

PSYPACT LEGISLATIVE RESOURCE KIT

FEBRUARY 2020

Reducing regulatory barriers. Increasing access to mental healthcare.

Contents

What is a Compact? _____	3
Background and Summary _____	5
Model Legislation _____	11
Summary of Model Legislation _____	40
Frequently Asked Questions _____	43
Legislative Talking Points _____	57
Sample Legislative Testimony _____	60
Fiscal Note _____	63
Impact Statements _____	66
Statistics _____	68
Key Contacts _____	68
Historical Rosters _____	68
References _____	69

WHAT IS A COMPACT?

What is a Compact?

An interstate compact is a contract between two or more states. It carries the force of statutory law and allows states to perform a certain action, observe a certain standard or cooperate in a critical policy area. Generally speaking, interstate compacts:

- Establish a formal, legal relationship among states to address common problems or promote a common agenda;
- Create independent, multistate governmental authorities (such as commissions) that can address issues more effectively than a state agency acting independently, or when no state has the authority to act unilaterally; and
- Establish uniform guidelines, standards or procedures for agencies in the compact's member states.

Examples of well-known interstate compacts include the New York-New Jersey Port Authority Compact, the Emergency Management Assistance Compact, the Washington Metro Area Transit Authority Compact, the Multistate Tax Compact and the Southern Dairy Compact.

HOW MANY INTERSTATE COMPACTS ARE THERE?

There are more than 200 active interstate compacts. Twenty-two of them are national in scope, including several with 35 or more member states and an independent commission to administer the agreement. More than 30 compacts are regional, with eight or more member states. For information about existing compacts, visit www.csg.org (keyword: interstate compacts).

WHEN ARE INTERSTATE COMPACTS CREATED?

Historically, interstate compacts have been used for three reasons: 1) to establish state boundaries; 2) to establish advisory commissions to study interstate policy issues and report back to the respective states on their findings; and 3) to create administrative agencies to regulate and manage a variety of interstate policy concerns. Between 1783 and 1920, states approved 36 compacts, mostly to settle boundary disputes. More recently, especially since the end of World War II, states have created compacts regarding areas ranging from conservation and resource management to civil defense, education, emergency management, energy, law enforcement, probation and parole, transportation and taxes.

HOW ARE INTERSTATE COMPACTS CREATED?

The U.S. Constitution (Art. 1, Sec. 10, Clause 3) grants states the right to enter into multistate agreements for their common benefit. Congress must approve any compact that would increase the states' political power in a manner that would encroach upon the federal government's power. When entering compacts, states must adhere to state constitutional requirements, particularly regarding separation of powers, delegation of power, and debt limitations. In 1951, the Supreme Court affirmed in *West Virginia v. Sims* that states have the authority to enter into compacts and to delegate authority to an interstate agency.

ARE ALL REGULATORY INTERSTATE COMPACTS ALIKE?

No, depending on the needs of the profession, interstate compacts addressing regulatory matters can be structured quite differently. Currently, there are several professions utilizing interstate compacts to address

WHAT IS A COMPACT?

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 as well as provide consistency among the states around temporary in-person, face-to-face practice.

WHAT ARE THE BENEFITS OF INTERSTATE COMPACTS?

Interstate compacts are powerful, durable, flexible tools to promote and ensure cooperation among the states, while avoiding federal intervention and preemption of state powers. Compacts offer the following benefits: They settle interstate disputes. They provide state-developed solutions to complex public policy problems, unlike federally imposed mandates. They respond to national priorities in consultation or in partnership with the federal government. They retain state sovereignty in matters traditionally reserved for the states. They create economies of scale to reduce administrative costs. In other words, the interstate compact is a constitutionally authorized means of implementing and protecting federalism and the states' role in the federal system.

HOW CAN I GET MORE INFORMATION?

For more information on interstate compacts, including news on recent state and federal legislation, a searchable database of compacts, links to relevant state statutes, legal and historical information and more, visit the National Center for Interstate Compacts at www.csg.org (keyword: interstate compacts).

BACKGROUND AND SUMMARY

Background and Summary

BACKGROUND

The advancement of a viable telehealth option for client/patients of psychological services is critical for the healthcare needs of the United States. The 1999 Surgeon General's Report on Mental Health included the following sobering assessment:

“Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services”. (U.S. Department of Health and Human Services, 1999).

Improvement in access to care has resulted from reimbursement of mental health services through both government funded programs like Medicare and Medicaid (Center for Medicare and Medicaid Services, 2011) and private medical insurance policies (Brown, 2006; Eder-Van Hook, Burgiss & Waters, 2006). Currently, there are 39 state Medicaid programs that provide some sort of reimbursement for telehealth services with mental health having the greatest change within the reimbursement policies (CTel.org, 2014). Even with this increase in reimbursement, the unmet mental health needs of children, families, the seriously mentally ill, veterans and older Americans are well documented (Baker & Bufka, 2011; Collins, Westra, Dozois & Burns 2004).

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; Elliot, Wendel, Brossart, Cano, Gonzalez & Burdine, 2011). Mental health services for adults and children have been shown to be effective for a variety of conditions leading to an increased quality of life, more successful recovery from substance abuse, more positive marital, family, and school functioning and better post deployment adjustment for veterans (Gustafson, Shaw, Isham, Baker, Boyl & Levi, 2011; Spira, McLay, Popovic, Russoniello & Wood, 2010; Tunick, Mednick & Conroy, 2011). With studies showing that one in every 88 children living in the United States has some form of autism spectrum disorders, telehealth has proven to be a viable mechanism for these children and their families to gain support and professional services from a distance (Vismara, Young, & Moniux, 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).

Finally, 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). 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).

BACKGROUND AND SUMMARY

Like most health care professions in the U.S, licensure in psychology is based on state licensing laws and systems for identifying and credentialing competent psychologists and regulating their professional conduct once licensed. Because licensure requirements for psychologists vary significantly across the various states and territories, and change within a state over time, obtaining a license to practice in multiple states or in subsequent states years after graduate training has ended, can be a complicated, tedious and sometimes even an impossible process for a psychologist.

The Association of State and Provincial Psychology Boards (ASPPB) realized early on the need for a mechanism for expedited licensure. ASPPB is the consortium or alliance of the statutorily created state psychology licensing boards of all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam, as well as all 10 Canadian provinces. The mission of ASPPB is to serve and support its member boards in fulfilling their goal of advancing public protection by:

1. offering exemplary examination and credentialing programs;
2. providing state of the art programs and services to all our stakeholders;
3. serving as the source for the most current and accurate information about the regulation of psychologists; and
4. contributing to the critical consumer protection perspective in the ongoing development of the profession. (ASPPB, 2013)

To that end, the Certificate of Professional Qualification in Psychology (CPQ) was created in 1998. The purpose of the CPQ is to document that the individual holding the certificate has met specific requirements in licensure, education, examination and training and has never had disciplinary actions taken against his or her license. Psychology licensing boards that accept the CPQ have agreed to accept the CPQ holder's educational preparation, supervised experience and examination performance for licensure. The CPQ does not constitute a license to practice. Currently, 55 of the 64 ASPPB member jurisdictions utilize the CPQ to expedite the licensure process. Also, ASPPB created the Psychology Licensure Universal System (PLUS) in 2012 to create a mechanism to streamline the initial licensure process. PLUS is an online system designed to allow individuals to apply for licensure, certification, or registration in any state, province, or territory in the United States or Canada currently participating in the PLUS program.

Although both of these mechanisms assist with obtaining a license, at this time, one must be licensed in each state in order to offer psychological services in that state. This requirement makes the possibility of offering psychological services via telepsychology across state lines impractical. However, delivering psychological services using telecommunication for interventions, assessment, and education has been demonstrated to be effective as can be seen by the research mentioned above. Services delivered by telepsychology could greatly increase the ability of psychologists to deliver timely and effective interventions to both existing clients and populations previously underserved due to their rural location, lack of available psychologists, local stigma to seeking care, need for specialty care, and many other factors.

In addition, providing temporary services has been confusing and frustrating for psychologists due to the differences in temporary practice time allowances across the states (e.g. some states allow 15 days, other states allow 30 days). In addition to mechanisms to address licensure, ASPPB created the Interjurisdictional Practice Certificate (IPC) to address inconsistencies regarding temporary in-person, face-to-face practice. Although the IPC has established acceptable education and training necessary for a

BACKGROUND AND SUMMARY

psychologist to engage in temporary in-person, face-to-face practice in a state where they do not hold a license, state participation has been limited due to requirements to change statutes and regulations.

Also, in an increasingly mobile society, both clients and psychologists often need to maintain continuity of care despite being temporarily or permanently outside the state boundaries where the psychologist holds primary licensure. Requiring psychologists to obtain licensure in every state where a client and psychologist may make contact, represents a significant barrier to the feasibility of telepsychology and temporary in-person, face-to-face practice and increases the complications and redundancies of the licensure process for qualified psychologists. Also, with more federal legislation being introduced around national licensure, a state-based viable option is needed.

Specific impacts on telepsychology include:

- **State Licensure Eligibility Inconsistencies** - Different states use different criteria for licensure eligibility particularly in the areas of academic education and supervised work experience. For example, while most states require a doctoral degree in psychology for licensure as a psychologist, there is significant variation in the requirements of accreditation status for doctoral programs that are acceptable across states. Some states require individuals to have graduated from programs accredited by the American Psychological Association (APA), others accept doctoral degrees from a program that is only housed in a regionally accredited educational institution. Similarly there are differences in the amount and nature of required supervised work experience across states. While virtually all states require a year of pre-doctoral supervised experience typically called an internship, the number of clock hours that make up that year of experience varies from 1,500 to over 2,000. These inconsistencies in criteria restrict licensure by endorsement between the states, in that states often do not accept each other's licensees when psychologists seek licensure in a state with differing requirements from where they first became licensed.

These differences have also made it almost impossible for states to enter into agreements allowing the authorization for telepsychology and/or temporary in-person, face-to-face practice for psychologists licensed in other states. This has made it necessary for psychologists to obtain licenses in every state that they are providing services into.

- **Differences in State Licensure Evaluation Procedures** - Each state psychology licensing board, as part of its duty to protect the public, has traditionally found it necessary to review and accept candidates for licensure based only on its own evaluation of credentials. These evaluations may result in different outcomes of similar applications based on different legislative or regulatory requirements or different understandings of acceptable criteria. For example, a psychologist from an accredited program may have specific coursework that is deemed acceptable in one state but not in another based on differences in the assessment of course content by the different state psychology licensing boards. This detailed evaluation process as well as the time needed to gather licensure application materials has slowed down the licensure process. Since psychology licensing boards must evaluate based on their own requirements and their applicants have the potential to provide telepsychology and/or temporary in-person, face-to-face services in other states, a mechanism is needed to compensate for the differences in licensure requirements.

BACKGROUND AND SUMMARY

- **Differences in State Licensure Application Processes** - Each psychology licensing board has its own unique licensure application and procedures. Each time a psychologist applies for licensure to a state they must complete a different application. This takes not only time from the psychologist but also time and effort from each psychology licensing board staff. Each psychology licensing board staff member must follow up to make sure all credentials are received instead of relying on information housed with another state or a central repository. Additionally, prior supervisors may no longer be available to attest to and verify required supervised work experience, thus increasing the complexity and time needed by psychologists and psychology licensing board staff to complete an application for multiple licenses. This inefficient licensure application method can result in the unnecessary drain of scarce resources and duplicative efforts in the licensure process.
- **Issues in Disciplining Psychologists** - One of the main functions of state psychology licensing boards is the protection of the public from unethical, unscrupulous and harmful acts by psychologists. As a result, state psychology licensing boards are authorized by state laws to investigate and prosecute any complaints arising against a licensee in their state. In addition, state psychology licensing boards must also have the authority to address any complaints against psychologists licensed by other states who are providing services to the public into a state in which the psychologist is not licensed to practice. Unfortunately, disciplinary procedures and rules vary from state to state. The current solution is to require psychologists to be licensed in all states where they and the client are located no matter the delivery method. This is untenable to both psychologists and the public. Given the cost to obtain and maintain a psychology license in each state where they are practicing, it is less likely that psychologists would practice telepsychology. As a result, access to care and services to underserved populations could be substantially reduced.
- **Differences in State Disciplinary Processes** - To protect the public from harm, state psychology licensing boards are empowered to utilize disciplinary processes and procedures to investigate public complaints against psychologists. Since licensing laws are state specific, the laws enabling those powers vary from state to state. A good example of this is how state psychology licensing boards address unlicensed practice. Since state psychology licensing boards can only sanction a license of someone practicing in their state without a license, they have limited authority to impose a disciplinary sanction. Some state psychology licensing boards can issue an injunction or a cease and desist, while others have no remedies at all. Due to these differences, a mechanism is needed to give the state psychology licensing boards power to discipline, where none currently exists, in order to ensure public protection.
- **Differences in State Statutes and Regulations** - As seen with both licensure requirements and disciplinary procedures, state psychology licensing boards' statutes and regulations pertaining to the practice of psychology also vary from state to state. 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 and make the practice of telepsychology across jurisdiction boundaries complicated to negotiate.

BACKGROUND AND SUMMARY

The Psychology Interjurisdictional Compact (PSYPACT) addresses these issues as well as compact administration and enforcement, data sharing, and finances. PSYPACT establishes an independent operating authority, the Psychology Interjurisdictional Compact Commission, to administer and enforce the compact and to address future issues surrounding telepsychology and temporary in-person, face-to-face practice as needed.

The development of interstate solutions for the provision of telepsychology is of utmost importance not only to the individual psychologist but also to the clients/patients of psychological services. With the purpose of licensure being to serve the best interests of the public, addressing the obstacles to interjurisdictional telepsychology practice is of the utmost importance to ensure the legal and ethical practice of telepsychology. There would be no need for resolving interjurisdictional barriers to telepsychology if research was not showing the effectiveness of telepsychology with varying populations. Creating consistencies among temporary in-person, face-to-face practice requirements and practice time allowances are needed to relieve the confusion around all variations among the states. PSYPACT not only addresses telepsychology, it addresses the inconsistencies regarding temporary in-person, face-to-face practice by further developing the IPC.

PSYPACT is designed to reduce existing licensure barriers to psychologists using advanced telecommunication technologies to deliver psychological services across state lines and to create consistency around the requirements regard temporary in-person, face-to-face practice while maintaining state sovereignty over licensure matters.

SOLUTIONS FOR THE FUTURE

ASPPB has drafted a new interstate compact, PSYPACT, which addresses the issues surrounding the ethical and legal practice of telepsychology. The ASPPB vision is to be “the foremost authority in the regulation and credentialing of psychologists.” (ASPPB, 2013). Since 2011, ASPPB has worked with a variety of national psychology organizations as well as members of ASPPB to create PSYPACT. PSYPACT addresses many of the issues identified around telepsychology and temporary practice time allowances, especially around the area of discipline and regulatory authority. PSYPACT also creates a structure for enforcement.

APPLICABILITY

PSYPACT applies to:

- Interstate (practice between states) telepsychological services; and
- Temporary in-person, face-to-face psychological services

PSYPACT does not apply to:

- Intrastate (practice within a state) telepsychological services;
- Permanent in-person, face-to-face psychological services; or
- Services provided by a psychologist licensed in both the state where physically located and the state where the client is located.

BACKGROUND AND SUMMARY

NATIONAL COORDINATION

- Psychology Interjurisdictional Compact Commission – the governing body for PSYPACT is composed of one representative from each Compact state. The Commission will provide oversight of PSYPACT as well as create and enforce rules governing the operation of PSYPACT. Each Compact State will be allowed one vote. The Commission will serve to provide a mechanism to solve interstate matters.
- Rulemaking – the Commission will write and enforce PSYPACT operations through rules. While PSYPACT serves as the structure of the agreement between Compact States, the Rules are the enforcement mechanism of the contract. The Rules allow for the ability to address changing issues without rewriting PSYPACT.

EFFECTIVE DATE

- PSYPACT required a threshold of seven (7) or more states to become effective. This threshold was met on April 9, 2019 and additional states continue to join the compact.

Questions may be directed to:

Janet P. Orwig, MBA, CAE
PSYPACT Executive Director
jorwig@asppb.org

Lisa Russo
PSYPACT Manager
lrusso@asppb.org

Ilyssa Krouse
PSYPACT Specialist
ikrouse@asppb.org

PSYPACT Commission
210 Market Road
Tyrone, GA 30290
www.psypact.org

MODEL LEGISLATION

Model Legislation

ARTICLE I PURPOSE

Whereas, states license psychologists, in order to protect the public through verification of education, training and experience and ensure accountability for professional practice; and

Whereas, this Compact is intended to regulate the day to day practice of telepsychology (i.e. the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

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;

Whereas, this Compact is intended to authorize State Psychology Regulatory Authorities to afford legal recognition, in a manner consistent with the terms of the Compact, to psychologists licensed in another state;

Whereas, this Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety;

Whereas, this Compact does not apply when a psychologist is licensed in both the Home and Receiving States; and

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

Consistent with these principles, this Compact is designed to achieve the following purposes and objectives:

1. 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;
2. Enhance the states' ability to protect the public's health and safety, especially client/patient safety;
3. Encourage the cooperation of Compact States in the areas of psychology licensure and regulation;
4. Facilitate the exchange of information between Compact States regarding psychologist licensure, adverse actions and disciplinary history;
5. Promote compliance with the laws governing psychological practice in each Compact State; and
6. Invest all Compact States with the authority to hold licensed psychologists accountable through the mutual recognition of Compact State licenses.

MODEL LEGISLATION

ARTICLE II DEFINITIONS

- A. “Adverse Action” means: Any action taken by a State Psychology Regulatory Authority which finds a violation of a statute or regulation that is identified by the State Psychology Regulatory Authority as discipline and is a matter of public record.
- B. “Association of State and Provincial Psychology Boards (ASPPB)” means: the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.
- C. “Authority to Practice Interjurisdictional Telepsychology” means: a licensed psychologist’s authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State.
- D. “Bylaws” means: those Bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Section X for its governance, or for directing and controlling its actions and conduct.
- E. “Client/Patient” means: the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.
- F. “Commissioner” means: the voting representative appointed by each State Psychology Regulatory Authority pursuant to Section X.
- G. “Compact State” means: 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.
- H. “Coordinated Licensure Information System” also referred to as “Coordinated Database” means: an integrated process for collecting, storing, and sharing information on psychologists’ licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.
- I. “Confidentiality” means: the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.
- J. “Day” means: any part of a day in which psychological work is performed.

MODEL LEGISLATION

- K. “Distant State” means: the Compact State where a psychologist is physically present (not through the use of telecommunications technologies), to provide temporary in-person, face-to-face psychological services.
- L. “E.Passport” means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.
- M. “Executive Board” means: a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.
- N. “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.
- O. “Identity History Summary” means: a summary of information retained by the FBI, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.
- P. “In-Person, Face-to-Face” means: interactions in which the psychologist and the client/patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies.
- Q. “Interjurisdictional Practice Certificate (IPC)” means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that grants temporary authority to practice based on notification to the State Psychology Regulatory Authority of intention to practice temporarily, and verification of one’s qualifications for such practice.
- R. “License” means: authorization by a State Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.
- S. “Non-Compact State” means: any State which is not at the time a Compact State.
- T. “Psychologist” means: an individual licensed for the independent practice of psychology.

MODEL LEGISLATION

- U. “Psychology Interjurisdictional Compact Commission” also referred to as “Commission” means: the national administration of which all Compact States are members.
- V. “Receiving State” means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.
- W. “Rule” means: a written statement by the Psychology Interjurisdictional 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.
- X. “Significant Investigatory Information” means:
 - 1. investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or
 - 2. investigative information that indicates that the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified and/or had an opportunity to respond.
- Y. “State” means: a state, commonwealth, territory, or possession of the United States, the District of Columbia.
- Z. “State Psychology Regulatory Authority” means: the Board, office or other agency with the legislative mandate to license and regulate the practice of psychology.
- AA. “Telepsychology” means: the provision of psychological services using telecommunication technologies.
- BB. “Temporary Authorization to Practice” means: a licensed psychologist’s authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another Compact State.
- CC. “Temporary In-Person, Face-to-Face Practice” means: where a psychologist is physically present (not through the use of telecommunications technologies), in the Distant State to provide for the practice of psychology for 30 days within a calendar year and based on notification to the Distant State.

MODEL LEGISLATION

ARTICLE III HOME STATE LICENSURE

- A. The Home State shall be a Compact State where a psychologist is licensed to practice psychology.
- B. A psychologist may hold one or more Compact State licenses at a time. If the psychologist is licensed in more than one Compact State, the Home State is the Compact State where the psychologist is physically present when the services are delivered as authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.
- C. Any Compact State may require a psychologist not previously licensed in a Compact State to obtain and retain a license to be authorized to practice in the Compact State under circumstances not authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.
- D. Any Compact State may require a psychologist to obtain and retain a license to be authorized to practice in a Compact State under circumstances not authorized by Temporary Authorization to Practice under the terms of this Compact.
- E. A Home State's license authorizes a psychologist to practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only if the Compact State:
 1. Currently requires the psychologist to hold an active E.Passport;
 2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;
 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;
 4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation FBI, or other designee with similar authority, no later than ten years after activation of the Compact; and
 5. Complies with the Bylaws and Rules of the Commission.
- F. A Home State's license grants Temporary Authorization to Practice to a psychologist in a Distant State only if the Compact State:
 1. Currently requires the psychologist to hold an active IPC;
 2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

MODEL LEGISLATION

3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;
4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation FBI, or other designee with similar authority, no later than ten years after activation of the Compact; and
5. Complies with the Bylaws and Rules of the Commission.

MODEL LEGISLATION

ARTICLE IV COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

- A. Compact States shall recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice telepsychology in other Compact States (Receiving States) in which the psychologist is not licensed, under the Authority to Practice Interjurisdictional Telepsychology as provided in the Compact.
- B. To exercise the Authority to Practice Interjurisdictional Telepsychology under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:
 1. Hold a graduate degree in psychology from an institute of higher education that was, at the time 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; AND
 2. Hold a graduate degree in psychology that meets the following criteria:
 - a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;
 - b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;
 - c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;
 - d. The program must consist of an integrated, organized sequence of study;
 - e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;
 - f. The designated director of the program must be a psychologist and a member of the core faculty;

MODEL LEGISLATION

- g. The program must have an identifiable body of students who are matriculated in that program for a degree;
 - h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;
 - i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degree and a minimum of one academic year of full-time graduate study for master's degree;
 - j. The program includes an acceptable residency as defined by the Rules of the Commission.
 3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;
 4. Have no history of adverse action that violate the Rules of the Commission;
 5. Have no criminal record history reported on an Identity History Summary that violates the Rules of the Commission;
 6. Possess a current, active E.Passport;
 7. Provide attestations in regard to 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
 8. Meet other criteria as defined by the Rules of the Commission.
- C. The Home State maintains authority over the license of any psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology.
- D. A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology will be subject to the Receiving State's scope of practice. 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.

MODEL LEGISLATION

- 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.

MODEL LEGISLATION

ARTICLE V COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

- A. Compact States shall also recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice temporarily in other Compact States (Distant States) in which the psychologist is not licensed, as provided in the Compact.
- B. To exercise the Temporary Authorization to Practice under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:
 1. Hold a graduate degree in psychology from an institute of higher education that was, at the time 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; AND
 2. Hold a graduate degree in psychology that meets the following criteria:
 - a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;
 - b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;
 - c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;
 - d. The program must consist of an integrated, organized sequence of study;
 - e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;
 - f. The designated director of the program must be a psychologist and a member of the core faculty;
 - g. The program must have an identifiable body of students who are matriculated in that program for a degree;

MODEL LEGISLATION

- h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;
 - i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degree;
 - j. The program includes an acceptable residency as defined by the Rules of the Commission.
 - 3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;
 - 4. No history of adverse action that violate the Rules of the Commission;
 - 5. No criminal record history that violates the Rules of the Commission;
 - 6. Possess a current, active IPC;
 - 7. Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the Commission; and
 - 8. Meet other criteria as defined by the Rules of the Commission.
- C. A psychologist practicing into a Distant State under the Temporary Authorization to Practice shall practice within the scope of practice authorized by the Distant State.
- D. 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.
- E. 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.

MODEL LEGISLATION

ARTICLE VI CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

- A. A psychologist may practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate State Psychology Regulatory Authority, as defined in the Rules of the Commission, and under the following circumstances:
1. The psychologist initiates a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State;
 2. Other conditions regarding telepsychology as determined by Rules promulgated by the Commission.

MODEL LEGISLATION

ARTICLE VII ADVERSE ACTIONS

- A. A Home State shall have the power to impose adverse action against a psychologist's license issued by the Home State. A Distant State shall have the power to take adverse action on a psychologist's Temporary Authorization to Practice within that Distant State.
- B. A Receiving State may take adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State may take adverse action against a psychologist based on an adverse action taken by a Distant State regarding temporary in-person, face-to-face practice.
- C. If a Home State takes adverse action against a psychologist's license, that psychologist's Authority to Practice Interjurisdictional Telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's Temporary Authorization to Practice is terminated and the IPC is revoked.
 - 1. All Home State disciplinary orders which impose adverse action shall be reported to the Commission in accordance with the Rules promulgated by the Commission. A Compact State shall report adverse actions in accordance with the Rules of the Commission.
 - 2. In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the Rules of the Commission.
 - 3. Other actions may be imposed as determined by the Rules promulgated by the Commission.
- D. 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.
- E. A Distant State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under Temporary Authorization Practice which occurred in that Distant State as it would if such conduct had occurred by a licensee within the Home State. In such cases, Distant State's law shall control in determining any adverse action against a psychologist's Temporary Authorization to Practice.
- 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

MODEL LEGISLATION

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.

- G. No other judicial or administrative remedies shall be available to a psychologist in the event a Compact State imposes an adverse action pursuant to subsection C, above.

MODEL LEGISLATION

ARTICLE VIII ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

- A. In addition to any other powers granted under state law, a Compact State's Psychology Regulatory Authority shall have the authority under this Compact to:
1. Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a Compact State's Psychology Regulatory Authority for the attendance and testimony of witnesses, and/or the production of evidence from another Compact State shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing State Psychology Regulatory Authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and
 2. Issue cease and desist and/or injunctive relief orders to revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.
 3. During the course of any investigation, a psychologist may not change his/her Home State licensure. A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State Psychology Regulatory Authority shall promptly report the conclusions of such investigations to the Commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change his/her Home State licensure. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission. All information provided to the Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or disciplinary matters. The Commission may create additional rules for mandated or discretionary sharing of information by Compact States.

MODEL LEGISLATION

ARTICLE IX COORDINATED LICENSURE INFORMATION SYSTEM

- A. The Commission shall provide for the development and maintenance of a Coordinated Licensure Information System (Coordinated Database) and reporting system containing licensure and disciplinary action information on all psychologists individuals to whom this Compact is applicable in all Compact States as defined by the Rules of the Commission.

- B. Notwithstanding any other provision of state law to the contrary, a Compact State shall submit a uniform data set to the Coordinated Database on all licensees as required by the Rules of the Commission, including:
 - 1. Identifying information;
 - 2. Licensure data;
 - 3. Significant investigatory information;
 - 4. Adverse actions against a psychologist's license;
 - 5. An indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice is revoked;
 - 6. Non-confidential information related to alternative program participation information;
 - 7. Any denial of application for licensure, and the reasons for such denial; and
 - 8. Other information which may facilitate the administration of this Compact, as determined by the Rules of the Commission.

- C. The Coordinated Database administrator shall promptly notify all Compact States of any adverse action taken against, or significant investigative information on, any licensee in a Compact State.

- D. Compact States reporting information to the Coordinated Database may designate information that may not be shared with the public without the express permission of the Compact State reporting the information.

- E. Any information submitted to the Coordinated Database that is subsequently required to be expunged by the law of the Compact State reporting the information shall be removed from the Coordinated Database.

MODEL LEGISLATION

ARTICLE X ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

- A. The Compact States hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.
1. The Commission is a body politic and an instrumentality of the Compact States.
 2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
 3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.
- B. Membership, Voting, and Meetings
1. The Commission shall consist of one voting representative appointed by each Compact State who shall serve as that state's Commissioner. The State Psychology Regulatory Authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the Compact State. This delegate shall be limited to:
 - a. Executive Director, Executive Secretary or similar executive;
 - b. Current member of the State Psychology Regulatory Authority of a Compact State; OR
 - c. Designee empowered with the appropriate delegate authority to act on behalf of the Compact State.
 2. Any Commissioner may be removed or suspended from office as provided by the law of the state from which the Commissioner is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the Compact State in which the vacancy exists.
 3. Each Commissioner shall be entitled to one (1) vote with regard to the promulgation of Rules and creation of Bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A Commissioner shall vote in person or by such other means as provided in the Bylaws. The Bylaws may provide for Commissioners' participation in meetings by telephone or other means of communication.
 4. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the Bylaws.

MODEL LEGISLATION

5. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article XI.
6. The Commission may convene in a closed, non-public meeting if the Commission must discuss:
 - a. Non-compliance of a Compact State with its obligations under the Compact;
 - b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - c. Current, threatened, or reasonably anticipated litigation against the Commission;
 - d. Negotiation of contracts for the purchase or sale of goods, services or real estate;
 - e. Accusation against any person of a crime or formally censuring any person;
 - f. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;
 - g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - h. Disclosure of investigatory records compiled for law enforcement purposes;
 - i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility for investigation or determination of compliance issues pursuant to the Compact; or
 - j. Matters specifically exempted from disclosure by federal and state statute.
7. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes which fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, of any person participating in the meeting, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the Commission or order of a court of competent jurisdiction.

MODEL LEGISLATION

- C. The Commission shall, by a majority vote of the Commissioners, prescribe Bylaws and/or Rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the Compact, including but not limited to:
1. Establishing the fiscal year of the Commission;
 2. Providing reasonable standards and procedures:
 - a. for the establishment and meetings of other committees; and
 - b. governing any general or specific delegation of any authority or function of the Commission;
 3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the Commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each Commissioner with no proxy votes allowed;
 4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;
 5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar law of any Compact State, the Bylaws shall exclusively govern the personnel policies and programs of the Commission;
 6. Promulgating a Code of Ethics to address permissible and prohibited activities of Commission members and employees;
 7. Providing a mechanism for concluding the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;
 8. The Commission shall publish its Bylaws in a convenient form and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the Compact States;
 9. The Commission shall maintain its financial records in accordance with the Bylaws; and

MODEL LEGISLATION

10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the Bylaws.

D. The Commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rule shall have the force and effect of law and shall be binding in all Compact States;
2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any State Psychology Regulatory Authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;
3. To purchase and maintain insurance and bonds;
4. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a Compact State;
5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;
7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
8. To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;
9. To establish a budget and make expenditures;
10. To borrow money;

MODEL LEGISLATION

11. To appoint committees, including advisory committees comprised of Members, State regulators, State legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the Bylaws;
12. To provide and receive information from, and to cooperate with, law enforcement agencies;
13. To adopt and use an official seal; and
14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of psychology licensure, temporary in-person, face-to-face practice and telepsychology practice.

E. The Executive Board

The elected officers shall serve as the Executive Board, which shall have the power to act on behalf of the Commission according to the terms of this Compact.

1. The Executive Board shall be comprised of six members:
 - a. Five voting members who are elected from the current membership of the Commission by the Commission;
 - b. One ex-officio, nonvoting member from the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.
2. The ex-officio member must have served as staff or member on a State Psychology Regulatory Authority and will be selected by its respective organization.
3. The Commission may remove any member of the Executive Board as provided in Bylaws.
4. The Executive Board shall meet at least annually.
5. The Executive Board shall have the following duties and responsibilities:
 - a. Recommend to the entire Commission changes to the Rules or Bylaws, changes to this Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees;
 - b. Ensure Compact administration services are appropriately provided, contractual or otherwise;
 - c. Prepare and recommend the budget;
 - d. Maintain financial records on behalf of the Commission;
 - e. Monitor Compact compliance of member states and provide compliance reports to the Commission;
 - f. Establish additional committees as necessary; and
 - g. Other duties as provided in Rules or Bylaws.

MODEL LEGISLATION

F. Financing of the Commission

1. The Commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities.
2. The Commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials and services.
3. The Commission may levy on and collect an annual assessment from each Compact State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission which shall promulgate a rule binding upon all Compact States.
4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the Compact States, except by and with the authority of the Compact State.
5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its Bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.

G. Qualified Immunity, Defense, and Indemnification

1. The members, officers, Executive Director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.
2. The Commission shall defend any member, officer, Executive Director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or

MODEL LEGISLATION

responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, Executive Director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

MODEL LEGISLATION

ARTICLE XI RULEMAKING

- A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.
- B. If a majority of the legislatures of the Compact States rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any Compact State.
- C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- D. Prior to promulgation and adoption of a final rule or Rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:
 - 1. On the website of the Commission; and
 - 2. On the website of each Compact States' Psychology Regulatory Authority or the publication in which each state would otherwise publish proposed rules.
- E. The Notice of Proposed Rulemaking shall include:
 - 1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
 - 2. The text of the proposed rule or amendment and the reason for the proposed rule;
 - 3. A request for comments on the proposed rule from any interested person; and
 - 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
- G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
 - 1. At least twenty-five (25) persons who submit comments independently of each other;

MODEL LEGISLATION

2. A governmental subdivision or agency; or
 3. A duly appointed person in an association that has having at least twenty-five (25) members.
- H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.
1. All persons wishing to be heard at the hearing shall notify the Executive Director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
 2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
 3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.
 4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
- K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.
- L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
1. Meet an imminent threat to public health, safety, or welfare;

MODEL LEGISLATION

2. Prevent a loss of Commission or Compact State funds;
 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
 4. Protect public health and safety
- M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

MODEL LEGISLATION

ARTICLE XIII OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

A. Oversight

1. The Executive, Legislative and Judicial branches of state government in each Compact State shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.
2. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a Compact State pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.
3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a Compact State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:
 - a. Provide written notice to the defaulting state and other Compact States of the nature of the default, the proposed means of remedying the default and/or any other action to be taken by the Commission; and
 - b. Provide remedial training and specific technical assistance regarding the default.
2. If a state in default fails to remedy the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the Compact States, and all rights, privileges and benefits conferred by this Compact shall be terminated on the effective date of termination. A remedy of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the

MODEL LEGISLATION

Commission to the Governor, the majority and minority leaders of the defaulting state's legislature, and each of the Compact States.

4. A Compact State which has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations which extend beyond the effective date of termination.
5. The Commission shall not bear any costs incurred by the state which is found to be in default or which has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.
6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the state of Georgia or the federal district where the Compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

C. Dispute Resolution

1. Upon request by a Compact State, the Commission shall attempt to resolve disputes related to the Compact which arise among Compact States and between Compact and Non-Compact States.
2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the commission.

D. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and Rules of this Compact.
2. By majority vote, the Commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the Compact has its principal offices against a Compact State in default to enforce compliance with the provisions of the Compact and its promulgated Rules and Bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.
3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

MODEL LEGISLATION

ARTICLE XIII DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

- A. The Compact shall come into effect on the date on which the Compact is enacted into law in the seventh Compact State. The provisions which become effective at that time shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.
- B. Any state which joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule which has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.
- C. Any Compact State may withdraw from this Compact by enacting a statute repealing the same.
 - 1. A Compact State's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.
 - 2. Withdrawal shall 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.
- D. Nothing contained in this Compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a Compact State and a Non-Compact State which does not conflict with the provisions of this Compact.
- E. This Compact may be amended by the Compact States. No amendment to this Compact shall become effective and binding upon any Compact State until it is enacted into the law of all Compact States.

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.

SUMMARY OF MODEL LEGISLATION

Summary of Model Legislation

PURPOSE

- Allows for the delivery of psychological services via telecommunications from providers to patients in separate states.
- Allows for up to 30 days of in-person, face-to-face practice.
- Recognizes that states have a vested interest in the protection of public health and safety and through this compact and regulation will afford the best available protection.

ARTICLE II DEFINITIONS

- This article defines terms used throughout the compact to alleviate confusion on the part of the states and practitioners.
 - (N) "Home State" is the Compact State where a psychologist is licensed to practice.
 - When delivering telepsychology services it is where the psychologist is physically located, and in this case the client/patient is in the (V) "Receiving State."
 - When practicing in-person and face-to-face on a temporary basis, both the psychologist and the client/patient are present is the (K) "Distant State."
- (L) "E.Passport" is the credential vetted and issued by ASPPB granting authorization to practice interjurisdictional telepsychology in a "Receiving State" where the psychologist with this credential is not currently licensed.
- (Q) "Interjurisdictional Practice Certificate" or "IPC" is the credential vetted and issued by ASPPB granting temporary authority to practice in a "Distant State" where the psychologist with this credential is not currently licensed.

ARTICLE III HOME STATE LICENSURE

This article denotes what home state licensure means, what the minimum requirements to provide services through the compact are, and what must be required by the state to allow for the practice of telepsychology and the temporary in-person, face-to-face practice of psychology.

ARTICLE IV COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

This section lays out the education and training requirements to provide services through the compact. This section also requires a psychologist practicing under the compact to practice within his or her areas of competencies, be subject to the scope of practice of the Receiving State, and possess a current and active E.Passport. A psychologist must be licensed at the doctoral level to qualify for the E.Passport.

ARTICLE V COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

By accepting the compact, the jurisdiction will allow for temporary in-person, face-to-face practice for up to 30 days within each calendar year. The education requirements are similar to those listed in Article IV with the substitution of a requirement to hold an IPC instead of the E.Passport. The psychologist must be licensed at the doctoral level to qualify for the IPC. The other components are like 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 State and within the rules of the Commission. Specifically, this means that any psychologist practicing telepsychology into a Receiving State via PSYPACT would abide by the Receiving State's scope of practice;

SUMMARY OF MODEL LEGISLATION

therefore, no psychologist would be afforded prescriptive privileges even if those privileges were granted by his/her Home State.

ARTICLE VII ADVERSE ACTIONS

This section covers how the Home, Receiving, and Distant States will conduct and report adverse actions to each other, as well as the consequences for a psychologist who receives an adverse action. Any compact state can cause the E.Passport or IPC to be revoked for an out-of-state psychologist who violates that state's laws.

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 and the right to: Issue Subpoenas, for both hearings and investigations.
- Issue Cease and Desist and/or Injunctive Relief Orders to revoke a psychologist's authority to practice interjurisdictional telepsychology and/or authorization for temporary practice.

ARTICLE IX COORDINATED LICENSURE INFORMATION SYSTEM

This section denotes the requirement of sharing licensee information for all compact states.

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 state's psychology regulatory authority.
- Each Commissioner is granted (1) vote regarding 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 seven (7) states. Commission rules are limited to Compact administration and do not constitute new rules for the State Regulatory Authority as to its state responsibilities. 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 pursuant to the compact.

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.

SUMMARY OF MODEL LEGISLATION

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.

FREQUENTLY ASKED QUESTIONS

Frequently Asked Questions

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

FREQUENTLY ASKED QUESTIONS

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

FREQUENTLY ASKED QUESTIONS

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

FREQUENTLY ASKED QUESTIONS

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 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

FREQUENTLY ASKED QUESTIONS

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. The Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact designed to facilitate the practice of telepsychology and temporary in-person, face-to-face practice of psychology across state boundaries.

Q2. When does PSYPACT become operational?

A2. PSYPACT required a threshold of seven (7) or more states to become effective. This threshold was met on April 9, 2019 and additional states continue to join the compact.

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 has become operational as seven states have enacted PSYPACT legislation. Next, the PSYPACT Commission has been established. The Commission is the governing body of PSYPACT and is responsible for

FREQUENTLY ASKED QUESTIONS

its oversight and the creation of its Rules and Bylaws. Once the Rules and Bylaws are finalized and all other steps for implementation, individual licensed psychologists can then apply for the Authorization to Practice Interjurisdictional Telepsychology (APIT) or Temporary Authorization to Practice (TAP).

Q5. What is the role of the PSYPACT Commission?

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

Q6. How can I learn more about PSYPACT?

A6. 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 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

FREQUENTLY ASKED QUESTIONS

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 43 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. PSYPACT Rules as well as 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.

FREQUENTLY ASKED QUESTIONS

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. 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 authority to practice telepsychology and/or to conduct temporary in-person, face-to-face practice under PSYPACT, 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, boards are not required to conduct a full assessment and review as required when reviewing an individual’s application for licensure. Rather, they rely on PSYPACT and its requirements 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. To practice under the authority of PSYPACT an individual will be required to possess a doctoral degree in psychology. Currently, those individuals who are eligible for independent practice at the master’s level are ineligible to practice under the authority of PSYPACT.

FREQUENTLY ASKED QUESTIONS

DISCIPLINE

Q1. What happens when an individual's authority to practice under PSYPACT is revoked?

A1. An individual can no longer practice under the authority of PSYPACT and his/her E.Passport and/or IPC will be 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/her authority to practice under PSYPACT and his/her E.Passport and/or IPC will be revoked. 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?

FREQUENTLY ASKED QUESTIONS

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 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.”

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.”*

FREQUENTLY ASKED QUESTIONS

- *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?

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.

FREQUENTLY ASKED QUESTIONS

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 fully operational, psychologists can apply for the Authorization to Practice Telepsychology (APIT) and Temporary Authorization to Practice (TAP), 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:

- In order to practice telepsychology in PSYPACT states, licensed psychologists (who are licensed in PSYPACT states only) can apply to the PSYPACT Commission for their Authority to Practice Interjurisdictional Telepsychology (APIT).
- One required component of this APIT granted from the PSYPACT Commission is that psychologists must obtain an E.Passport Certificate from ASPPB.
- More information regarding how to apply for an APIT and E.Passport coming soon!

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

- In order to conduct temporary practice in PSYPACT states, licensed psychologists (who are licensed in PSYPACT states only) can apply to the PSYPACT Commission for their Temporary Authorization to Practice (TAP).
- One required component of this TAP granted from the PSYPACT Commission is that psychologists must obtain an Interjurisdictional Practice Certificate (IPC) from ASPPB.
- More information regarding how to apply for a TAP and IPC coming soon!

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.

FREQUENTLY ASKED QUESTIONS

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. 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, 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.

It is important that psychologists are 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. A mechanism to assist in governing your telepsychology practice is Informed Consent. The [*APA Guidelines for the Practice of Telepsychology*](#) provide additional information pertaining to items that might be considered for the inclusion in the Informed Consent utilized by your practice.

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 Authority to Practice Interjurisdictional Telepsychology/E.Passport and/or a Temporary Authorization to Practice/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 and have had no disciplinary sanctions.
- States will have access to a real-time, searchable database that provides information about authorization holders practicing under the authority of PSYPACT.
- 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.

FREQUENTLY ASKED QUESTIONS

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.

LEGISLATIVE TALKING POINTS

Legislative Talking Points

PRIMARY DRIVERS BEHIND PSYPACT

- A request from the state psychology licensing boards to provide an agreement type mechanism to assist with regulation of telepsychological services.
- The need to ensure the ethical and legal provision of telepsychological services and reduce regulatory barriers while still protecting the public.
- The need to establish consistencies in the regulatory requirements around the provision of temporary in-person, face-to-face psychological services.
- Licensing boards want licensees to be licensed in their state, where the patient and psychologist are located to protect the public.
- Psychologists want to be able to practice in cyber space without being licensed.
- Psychologists want to be able to provide better access to care to clients/ patients through the use of telecommunications technologies.
- It is untenable to require psychologists to be licensed in each state due to cost, etc.
- It is equally unrealistic for regulatory bodies to allow psychologists to practice in their state without some type of oversight.

DEVELOPMENT PROCESS

- A Task Force was created to research and suggest viable solutions to regulate interstate telepsychology.
- The Task Force drafted practical solutions to address this issue. The most promising being a certificate.
- The ASPPB membership provided feedback and requested that the Task Force research the feasibility of creating an agreement among the states.
- The Task Force convened an advisory group made up of members from all areas of the profession of psychology.
- A compact was decided on as the most feasible means to address the needs of the profession.
- The Task Force then became the drafting team to create the compact as well as incorporate all work previously done by the Task Force.
- The draft compact was released for public comment in September of 2014.
- Modifications were done based on feedback received during the public comment period.
- The Psychology Interjurisdictional Compact (PSYPACT) was approved by the Association of State and Provincial Psychology Boards (ASPPB) Board of Directors in February 2015.

COMPACT HIGHLIGHTS

PSYPACT provides a mechanism to allow for the legal, ethical and regulated practice of telepsychology and temporary in-person, face-to-face practice and helps to:

- Facilitate the practice of psychology using telecommunication technologies (telepsychology) across participating state lines through Authorization to Practice Interjurisdictional Telepsychology (unlimited)
- Allow for temporary in-person, face-to-face psychological practice for up to 30 work days per year in each PSYPACT state through Temporary Authorization to Practice

LEGISLATIVE TALKING POINTS

PSYPACT ADDRESSES:

- 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.

ADVANTAGES OF TELEPSYCHOLOGY

- Access to specific professionals with special expertise who may be geographically remote
- Possibility of combining face-to-face and remote care
- Possibility of more frequent therapeutic contacts to assess treatment compliance, progress, etc.
- Access to clients in rural and otherwise less accessible locations
- Extended hours of service, with possibility for consistent and continuous care
- Client may feel less inhibited and more willing to disclose information

POTENTIAL DISADVANTAGES TO CLIENTS

- Some presenting problems may be less appropriate for telepsychology
- Some clients may be less appropriate for telepsychology
- Capacity for crisis intervention may be diminished
- Misunderstandings may arise due to lack of non-verbal cues

BENEFITS OF PSYPACT

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

CHALLENGES OF PSYPACT

- Needs to be general enough but specific enough since can't change it once adopted
- Not too high of a bar to exclude everyone or too low of a bar to allow everyone
- Degree requirements Masters v. Doctorate
- Does not apply when psychologists are licensed in both Home and Receiving/Distant States
- Does not apply to permanent face to face practice

ENDORSEMENTS/SUPPORT

- APA
- APAPO-Practice Organization
- APAGS

LEGISLATIVE TALKING POINTS

- APA Division 19
- APA Division 31
- APA Division 42
- The Trust
- CAC- Citizen Advocacy Center
- APPIC
- ATA- American Telemedicine Association
- ABPP-American Board of Professional Psychology

The Department of Defense (DoD) has chosen PSYPACT as one of their top 10 initiatives for 2018. The DoD supports PSYPACT for the following reasons:

1. Provides greater access to care for military personnel.
2. Allows psychologists to provide services at various military events such as the DoD Yellow Ribbon Reintegration events.
3. Spouses of military personnel will be able to maintain their client base upon relocation if both are compact states.

SAMPLE LEGISLATIVE TESTIMONY

Sample Legislative Testimony – Generic Testimony

Hello, (Insert Name and affiliation). I am writing to you in support of (Insert Bill Number). 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.

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 (Insert State). 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.

(Insert Signature Block)

SAMPLE LEGISLATIVE TESTIMONY

Sample Legislative Testimony – Kentucky Psychological Association

Date: October 2, 2019

Credit: Kentucky Psychological Association

Good morning. I am Dr. Eric Russ, President of the KY Psychological Association. My thanks to Chairman Schickel and Chairman Koenig and to all of the committee members for this opportunity to discuss with you an interjurisdictional compact for psychologists, known as PsyPact. I would also like to thank Rep. Walker Thomas for studying this issue and working with us on it.

We know that there is a great deal of need for psychological services, in Kentucky and across the country. The Center for Disease Control estimates that one in four individuals will experience some mental health issue in their lifetime...whether that is during childhood or adolescence, in adulthood or in their senior years. The skills that licensed psychologists such as myself bring to this problem is based on doctoral-level education, an internship and years of supervised experience in the science and practice of psychology. Psychologists are experts in diagnosing mental illness as well as in treating it. We work in a multitude of settings, including psychiatric and med-surg hospitals, the VA, community mental health clinics, schools and colleges, health care settings and in private practice.

The Psychology Interjurisdictional Compact or 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.

As people begin to understand more about mental health issues and the need to treat them, there has been an increase in those seeking the services of psychologists across Kentucky. Unfortunately, like so many other health professionals, psychologists are not always available in underserved areas, including some of the more rural regions of our state. 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 our intervention is talking and doesn't need additional equipment like some medical specialties. When done via live video links, our treatments are as effective via telehealth as when patients come to our office. PSYPACT would be particularly helpful when patients travel out of state, and for patients such as family of military personnel who move frequently. As PSYPACT grows, psychologists living near our border states will be able to more easily serve those who are in their geographic region. Recent changes in legislation and in Medicaid and insurance reimbursement has made telepsychology within Kentucky a more available option than had previously been the case. PSYPACT builds on that increasing access to care.

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 legislation has now been passed in 12 states – Arizona, Colorado, Delaware, Georgia, Illinois, Missouri, Nebraska, Nevada, New Hampshire, Oklahoma, Texas and Utah. Four (4) more jurisdictions have legislation pending – the District of Columbia, North Carolina, Pennsylvania, and Rhode Island.

SAMPLE LEGISLATIVE TESTIMONY

We feel that adding Kentucky to the list of psychology compact states affords our fellow Kentuckians with more opportunities to obtain the highest level of mental health services from doctorally-trained licensed psychologists!

I am happy to answer any questions that you may have. Thank you.

**PSYPACT would like to thank the Kentucky Psychology Association for sharing this testimony and allowing for its inclusion in the PSYPACT Legislative Resource Kit.*

Fiscal Note

INTRODUCTION

The Psychology Interjurisdictional Compact (PSYPACT) Legislation establishes the PSYPACT Compact concerning interjurisdictional telepsychology and temporary in-person face-to-face authorization to practice psychology in another compact state. The Legislation sets forth requirements for the compact state. It also sets forth the duties of the Psychology Interjurisdictional Compact Commission.

EXPLANATION OF STATE EXPENDITURES

Summary: The Psychology Interjurisdictional Compact is a multi-state agreement that allows psychologists that are licensed in a compact state to:

- (1) practice telepsychology for clients in distant compact states;
- (2) temporarily practice in -person, face-to-face psychology in another compact state for up to 30 days in a calendar year.

The PSYPACT Legislation and Rules of the PSYPACT Commission require participating compact states to contribute an annual assessment fee. The state assessment fee for a state has been set by the PSYPACT Commission.

Rule 10.2 Annual Assessment of Compact States

The Commission shall determine the annual assessment to be paid by Compact State.

(a) Compact States will be charged an assessment of \$10 (ten) per authorization holder licensed in their Home State per fiscal year to be no greater than \$6,000 annually.

(b) The Commission may choose to have a zero (\$0) dollar assessment.

(c) The Commission shall provide public notice of any proposed revision to the annual assessment fee at least ninety (90) calendar days prior to the Commission meeting to consider the proposed revision.

(d) The annual assessment must be paid by the Compact State within ninety (90) days of the date of the invoice sent by the Commission.

This fee structure calculates the assessment for compact states only on those licensees that hold an Authorization to Practice Interjurisdictional Telepsychology or a Temporary Authorization to Practice under PSYPACT and list that state as their Home State up to an annual cap of \$6,000.

The funds received from the annual state assessments will be used to cover PSYPACT Commission related expenses including but not limited to Commission staff, legal and accounting, computer and website services, and travel.

Home State Regulatory Activities

Although PSYPACT shifts the oversight of discipline to the psychologist's home state for telepsychological practice, it is anticipated that complaints arising from PSYPACT will most likely be nominal in number. It is important to note per the National Practitioner Databank that psychology, for 2018, only had 288 reported

FISCAL NOTE

disciplinary actions taken by all psychology licensing boards combined in the US. For 2019, a decrease was seen from 288 to 198 reported disciplinary actions taken by all psychology licensing boards combined in the US.

The PSYPACT Commission has proposed rules to further outline the disciplinary process. One of those rules addresses states working together with investigations. This is expected to assist with costs.

7.3 Joint Investigation:

Compact States may collaborate in investigating alleged misconduct. When participating with other Compact States in joint investigations, the Compact State that the psychologist has declared as their home state will take the lead on any investigation.

This demonstrates the strength of being part of a Compact, in that members can work together on disciplinary matters.

Another proposed rule further strengthens the use of subpoenas.

8.2 Subpoena:

- A. A subpoena issued by a Compact State's Psychology Regulatory Authority shall be enforceable in other Compact States.
- B. Should an individual or entity refuse to comply with an enforceable subpoena, the Compact State's Psychology Regulatory Authority that issued the subpoena may request the local Compact State's Psychology Regulatory Authority to issue a subpoena on the investigating Compact State's behalf. The local Compact State shall issue the subpoena and shall share the resulting information with the investigating Compact State's Psychology Regulatory Authority.

This proposed rule addresses the concerns around travel costs to enforce subpoenas out of state.

Staffing Impact and Implementation

It is expected that PSYPACT will have limited impact in staffing resources within a PSYPACT state. All vetting of psychologists participating in PSYPACT will be done by the Commission and ASPPB as a service to the Commission. The only foreseen impact on staffing time depends on how each state will manage assessment of usage within their state regarding PSYPACT. To assist with this function, a mechanism, the PSYPACT Directory, has been created to make this process as streamlined as possible. Board staff will be able to log into the directory and ascertain which practitioners are using PSYPACT to provide services.

Coordinated Licensure Database

The PSYPACT language specifically reads:

The Commission will provide the development and maintenance of a Coordinated Database (Directory) and reporting system containing licensure and disciplinary action information on all licensees of Compact States. The Compact State will need to submit a uniform data set to this Coordinated Database on all psychologists to whom PSYPACT is applicable including:

FISCAL NOTE

- A. Identifying information
- B. Licensure data
- C. Significant investigatory information
- D. Adverse actions against a psychologist's license
- E. An indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice is revoked
- F. Non-confidential information related to alternative program participation information
- G. Any denial of application for licensure, and the reasons for such denial
- H. Other information which may facilitate the administration of PSYPACT, as determined by the rules of the Commission

It is important to note in regard to the above language, the Compact State will only provide the information for Interjurisdictional Practice Certificate (IPC) and E.Passport certificate holders with the exception of D or G (if the reason was related to discipline). If licensure information is available on the Compact State's website that information can be used to meet this requirement. Any disciplinary action against this Compact State's licensees would need to be reported to the ASPPB Disciplinary Data System (DDS). If the Compact State currently reports to DDS so no additional staff time would be required.

Costs for Commissioner

The Commission shall meet at least once during each calendar year. The Commission pays travel expenses for the PSYPACT State Commissioner.

IMPACT STATEMENTS

Impact Statements



Hopeful Futures - Center for the Family

Keren Chansky Suberri, Ph.D., ABPP

Board Certified Couple and Family Psychologist

RE: PSYCHOLOGY INTERJURISDICTIONAL COMPACT

April 28, 2015

My name is Keren Chansky Suberri. I am an ABPP Board Certified Couple and Family Psychologist. I have been working in the fields of pediatric psychology, school psychology and family psychology for the past 35 years, including eight years at one of the leading children's hospitals in the United States.

Over 25% of children in the US have a chronic health condition. I provide psychological services on behalf of these children. Because of the particular issues at hand, much of my direct service is with the parents of these children. Over the many years of my practice, I have observed that, sadly, those families who have the greatest need for my services are often those who have the most difficulty making childcare arrangements or missing work in order to come to my office for appointments.

Children with special healthcare needs (SHCN) require specialized childcare. A typical teenage babysitter would not be able to, for example, care for a child with diabetes, or for a child who has frequent seizures, or for a child with autism. Lack of appropriate childcare is one of the obstacles parents of children with SHCN encounter when seeking mental health services.

If their child is healthy enough to attend school, therapy appointments during the school day is an option for some parents. However, this usually means that parents need to take off several hours from work. Taking time off from work is a hardship for many families. The reality is that parents of children with SHCN are already taking off many days from work in order to bring their children to needed medical appointments.

Inflexible work schedules, demanding jobs, unyielding employers, pressing financial needs due, in part, to rising medical bills, and jobs that require overnight travel are additional obstacles parents face when pursuing psychological services for their family.

As is well known, families who live in remote areas are notoriously underserved. Appropriate services for their children with special healthcare needs are simply not available.

Telepsychology is a potential solution for all these families. To this end, I am opening a telepsychology

IMPACT STATEMENTS

practice for families of children with SHCN. Using video-conferencing technology, I am offering HIPAA compliant online counseling and consultation for parents of children with chronic illness, developmental disabilities or other special healthcare needs.

For the most part, across jurisdictions, the existing regulations regarding telepsychology require that psychologists hold a license in the same state where their patients reside. During this initial phase of my current undertaking in telepsychology, I have pursued psychology licensing in nearly a dozen states. It has been an arduous, time-consuming and expensive process. What has been most striking to me is the marked lack of uniformity across states in terms of the *administrative* aspects of the licensing application process, while the education and training requirements for licensing across states are remarkably quite similar. Article IV of PSYPACT would streamline this entire process, without sacrificing the important standards that states uphold for the training, education and moral conduct of their licensees.

Telecommunication is constantly becoming more sophisticated, efficient, and secure and its use increasingly widespread. The reality is we live in a globalized world. For the "Millennials," the generation who has grown up with technology and social media, a wired, connected world is all they have known. For this generation, telecommunication is as natural to them as No 2 pencils were to our Baby Boomer generation. There are over 80 million of these "Millennials" in the US; many of whom are already parents. In order to remain relevant to the people we aspire to serve, it behooves the field of psychology to keep up with the times. The creation of PSYPACT could not be more fitting.

Article IV of PSYPACT would facilitate the provision of needed psychological services to families who are currently underserved, while at the same time protecting their health and safety, and the health and safety of the public at large. I support and urge its ratification across states and jurisdictions.

Thank you for your consideration of this important initiative.

Sincerely,

Keren Chansky Suberri, Ph.D., ABPP
Board Certified Couple and Family Psychologist

STATISTICS

Statistics

State	# of Licensed Psychologists*	Population Counts**	Psychologists per 100,000 Population	State	# of Licensed Psychologists*	Population Counts**	Psychologists per 100,000 Population
Alabama	1,069	4,849,377	22	Montana	252	1,023,579	25
Alaska	195	736,732	26	Nebraska	491	1,881,503	26
Arizona	1,898	6,731,484	28	Nevada	457	2,839,099	16
Arkansas	575	2,966,369	19	New Hampshire	660	1,326,813	50
California	19,345	38,802,500	50	New Jersey	3,300	8,938,175	37
Colorado	2,772	5,355,866	52	New Mexico	729	2,085,572	35
Connecticut	1,924	3,596,677	53	New York	12,708	19,746,227	64
Delaware	499	935,614	53	North Carolina	3,877	9,943,964	39
District of Columbia***	1,293	658,893	196	North Dakota	236	739,482	32
Florida	4,702	19,893,297	24	Ohio	3,654	11,594,163	32
Georgia	2,303	10,097,343	23	Oklahoma	567	3,878,051	15
Hawaii	1,025	1,419,561	72	Oregon	904	3,970,239	23
Idaho	412	1,634,464	25	Pennsylvania	6,044	12,787,209	47
Illinois	4,904	12,880,580	38	Puerto Rico	3,647	3,548,397	103
Indiana	1,739	6,596,855	26	Rhode Island	785	1,055,173	74
Iowa	582	3,107,126	19	South Carolina	732	4,832,482	15
Kansas	1,697	2,904,021	58	South Dakota	202	853,175	24
Kentucky	1,354	4,413,457	31	Tennessee	2,574	6,549,352	39
Louisiana	690	4,649,676	15	Texas	7,502	26,956,958	28
Maine	607	1,330,089	46	Utah	916	2,942,902	31
Maryland	2,821	5,976,407	47	Vermont	656	626,562	105
Massachusetts	5,517	6,745,408	82	Virginia	3,861	8,326,289	46
Michigan	2,585	9,909,877	26	Washington	4,236	7,061,530	60
Minnesota	3,899	5,457,173	71	West Virginia	1,256	1,850,326	68
Mississippi	419	2,994,079	14	Wisconsin	3,024	5,757,564	53
Missouri	1,883	6,063,589	31	Wyoming	234	584,153	40
TOTAL					130,213	322,405,453	40

*Note: This number represents number of psychologists licensed to practice in each state or territory. Psychologists may hold licenses in multiple states.

**Source: U.S. Census Bureau, Population Division, July 2014

***Source: ASPPB Workforce Analysis Survey was collected from 2013-2014. Data from the District of Columbia was collected in 2015.

KEY CONTACTS

Key Contacts

FOR MORE INFORMATION CONTACT:

Janet Orwig, MBA, CAE
PSYPACT Executive Director
jorwig@asppb.org

Lisa Russo
PSYPACT Manager
lrusso@asppb.org

Ilyssa Krouse
PSYPACT Specialist
ikrouse@asppb.org

PSYPACT Commission
210 Market Road
Tyrone, GA 30290
www.psypact.org

HISTORICAL ROSTERS

Historical Rosters

ASPPB Telepsychology Task Force 2013

Angelina Barnes, JD

ASPPB Telepsychology Task Force Member
Minnesota Board of Psychology

Margo Adams Larsen, PhD

ASPPB Telepsychology Task Force Member
North Dakota Board of Psychologist
Examiners

Fred Millán, PhD, ABPP, NCC

ASPPB President & Telepsychology Task Force Chair

Miller, Thomas, PhD

ASPPB Telepsychology Task Force Member
Kentucky State Board of Psychology

Janet Orwig, MBA

ASPPB Associate Executive Officer for Member
Services & Telepsychology Task Force Staff

Rallo, Joseph S., PhD, CPsych

ASPPB Telepsychology Task Force Member
Psychological Association of Manitoba

Alex Siegel, JD, PhD

ASPPB Director of Professional Affairs &
Telepsychology Task Force Staff

Philip Smith, PhD, CPsych

ASPPB Telepsychology Task Force Member
Prince Edward Island Psychologists
Regulation Board

HISTORICAL ROSTERS

ASPPB Telepsychology Task Force 2014 and PSYPACT Drafting Team

Angelina Barnes, JD

ASPPB Telepsychology Task Force Member
Minnesota Board of Psychology

Kenneth Drude, PhD

ASPPB Telepsychology Task Force Member
Ohio State Board of Psychology

Tomas Granados, PsyD

ASPPB Telepsychology Task Force Member
New Mexico Board of Psychologist Examiners

Margo Adams Larsen, PhD

ASPPB Telepsychology Task Force Member
North Dakota Board of Psychologist Examiners

Fred Millán, PhD, ABPP, NCC

ASPPB President & Telepsychology Task Force Chair

Janet Orwig, MBA

ASPPB Associate Executive Officer of
Member Services & Telepsychology Task
Force Staff

Alex Siegel, JD, PhD

ASPPB Director of Professional Affairs &
Telepsychology Task Force Staff

Philip Smith, PhD, CPsych

ASPPB Telepsychology Task Force Member
Prince Edward Island Psychologists
Regulation Board

HISTORICAL ROSTERS

Telepsychology Advisory Workgroup 2014

Dale Atkinson, JD

Federation of Associations of Regulatory Boards (FARB)

Deborah Baker, JD

APA Practice – Legal & Regulatory Affairs

Angelina Barnes, JD

ASPPB Telepsychology Task Force Member
Minnesota Board of Psychology

Sarah Bowen

APA Council of Executives of State, Provincial (& Territorial) Psychological Associations (CESPPA)

Linda Campbell, PhD

APA/ASPPB/APAIT Joint Telepsychology Task Force
APA Representative

Sara Cherico

National Governors Association (NGA)

Karen Cohen, PhD

Canadian Psychological Association (CPA)

Crady deGolian

Council of State Governments (CSG)

Stephen DeMers, EdD

ASPPB Chief Executive Officer

Kenneth Drude, PhD

ASPPB Telepsychology Task Force Member
Ohio State Board of Psychology

Tomas Granados, PsyD

ASPPB Telepsychology Task Force Member
New Mexico Board of Psychologist Examiners

Eric Harris, EdD, JD

APA Insurance Trust

Margo Adams Larsen, PhD

ASPPB Telepsychology Task Force Member
North Dakota Board of Psychologist Examiners

Dan Manz

Meeting Facilitator

Jana Martin, PhD

APA Insurance Trust

Rick Masters, JD

National Center for Interstate Compacts (NCIC)

Fred Millán, PhD, ABPP, NCC

ASPPB President & Telepsychology Task Force Chair

Rick Morris, PhD, CPsych

Association of Canadian Psychology
Regulatory Organizations (ACPRO)

Katherine Nordal, PhD

APA Practice Directorate

Janet Orwig, MBA

ASPPB Associate Executive Officer for
Member Services

HISTORICAL ROSTERS

Lisa Russo

ASPPB Member Services Special Projects
Coordinator

Alex Siegel, JD, PhD

ASPPB Director of Professional Affairs

Philip Smith, PhD, CPsych

ASPPB Telepsychology Task Force Member
Prince Edward Island Psychologists Regulation
Board

Carolyn Turvey, PhD

American Telemedicine Association (ATA)

HISTORICAL ROSTERS

ASPPB PSYPACT Advisory Workgroup 2015

Morgan Alldredge

State of Nevada Board of Psychological Examiners

Deborah Baker, JD

APA Practice – Legal & Regulatory Affairs

Sarah Bowen

APA Council of Executives of State, Provincial (& Territorial) Psychological Associations (CESPPA)

Kenneth Drude, PhD

Ohio State Board of Psychology

Fred Millán, PhD, ABPP, NCC

ASPPB Past President

Janet Orwig, MBA

ASPPB Associate Executive Officer of Member Services & Executive Director of PSYPACT

Cindy Olvey, PhD

Arizona Board of Psychologist Examiners

Lisa Russo

ASPPB Member Services Special Project Coordinator & PSYPACT Coordinator

Alex Siegel, JD, PhD

ASPPB Director of Professional Affairs

Martha Storie

ASPPB President

HISTORICAL ROSTERS

PSYPACT Commission

For a current roster of PSYPACT Commissioners, please visit the Commission page at www.psypact.org.

Principal Staff

Janet Orwig, MBA

PSYPACT Executive Director

jorwig@asppb.org

Lisa Russo

PSYPACT Manager

lrusso@asppb.org

Ilyssa Krouse

PSYPACT Specialist

ikrouse@asppb.org

APPENDIX A - REFERENCES

References

- ASPPB. (2013). Retrieved from <http://www.asppb.net/?page=Mission>.
- Baker, D. & Bufka, L. (2011) Preparing for the telehealth world: Navigating legal, regulatory, reimbursement and ethical issues in an electronic age. *Professional Psychology: Research and Practice*. 42, 405-411.
- Barak, A., Hen, L., Boniel-Nissim, M. and Shapira, N. (2008). A comprehensive review and a meta-analysis of the effectiveness of internet-based psychotherapeutic interventions. *Journal of Technology in Human Services*, 26, 109-160.
- Brenes, G.A., Ingraham, C.W. & Danhaur, S.C. (2011). Benefits and challenges of conducting psychotherapy by telephone. *Professional Psychology: Research and Practice*. 42, 543- 549
- Brown, N.A., (2006) State Medicaid and private payer reimbursement for telemedicine: An overview. *Journal of Telemedicine and Telecare*, 12, 32-39.
- Center for Medicare and Medicaid Services (2011). Telehealth services fact sheet. Retrieved from <http://www.telemedicine.com/pdfs/Telehealthsrsvsftsht.pdf>.
- Collins, K.A., Westra, H.A., Dozois, D.J., & Burns, D.D. (2004). Gaps in accessing treatment for anxiety and depression: Challenges for the delivery of care. *Clinical Psychology Review*. 24, 583-616.
- Dollinger, S.C. and Chwalisz, K. (2011). Reaching rural caregivers with a multicomponent telehealth intervention: The telehealth line for caregivers. *Professional Psychology: Research and Practice*. 42, 535-542 .
- Eder-Van Hook, J., Burgiss, S.G., & Waters, R.J. (2006). Medicaid policies on telehealth services: A comparative analysis. Washington, DC: Center for Telehealth and eHealth Law.
- Epstein, R. (2011). Distance therapy comes of age. *Scientific American Mind*, May/June, 60-63.
- Gilman, M. and Stensland, J. (2013). Telehealth and Medicare: Payment policy, current use, and prospects for growth. *Medicare & Medicaid Research Review*. Volume 3, Number 4, E1-E14.
- Gustafson, D.H.; Shaw, B.R., Isham, A., Baker, T., Boyle, M.G., & Levy, M. (2011). Explicating and evidence-based, theoretically informed, mobile technology-based system to improve outcomes for people in recovery for alcohol dependence. *Substance Use and Misuse*. 46, 96-111.
- Harris, E. & Younggren, J.N. (2011). Risk management in the digital world. *Professional Psychology: Research and Practice*, 42, 412-418.
- McCord, C.E., Elliott, T.R., Wendel, M. L., Brossart, D.F., Cano, M.A., Gonzalez, G.E. & Burdine, J.N. (2011). Community capacity and teleconference counseling in rural Texas. *Professional Psychology: Research and Practice*. 42, 521-527.
- Newman, M.G. (Ed.) (2004) Technology in psychotherapy (Special Issue). *Journal of Clinical Psychology*

APPENDIX A - REFERENCES

- Robert J. Waters Center for Telehealth and e-Health Law (CTeL). Medicaid Reimbursement. <http://ctel.org/expertise/reimbursement/medicaid-reimbursement>. Accessed March 30, 2015.
- Smith, R.E., Fagan, C., Wilson, N. L., Chen, J., Corona, M., Nguyen, H., et al (2011) Internet based approaches to collaborative therapeutic assessment: New opportunities for professional psychologists. *Professional Psychology: Research and Practice*. 42, 494- 504.
- Spira, J., Johnson, S., McLay, R., Popovic, S., Russoniello, C., & Wood, D. (2010). Expert panel: Future directions of technological advances in prevention, assessment, and treatment for military deployment mental health. *Cyberpsychology, Behavior and Social Networking*. 13, 109-117.
- Tunick, R.A., Mednick, L. & Conroy, C. (2011). A snapshot of child psychologists' social media activity: Professional and ethical practice implications and recommendations. *Professional Psychology: Research and Practice*. 42, 440-447.
- U.S. Department of Health and Human Services. (1999) *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- Vismara, L., McCormick, C., Young, G., Nadhan, A., & Monlux, K. (2013). Preliminary findings of a telehealth approach to parent training in autism. *Autism Development Disorder*. Published online DOI 10.1007/s10803-013-1841-8.
- Wenceslao, P. (2012). About the effectiveness of telehealth procedures in psychological treatments. *International Journal of Clinical and Health Psychology*. 12. 3 p 475-487.