



February 19, 2021

Delegate Shayne E. Pendergrass, Chair
House Health and Government Operations Committee
Maryland House of Delegates
6 Bladen Street
House Office Building, Room 241
Annapolis, MD 21401

RE: HB 970 Psychology Interjurisdictional Compact

Position: SUPPORT

Dear Chair, Vice Chair, and Committee Members:

I am Dr. Pat Savage. I am and have been a licensed psychologist in Maryland since 1986. I began my career working in community mental health with at-risk-youth with the Mental Health Association of Montgomery County. I have also worked for the Montgomery County Public Schools/Health Department in a joint community program to address the needs of substance using adolescents and their families as well as within the Montgomery County Public Schools with staff who required mental health/substance abuse assistance. I am now providing mental health services to children, adolescents, and adults in private practice where I have worked in both Prince Georges and Montgomery Counties. I currently serve on the editorial boards of two journals in the field of neuropsychology: the study of brain behavior relationships. Lastly, I have served in numerous leadership positions within MPA including experiencing the honor of having served as President of the Association. I am a resident of Montgomery County, Maryland living and working in District 14 with a second office in District 17

Today I write to you as a psychologist, who has and continues to work with children, adolescents, families, and adults providing evaluations and counseling/psychotherapy, about HB 970 a bill known as PSYPACT. I write to tell you the myriad of benefits that this bill offers to clients/patients seeking mental health services and to the psychologists who provide those services.

As you may know the bill allows for psychologists to provide psychological care across state lines through two delivery systems: telehealth and in person. PSYPACT allows psychologists to provide psychological services via telehealth to clients in other states that have entered into a compact called: PSYPACT. Secondly, it allows a psychologist to practice in other Compact states for up to 30 days of in person practice. PSYPACT does so by setting clear educational requirements (Doctoral Degree in Psychology), clear and strict requirements for obtaining an E Passport which is at least as strict as those for obtaining a license to practice in Maryland, clear lines of jurisprudence and discipline that honors the state's laws in which the client/patient resides, and provides the Boards of both states the ability to take action while leaving the disciplinary action in the hands of the state in which the psychologist maintains their license. What PSYPACT also does is expand access to care for residents of the states who enter into the compact as well as provide a necessary mechanism to provide continuity of care for those individuals who live near boundary lines, are dislocated, temporarily leave the state, or move to another state in the middle of care.

Why is this so important to the provision of quality mental health care? We know from a myriad of research that at least 50% of the reason that clients/patients benefit from mental health care is based in the quality of the relationship that the client/patient establishes with their mental health provider. When properly established, the therapeutic relationship between a client/patient and their therapist is a powerful curative factor. This therapeutic relationship becomes even more important when treating individuals who have experienced physical or emotional trauma or struggle to overcome developmental disorders. If the relationship is disrupted clients/patients will often discontinue or drop out of treatment despite the continued suffering and impairment that they may experience. This disruption, when caused by an unexpected or even expected move, if not very carefully managed, can even become a reason

people choose not to seek treatment for their mental health issues. The importance of the continuity of care cannot be overstated in terms of its relevance to the provision of quality care.

Without PSYPACT client/patients and their therapist face difficult and at times unexpected disruptions to treatment. Psychologist often find themselves in a situation where their ethics require they do what is in the best interest of their client/patient, provide continuity of service across state lines, or abide by the law and attempt to gain access to treat a client/patient in another state, through temporary licensing laws, or refuse to see a patient because they don't have a license in the state where a client/patient finds themselves. Obtaining either a temporary or more permanent license to practice is often difficult to do and can take long periods of time to accomplish. The client/patient faces the loss, sometimes abruptly, of access to a trusted therapist to help them negotiate a difficult situation or crisis or manage their longer term care. While this situation might not seem to occur with great frequency, that thought would be wrong. A few examples. Clients/patients who go on vacation and experience an emergency. Kids from families of divorce whose parents have homes in different local jurisdictions. Kids who go to school in one jurisdiction and live in another. Adults who live in Maryland but work in Virginia, or the District. Clients/patients who have been dislocated by a job loss or a family crisis which involves caring for another sick or impaired family member in another state. The list could go on and on.

What is the impact on access to care of PSYPACT for the residents of Maryland, particularly in rural areas or in underserved communities that require specialized care not available to them in the state in which they live? With the formation of a compact, Maryland residents will have access to many more providers as well as those who are best suited to treat their particular needs whether it be a specialty treatment or a desire to be seen by someone who has similar racial, religious or cultural characteristics. This can become even more critical in areas of Maryland where there are far fewer mental health providers than the need for providers. This is already a problem in many areas of the state with the rising numbers of people seeking mental health care. PSYPACT offers access to far more providers and far more providers who might share a desired cultural characteristic for a client/patient than our current system.

For those psychologists who choose to treat people across state lines, the actual costs can be daunting and in many cases discourage a psychologist from providing quality care. The cost to obtain a license in a neighboring state, meet the CEU requirements of that state on a continuous basis, the administrative time and costs to track all of this is often overwhelming and disincentivizes psychologist to continue to treat clients/patients who move or are temporarily located in another state. Not only is the cost daunting but the time required to apply and receive authorization to practice in another state, even temporarily, often makes obtaining these temporary licenses impractical or useless, such as in a client emergency.

COVID-19 has placed into clear view problems with access to and continuity of care that existed prior to COVID and will exist well after the health emergencies that have allowed more flexibility to providers who are trying their best to meet the needs of their clients/patients. I say this because the health emergencies declared in many states, has allowed the practice of telehealth by psychologists into distant states that has previously been prohibited, therefore allowing for the provision of critical care to individuals during the pandemic. Without PSYPACT easy access to and continuity of care issues will once again challenge clients/patients and their psychologists. With the passage of PSYPACT and the growing number of states joining this compact these challenges will lessen and perhaps become an unpleasant memory.

Telehealth is here to stay. Clients/patients who are mobile or work, live and play in different states is here to stay. It is time to move Maryland into the future as licensing laws designed years ago are creating unwarranted challenges to access and continuity of care.

For these and many more reasons, I implore your committee to offer a FAVORABLE report on HB970. I would be glad to make myself available to any committee member who might have questions or want more information about my thoughts on this important bill.

Sincerely,



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