

APPENDIX 1

Maryland Psychological Association – MPA House Bill 970 - Psychology Interjurisdictional Compact

Letters of Support:

1. Esther L. Finglass, Ph.D. LLC
2. Julie Bindeman, Psy-D, Integrative Therapy of Greater Washington
3. Andrea Chisolm, Ph.D.
4. Peter Smith Psy.D. MSCP
5. Jonathan Gorman, PsyD
6. Linda Jones Herbert, PhD, Children's National Health
7. Janice C. C. Lepore, Psy.D. and Associates, LLC
8. Selena C. Snow, Ph.D., The Snow Psychology Group
9. Kimberly Y. Campbell, Ph.D.
10. Laura Gray, Ph.D., Children's National Health
11. Stefanie Reeves, FASAE, CAE, MPA Executive Director

ESTHER L. FINGLASS, Ph.D. LLC
LICENSED PSYCHOLOGIST
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February 18, 2021

Delegate Shane E Pendergrass, Chair
Delegate Joseline A. Pena-Melnyk, Vice Chair
Health and Government Operations Committee
6 Bladen Street
House Office Building, Rm 241
Annapolis, MD 21401

Dear Delegates Pendergrass and Pena-Melnyk, and Members of the Health and Government Operations 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 HB 970, 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



Julie Bindeman, Psy-D
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February 18, 2021

Delegate Shane E Pendergrass, Chair
Delegate Joseline A. Pena-Melnyk, Vice Chair
Health and Government Operations Committee
6 Bladen Street
House Office Building, Rm 241
Annapolis, MD 21401

Dear Delegates Pendergrass, Pena-Melnyk and Members of the Health and Government Operations 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 HB 970, 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).

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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



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p 301.593.6554 f 301.255.0461

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Delegate Shane E Pendergrass, Chair
Delegate Joseline A. Pena-Melnyk, Vice Chair
Health and Government Operations Committee
6 Bladen Street
House Office Building, Rm 241
Annapolis, MD 21401

Dear Delegates Pendergrass, Pena-Melnyk and Members of the Health and Government Operations Committee,

My name is Dr. Andrea Chisolm. I am a licensed psychologist here in Maryland. I am writing to request your support for HB 970, 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).

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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

Rebecca Abrahams, LCSW | Lynn Bufka, PhD | Betsy Carmichael, LCSW | Andrea Chisolm, PhD | Anahi Collado, PhD | Colleen Cummings, PhD
Michelle Gryczkowski, PhD | Erin Lewis-Morrarty, PhD | Keri Linas, PhD, PsyD | Heather Loffredo, PsyD | Elizabeth Malesa, PhD | Kelly O'Brien, PhD
Samantha Reave, PhD | Nina Shiffrin, PhD | Tom Verratti, LCSW-C | Candice Watson, PhD | Susan Wilson, PhD | Lemuel Yutzy, PhD, LCSW-C
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Delegate Shane E Pendergrass, Chair
Delegate Joseline A. Pena-Melnyk, Vice Chair
Health and Government Operations Committee
6 Bladen Street
House Office Building, Rm 241
Annapolis, MD 21401

HB970 PSYPACT

Dear Delegates Pendergrass and Pena-Melnyk, and Members of the Health and Government Operations Committee

I am asking each of you for your support of HB970 PSYPACT

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 black ink, appearing to read "Peter Smith", written over a horizontal line.

Peter Smith Psy.D. MSCP
Licensed Psychologist

Jonathan Gorman, PsyD
CLINICAL PSYCHOLOGIST

February 19, 2021

Re: PSYPACT

Delegate Shane E Pendergrass, Chair
Delegate Joseline A. Pena-Melnyk, Vice Chair
Health and Government Operations Committee
6 Bladen Street
House Office Building, Rm 241
Annapolis, MD 21401

Dear Delegates Pendergrass and Pena-Melnyk, and Health and Government Operations Committee:

I am a psychologist licensed in Maryland. I am writing to you in support of HB970. 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

Jonathan Gorman, PsyD

CLINICAL PSYCHOLOGIST

college students who have left Maryland to go back to their home state for a break from school. 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.



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

February 19, 2021

Delegate Shane E Pendergrass, Chair
Delegate Joseline A. Pena-Melnyk, Vice Chair
Health and Government Operations Committee
6 Bladen Street
House Office Building, Rm 241
Annapolis, MD 21401

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

Dear Delegates Pendergrass and Pena-Melnyk, and Members of the Health and Government Operations 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 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 of 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



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

February 19, 2021

Delegate Shane E Pendergrass, Chair
Delegate Joseline A. Pena-Melnyk, Vice Chair
Health and Government Operations Committee
6 Bladen Street
House Office Building, Rm 241
Annapolis, MD 21401

Bill: HB 970 Psychology Interjurisdictional Compact

Position: Support

Dear Delegates Pendergrass and Pena-Melnyk, and Members of the Health and Government Operations Committee:

I am a licensed psychologist in private practice in Lutherville, Maryland. I am writing today in **SUPPORT of HB 970, 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 HB 970.

Thank you for your time and consideration,

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



The Snow Psychology Group

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February 20, 2021

Delegate Shane E Pendergrass, Chair
Delegate Joseline A. Pena-Melnyk, Vice Chair
Health and Government Operations Committee
6 Bladen Street
House Office Building, Rm 241
Annapolis, MD 21401

Dear Members of the House HGO 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 HB 970, 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 21, 2021

Delegate Shane E Pendergrass, Chair
Delegate Joseline A. Pena-Melnyk, Vice Chair
Health and Government Operations Committee
6 Bladen Street
House Office Building, Rm 241
Annapolis, MD 21401

Dear Delegates Pendergrass and Pena-Melnyk:

I am a licensed psychologist and I have owned a private practice in Silver Spring since 2002 where my clientele is primarily African American children, adolescents and adults.

I am writing to request your support for a bill which would allow Maryland to enter the Psychology Interjurisdictional Compact (PSYPACT). Senator Clarence Lam in the Senate and Delegates Cullison and Johnson in the House are the sponsors. We do not yet have a bill number but will advise your office when that occurs.

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.

Lt. Governor Rutherford also supported the concept of mental health interstate compacts during the Governor's Press Conference on January 14, 2021.

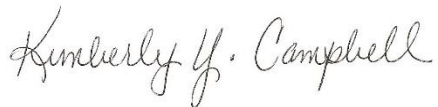
PSYPACT will benefit Maryland's residents who live near bordering states and the District of Columbia, those in rural areas, those who lack access to specialty care (addictions, autism spectrum disorder, language barriers), those with transportation or mobility issues, individuals with significant time 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.

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. PSYPACT improves access to care and continuity of care of psychological services by facilitating the competent practice of telehealth by licensed psychologists across state lines. PSYPACT also provides for patient protection by certifying psychologists to ensure they are competent to provide services and are free of criminal and disciplinary history.

I look forward to talking with you more about PSYPACT. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Kimberly Y. Campbell".

Kimberly Y. Campbell, Ph.D.

Clinical Psychologist

MD License #2805

D.C. License #1634

VA License # 0810006562

Immediate Past President, Maryland Psychological Association



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

February 22, 2021

Delegate Shane E Pendergrass, Chair
Delegate Joseline A. Pena-Melnyk, Vice Chair
Health and Government Operations Committee
6 Bladen Street
House Office Building, Rm 241
Annapolis, MD 21401

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

Dear Delegates Pendergrass, Pena-Melnyk, and Members of the Health and Government Operations 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.

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February 22, 2021

Delegate Shane E Pendergrass, Chair
Delegate Joseline A. Pena-Melnyk, Vice Chair
Health and Government Operations Committee
6 Bladen Street
House Office Building, Rm 241
Annapolis, MD 21401

Dear Delegates Pendergrass and Pena-Melnyk, and Members of the Health and Government Operations Committee:

My name is Stefanie Reeves, and I am the Executive Director of the Maryland Psychological Association (MPA) in Columbia. MPA represents over 1,000 licensed psychologists in the state. I am writing to request your support for HB 970, Psychology Interjurisdictional Compact which will come before your committee this 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, the number of calls we receive daily from residents looking for psychologists are increasing by the day. **The need is tremendous.** PSYPACT will provide the means to increasing 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 HB 970 is brought before the committee on Thursday, 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
Executive Director
Maryland Psychological Association