to approve and regulate the delivery of telepsychology and the temporary practice of psychology in other PSYPACT states. Research has shown these services are effective, and offer additional benefits such as increased accessibility, flexibility, and affordability. PSYPACT is currently enacted in 16 states/jurisdictions: Arizona, Utah, Nevada, Colorado, Nebraska, Missouri, Georgia, Delaware, Texas, New Hampshire, Oklahoma, Illinois, Pennsylvania, Virginia, the District of Columbia, and North Carolina (effective 3/1/2021).

Maryland is the only jurisdiction in our region which is not yet included in PSYPACT - the District of Columbia, Pennsylvania, Delaware, and Virginia are all active PSYPACT members. West Virginia is expected to introduce PSYPACT in this legislative session.

PSYPACT will benefit Maryland's residents who live near bordering states and the District of Columbia, those in rural areas, those who lack access to specialty care (addictions, autism spectrum disorder, language barriers), those with transportation or mobility issues, individuals with significant time constraints such as caregivers, and those concerned about seeking treatment due to potential stigma of mental health care.

It's my hope that PSYPACT will receive a favorable vote in the committee. If you have any questions, please feel free to contact MPA's Executive Director Stefanie Reeves at exec@marylandpsychology.org

Sincerely,

A handwritten signature in black ink that reads "Andrea Chisolm".

Andrea Chisolm, Ph.D.
Licensed Psychologist

Mary K. Alvord, Ph.D, Director

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller senate Office Building
Annapolis, MD 21401

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee

I am asking each of you for your support of SB500

I believe that pursuing PsyPact is an important step in allowing qualified doctor level psychologist to maintain continuation of care for clients, wall assuring that states retaining the authority over psychologists practicing licensed within Maryland. I hope that you will work to ensure that Marylanders can receive access to psychological care no matter the circumstances by supporting this legislation.

This legislation will improve care through several mechanisms including but not limited to the provision of psychological services via telecommunications technologies across state lines by licensed psychologists, addressing increased demand to provide/receive psychological services via electronic means (telepsychology), and permitting psychologists to provide services to populations that are currently underserved, geographically isolated, who lack specialty care (e.g. opioid and other addictions, autism spectrum disorder, child treatment) and those reluctant to seek treatment due to the stigma of mental health care.

Sincerely,

A handwritten signature in cursive script, appearing to read "Peter Smith", written in black ink on a white background. The signature is fluid and somewhat stylized.

Peter Smith Psy.D. MSCP
Licensed Psychologist



111 Michigan Avenue, NW
Washington, DC 20010-2970
ChildrensNational.org

February 12, 2021

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller senate Office Building
Annapolis, MD 21401

Re: Support for SB500 & HB970, Maryland Psychology Interjurisdictional Compact

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee:

My name is Linda Jones Herbert, PhD, and I am a child health psychologist and Assistant Professor at Children's National Hospital. I have been working in my role at Children's National for the past seven years. My job responsibilities include the directorship of the psychology program with the Division of Allergy and Immunology, where I provide mental health services to children, adolescents, and young adults diagnosed with medical conditions and their caregivers. My patients include many Maryland residents, as I provide mental health services to patients seen at our Maryland Regional Outpatient Centers in Maple Lawn, Rockville, and Lanham. I also am a constituent of Maryland Legislative District 14.

I am writing to provide testimony in support of the Psychology Interjurisdictional Compact (PSYPACT) bill, (SB500 and HB970). **I believe that it is imperative to pass this bill because it will ensure that children in Maryland have increased access to high quality mental health care and increased continuity of mental health care.**

Many Maryland children go out of state in order to receive the life-saving or urgent care that they need. For example, many of our patients travel to the Children's National hospital in the District of Columbia in order to receive emergency care services or undergo medical procedures that cannot be conducted in an outpatient setting. Mental health services are therefore established in the District of Columbia. However, when these children are discharged, they return to their homes in Maryland and many of them continue to need mental health support as they readjust to their lives and routines. School in particular can be a challenging adjustment for these children and it is essential that they receive help during this transition in order to ensure that they maintain their academic progress. However, **if these Maryland children are unable to get to the District of Columbia to see their psychologist for consistent therapy appointments, their mental health care is disrupted during a critical readjustment period, which may have a long-term impact on their mental health and overall well-being.**

Furthermore, many Maryland children are seen by child health psychologists at Children's National who are experts in specialty care. For example, I frequently complete single-case agreements with insurance companies to provide mental health services to patients with allergic diseases because the insurance companies recognize that there are no other psychologists in the area who can provide the type of specialized care that they need. There is a shortage of specialty mental health care for children with acute and chronic health conditions. Thus, children in Maryland whose parents are unable to travel to the District of Columbia for psychology appointments are faced with the unfortunate reality that they will not be able to find an appropriate mental health provider in their state. **Passing this bill will ensure that patients can receive the**



Children's National™

specialty mental health care they need. This specialty care, in combination with the high standards implemented as part of this psychology interjurisdictional compact, will ensure that the children of Maryland receive the care that they deserve.

The COVID-19 pandemic has offered mental health professionals the opportunity to observe the positive impact that access to high quality telehealth services across jurisdictional lines and continuity of care has on children's mental health and overall well-being. Thanks to the quick work of the states, patients have been able to continue seeing their psychologists during this difficult time, even if the psychologist was providing telehealth services from a different jurisdiction. As an example, one of my patients was about to receive a much-needed new medication that is delivered by infusion for an immunological disorder as the pandemic began. However, due to significant medical anxiety, she had a history of aggressive behavior during medical procedures that put into question whether she would be able to receive this treatment. Due to my ability to see her via telehealth across jurisdictional lines, she has since successfully received several doses of this medication. As another example, one my patients experienced increased anxiety during the start of the pandemic, but her family needed to temporarily move to another state to provide care for a loved one. We were fortunate that an executive order was in place that permitted me to work with her via telehealth and we prevented the anxiety increase that certainly would have been observed had she missed appointments for several months. Thus, **I have seen firsthand the benefits of high quality mental health care delivered across state lines via telehealth. Our Maryland children deserve to have access to this kind of care.**

Thank you for the opportunity to submit testimony in support of this bill. It is an honor to be able to advocate on behalf of Maryland children who receive care at Children's National. As you can see, I strongly believe that it is our job as the caretakers of the next generation to ensure that children in Maryland have access to mental health care that will promote their healthy development. Please help us pass this needed Psychology Interjurisdictional Compact.

Linda Jones Herbert, PhD
Assistant Professor
Division of Psychology & Behavioral Health
Children's National Hospital
E-mail: lherbert@childrensnational.org
Phone: 410-336-6976



10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: 410-992-7732. www.marylandpsychology.org

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February 11, 2021

The Honorable Paul G. Pinsky, Chair
The Honorable Cheryl C. Kagan, Vice-Chair
2 West
Miller Senate Office Building
Annapolis, MD 21401

SB 500 – Psychology Interjurisdictional Compact

Dear Senators Pinsky and Kagan, and Members of the Education, Health, and Environmental Affairs Committee:

My name is Stefanie Reeves, and I am the Executive Director of the Maryland Psychological Association (MPA). MPA represents over 1,000 licensed psychologists in the state. ***I am writing to request your support for SB 500, Psychology Interjurisdictional Compact*** which will come before your committee next week.

The Psychology Interjurisdictional Compact, or PSYPACT, is an interstate compact designed to increase access to mental health care services through the use of telepsychology. It does so by creating a process to approve and regulate the delivery of telepsychology and the temporary practice of psychology in other PSYPACT states. Research has shown these services are effective, and offer additional benefits such as increased accessibility, flexibility, and affordability. PSYPACT is currently enacted in 16 states/jurisdictions: Arizona, Utah, Nevada, Colorado, Nebraska, Missouri, Georgia, Delaware, Texas, New Hampshire, Oklahoma, Illinois, Pennsylvania, Virginia, the District of Columbia, and North Carolina (effective 3/1/2021).

Maryland is the only jurisdiction in our region which is not yet included in PSYPACT - the District of Columbia, Pennsylvania, Delaware, and Virginia are all active PSYPACT members. West Virginia is expected to introduce PSYPACT in this legislative session. PSYPACT will benefit Maryland's residents who live near bordering states and the District of Columbia, those in rural areas, those who lack access to specialty care (addictions, autism spectrum disorder, language barriers), those with transportation or mobility issues, individuals with significant time constraints such as caregivers, and those concerned about seeking treatment due to potential stigma of mental health care.

As staff of MPA, I cannot tell you the number of calls we receive daily from residents around the Baltimore-Washington area looking for psychologists for themselves or their loved ones. **The need is tremendous.** PSYPACT will provide the means to increase access to mental health services. As a resident of Maryland for almost 25 years, I want to be sure that if I or someone I love needs a psychologist, they will be there. We need PSYPACT in Maryland.

When SB 500 is brought before the committee next week, it is my hope that it will receive a favorable vote. If you have any questions, please feel free to contact me at exec@marylandpsychology.org

Sincerely,

Stefanie Reeves

Stefanie Reeves, FASAE, CAE

Senate Bill 500 Psychology Interjurisdictional Compact
Education, Health, and Environmental Affairs Committee
February 16, 2021
Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders. **We appreciate the opportunity to provide this testimony in support of Senate Bill 500.**

SB 500 enters Maryland into the Psychology Interjurisdictional Compact (aka PSYPACT), an interstate compact designed to increase access to mental health care. It does this by creating a process whereby Maryland psychologists can deliver telepsychology or temporary in-person care in participating PSYPACT states, and vice versa. As of March 1, 2021, 15 states and the District of Columbia are participating in PSYPACT, including practically every state in our region.

The Maryland General Assembly has taken important steps in recent years to address a rising demand for mental health treatment. We are making progress, but we are not out of the woods yet. Unmet need persists, resources are scarce, and disparities in access to mental health care continue to widen.

The coronavirus is making matters even worse. Isolation, loss of income and grief resulting from the loss of a loved one – not to mention the threat of actually contracting the virus itself – are all having a profound impact on our mental health. Up to 40% of Marylanders have reported feeling anxious or depressed as a result of the pandemic. Maryland suicide rates have been rising since well before COVID-19, but pandemic-related stress and despair are exacerbating these concerns. Calls to the Baltimore crisis hotline doubled between April and July 2020, and as of September the number of callers threatening suicide was five times higher than at the beginning of the pandemic. In Montgomery County, nearly 400 residents went to a hospital emergency room reporting self-injury or suicidal thoughts between July 1 and August 15, 2020.

If we expect to meet this increased demand for treatment, we must think outside the box and use innovative approaches to expand access to care. PSYPACT is an important component in that strategy.

SB 500 will help ensure Marylanders can access mental health care when and where needed. For this reason, **MHAMD supports this bill and urges a favorable report.**

For more information, please contact Dan Martin at (410) 978-8865

MPA Testimony SB 500 - Support - Appendix 2 - Supp

Uploaded by: Savage, Pat

Position: FAV

APPENDIX 2

Maryland Psychological Association – MPA

Senate Bill 500 - Psychology Interjurisdictional Compact Supporting Informational Documents

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PSYPACT Summary by Section	page 2
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Doctoral Degree Requirement information:	
• PSYPACT Rules on Definitions – Doctoral Degree <i>(*note highlighted excerpts)</i>	page 7
• Maryland Statute - Health Occupations Article - §18–302. Qualifications of applicants. <i>(*note highlighted excerpts)</i>	page 10
• ASPPB Interjurisdictional Practice Certificate (IPC) QUICK GUIDE <i>(*note highlighted excerpts)</i>	page 12
• ASPPB E.Passport QUICK GUIDE <i>(*note highlighted excerpts)</i>	page 13
PSYPACT - Discipline Process	page 14
PSYPACT FAQ	page 15

Purpose

- Allows for Telepsychological Communications from providers to patients in separate states.
- Allows for up to 30 days of In-Person Face-to-Face Practice
- Recognizes that states have vested interest in protection public health and safety and through this compact and regulation will afford the best available protection.
- Only applies to person not holding licenses in both home and receiving jurisdictions
- Compact does not apply to permanent In-Person Face-to-Face practice

Article II

Definitions

This article is used to define the terms as used throughout the compact. This was done in an effort to alleviate confusion on the part of the states and practitioners.

Article III

Home State Licensure

This article denotes what home state licensure means and further requirements to provide services through the compact.

This section defines the Home state. "Home state in which a psychologist is licensed shall be a compact state where a psychologist is licensed to practice psychology." To provide the services allowed by this compact the professional must hold a license in a compact state.

Section E. Allows for practice to the receiving jurisdiction to practice telepsychology only if the state requires:

- That the psychologist holds an active E. Passport
- Has a mechanism in place for receiving and investigating complaints about licensed individuals.
- Notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual.
- Requires an identity history summary of all applicants at initial licensure.
- Complies with the bylaws and rules of the commission.

Section F. Allows for temporary face-to-face practice in a distant state if requires:

- That the psychologist holds active Interjurisdictional Practice Certificate (IPC).
- Has a mechanism in place for receiving and investigating complaints about licensed individuals.
- Notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual.
- Requires an identity history summary of all applicants at initial licensure.
- Complies with the bylaws and rules of the commission.

Article IV

Compact Privilege to Practice Telepsychology

This section lays out the requirements of education and training to provide services through the Compact.

This section allows for the practice of telepsychology in a “receiving state” in which the psychologist is not licensed. Only if the psychologist:

- Holds a graduate degree in psychology from an institute of higher education that was at the time the degree was awarded;
 - Regionally accredited by an accrediting body recognized by the US Department of Education to grant graduate degrees or authorize by provincial statute or royal charter to grant doctoral degrees.
 - A foreign college or university deemed to be equivalent by a foreign credential evaluation service that is a member of the NACES or by a recognize foreign credential evaluation.
- Hold a graduate degree in psychology that meets designated criteria
- Possess current, full and unrestricted license to practice psychology in a home state which is a compact state
- Have no history of adverse action that violate the rules of the commission
- Have no criminal record history that violates the rules of the commission
- Possess a current and active E. Passport
- Provide attestations regarding areas of intended practice, conformity with standards of practice, competence in telepsychology technology, criminal background and knowledge and adherence to legal requirements in the home and receiving states, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and
- Meet other criteria as defined by the rules of the Commission.

This section also requires a psychologist practicing under the compact must practice within the areas of competencies and is subject to the scope of practice of the receiving state.

A receiving state may, in accordance with that state’s due process law, limit or revoke a psychologist’s authority to practice interjurisdictional telepsychology in the receiving state and may take any other necessary actions under the receiving state’s applicable law to protect the health and safety of the receiving state’s citizens. If a receiving state takes action, the state shall promptly notify the home state and the Commission.

If a psychologist’s license in any home state or another compact state or any authority to practice interjurisdictional telepsychology in any receiving state is restricted, suspended or otherwise limited, the E. Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a compact state under the authority to practice interjurisdictional telepsychology.

Article V

Compact Temporary Authorization to Practice

By accepting the compact the jurisdiction will allow for temporary face-to-face practice.

The education requirements are like those listed in Article IV with the substitution of a psychologist to be required to hold an Interjurisdictional Practice Certificate (IPC) instead of the E. Passport. The other components are similar to those in Article IV.

Article VI

Condition of Telepsychological Practice in a Receiving State.

A psychologist must practice interjurisdictional telepsychology in accordance with the scope of practice of the receiving jurisdiction and within the rules of the commission, as well as;

- The psychologist initiates a client/patient contact in home state via telecommunications technologies with a client/patient in a receiving state or

- other condition regarding telepsychology as determined by rule promulgated by the commission.

Article VII

Adverse Actions

This section covers how the compact, home and receiving states will conduct and report adverse actions. As well as the consequences for a psychologist who receives adverse actions.

- The home state may take adverse actions against a psychologist license. A receiving state may take adverse action on a psychologist authority to practice interjurisdictional telepsychology and temporary authorization to practice within that receiving state.
- If home state does take adverse action a psychologist's authority to practice interjurisdictional telepsychology is terminated and the E. Passport is revoked. In addition, that psychologist's temporary practice is terminated, and the IPC is revoked.
 - All adverse actions taken should be reported to the Commission. In accordance to the rules of the Commission.
 - If Discipline is reported against a psychologist, the psychologist will not be eligible for telepsychology or temporary practice in accordance with the rules of the Commission.
 - Other actions may be imposed as determined by the rules promulgated by the commission.
- A home state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a receiving state as it would if such conduct had occurred by a licensee within the home state. In such cases, the home state's law shall control in determining any adverse action against a psychologist's license.
- A license revoked, surrendered in lieu of discipline or suspended following investigation of all services granted through the compact would be terminated.
- Nothing in the compact will override a compact state's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the compact state's law. The psychologist must cease providing services while in an alternative program.

Article VIII

Additional Authorities Invested in a Compact State's Psychology Regulatory Authority.

This section provides all compact states the right to maintain their psychology regulatory authority.

- Issue Subpoenas, for both hearings and investigations.
- Issue Cease and Desists and injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology or through temporary authorization.

It also states if an investigation is taking place, a psychologist may not change their home state status. The conclusion of all investigations should be reported to the Commission. All information provided to the commission or distributed by compact states pursuant to the psychologist shall remain confidential, filed under seal and used for investigatory or disciplinary matters. The commission may create additional rules for mandated discretionary sharing of information by compact states.

Article IX

Coordinated Licensure Information System

This section denotes the requirement of sharing licensee information for all compact states. Notwithstanding any other provision of state law to the contrary, a compact state shall submit a uniform dataset to the Coordinated Database on all

psychologists to whom this compact is applicable as required by the rules of the commission. This database will allow for the expedited sharing of adverse action against compact psychologists. The coordinated database information will be expunged by the law of the reporting compact state.

Article X

Establishment of the Psychology Interjurisdictional Compact Commission

This section establishes the ruling commission of the compact. The compact is not a waiver of sovereign immunity.

- The commission shall consist of one voting representative appointed by each compact state who shall serve as that state's commissioner. Appointed by each states regulatory Board.
- Vacancies of Commissioners must be filled in accordance of the laws of the compact state.
- Each commissioner is granted (1) vote in regard to creation of rules and bylaws and shall otherwise have the opportunity to participate in the business and affairs of the Commission.

Article XI

Rulemaking

This section lays out the requirements for rules made to the current compact once accepted by the first 7 states.

Article XII

Oversight, Dispute Resolution and Enforcement

This section details the oversight and enforcement of the compact by accepting states.

Article XIII

Date of Implementation of Psychology Interjurisdictional Compact Commission and Associated Rules, Withdrawal and Amendment

The compact becomes effective on the date of enactment in the seventh compact state.

States that join after the adoption of the rules shall be subject to the rules as they exist on the date which the compact becomes law in that state.

Article XIV

Construction and Severability

This compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining compact states.



Reducing Regulatory Barriers. Increasing Access to Mental Health Care.

Created by the Association of State and Provincial Psychology Boards (ASPPB), the Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact that facilitates the practice of psychology using telecommunications technologies (telepsychology) and/or temporary in-person, face-to-face psychological practice.

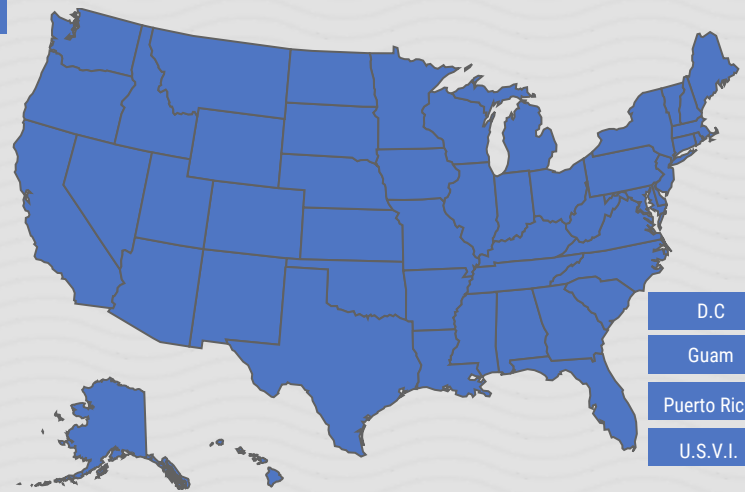
ABOUT PSYPACT

PSYPACT is a cooperative agreement enacted into law by participating states

Addresses increased demand to provide/receive psychological services via electronic means (telepsychology)

Authorizes both telepsychology and temporary in-person, face-to-face practice of psychology across state lines in PSYPACT states

PSYPACT states have the ability to regulate telepsychology and temporary in-person, face-to-face practice



HOW PSYPACT WORKS



PSYPACT must be enacted by a state legislature. Once enacted, a state joins the PSYPACT Commission, the governing body of PSYPACT.



Psychologists licensed in a PSYPACT state can practice under PSYPACT via two different methods:

Telepsychology:

Psychologists obtain an Authority to Practice Interjurisdictional Telepsychology from the PSYPACT Commission, which requires an active ASPPB E.Passport.

Temporary Practice:

Psychologists obtain a Temporary Authorization to Practice from the PSYPACT Commission, which requires an active ASPPB IPC.



PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions.

BENEFITS OF PSYPACT

- Increases client/patient access to care
- Facilitates continuity of care when client/patient relocates, travels, etc.
- Certifies that psychologists have met acceptable standards of practice
- Promotes cooperation between PSYPACT states in the areas of licensure and regulation
- Offers a higher degree of consumer protection across state lines

HOW PSYPACT IMPACTS PSYCHOLOGISTS

- Allows licensed psychologists to practice telepsychology and/or conduct temporary in-person, face-to-face practice across state lines without having to become licensed in additional PSYPACT states
- Permits psychologists to provide services to populations currently underserved or geographically isolated
- Standardizes time allowances for temporary practice regulations in PSYPACT states

1 **Psychology Interjurisdictional Compact (PSYPACT)**

2 **Psychology Interjurisdictional Compact Commission**

3

4 **Title of Rule:** Definitions
5 **Drafted:** November 21, 2019
6 **Effective:** February 27, 2020
7 **Amended:**
8 **History for Rule:** Introduced at public meeting on November 21-22, 2019
9 Public hearing February 27, 2020

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11

12 **Section 2:** Definitions
13 **Authority:** Article II: Definitions

14 **2.0 Purpose:** Pursuant to Article II and for the purpose of the rules adopted by the
15 PSYPACT Commission, the following definitions shall apply. Terms not
16 specifically defined in these Rules shall have the definition as set forth in
17 the Compact. In an event of a conflict with definitions found elsewhere in
18 these Rules, definitions found in Section 2.1 shall control and prevail.

19 **2.1 Definition(s):**

- 20 (A) **“Adverse Action”** means: any action taken by a State Psychology Regulatory
21 Authority which finds a violation of a statute or regulation that is identified by the
22 State Psychology Regulatory Authority as discipline and is a matter of public record.
23 (B) **“Alternative Program”** means: any non-disciplinary monitoring program intended to
24 remediate the licensee that is not a matter of public record and to which a State
25 Psychology Regulatory Authority refers a licensee, or of which the State Psychology
26 Regulatory Authority is aware of the licensee’s participation.
27 (C) **“Association of State and Provincial Psychology Boards (ASPPB)”** means: the
28 recognized membership organization composed of State and Provincial Psychology
29 Regulatory Authorities responsible for the licensure and registration of psychologists
30 throughout the United States and Canada.
31 (D) **“Authority to Practice Interjurisdictional Telepsychology”** means: a licensed
32 psychologist’s Authority to Practice Telepsychology, within the limits authorized
33 under this Compact, in another Compact State. This Authority to Practice
34 Interjurisdictional Telepsychology is deemed valid until the psychologist is no longer
35 eligible under the Compact Statute and/or the Rules and/or Policies established by the
36 Commission.

- 37 (E) **“Authorization Holder”** means: a licensed psychologist who has been granted
38 Authority to Practice Interjurisdictional Telepsychology or Temporary Authorization
39 to Practice under this Compact.
- 40 (F) **“Bylaws”** means: those Bylaws established by the Psychology Interjurisdictional
41 Compact Commission pursuant to Article X for its governance, or for directing and
42 controlling its actions and conduct.
- 43 (G) **“Client/Patient”** means: the recipient of psychological services, whether
44 psychological services are delivered in the context of healthcare, corporate,
45 supervision, and/or consulting services.
- 46 (H) **“Commissioner”** means: the voting representative appointed by each State
47 Psychology Regulatory Authority pursuant in Article X.
- 48 (I) **“Compact State”** means: a state, the District of Columbia, or United States territory
49 that has enacted this Compact legislation and which has not withdrawn pursuant to
50 Article XIII, Section C or been terminated pursuant to Article XII, Section B. For
51 purposes of this Compact, Compact State and Member State may be used
52 interchangeably.
- 53 (J) **“Coordinated Licensure Information System”** also referred to as “Coordinated
54 Database” means: an integrated process for collecting, storing, and sharing
55 information on psychologists' licensure and enforcement activities related to
56 psychology licensure laws, which is administered by the recognized membership
57 organization composed of State and Provincial Psychology Regulatory Authorities.
- 58 (K) **“Confidentiality”** means: the principle that data or information is not made available
59 or disclosed to unauthorized persons and/or processes.
- 60 (L) **“Day”** means: any part of a day in which psychological work is performed.
- 61 (M) **“Distant State”** means: the Compact State where a psychologist is physically present
62 (not through the use of telecommunications technologies), to provide temporary in-
63 person, face-to-face psychological services.
- 64 (N) **“Encumbrance”** means: any action taken by the State Psychology Regulatory
65 Authority that limits the practice or work of a psychologist. An encumbrance may be
66 disciplinary or non-disciplinary in nature.
- 67 (O) **“E. Passport”** means: a certificate issued by the Association of State and Provincial
68 Psychology Boards (ASPPB) that promotes the standardization in the criteria of
69 interjurisdictional telepsychology practice and facilitates the process for licensed
70 psychologists to provide telepsychological services across state lines.
- 71 (P) **“Executive Board”** means: a group of directors elected or appointed to act on behalf
72 of, and within the powers granted to them by, the Commission.
- 73 (Q) **“Ex-Officio Member”** means: the non-voting representative from the membership
74 organization composed of State and Provincial Psychology Regulatory Authorities.
75 The Ex-Officio Member serves on the Commission Executive Board.
- 76 (R) **“Graduate Degree”** means: for the purpose of this Compact, a doctoral degree.
- 77 (S) **“Home of Record”** means: for the purpose of this Compact, the active duty military
78 personnel's or spouse's state of legal residence on record with the military.
- 79 (T) **“Home State”** means: a Compact State where a psychologist is licensed to practice
80 psychology. If the psychologist is licensed in more than one Compact State and is
81 practicing under the Authorization to Practice Interjurisdictional Telepsychology, the
82 Home State is the Compact State where the psychologist is physically present when the

- 129 (HH) *“State Psychology Regulatory Authority” means: the Board, office or other agency*
130 *with the legislative mandate to license and regulate the practice of psychology.*
- 131 (II) *“Telepsychology” means: the provision of psychological services using*
132 *telecommunications technologies.*
- 133 (JJ) **“Temporary Authorization to Practice”** means: a licensed psychologist’s authority
134 to conduct temporary in-person, face-to-face practice, within the limits authorized
135 under this Compact, in another Compact State. This Temporary Authorization to
136 Practice is deemed valid until the psychologist is no longer eligible under the Compact
137 Statute and/or the Rules and/or Policies established by the Commission.
- 138 (KK) *“Temporary In-Person, Face-to-Face Practice” means: where a psychologist is*
139 *physically present (not through the use of telecommunications technologies), in the*
140 *Distant State to provide for the practice of psychology for 30 days within a calendar*
141 *year and based on notification to the Distant State.*

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143

144 Italicized definitions are mirrored directly from the PSYPACT Compact Language.

PRACTICE OF PSYCHOLOGY

§18–302. Qualifications of applicants.

(a) *In general.* — To qualify for a license, an applicant shall be an individual who meets the requirements of this section.

(b) *Moral character.* — The applicant shall be of good moral character.

(c) *Age.* — The applicant shall be at least 18 years old.

(d) *Residence; place of practice.* —

(1) Except as provided in this subsection, an applicant shall reside or practice, or intend to reside or practice, in this State.

(2) The Board may issue a license or registration to an applicant who is neither a resident of this State nor practicing in this State if the applicant shows that issuing the license or registration would be in the interest of the citizens or government of this State.

(e) *Criminal history records check.* — The applicant shall submit to a criminal history records check in accordance with § 18–302.1 of this subtitle.

(f) *Qualifications — Licensed psychologist.* — In addition to the other requirements of this section, to qualify to be a licensed psychologist, an applicant shall:

(1) Have a doctoral degree in psychology; and

(2) Have at least 2 years of professional, supervised experience in psychology that is approved by the Board in accordance with regulations adopted by the Board.

(g) *Qualifications — Registered psychology associate.* — Except as provided in subsection (i) of this section and in addition to the other requirements of this section, to qualify to be a registered psychology associate, an applicant shall:

(1) Have a master's degree in clinical psychology, counseling psychology, or school psychology from a program accredited by the Council for Higher Education Accreditation;

(2) Have a master's degree in education with a field of specialization in psychology or counseling psychology from a program accredited by the Council for Higher Education Accreditation;

(3) Be admitted to candidacy for a doctoral degree in clinical psychology, counseling psychology, school psychology, or education with a field of specialization in psychology or counseling psychology in

PRACTICE OF PSYCHOLOGY

a program accredited by the Council for Higher Education Accreditation, after having satisfactorily:

(i) Completed at least 3 years of postgraduate education in psychology; and

(ii) Passed preliminary doctoral examinations;

(4) Have completed a doctoral degree in psychology or in education with a field of specialization in psychology or counseling psychology from a program accredited by the Council for Higher Education Accreditation; or

(5) Have at least a master's level degree from a program outside the United States that has been determined by the Board to be equivalent to a degree listed in item (1), (2), or (4) of this subsection.

(h) *Examination.* — (1) An applicant for a psychologist license shall successfully pass:

(i) A national examination in the practice of psychology; and

(ii) The State jurisprudence examination.

(2) Except as provided in subsection (i) of this section, an applicant for a psychology associate registration shall successfully pass the State jurisprudence examination.

(i) *Waiver of requirements.* — The Board shall grant a waiver of the requirements of subsections (g) and (h)(2) of this section to an applicant for a psychology associate registration if the applicant was approved by the Board before October 1, 2014, to practice psychology as a psychology associate under the supervision of a licensed psychologist.



ASPPB Interjurisdictional Practice Certificate (IPC) QUICK GUIDE

**Read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the Mobility Program and requirements. Note: Requirements are subject to change and are determined by the Mobility Committee.*

The IPC facilitates the process for licensed psychologists to provide temporary psychological services across state lines, in states that participate in PSYPACT,* without obtaining additional licenses. Temporary psychological services can be provided up to 30 days per calendar year.

**In order to conduct temporary practice under the authority of PSYPACT, the PSYPACT Commission requires that a psychologist obtains a Temporary Authorization to Practice (TAP). The IPC is required in order to obtain a TAP from the PSYPACT Commission.*

Application Checklist



License

- Must have a current and active psychology license, based on a doctoral degree, in at least one PSYPACT participating state.
- No disciplinary action listed on any psychology license.



Education

- Must have a doctoral degree in psychology from an institution of higher education that was, at the time the degree was awarded: (1) accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists; or (2) deemed to be equivalent to (1) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service.
- Graduate degree transcripts must be sent directly by the degree granting institution to ASPPB in a sealed envelope with appropriate institutional seals

Renewal Requirement

Annual renewal by submission of established fee and documentation of a current and active license in a PSYPACT participating state. Failure to renew will cause the certificate to expire and the certificate holder may not practice if certificate is expired.



ASPPB E.Passport QUICK GUIDE

**Read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the Mobility Program and requirements. Note: Requirements are subject to change and are determined by the Mobility Committee.*

The E. Passport facilitates the process for licensed psychologists to practice telepsychology across state lines, in states that participate in PSYPACT,* without obtaining additional licenses.

**In order to practice telepsychology under the authority of PSYPACT, the PSYPACT Commission requires that a psychologist obtains an Authority to Practice Interjurisdictional Telepsychology (APIT). The E.Passport is required in order to obtain an APIT from the PSYPACT Commission.*

Application Checklist



License

- Must have a current and active psychology license, based on a doctoral degree, in at least one PSYPACT participating state.
- No disciplinary action listed on any psychology license.



Education

- Must have a doctoral degree in psychology from an institution of higher education that was, at the time the degree was awarded: (1) accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists; or (2) deemed to be equivalent to (1) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service.
- Graduate degree transcripts must be sent directly by the degree granting institution to ASPPB in a sealed envelope with appropriate institutional seals



Examination

- Successful completion of the Examination for Professional Practice in Psychology (EPPP) with a score that meets or exceeds the established ASPPB recommended passing score at the time of application.

Renewal Requirement

Annual renewal by submission of established fee, documentation of a current and active license in a PSYPACT participating state and demonstration of 3 hours of continuing education relevant to the use technology in psychology (continuing education may include academic courses and/or approved sponsor continuing education). Failure to renew will cause the certificate to expire and the certificate holder may not practice if certificate is expired.

PSYPACT AND DISCIPLINE: Understanding the Role Each State Plays

One of the main purposes of PSYPACT is provide states with a regulatory mechanism designed to address disciplinary issues that occur across state lines in other compact states. PSYPACT specifies the role each state plays concerning disciplinary issues related to the practice of telepsychology and temporary in-person, face-to-face practice across state lines in PSYPACT states.

TELEPSYCHOLOGY

PSYPACT requires that a psychologist obtain an **AUTHORITY TO PRACTICE INTERJURISDICTIONAL TELEPSYCHOLOGY (APIT)**. Psychologists can then practice telepsychology into a:

RECEIVING STATE

- ✓ As a requirement of the APIT, a psychologist must obtain an E.Passport Certificate to practice telepsychology into a **RECEIVING STATE**.
- ✓ A psychologist is subject to the **RECEIVING STATE'S** scope of practice.
- ✓ A **RECEIVING STATE** can limit or revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology.
- ✓ If a **RECEIVING STATE** takes action, it will notify the **HOME STATE** and the PSYPACT Commission.
- ✓ A **HOME STATE** will investigate and take appropriate action on reported inappropriate conduct in a **RECEIVING STATE** as it would if such conduct had occurred within the **HOME STATE**.
- ✓ A **HOME STATE'S** law will control in determining any adverse action against a psychologist's license.

If a psychologist's license in any **HOME STATE**, another **COMPACT STATE**, or Authority to Practice Interjurisdictional Telepsychology in any **RECEIVING STATE**, is restricted, suspended or otherwise limited, the E.Passport will also be revoked, and the psychologist will not be eligible to practice telepsychology in a **COMPACT STATE** under the Authority to Practice Interjurisdictional Telepsychology.

AND

HOME STATE

A psychologist must hold a current, full and unrestricted license to practice psychology in a **HOME STATE**, which has enacted PSYPACT.

A **HOME STATE** maintains authority over the license of any psychologist practicing under the authority of PSYPACT.

A **HOME STATE** can impose adverse action against a psychologist's license issued by the **HOME STATE**.

All **HOME STATE** disciplinary orders which impose adverse action are reported to the PSYPACT Commission.

TEMPORARY PRACTICE

PSYPACT requires that a psychologist obtain a **TEMPORARY AUTHORIZATION TO PRACTICE (TAP)**. Psychologists can then practice temporarily into a:

DISTANT STATE

- ✓ As a requirement of TAP, a psychologist must obtain an Interjurisdictional Practice Certificate (IPC) to conduct temporary practice in a **DISTANT STATE**.
- ✓ A psychologist must practice within the scope of practice of the **DISTANT STATE** and is subject to the **DISTANT STATE'S** authority and law.
- ✓ A **DISTANT STATE** can limit, revoke or take adverse action on a psychologist's Temporary Authorization to Practice.
- ✓ If a **DISTANT STATE** takes action, it will notify the **HOME STATE** and the PSYPACT Commission.
- ✓ A **DISTANT STATE** will investigate and take appropriate action on reported inappropriate conduct which occurred in that **DISTANT STATE** as it would if such conduct had occurred within the **HOME STATE**.
- ✓ A **DISTANT STATE'S** law will control in determining any adverse action against a psychologist's Temporary Authorization to Practice.

If a psychologist's license in any **HOME STATE**, another **COMPACT STATE**, or Temporary Authorization to Practice in any **DISTANT STATE**, is restricted, suspended or otherwise limited, the IPC will also be revoked, and the psychologist will not be eligible to practice in a **COMPACT STATE** under the Temporary Authorization to Practice.

PSYPACT FAQs

Compacts

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General

Telepsychology

Temporary In-Person, Face-to-Face Practice

Requirements of PSYPACT

Discipline

Impact on States

Impact on Psychologists

Impact on Consumers

Compacts

Q1. What is an interstate compact?

A1. Interstate compacts are powerful, durable, and adaptive tools for ensuring cooperative action among the states. Interstate compacts provide a state-developed structure for collaborative and dynamic action, while building consensus among the states. The nature of an interstate compact makes it the ideal tool to meet the demand for cooperative state action: developing and enforcing stringent standards, while providing an adaptive structure that, under a modern compact framework, can evolve to meet new and increased demands over time.

General purposes for creating an interstate compact include:

- Establish a formal, legal relationship among states to address common problems or promote a common agenda.
- Create independent, multistate governmental authorities (e.g., commissions) that can address issues more effectively than a state agency acting independently, or when no state has the authority to act unilaterally.
- Establish uniform guidelines, standards, or procedures for agencies in the compact's member states.
- Create economies of scale to reduce administrative and other costs.
- Respond to national priorities in consultation or in partnership with the federal government.
- Retain state sovereignty in matters traditionally reserved for the states.
- Settle interstate disputes.

Q2. Must Congress approve an interstate compact?

A2. Article I, Section 10 of the U.S. Constitution provides in part that "no state shall, without the consent of Congress, enter into any agreement or compact with another state." Historically, this clause generally meant all compacts must receive congressional consent. However, the purpose of this provision was not to inhibit the states' ability to act in concert with each other. In fact, by the time the Constitution was drafted, the states were already accustomed to resolving disputes and addressing problems through interstate compacts and agreements. The purpose of the compact clause was simply to protect the pre-eminence of the new national government by preventing the states from infringing

upon federal authority or altering the federal balance of power by compact.

Accordingly, the Supreme Court indicated more than 100 years ago in *Virginia v. Tennessee*, 148 U.S. 503 (1893) that not all compacts require Congressional approval. Today, it is well established that only those compacts that affect a power delegated to the federal government or alter the political balance within the federal system, require the consent of Congress.

Q3. Will my state's constitution permit the creation and/or joining of such a compact?

A3. Compact language is usually drafted with state constitutional requirements common to most state constitutions such as separation of powers, delegation of power, and debt limitations in mind. The validity of the state authority to enter into compacts and potentially delegate authority to an interstate agency has been specifically recognized and unanimously upheld by the U.S. Supreme Court in *West Virginia vs. Sims*, 341 U.S. 22 (1951).

Q4. How prevalent are interstate compacts?

A4. More than 200 interstate compacts exist today. Typically, a state belongs to more than 20 interstate compacts.

Q5. What types of interstate compacts exist?

A5. Although there are many types of interstate compacts, they generally are divided into three types of compacts:

- **Regulatory Compacts:** The broadest and largest category of interstate compacts may be referred to as “regulatory” or “administrative” compacts. Such compacts are a development of the twentieth century and embrace wide-ranging topics including regional planning and development, crime control, agriculture, flood control, water resource management, education, mental health, juvenile delinquency, child support, and so forth. Examples of such compacts include:
 - *Driver License Compact:* Exchange information concerning license suspensions and traffic violations of non-residents and forward them to the state where they are licensed known as the home state.
 - *Interstate Compact on Adult Offender Supervision:* Regulate the movement of adult offenders across state lines.
 - *Midwest Radioactive Waste Disposal Compact:* Regulate radioactive waste disposal.
 - *Washington Metropolitan Area Transit Regulation Compact:* Regulate passenger transportation by private carrier.
 - *1921 Port Authority of New York-New Jersey Compact:* Provides joint agency regulation of transportation, terminal and commerce/trade facilities in the New York metropolitan area.

Regulatory compacts create ongoing administrative agencies whose rules and regulations may be binding on the states to the extent authorized by the compact.

- **Border Compacts:** These types of compacts are agreements between two or more states that alter the boundaries of a state. Once adopted by the states and approved by Congress, such compacts permanently alter the boundaries of the state and can only be undone by a subsequent compact approved by Congress or the repeal of the compact with Congress's approval. Examples include the Virginia-Tennessee Boundary Agreement of 1803, Arizona-California Boundary Compact of 1963, the Missouri-Nebraska Compact of 1990, and the Virginia-West Virginia Boundary Compact of 1998.
- **Advisory Compacts:** These types of compacts are agreements between two or more states that create study commissions. The purpose of the commission is to examine a problem and report back to the respective states on their findings. Such compacts do not result in any change in the state's boundaries nor do they create ongoing administrative agencies with regulatory authority. They do not require congressional consent because they do not alter the political balance of power between the states and federal government or intrude on a congressional power. An example of such a compact is the Delmarva Peninsula Advisory Council Compact (to study regional economic development issues), 29 Del. C. § 11101 (2003); Va. Code Ann. § 2.2- 5800 (2003).

Q6. Are all regulatory interstate compacts in the field of healthcare alike?

A6. No, depending on the needs of the profession, interstate compacts addressing regulatory matters within the healthcare field can be structured quite differently. Currently, there are several professions utilizing interstate compacts to address regulatory matters and each profession has taken a different approach when writing its compact language. Two examples involve the professions of medicine and nursing. Medicine chose to construct its compact to address expedited licensure; while nursing's compact creates a multistate license. Psychology already had a mechanism to address expedited licensure, the Certificate of Professional Qualification in Psychology (CPQ), but needed a way to regulate the practice of telepsychology across state lines as well as provide some consistency among the states around temporary in-person, face-to-face practice. Thus, the interstate compact model is a feasible solution to regulate this type of practice across state lines within the profession of psychology.

Q7. What are the advantages of an interstate compact?

A7. Interstate compacts provide an effective solution in addressing multi-state issues. Compacts enable the states, in their sovereign capacity, to act jointly and collectively, generally outside the confines of the federal legislative or regulatory process while respecting the view of Congress on the appropriateness of joint action. Interstate compacts can preempt federal involvement into matters that are traditionally within the purview of the states and yet which have regional or national implications.

Compacts afford states the opportunity to develop dynamic, self-regulatory systems over which the participating states can maintain control through a coordinated legislative and administrative process. Compacts enable the states to develop adaptive structures that can evolve to meet new and increased challenges that naturally arise over time.

Interstate compacts can provide states with a predictable, stable and enforceable instrument of policy control. The contractual nature of compacts ensures their enforceability on the participating states.

The fact that compacts cannot be unilaterally amended ensures that participating states will have a predictable and stable policy platform for resolving issues. By entering into an interstate compact, each participating state acquires the legal right to require the other states to perform under the terms and conditions of the compact.

Q8. What are the disadvantages of an interstate compact?

A8. Interstate compacts may often require a great deal of time to both develop and implement. While recent interstate compact efforts have met with success in a matter of a few years, some interstate compacts have required decades to reach critical mass. The purpose of an interstate compact is to provide for the collective allocation of governing authority between participating states. The requirement of substantive “sameness” prevents participating states from passing dissimilar enactments notwithstanding, perhaps, pressing state differences with respect to particular matters within the compact.

To the extent that a compact is used as a governing tool, they require, even in the boundary compact context, that participating states cede some portion of their sovereignty. The matter of state sovereignty can be particularly problematic when interstate compacts create ongoing administrative bodies that possess substantial governing power. Such compacts are truly a creation of the twentieth century as an out-growth of creating the modern administrative state.

However, as the balance of power continues to realign in our federalist system, states may only be able to preserve their sovereign authority over interstate problems to the extent that they share their sovereignty and work together cooperatively through interstate compacts.

Q9. How is an interstate compact created?

A9. Compacts are essentially contracts between states. To be enforceable, they must satisfy the customary requirements for valid contracts, including the notions of offer and acceptance. An offer is made when one state, usually by statute, adopts the terms of a compact requiring approval by one or more other states to become effective. Other states accept the offer by adopting identical compact language. Once the required number of states has adopted the pact, the contract between them is valid and becomes effective as provided. The only other potential requirement is congressional consent.

Q10. What does a recent interstate compact look like?

A10. The compact should contain the minimum basics upon which it needs to operate, both in terms of the agreement between states and the operation of its governing body. The compact does not need to address every conceivable eventuality, nor should it. Its purpose is to provide the framework upon which to build. The rules are the actuators of the compact, containing the details of state interaction, how information will be shared, what standards and practices will be followed, forms used, timelines established, etc. By using the compact as the broad framework, the rules can be adapted and adjusted as needed throughout the life of the compact without the need to go back each time for legislative approval from the member states, subject to the legislatively delegated authority.

History

Q1. How was PSYPACT developed?

A1. The development of any interstate compact should be a state-driven and state-championed solution for issues that cross state boundaries. ASPPB, the alliance of psychology licensing boards in the United States and Canada, was approached by its members to develop a mechanism to assist in the regulation of telepsychology. In doing so, ASPPB in partnership with the psychology licensing boards and other stakeholder organizations, developed PSYPACT via the following steps:

- **ASPPB Telepsychology Task Force:** ASPPB created a Task Force to review various options for the regulation of telepsychology. The ASPPB Telepsychology Task Force met several times and originally focused on the possibility of creating a certificate to assist in the regulation of telepsychology. This option was presented to the membership, and the membership questioned what type of agreement could be created between jurisdictions to address this issue. An Advisory Group was formed to review options for agreements, including interstate compacts.
- **Advisory Group:** Composed of more than 14 regional and national psychology organizations as well as state officials, the Advisory Group examined the challenges encountered by clients receiving telepsychological services. The group then reviewed the feasibility of drafting a compact as a way of regulating telepsychological services as well as meeting the request of the member boards to create an agreement between the states. The Advisory Group met once in 2014. Their work culminated in a set of broad recommendations as to what the final compact product should entail.
- **Drafting Team:** The ASPPB Telepsychology Task Force reconvened and served as the drafting team for the new compact. The Drafting Team was tasked with implementing, via a draft compact, the thoughts, ideas and suggestions of the Advisory Group as well as incorporating the original work of the Task Force. The eight (8) member Drafting Team, composed of compact and issue area experts, crafted the recommendations, as well as provided their thoughts and expertise, into the draft compact. The document was then open for comment in September 2014 for both the stakeholders as well as public. After the public feedback period, the Drafting Team made modifications as needed based on the feedback. When presented to the ASPPB membership, the feedback was to include not only telepsychology in the compact but to also include a mechanism for temporary in-person, face-to-face practice. The Drafting Team added that component to the draft compact language and the ASPPB Board of Directors voted to approve the final Psychology Interjurisdictional Compact (PSYPACT) in February 2015.
- **PSYPACT Advisory Workgroup:** A workgroup comprised of ASPPB Board of Directors and staff, members and staff from state psychology licensing boards and representatives from the American Psychological Association (APA) and the Council of Executives of State, Provincial (and Territorial) Psychological Associations (CESPPA), convened in July 2015 to devise an implementation plan for PSYPACT and create resource materials about PSYPACT.

General

Q1. What is PSYPACT?

A1. PSYPACT is an interstate compact designed to allow licensed psychologists to practice of telepsychology and conduct temporary in-person, face-to-face practice of psychology across state boundaries legally and ethically without necessitating that an individual become licensed in every state to practice.

Q2. When does PSYPACT become operational?

A2. PSYPACT becomes operational once seven (7) states enact PSYPACT and enter into the compact. Check with us often for status updates on the progress of PSYPACT!

Q3. Why are seven states required to join PSYPACT before it can become operational?

A3. PSYPACT becomes operational after seven states have enacted PSYPACT. A workgroup of stakeholders from various psychology organizations determined seven states would be the critical mass needed to make PSYPACT a useful and viable instrument to practice under the authority of PSYPACT across state lines. Coincidentally, other compacts like the Interstate Medical Licensure Compact have used seven states as a benchmark for their compact to become operational.

Q4. What happens when PSYPACT becomes operational?

A4. PSYPACT becomes operational when seven states enact the PSYPACT Model Legislation. When this occurs, the PSYPACT Commission is then created. The Commission is the governing body of PSYPACT and is responsible for its oversight and the creation of its Rules and Bylaws. Individual licensed psychologists can then apply for one or more of the certificates required to participate in PSYPACT: the E.Passport to practice telepsychology and the Interjurisdictional Practice Certificate (IPC) for the temporary in-person, face-to-face practice of psychology.

Q5. What is the role of the PSYPACT Commission?

A5. The Commission is the governing body of PSYPACT and is comprised of one representative from each PSYPACT state. The Commission is responsible for implementing the Rules and Bylaws of PSYPACT.

Q6. What is the relationship between the PSYPACT Commission and ASPPB?

A6. The PSYPACT Commission operates as the free-standing governing body of PSYPACT. ASPPB will have one ex-officio, nonvoting member serve on the Executive Board of the Commission.

Q7. How can I learn more about PSYPACT?

A7. Contact us at info@psypact.org! You can also sign up for our PSYPACT listserv to receive updates about the progress of PSYPACT and stay informed about legislative changes or follow us on Twitter @PSYPACT.

Telepsychology

Q1. What is telepsychology?

A1. Telepsychology is defined as “provision of psychological services using telecommunication technologies.” For additional information about telepsychology, please refer to *the APA Guidelines for the Practice of Telepsychology* developed by the Joint Task Force for the Development of Telepsychology Guidelines for Psychologists comprised of members from the American Psychological Association (APA), the Association of State and Provincial Psychology Boards (ASPPB) and the Trust.

According to Article II, telepsychology is defined as “provision of psychological services using telecommunication technologies.”

Q2. How has telepsychology proven to be effective modality of treatment?

A2. Research has shown that psychological and other mental health services are particularly conducive for the use of telecommunication modalities since they are most frequently conducted through verbal communications without the need of expensive and elaborate medical equipment or physical intervention (Brenes, Ingraham & Danhaur 2011; Newman, 2004; Smith, Fagan, Wilson, Chen, Corona & Nguyen, 2011, Gilman & Stensland, 2013). Additionally, using telehealth procedures for psychological treatment has been repeatedly demonstrated to be effective (Barak, Hen, Boniel-Nissim & Shapira, 2008; Epstein, 2011) and provides several advantages over traditional treatment methods such as accessibility, versatility and affordability (Wencesalo, 2012).

Given the urgency and gravity oftentimes associated with situations involving mental health treatment, psychologists have already been delivering services via telehealth within states where they are licensed to provide access to care in emergency situations and to underserved populations as well as provide continuity of care as patients travel and relocate and ensure overall patient safety. Additionally, the provision of services through telehealth affords the opportunity to reach populations that are geographically isolated, that avoid needed mental health care due to stigma of mental illness or that lack specialty care. Individuals in rural parts of the country could especially benefit from increased availability of telehealth services provided by qualified licensed psychologists who are not physically located in their local area or even nearby community (Dollinger & Chwalisz, 2011; McCord, Elliot, Wendel, Brossart, Cano, Gonzalez & Burdine, 2011). Although evidence continues to accumulate about the effectiveness and applicability of telehealth services, the use of technologically enhanced methodologies by licensed psychologists has been restricted in large part because of the barriers imposed by the state based system of psychology regulation through psychology licensing boards (Baker & Bufka, 2011; Harris and Younggren, 2011).

See Appendix A for a list of references.

Temporary In-Person, Face-to-Face Practice

Q1. Why is PSYPACT applicable to only temporary in-person, face-to-face practice and not applicable to permanent practice?

A1. The Certificate of Professional Qualifications in Psychology (CPQ), developed by ASPPB, expedites the licensure process for qualified psychologists and is utilized by 45 states. PSYPACT affords the opportunity to provide in-person, face-to-face services on a temporary basis without necessitating licensure in every state.

If a psychologist wishes to establish a permanent practice, he or she must obtain a license within that state and must practice under the licensing authority of that state and can use certifications like the CPQ to apply for licensure.

Article I – “Whereas this Compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.”

Q2. Why is temporary in-person, face-to-face practice limited to 30 days within a calendar year?

A2. The limit of 30 days within a calendar year for temporary in-person, face-to-face practice was established so that individuals who intend to practice for a significant number of days must become licensed and must practice under the licensing authority of that state. The 30-day limit is per PSYPACT state in which temporary in-person, face-to-face practice was conducted within a calendar year.

Article I – “Whereas this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority.”

Requirements of PSYPACT

Q1. Why is a doctoral degree in psychology not specified in PSYPACT?

A1. The prevailing standard in the United States for the profession of psychology is for an individual to possess a doctoral degree in psychology. The E.Passport will require a doctoral degree in psychology. However, PSYPACT is written in a way to be definitive in nature but also allow for flexibility and growth in the future as the profession of psychology continues to evolve and change. Standards within the PSYPACT language are written so as not to be too high to limit the number of eligible participants and not allow for growth within the profession but also not to be too low to allow for too many unqualified participants and provide a lesser degree of public protection. Criteria, such as educational requirements, within PSYPACT are designed to be stringent yet flexible enough to satisfy changes in the profession. Once PSYPACT is enacted, it cannot be altered again unless additional legislative changes are made.

Articles IV and V, Section B – “Hold a graduate degree in psychology from an institute of higher education that was, at the time of the degree was awarded: A. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, OR authorized by Provincial statute or Royal Charter to grant doctoral degrees; OR B. A foreign college or university deemed to be equivalent to 1 (A) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service.”

Q2. Why is residency not specially defined in PSYPACT?

A2. The E.Passport will define residency as the physical presence, in person, at the educational institution granting the doctoral degree in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty-student interaction. However, PSYPACT is written in a way to be definitive in nature but also allow for flexibility and growth in the future as the profession of psychology continues to evolve and change. Standards within the PSYPACT language are written so as not to be too high to limit the number of eligible participants and not allow for growth within the profession but also not to be too low to allow for too many unqualified participants and provide a lesser degree of public protection. Criteria, such as residency requirements, within PSYPACT are designed to be stringent yet flexible enough to satisfy changes in the profession. Once PSYPACT is enacted, it cannot be altered again unless additional legislative changes are made.

Articles IV and V, Section B 2(j) - The graduate degree in psychology must be a program that “includes an acceptable residency as defined by the Rules of the Commission.”

Q3. Why must a psychologist have no adverse actions that violate the Rules of the Commission or have no criminal record history in order to be eligible to participate in PSYPACT?

A3. A licensed psychologist’s participation in PSYPACT requires that he or she meet a defined set of criteria as stated in PSYPACT. By obtaining an E.Passport to practice telepsychology and/or an IPC to conduct temporary in-person, face-to-face practice, a psychologist has met this criteria, thus allowing he or she to practice into PSYPACT states where they may not hold a license to practice psychology.

Through a state’s participation in PSYPACT and a psychology licensing board’s acknowledgement of the E.Passport and the IPC, boards do not conduct the full assessment and review as required when

reviewing an individual's application for licensure. Rather, they rely on PSYPACT and these certifications to vet an individual's qualifications and ensure that they meet this defined set of standards, such as not having any disciplinary issues, as those individuals participating in PSYPACT will not be reviewed by a board on a case by case basis.

Articles IV and V, Sections B 4 and 5, a participant must "Have no history of adverse action that violate the Rules of the Commission" and "Have no criminal record history reported on an Identity History Summary that violates the Rules of the Commission."

Q4. Can an individual with a master's degree in psychology practice under the authority of PSYPACT?

A4. At this time, the E.Passport and the IPC, which are the certificates required to practice telepsychology and/or conduct temporary in-person, face-to-face practice under the authority of PSYPACT, require that an individual possess a doctoral degree in psychology. Currently, those individuals who are eligible for independent practice at the master's level are ineligible to apply for the E.Passport and/or the IPC and therefore cannot practice under the authority of PSYPACT. Individuals who obtain a license to practice psychology through their master's degree are ineligible to apply for E.Passport and/or IPC. However, in these situations, it does not mean that these individuals are incompetent to provide psychological services in states where they are licensed.

Discipline

Q1. What happens when an individual's E.Passport and/or IPC are revoked?

A1. An individual can no longer practice under the authority of PSYPACT if his or her E.Passport and/or IPC are revoked. It is important to note that an individual is still eligible to apply for licensure directly in any state, regardless of that state's participation in PSYPACT. By applying for licensure, the board will make the final, ultimate determination to decide if a license to practice psychology should be granted.

Articles IV and V, Section E – “If a psychologist’s license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology” and “If a psychologist’s license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.”

Q2. What happens if a psychologist's license is revoked?

A2. The revocation of a license for a psychologist practicing under the authority of PSYPACT means his or her E.Passport and/or IPC will be revoked as well as their authority to practice under PSYPACT. It is important to note that PSYPACT cannot revoke an individual's license. Rather, the Home State can revoke an individual's license and PSYPACT can revoke their Authority to Practice Interjurisdictional Telepsychology and/or the Temporary Authorization to Practice.

Articles IV and V, Sections D and E – “A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology will be subject to the Home State’s authority and laws. A Receiving State may, in accordance with that state’s due process law, limit or revoke a psychologist’s Authority to Practice Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions under the Receiving State’s applicable law to protect the health and safety of the Receiving State’s citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission. If a psychologist’s license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State’s authority and law. A Distant State may, in accordance with that state’s due process law, limit or revoke a psychologist’s Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State’s applicable law to protect the health and safety of the Distant State’s citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission. If a psychologist’s license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.”

Q3. What happens if a psychologist enters into an alternative program while practicing under the authority of PSYPACT?

A3. A psychologist's authority to practice and E.Passport and/or IPC are not revoked while a psychologist is in an alternative program. However, a psychologist cannot provide services as defined under PSYPACT during the time of the alternative program. It is the responsibility of the PSYPACT state to notify the

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Commission that a psychologist has entered into such a program and that their practice is temporarily surrendered.

Article VII Section F – “Nothing in this Compact shall override a Compact State’s decision that a psychologist’s participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the Compact State’s law. Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program.”

Q4. Why isn’t a separate license required in every PSYPACT state to practice telepsychology or to conduct temporary in-person, face-to-face practice?

A4. PSYPACT was created to provide an accessible and manageable regulatory structure for the practice of telepsychology and temporary in-person, face-to-face practice. Advantages to consumers are increased access to care, an avenue for complaints and a greater degree of public protection. Psychologists also have a means to provide services into other states where they may not currently hold a license. PSYPACT requires that a psychologist be licensed in their Home State but allows a psychologist to practice telepsychology in a Receiving State or conduct temporary in-person, face-to-face practice in a Distant State. This allows the Home State to continue to regulate and also allows the Receiving States and Distant States to know who is practicing in their state and in what capacity without requiring psychologists to obtain and maintain a license in every PSYPACT state.

Impact on States

Q1. How does PSYPACT promote compliance with laws governing psychological practice in each PSYPACT state?

A1. Licensing requirements vary state to state. As a means to promote compliance with laws as well as develop consistency in practice standards amongst states, PSYPACT serves as mechanism in which states agree to accept psychologists that have met a defined level of standards who are practicing in their state via telepsychology or temporary in-person, face-to-face practice.

Article I – “Promote compliance with the laws governing psychological practice in each Compact State.”

Q2. Several types of states are defined within PSYPACT. What do they mean and how are they different?

A2. A psychologist must be licensed to practice psychology in their **Home State** in order to practice telepsychology or conduct temporary in-person, face-to-face practice as defined in PSYPACT.

- If the psychologist is licensed in more than one **Compact State** and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the **Home State** is the **Compact State** where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one **Compact State** and is practicing under the Temporary Authorization to Practice, the **Home State** is any **Compact State** where the psychologist is licensed.
- Should a licensed psychologist want to practice telepsychology from their **Home State**, services would be provided into a **Receiving State**.
- Should a licensed psychologist want to conduct temporary in-person, face-to-face practice, services would be rendered within a **Distant State**.
- It is important to note that should any adverse actions be taken, all states will be notified.

Article II

- *Compact State: “A state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or been terminated pursuant to Article XII, Section B.”*
- *Distant State: “The Compact State where a psychologist is physically present (not through using telecommunications technologies), to provide temporary in-person, face-to-face psychological services.”*
- *Home State: “A Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.”*
- *Non-Compact State: “Any State which is not at the time a Compact State.”*
- *Receiving State: “A Compact State where the client/patient is physically located when the telepsychological services are delivered.”*

Q3. Other compacts indicate practice originates where the patient is located. According to PSYPACT, practice originates where the psychologist is located. Why is PSYPACT structured like this?

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A3. PSYPACT indicates Home State is where the psychologist is licensed. Regulatory authority rests with the state where the psychologist is licensed. Disciplinary actions against a license may only be taken by the state where the psychologist is licensed. Therefore, it is important to allow the Home State to have authority over psychologists licensed in their state and set the standards and procedures for discipline.

Article II – “Home State means: a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.”

Q4. How do rules of PSYPACT apply to state laws?

A4. The rules of PSYPACT are only applicable to states that enact PSYPACT. The rules of PSYPACT would only supersede any state law pertaining to the interjurisdictional practice of telepsychology and temporary in-person, face-to-face practice.

Article II – “Rule means a written statement by the Interjurisdictional Psychology Compact Commission promulgated pursuant to Section XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a Compact State, and includes the Amendment, repeal or suspension of an existing Rule.”

Q5. Can a state withdraw from PSYPACT?

A5. A state can withdraw from PSYPACT by repealing the PSYPACT Model Legislation. The withdrawal shall not take effect until six (6) months after enactment of the repealing Statute.

Withdrawal will not affect the continuing requirement of the withdrawing State’s Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

Article XIII, Section C – “Any Compact State may withdraw from this Compact by enacting a Statute repealing the same.”

Q6. Does PSYPACT impact state’s rights?

A6. PSYPACT does not impact a state’s right or ability to issue a license. It is applicable to the interjurisdictional practice of telepsychology and temporary in-person, face-to-face practice and only takes precedence over state laws regarding this type of interjurisdictional practice. For example, any licensed psychologist must obtain an E.Passport to practice telepsychology under the authority of PSYPACT and must have three (3) hours of continuing education training in technology as required by the E.Passport. Should a PSYPACT state not require continuing education, this requirement of PSYPACT would supersede the state’s authority.

Impact on Psychologists

Q1. As a psychologist, how do I utilize PSYPACT?

A1. Once PSYPACT becomes operational, psychologists can apply for the E.Passport and/or IPC, which are required to practice telepsychology and/or temporary in-person, face-to-face practice in PSYPACT states through the following steps:

To practice telepsychology:

- Apply for and obtain the Association of State and Provincial Psychology Boards (ASPPB) E.Passport to practice telepsychology in PSYPACT states and pay associated certification fees.
- Identify and notify ASPPB and the PSYPACT Commission of telepsychological practice into each PSYPACT state.
- Complete continuing education requirements for E.Passport.
- Annually renew the E.Passport.

To conduct temporary in-person, face-to-face practice:

- Apply for and obtain the Association of State and Provincial Psychology Boards (ASPPB) Interjurisdictional Practice Certificate (IPC) to conduct temporary in-person, face-to-face practice telepsychology in PSYPACT states and pay associated certification fees.
- Identify and notify ASPPB and the PSYPACT Commission of temporary in-person, face-to-face practice into each PSYPACT state.
- Annually renew the IPC.

Q2. I am a psychologist licensed in both the Home State and Receiving/Distant States. Why does PSYPACT not apply to me?

A2. By already being licensed in the Home State and Receiving/Distant States, an individual has already established full rights to practice in these states, and therefore, PSYPACT is not applicable to these individuals. PSYPACT only applies to the interjurisdictional practice of telepsychology and/or temporary in-person, face-to-face practice.

Article I – “Whereas this compact does not apply when a psychologist is licensed in both the Home and Receiving state.”

Q3. What happens when laws conflict within PSYPACT states (e.g. duty to warn laws, child/elder abuse laws, recording keeping rules, etc.)?

A3. Currently, there is no easy answer to this question. If a psychologist is in one state and a patient is in another, it can be confusing which laws to follow and which laws take precedence. A good example is the “duty to warn” standards among the states. States like California have a mandatory “duty to warn/protect” requirement, in Pennsylvania there is a mandatory duty to use reasonable care to protect by warning while other states like Texas have more permissive requirements. In some states, like North Dakota and Nevada, there is no duty to warn or protect requirement. These differences make it very difficult for psychologist to know what standard to apply when practicing telepsychology. Under

PSYPACT FAQs

PSYPACT, this is simplified as this process is defined in the legislation. Compact States agree to the following:

- If a psychologist is practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology, he or she is subject to the Home State's authority and laws.
- If a psychologist is practicing into a Distant State under the Temporary Authorization to Practice, he or she will be subject to the Distant State's authority and law.

However, psychologists must be aware of each state's laws where they are conducting practice. Statutes and regulations pertaining to the practice of psychology vary from state to state.

Impact on Consumers

Q1. How does PSYPACT ensure the public is better protected from harm?

A1. PSYPACT is a mechanism that can ensure public protection and improve access to care while easing the barriers for competent and qualified psychologists through the following:

- All psychologists must hold an active license in their Home State and an active E.Passport and/or Interjurisdictional Practice Certificate, which has acceptable education and training requirements.
- Although psychologists are not required to have a license in the Receiving and/or Distant State, they must meet established criteria, have had no disciplinary sanctions, and provide regular updates on their intended practice activities.
- States will have access to a real-time, searchable database that provides information about where and in what capacity E.Passport and IPC holders are intending to practice within their state.
- PSYPACT provides a structure for the receiving state to revoke the psychologist's ability to practice within their state.
- Currently, states may not have the authority to impose discipline on their licensees for practice outside state boundaries. PSYPACT allows the Home State to impose discipline regarding the practice in other states.

Through PSYPACT, states can be assured that their consumers will be receiving care from qualified psychologists and have improved access to care. States will now have a means to identify telepsychology and temporary practice providers in their state as well as have a procedure to address disciplinary sanctions.

Q2. Why is PSYPACT important to consumers?

A2. Through PSYPACT, consumers will have greater access to care. PSYPACT will allow licensed psychologists to provide continuity of care as clients/patients relocate. Psychologists will also be able to reach populations that are currently underserved, geographically isolated or lack specialty care.

Additionally, states will have an external mechanism that accounts for all psychologists who may enter their state to practice telepsychology or conduct temporary in-person, face-to-face practice, thus indicating psychologists have met defined standards and competencies to practice in other states. PSYPACT will also help states ensure the public will be better protected from harm.

Appendix A – References

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MD PsyPACT.Letter of Support.HB970.SB500_Streisand

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Position: FAV



Children's National™

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February 12, 2021

Maryland General Assembly
Senate Education Health and Environmental Affairs Committee
100 State Circle
Annapolis, MD 21501

Re: Support for SB500 & HB970, Maryland Psychology Interjurisdictional Compact

Dear Senator Lam, Senator Hettleman, and other distinguished committee members:

I am a child psychologist and serve as the Chief of the Division of Psychology & Behavioral Health at Children's National Hospital. I am also serve as the Gerard B. Lambert Foundation Professor of Psychiatry and Pediatrics at the George Washington University School of Medicine. As Division Chief, I am responsible for overseeing a large division of psychologists who provide mental and behavioral health support for children, adolescents, and young adults with acute and chronic psychiatric and medical conditions. As you can imagine, the needs for psychological support have grown tremendously over the last year and we are working hard to try and meet the needs of the communities we serve, which includes the larger DMV area.

I live in Bethesda, MD and I work in several of our Children's National locations (including in Rockville, MD). Children's National prioritizes accessible quality care for youth in the DMV by supporting behavioral health services across the area. We are fortunate to have highly skilled and specialized psychologists offering primary care behavioral health services, pediatric psychology (specialization working with medically ill children), as well as neuropsychological services. We frequently use telehealth sessions to reduce service access barriers for the families we serve. Over the past 11 months during the COVID-19 pandemic, we have relied almost exclusively on telemedicine to provide care to children and families which has served to keep families as well as providers safe, and has also resulted in reducing barriers to care for families across Maryland.

By way of this letter I aim to provide strong testimony in support of the Psychology Interjurisdictional Compact (PSYPACT) bill, (SB500 and HB970). **This bill will increase access to high quality mental health care and increase continuity of mental health services, removing jurisdictional barriers.**

The mental health crisis resulting from the COVID-19 pandemic exacerbates longstanding gaps in access to mental health services and continuity of mental health service; these gaps result in steep increases in untreated depression and anxiety in the youth across the country including in Maryland. **Best mental health care services include treatment from highly qualified clinicians, continuity of care over time AND access to care at critical times.** Importantly for our youth, this bill enables increased access to specialized mental health care AND continuity of care across many states where patients who live and go to school/work in different jurisdictions, or for those living with multiple guardians across jurisdictions. Further, this would allow continuity of care for those who transition to a new location for college or even while on a school break or vacation.

Children' National supports this bill because the children and families of Maryland need and deserve increased access to the highest quality mental health care. PSYPACT leads to **improved Continuity of Care**:



1)Specialty Services

Many children experience medical trauma and difficulty adjusting to their illnesses. Following psychological support while an inpatient at Children's National, children return home to Maryland.

Many youth require additional support to help with readjusting back to home and school. There is a shortage of pediatric psychologists who provide this care.

2)Interjurisdictional Telehealth to increase Access to Care

For many of our patients, we have observed unexpected improvements in continuity of care with executive orders for cross-state mental health services at the outset of the COVID-19 pandemic. With the expansion of telehealth services and ability to follow our patients as they transition between caregivers' residences, their treatment and outcomes have improved.

3)College Students

PSYPACT enables continued support for youth leaving for college. At one of the most challenging transition points for adolescents and young adults, many Maryland youth are forced to abandon their mental health treatment as they move out of state. Particularly for our youth with Medicaid, we are unable to find them out of state mental health clinicians when they leave for college. This transition is difficult for many youth, but much more difficult for those with mental health and chronic medical conditions.

The continuity of care, access to care, and high-quality specialized care are critical to support mental health of Maryland youth. Due to the pandemic, we now have evidence that telemedicine services is both feasible and effective for mental health.

The children of Maryland need and deserve the mental health support they need to thrive.

Please, help us pass the Psychology Interjurisdictional Compact so that we improve access to and continuity of mental health care for Maryland youth. Thank you for the opportunity to testify on SB500/HB970 and look forward to ways to work collaboratively to help our youth reach their goals.

Sincerely,

A handwritten signature in black ink that reads "Randi Streisand, Ph.D." in a cursive script.

Randi Streisand, PhD, CDCES
Division Chief, Psychology and Behavioral Health
Vice Chair, Institutional Review Board
Children's National Hospital
Gerard B. Lambert Foundation Professor
Professor of Psychiatry and Pediatrics
George Washington University School of Medicine and Health Sciences

SB500_Psychology Interjurisdictional Compact_Suppo

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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

February 16, 2021

The Honorable Paul G. Pinsky
Senate Education, Health, and
Environmental Affairs Committee
2 West, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 500 – Support

Dear Chair Pinsky and Members of the Committee:

Kaiser Permanente strongly supports SB 500 – “Psychology Interjurisdictional Compact.”

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.¹ Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 775,000 members. In Maryland, we deliver care to over 450,000 members.

Kaiser Permanente supports this legislation as our organization employs psychologists in Washington, D.C., Maryland and Virginia. While all of our providers are licensed in all three jurisdictions, this bill will make it easier for these professionals to provide care in a variety of locations where and when they are needed. Given the effects of the pandemic and the constant variance of staff available to care for our patients, this allows seamless transition across state lines to practice in areas that are highly concentrated with the need of this facet of care.

Social distancing and isolation have negatively affected our population’s mental health and created new barriers for those already in need of behavioral health resources. As the pandemic wears on, ongoing legislative measures are necessary in mitigating exacerbation of poor mental health and other medical outcomes. SB 500 provides greater accessibility of psychiatric assistance for both individuals and families who are in great need in our service area.

Thank you for the opportunity to comment. Please feel free to contact Allison Taylor at Allison.W.Taylor@kp.org or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor
Director of Government Relations
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

¹ Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

SB 500- Psychology Interjurisdictional Compact- Le

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Maryland
Hospital Association

February 16, 2021

To: The Honorable Paul G. Pinsky, Chair, Senate Education, Health & Environmental Affairs
Committee

Re: Letter of Support - Senate Bill 500 - Psychology Interjurisdictional Compact

Dear Chair Pinsky:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 500 - Psychology Interjurisdictional Compact.

Hospitals and their community partners improved access to the most appropriate level of care for Marylanders overall, but for the one in five with a mental health or substance use disorder, the emergency department often remains the only door to access treatment. Hospital care is only necessary for the most acute conditions, and maintaining health requires a robust system of community care. Yet, Maryland has an ongoing shortage of behavioral health professionals qualified to offer critical mental health services.

Maryland hospitals support measures that strengthen our health care workforce. Streamlining the process for psychologists to be licensed in multiple states could improve access to care, particularly for specialized services. SB 500 introduces the Psychology Interjurisdictional Compact, which would allow psychology professionals to practice in states other than their home state while maintaining their current licensure. The compact was approved by the Association of State and Provincial Psychology Boards in 2015. There are 14 participating states, and one state will join in March. Fourteen other states and Washington, D.C., are considering participating. This collaboration would allow Maryland to access a large workforce to meet the demand for psychological health services.

This compact will improve access to psychological services by offering additional telehealth and face-to-face options from licensed professionals among states in the compact. Professionals from each state will be required to meet agreed upon standards. The Health Occupation Board of the originating licensing state will retain authority over that professional. Compacts allow a qualified group to help fill workforce shortages and the increased need for mental and behavioral health support in response to COVID-19.

This committee passed similar legislation to ensure nurses and doctors have comparable compacts, which have been successful. We urge the committee's favorable report on this bill to ensure psychology services are accessible for Marylanders.

For more information, please contact:
Jennifer Witten, Vice President, Government Affairs
Jwitten@mhaonline.org

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Position: UNF



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

Board of Examiners of Psychologists
4201 Patterson Avenue
Baltimore, MD 21215
Phone: 410-764-4786

**2021 SESSION
POSITION PAPER**

BILL NO: SB 500
COMMITTEE: Education, Health, and Environmental Affairs
POSITION: OPPOSE

TITLE: Psychology Interjurisdictional Compact

BILL ANALYSIS: This Bill requires the Maryland Board of Examiners of Psychologists to enter into the Psychology Interjurisdictional Compact, or PSYPACT. It establishes certain criteria and duties for compact states and requires psychologists to meet certain eligibility requirements to practice interjurisdictional telepsychology and authorizes temporary in-person practice in certain circumstances.

POSITION AND RATIONALE: The Board of Examiners of Psychologists (the “Board”) opposes SB 500.

The Board agrees that expanding access to mental health services for Maryland’s residents is extremely important, and the ongoing pandemic has shown how essential telehealth services can be. In 2017, the General Assembly passed legislation that allowed for the delivery of teletherapy services in Maryland (Chapter 610, Acts of 2017). The Board promulgated regulations outlining telehealth protocols and included a provision for registered psychology associates to provide telehealth services to Maryland residents with increased access to care, *see* COMAR 10.36.10. In addition, in response to the COVID-19 pandemic, the Board expanded its authority pursuant to Md. Code Ann., Health Occ. § 18-301(e) to allow psychologists licensed in other states (who meet qualifications for licensure in Maryland, other than residence and examinations) to provide temporary services to Maryland residents without a license, via telehealth or in person.

PSYPACT was established in 2015 by the Association of State and Provincial Psychology Boards (“ASPPB”). PSYPACT is an interstate compact agreement between states that allows licensees to practice in states where they do not hold a license. Currently, thirteen states have enacted legislation for PSYPACT (one state, North Carolina, has enacted legislation for PSYPACT that is not yet effective). Although the Board supports an increase in access to telepsychology services for Maryland citizens (the Board is supporting, with amendment, the

Administration’s bill to expand the provision of telehealth services by out-of-state health practitioners, SB 568), the Board opposes SB 500 for the specific reasons listed below:

- Requirements for a psychology license are different in each state, and the requirements for a psychology license set forth in PSYPACT do not meet the standards established in Maryland. Specifically, SB 500 (Page 9, lines 16-20) provides that a psychologist who wants to participate in PSYPACT must “hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded . . . regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees . . . ” Maryland law, in Md. Code Ann., Health Occ. §§ 18-101(c)(1) & 18-302(f), requires a psychologist to hold a doctoral degree from a program accredited by the American Psychological Association. The Board is not aware of the standards used to determine regional accreditation; in addition, the language in SB 500 allows for the participation of psychologists trained at the masters OR doctoral level, not only doctoral as required in Maryland. Maryland law also requires rigorous internship training that may or may not be matched by other PSYPACT states.

- Because the Board is self-funded, licensing fees for Maryland-licensed psychologists will have to increase to pay for complaint and disciplinary processes related to out-of-state psychologists. In addition, the Board will likely have to impose a fee on the out-of-state psychologists on top of the fees (discussed below) imposed by ASPPB to handle the everyday administrative burden of participating in PSYPACT.

- SB 500 and PSYPACT, despite a stated purpose of increasing public access to psychological services, actually impose additional barriers to practice that may restrict movement. In order to participate in the compact, a psychologist needs to obtain either an E.Passport to practice telehealth, or an Interjurisdictional Practice Certificate, to practice temporarily in-person, from ASPPB – or both. Both the E.Passport and Interjurisdictional Practice Certificate come at significant expense, payable to ASPPB. Any fees imposed by the Board are set by regulation, but fees imposed by ASPPB are liable to change at a moment’s notice; more importantly, the Board – a government agency – will be required to enforce different licensure standards against psychologists located in and outside of Maryland based on whether the psychologist chooses to pay a fee to a private, non-governmental organization – a fee that is higher than the Board’s own licensing fee. The Board is also concerned that SB 500 (Page 8, lines 8-9, 23-24) seems to say a state can only participate in PSYPACT if the state already requires an E.Passport and/or Interjurisdictional Practice Certificate – something Maryland law does not currently require.

- Also, PSYPACT duplicates services that the Board currently provides without requiring an E.Passport or Interjurisdictional Practice Certificate. As noted above, the Board has fully embraced the expansion of telehealth in Maryland, which addresses previous geographical/regional issues that caused psychological services to be less readily available in some parts of Maryland as compared to others, The Board has a separate application for

Licensure by Mobility, which allows psychologists licensed in other states (with requirements substantially similar to Maryland's) to obtain a license in Maryland through a significantly expedited process. Finally, the Board has a process that allows out of state licensees to practice temporarily in Maryland through its Temporary Exception to Practice Program, which, as noted above, the Board recently extended to allow licensees to provide continuing care to their patients who relocated to Maryland because of COVID-19.

For all of these reasons, we respectfully request that the Committee vote unfavorable for SB 500. Thank you for your consideration. For more information, please contact Lorraine Smith, Executive Director at 410-764-4786 or Lorraine.smith@maryland.gov

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.