More states are signing on to PSYPACT, an agreement that is advancing the use of telehealth and making it easier for psychologists to practice in other states.

BY HANNAH CALKINS, MA

Psychologists in a growing number of states will soon be allowed to practice in states where they are not licensed, thanks to the Psychology Interjurisdictional Compact, or PSYPACT, developed by the Association of State and Provincial Psychology Boards (ASPPB). Through PSYPACT, licensed psychologists in states that join the pact will be able to gain credentials to see patients in other compact states legally—via telehealth, or in person on a temporary basis—without obtaining a license in those other states.

PSYPACT was designed to become operational once seven states enacted compact legislation. That happened on April 23, when Georgia Gov. Brian Kemp (R) signed House Bill 26 into law. Oklahoma also enacted PSYPACT legislation on April 29.

“It represents a new beginning for psychologists who have been increasingly expressing the need to become more mobile service providers,” says Anita Brown, PhD, chair of the Legal and Legislative Affairs Committee at the Georgia Psychological Association (GPA).

At Good Practice press time, 10 states had joined PSYPACT: Arizona, Colorado, Georgia, Illinois, Missouri, Nebraska, Nevada, Oklahoma, Texas and Utah.
NEXT STEPS
But licensed psychologists in compact states can’t practice under PSYPACT just yet, says Janet Orwig, MBA, CAE, associate executive director for member services and executive director of PSYPACT at ASPPB.

First, the licensing board in each compact state must designate a representative to serve on the PSYPACT Commission, the body that will oversee the implementation and administration of the compact. “The commissioner could be a board member, an executive director of the board, another staff member or state designee—it depends on the state,” says Orwig.

The commission is a permanent group that will grow as more states enact the compact, but the original seven commissioners are the ones who will establish the compact’s bylaws, rules and regulations. The commission plans to hold its first meeting later this year.

Once that’s done, Orwig says, psychologists in compact states must apply for the necessary certifications to practice under PSYPACT’s telehealth or temporary in-person provisions. For telehealth, that’s the E-Passport. For temporary in-person practice, it’s the Interjurisdictional Practice Certificate. Both certifications are administered by ASPPB.

ASPPB expects to process applications in two weeks or less after receipt, says Orwig. Once their applications are approved, psychologists can begin practicing under PSYPACT.

FILLING IN THE MAP
Meanwhile, PSYPACT advocacy is picking up steam across the country—and the more states that participate, the better.

The District of Columbia is one of the jurisdictions nearing the finish line. The PSYPACT bill is awaiting action by two D.C. City Council committees. Washington, D.C., psychologists are seeking to join PSYPACT because many of them move and work across state lines in neighboring Virginia and Maryland. In addition, many area residents face similar barriers to care—limits to transportation, family obligations and unpredictable work schedules—similar to those people in rural areas do.

“This legislation will improve both the quality and continuity of care for patients who currently receive psychological services and will reduce barriers to care for many people in D.C. who may previously have had difficulty connecting with services,” says Laura Myhr, PhD, of the DC Psychological Association.

ADVOCATES AND ALLIES
While each state has unique needs and issues to consider, PSYPACT’s core tenets—expanding access to care and facilitating ease of licensure—appear to have near universal appeal to legislators.

“I’ve been so pleased by the bipartisan support PSYPACT has received in states across the country,” Myhr says. “It’s made me think that there are still goals that people across the political spectrum can work together on.”

Still, the reasons for supporting PSYPACT in one state may be quite different from the reasons in other states. While one state may be attracted to the idea of expanding access to care for its rural populations, other states may see it as a way to ease licensing restrictions or to maintain continuity of care via telehealth.

In Georgia, State Rep. Dave Belton (R) sponsored PSYPACT legislation as a way to expand access to care for military service members and, as a side benefit, to allow military spouses who were also practicing psychologists to conduct interstate practice via telehealth or temporarily in person. The bill passed both the Georgia House and Senate by high margins.

Belton, a veteran, says he was honored to join the effort. “The compact will increase access to care for citizens in Georgia and other compact states while also creating more consumer protections,” he says.

Psychologists who are interested in adopting PSYPACT in their own states can visit psypact.org, which offers the latest information on which states are joining the pact, as well as model legislation, a PSYPACT legislative resource kit, FAQs and the ability to join the PSYPACT listserv for updates.

“One thing I’ve learned during this process is how important it is [for state psychological associations] to develop and nurture ongoing relationships with politicians and government staff,” said Myhr. “Instead of seeing our government as distant and unreachable, I’ve realized how possible it is to make connections that end up being beneficial in so many ways.”

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