



New Mexico Psychological Association

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SB 141 – The Psychology Interjurisdictional Compact (PSYPACT)

About PSYPACT

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

How PSYPACT works

- PSYPACT becomes operational when seven (7) states enact PSYPACT into law
- Psychologists who wish to practice under PSYPACT obtain:
 - **E.Passport Certificate** for telepsychology
 - **Interjurisdictional Practice Certificate (IPC)** for temporary in-person, face-to-face practice
- PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions

Benefits of PSYPACT

For Consumers

- Increases client/patient access to care – especially in rural and/or underserved areas
- Facilitates continuity of care when client/patient relocates, travels, etc.
- Certifies that psychologists meet 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

For Licensed Psychologists

- Allows licensed psychologists to practice telepsychology and/or conduct temporary in-person, face-to-face practice across state lines into PSYPACT states without having to become licensed in those states
- Facilitates psychologists' ability to provide services to populations currently underserved or geographically isolated
- Establishes standardized time allowances for temporary practice regulations in PSYPACT states

New Mexico's Rural Areas Need Behavioral Health Services PSYPACT Can Help

- NM injury, violence mortality, and substance abuse death far exceed national rates and trends.
- New Mexico alcohol-related death rates have ranked 1st, 2nd, and 3rd in the US for the past 33 years.
- New Mexico has ranked in the top 8 states in the nation for drug-related deaths for the past 25 years.
- Alcohol and drugs contribute to NM's violence rate being 2nd highest in the US.
- For the last 30 years, NM has ranked among the top 5 states in the US for suicide.
- Counties with extremely high suicide and drug-related death rates are primarily in rural and frontier areas where behavioral health services are minimal; the more underserved the area, the higher the death rates.
- There are significantly more urban vs rural behavioral health (BH) providers (Table B2...n-266 vs n-812; Health Care Workforce Committee Annual Report, 2017).
- This data indicates there are an insufficient number of qualified BH specialists to treat the high number of seriously mentally ill in rural/frontier areas of the state.
- 16 of 33 counties in NM have none or low numbers of BH specialists and these same counties have persistently high death rates (NM Substance Abuse Epidemiology Profile, DOH, 2017).
- 32 of 33 counties in NM are designated Health Professional Shortage areas.
- Centennial Care MCOs do not meet GEO Access requirements for psychologists and psychologist prescribers leading either to untimely access to specialty psychological services or an outright inability to access these services (BH Services for Medicaid Expansion, LFC Report, 2018).
- Workforce Reports forecasts continued deterioration in access to BH care with greater wait times for appointments, and a lack of services especially for specialty BH and psychological services.
- HSD advocates that the MCOs expand telehealth/telemedicine both to fill the gaps in provider networks and to improve "timelier" access in rural/frontier areas (Health Care Workforce Committee Report, 2017).

Learn more at the site of the [Association of State and Provincial Psychology Boards](#)

[Full Text of SB 141](#)