


TELEPSYCH and PSYPACT PSYCHOLOGY INTERJURISDICTIONAL COMPACT

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ASPPB

- ▶ 64 jurisdictions in the US and Canada
 - ▶ Resource for licensing boards and colleges
 - ▶ Helps promote mobility and standards for the regulatory community
 - EPPP
 - Credentials Bank– (there is no fee to bank your credentials)
 - Psychology Licensure Universal System (PLUS)
 - Interjurisdictional Practice Certificate (IPC)
 - Certificate of Professional Qualification (CPQ)
 - Model Act and Regulations
 - Code of Conduct
 - PSYPACT
- 


Telepsychology

► Telepsychology

Regulations of Telepsychology Practice (intra)
PA, ND, OH, CA

- Definition
- History, Need and Rationale
 - APA/ASPPB/The Trust Joint Task Force on Telepsychology
 - APA Guidelines for the Practice of Telepsychology
 - ASPPB Principles/Standards
 - Risk Management
 - Psychology Interjurisdictional Compact (PSYPACT)
 - What is a Compact?
 - What is in PSYPACT?

Telepsychology

- ▶ What is it?
 - ▶ Is it a new concept or just another mechanism to provide psychological services?
 - ▶ Do you need specialized training to provide electronic services?
 - ▶ Do you need to develop a separate ethics code for the telepsychology practice?
 - ▶ Do you need to develop special competencies?
 - ▶ How do you deal with different laws in different jurisdictions?
- 

Terminology

Psychology vs

- ▶ Telepsychology
- ▶ Cyberpsychology
- ▶ Web based psychology
- ▶ E-psychology

General

- ▶ Telemental health
- ▶ Telehealth
- ▶ Internet based Practice
- ▶ E-therapy

How is Telehealth Defined?

National Telehealth
Resource Centers
(NTRCs)

Collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies

The American
Telemedicine
Association (ATA)

Uses the term telehealth interchangeably with telemedicine which it defines as the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status.


The Center for
Medicare & Medicaid
Services (CMS)

Certain services like office visits and consultations that are provided using an interactive 2-way telecommunications system (with real-time audio and video) by a doctor or certain other health care provider who isn't at your location.

HHS – Health
Resources and
Services
Administration (HRSA)

Use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

Telepsychology

- ▶ Telepsychology is defined ... as the provision of psychological services using telecommunication technologies. Include but not limited to:
 - Telephones, mobile devices, interactive videoconferencing, email, chat, texting, and Internet(e.g. self-help, websites, blogs and social media)
 - ▶ In writing or images, sounds or other data
 - ▶ Synchronous with multiple parties in real times (videoconferencing, telephone) or
 - ▶ Asynchronous (email, online bulletin boards, storing or forwarding information) (APA Guidelines)
- 

Telepsychology


► Interjurisdictional

- Across state, provincial or international boundaries
- Federal Supremacy Clause– DOD and VA
- Australia/New Zealand
- EUROPSY

► Intrajurisdictional

- PA Regulations allow licensees to provide telepsych services within the Commonwealth
 - No different than providing face to face services
- Must adhere to the APA Guidelines for the Practice of Telepsychology
- Ohio
- California
- North Dakota
- Idaho

Federal Telehealth/ Telepsych Policies

- ▶ Only Medicare beneficiaries in HPSAs (health professional shortage areas) or Non-MSAs
 - ▶ Only interactive-video conferencing
 - ▶ Only approved originating site– not patient's home or non health care setting
 - ▶ Only approved providers– psychologists
 - ▶ Only approved CPT codes psychotherapy included
 - ▶ No separate CPT codes need GT modifier
 - ▶ Approximately 27 bills introduced in Congress from 2012 to 2015
 - ▶ Deborah Baker at APA Legal
- 

Practice Considerations: Privacy/Security & Billing

HIPAA compliant technologies (not Skype)

- ▶ Encrypted
- ▶ Secure (e.g. access controls)
- ▶ Transmission quality
- ▶ Provide audit trail, breach notification, etc.

Reimbursement policies may vary by payer

- ▶ Medicare – Federal rate comparable to in-person, specific requirements for covered telehealth services to be reimbursed
- ▶ Medicaid – Varies by state
- ▶ Private Payers – Vary by payer, rates vary by payer and state

Federal Telehealth Policies

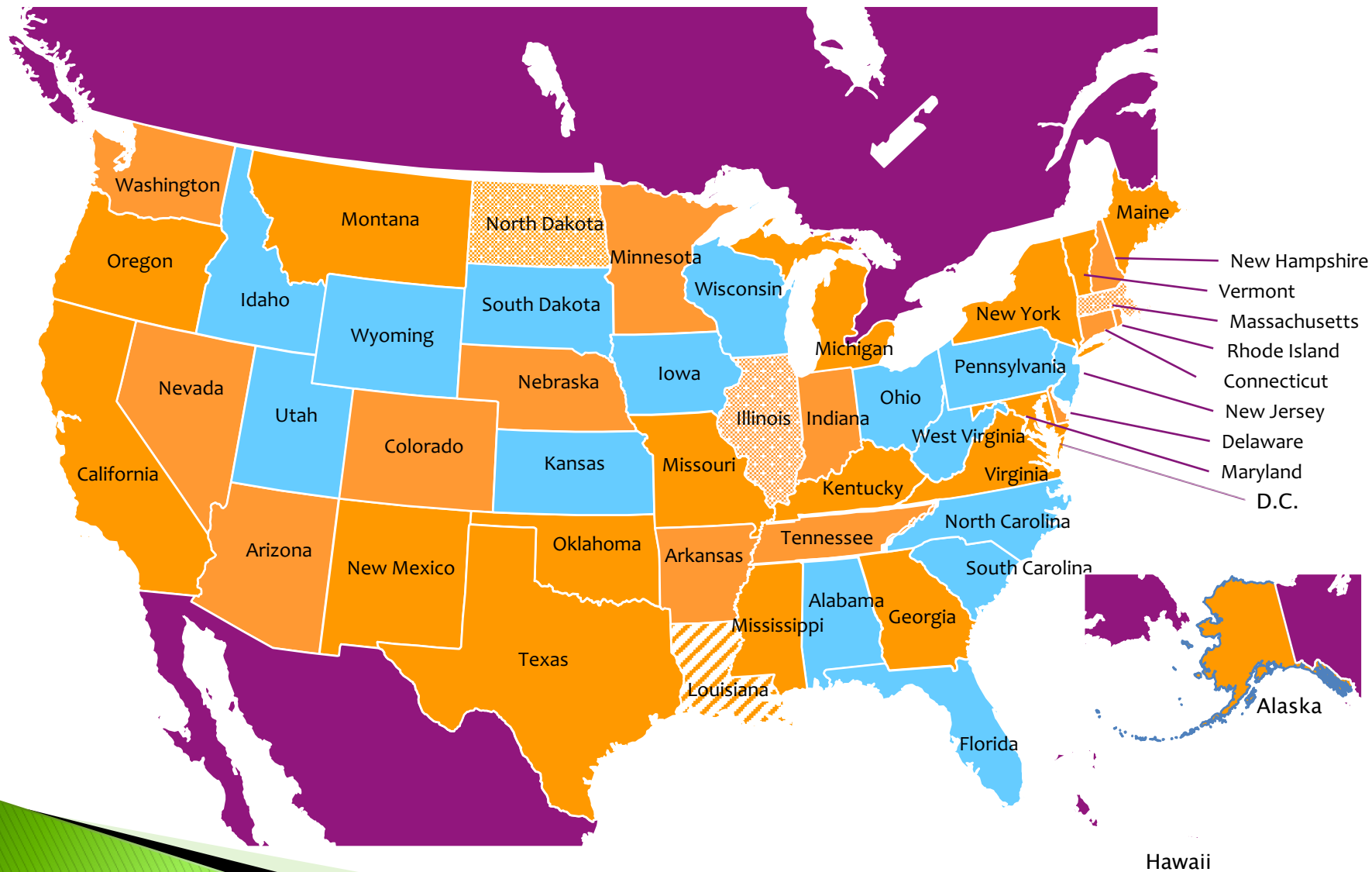
Medicare reimbursement for telehealth services

- ▶ Only Medicare beneficiaries in HSPAs or non-MSAs
- ▶ Only interactive audio-video conferencing
- ▶ Only approved originating sites → not a patient's home or non-health care setting
- ▶ Only approved providers → psychologists included
- ▶ Only approved CPT codes → psychotherapy services included
- ▶ No separate CPT codes → "GT" modifier


Other federal policies

- ▶ HR 1832 -- the Service Members Telemedicine & E-Health Portability (STEP) Act enacted in 2011
 - ▶ Approximately 27 telehealth-related bills introduced, to date, in Congress for 2015-16
- 

State Telehealth Coverage Mandates



State Telehealth Mandates

- ▶ To date, 35 states + DC have enacted legislation prohibiting insurance companies from refusing to cover services delivered through telepractice if those same services would be covered if delivered in-person
 - ▶ But not all require that reimbursement for telepractice be equivalent to services delivered in-person
 - ▶ Several states allow insurers to limit coverage to providers who are part of an insurer's plan network
 - ▶ Arizona limits coverage to rural areas whereas Louisiana appears to limit coverage to physician services only
 - ▶ Telehealth or telemedicine generally defined as live audio-video conferencing (and sometimes, store & forward) -- usually not phone, email or fax
 - ▶ This state mandate does not apply to any requirements for federal programs such as Medicare.
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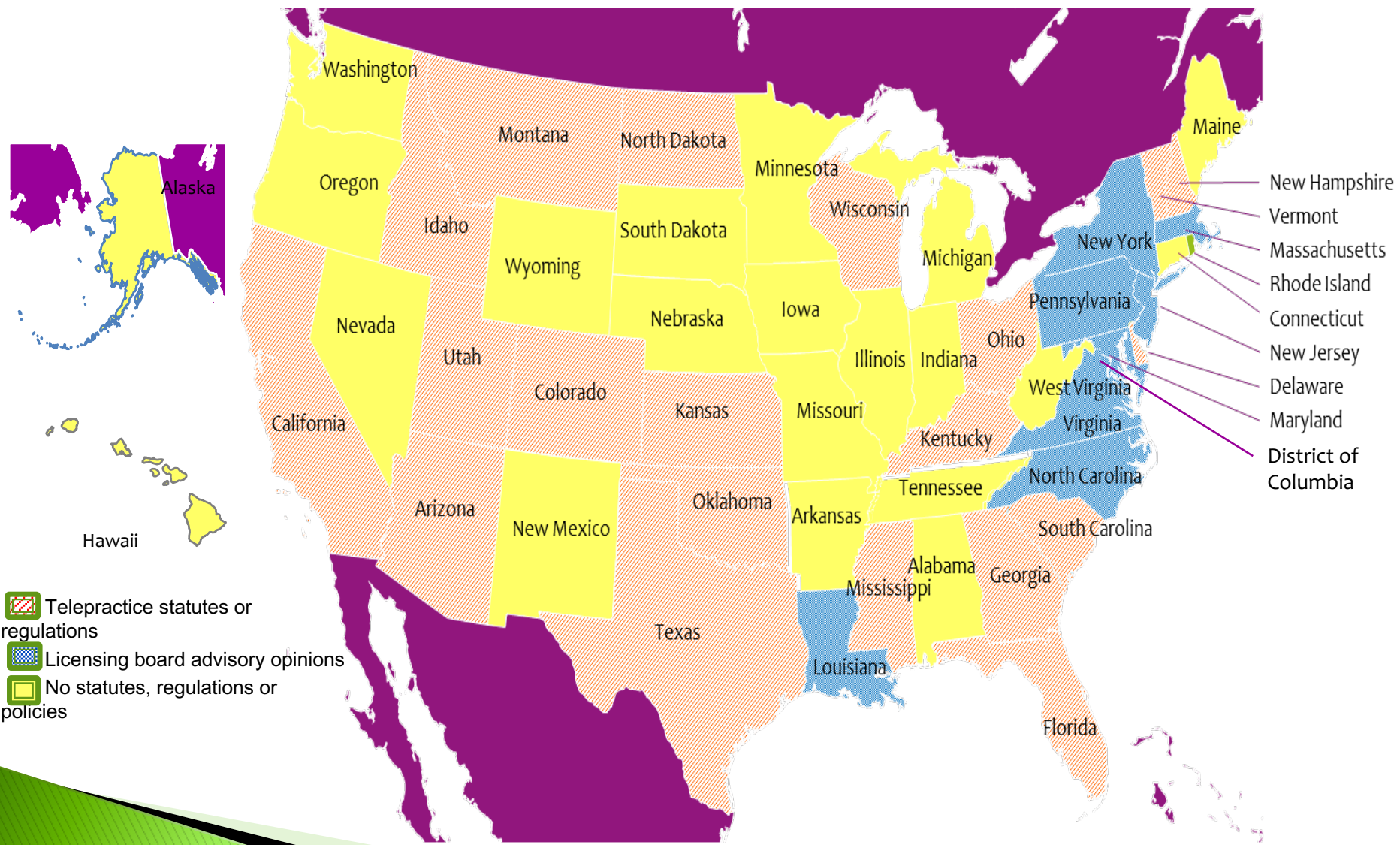


Legend:


- Telepractice statutes or regulations
- Licensing board advisory opinions
- No statutes, regulations or policies

States listed on the right:

- New Hampshire
- Vermont
- Massachusetts
- Rhode Island
- Connecticut
- New Jersey
- Delaware
- Maryland
- District of Columbia
- New York
- Pennsylvania
- West Virginia
- Virginia
- North Carolina
- South Carolina
- Georgia
- Alabama
- Mississippi
- Louisiana
- Texas
- Oklahoma
- Arkansas
- Missouri
- Tennessee
- Kentucky
- Illinois
- Indiana
- Ohio
- Michigan
- Wisconsin
- Minnesota
- Iowa
- Nebraska
- Kansas
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- North Dakota
- South Dakota
- Nevada
- California
- Oregon
- Washington
- Alaska
- Hawaii



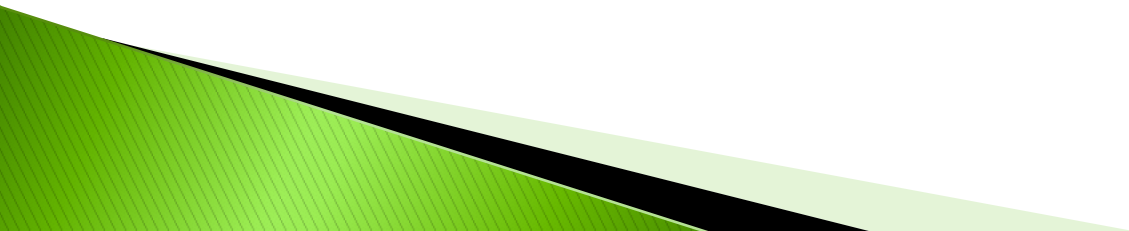
Have You Ever Wondered?

- ▶ What do patients/clients/others find when they search the Internet for professional information about psychologists?
 - ▶ What do patients/clients/others find when they search the Internet for personal information about psychologists?
 - ▶ Have you googled yourself?
 - ▶ Have you googled your patient?
- 


Zur, Williams, Lehavot, & Knapp (2009)

“The internet has hugely expanded clients’ access to personal information about their psychotherapists. In fact, the Internet blurs the line between what is personal and what is professional, as well as between self-disclosure and transparency.” (page 24)

“. . . the Internet has irreversibly changed the nature of self-disclosure and psychotherapists’ transparency.” (page 22)



Levels Clients Use to Explore Online Information (Zur, et al., 2009)

1. Review clinician's own professional website
 2. Conduct an Internet search
 3. Join social networks (using another name)
 4. Join professional listservs/chatrooms
 5. Pay for legal online background checks
 6. Hire a firm to conduct illegal and highly invasive search aka "cyber stalking"
- 

Client Discovery of Psychotherapist Personal Information Online

- ▶ Kolmes & Taube (2016) surveyed psychotherapy clients who found personal & professional information on the Internet.
- ▶ Selected demographics of participants:
 - 18 – 62 years of age
 - 92.5% female
 - 74.7% lived in the U.S.
 - 78% in treatment at time of survey


Kolmes & Taube (2016) Survey

► Selected findings:


- 69.9% found personal information
- Of that group 86.6% intentionally sought info
 - 97.5% used a general search engine
 - 54.5% used a specific social networking site
 - 27.6% told the psychotherapist what was found
- 13.4% found information accidentally
- 3% paid for increased access to public records
- .5% hacked into an account
- 66.8% returned to look for updates

Kolmes & Taube (2016)


Information Found (Top 7 Categories)

- ▶ 60.8% Family information
 - ▶ 54.7% Age/Birthdate
 - ▶ 50.9% Education
 - ▶ 45.7% Home Address
 - ▶ 45.3% Photos
 - ▶ 37.1% Hobbies/interests
 - ▶ 31.5% Dating/relationships
- 


Why Telepsychology?

- ▶ 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.
- 


TP Applications

- ▶ Assessment/Diagnosis
 - ▶ Treatment
 - ▶ Client Education
 - ▶ Clinical Supervision
 - ▶ Consultation
 - ▶ Public education
- 


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.
- 


Advantages of Telepsychology

- ▶ 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
- 

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; and
 - ▶ Misunderstandings may arise due to lack of non-verbal cues.
- 


APA/ASPPB/The Trust Joint Task Force

- ▶ Started in 2011
 - ▶ APA Guidelines for the Practice of Telepsychology adopt by APA on 7/31/13
 - ▶ Endorsed by ASPPB and The Trust (formerly APAIT)
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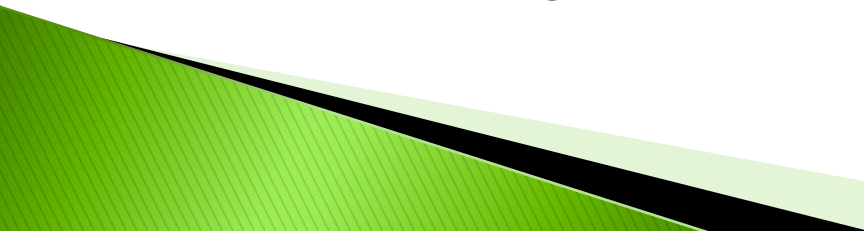
APA Guidelines are Aspirational

- ▶ These guidelines on telepsychology are intended to be aspirational in nature to guide psychologists proactively towards the ethical and legal practice of telepsychology.
- ▶ Except in the Commonwealth Of Pennsylvania
 - Grossman v. State Board of Psychology 2003
 - If the Board's principle states that it will adhere to the Standards and Guidelines of the APA and the APA issues a new set of guidelines, it stands to reason that the new guidelines apply to psychologists licensed in the Commonwealth of Pennsylvania...Principle 3(e) requires adherence to the standards and guidelines of the APA.
 - 3e) As practitioners and researchers, psychologists act in accord with American Psychological Association standards and guidelines related to practice

Eight Guidelines

- ▶ Competence
 - ▶ Standard of Care in Delivery of Telepsychological Services
 - ▶ Informed Consent
 - ▶ Confidentiality of Data and Information
 - ▶ Security and Transmission of Data and Information
 - ▶ Disposal Of Data and Information and Technologies
 - ▶ Testing and Assessment
 - ▶ Interjurisdictional Practice
- 


1.Competence of the Psychologist

- ▶ Psychologists who provide telepsychological services strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of the technologies on clients/patients, supervisees or other professionals.
 - Which technology works for each patient
 - Handling emergency situations/resources available in the distant community
 - Using telepsychology for supervision encouraged to consult with others who knowledgeable about the unique issues with telepsychology and local regulations
- 


2. Standard of Care in the Delivery of Telepsychology Services

- ▶ Psychologists make every effort to ensure that ethical and professional standards of care and practice are met at the outset and through the duration of the telepsychology services they provide.
 - Apply same ethical standards that are required when providing in-person services
 - Field rapidly evolving, psychologists assess appropriateness of using telepsych during initial assessment (risk/benefits) and medium
 - Geography, cultural, patient competence, mental status
 - Monitor progress to determine if still appropriate

3. Informed Consent

- ▶ Psychologists strive to obtain and document informed consent that specifically address the unique concerns related to the telepsychology services they provide.
 - ▶ When doing so, psychologists are cognizant of the applicable laws and regulations, as well as organizational requirements that govern informed consent in this area.
 - How will patients react
 - Confidentiality, information security and storage
 - Which laws govern
- 

4. Confidentiality of Data and Information

- ▶ Psychologists who provide telepsychology services make reasonable effort to protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks to loss of confidentiality inherent in the use of the telecommunication technologies, if any.
 - Don't need to be IT expert but should consult
 - Social media
 - HIPAA Compliant
 - Protecting from Breaches
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5. Security and Transmission of Data and Information

- ▶ Psychologists who provide telepsychology services take reasonable steps to ensure that security measures are in place to protect data and information related to their clients/patients from unintended access or disclosure.
 - Security of patient records
 - Viruses, flawed software, hackers (informed consent), hard drives problems
 - Develop policies and procedures unique to telepsych for the impact of intended and unintended consequences

6. Disposal of Data and Technologies

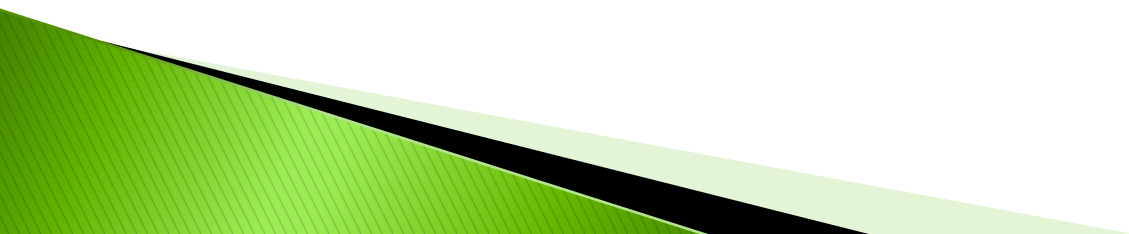
- ▶ Psychologists who provide telepsychology services make reasonable efforts to dispose of data and information and the technologies used in a manner that facilitates protection from unauthorized access and accounts for safe and appropriate disposal.
 - Develop P&P to maximally preserve patient confidentiality and privacy
 - Securely dispose of software and hardware

7. Testing and Assessment

- ▶ Psychologists are encouraged to consider the unique issues that may arise with test instruments and assessment approaches designed for in-person implementation when providing telepsychology services.
 - Integrity of assessment validity and reliability
 - Adhere to *The Standards for Educational and Psychological Testing* (APA/National Council on Measurement in Education/American Educational Research Association)

8. Interjurisdictional Practice

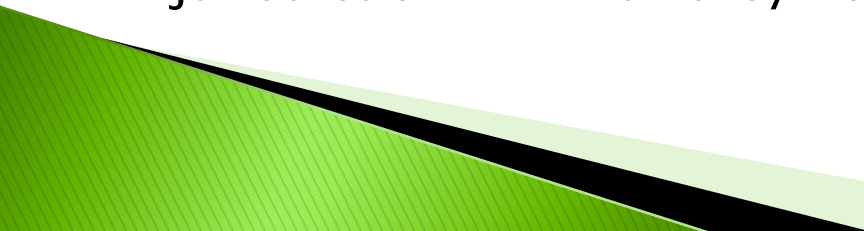
- ▶ Psychologists are encouraged to be familiar with and comply with all relevant laws and regulations when providing telepsychology services to clients/patients across jurisdictional and international borders.




Interjurisdictional Telepsychological Practice

- ▶ Which laws to apply?
 - Where psychologist is located?
 - Where patient is located?
 - Which state has jurisdiction?
 - What to do with conflicting laws
 - Duty to Warn
 - Duty to Report
 - Record Keeping

ASPPB Telepsychology Task Force Principles/Standards

- **Principle/ Standard 1:** Held to same standards of care/competence/conduct as when providing more traditionally based services.
 - **Principle/ Standard 2:** Shall be licensed/registered in good standing in the home jurisdiction from which the services are being provided.
 - **Principle/ Standard 3:** Shall be aware of the location of the client/patient and ensure the legal entitlement to provide telepsychology services in that jurisdiction.
 - **Principle/ Standard 4:** At the onset of professional services, psychologist shall provide notification to the boards of all jurisdictions into which the telepsychological service will be provided and in which the client/patient resides or is located at the time of service. The psychologist shall identify the home jurisdiction in which they hold a license in good standing.
- 

ASPPB Telepsychology Task Force Principles/Standards

- ▶ **Principle/ Standard 5:** Shall be aware of applicable laws, rules, regulations, and standards for practice in the jurisdiction into which the service is being delivered, including but not limited to any requirement to have liability insurance in the jurisdiction into which the services are being provided. Where there is a conflict between jurisdictions with regard to laws, regulations, and standards, psychologists shall adhere to the laws, regulations and standards of his/her home jurisdiction in a manner consistent with the distant jurisdiction's laws and regulations as is reasonably possible. The psychologist **will inform the patient/client of all significant conflicts that may adversely impact the professional services** that the psychologists will provide with a particular emphasis on any limits to confidentiality, privilege, and duties to report.
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ASPPB Telepsychology Task Force

Principles/Standards

- ▶ **Principle/ Standard 6:** Shall be competent in the technology of the service delivery medium and maintain current competency through continuing professional development, consultation or other procedures, in conformance with current regulatory requirements.
- ▶ **Principle/ Standard 7:** Will ensure the electronic and physical security and integrity of client records, including any electronic data and communications.
- ▶ **Principle/ Standard 8:** Shall be competent in the maintenance of privacy, confidentiality, and security related to equipment, electronic records and electronic communications or data, including the disposal of such.


ASPPB Telepsychology Task Force

Principles/Standards

- ▶ **Principle/ Standard 9:** Shall provide the patient with the contact information and process for filing a complaint with the regulatory body of the home jurisdiction in which they hold a license in good standing.
 - ▶ **Principle/ Standard 10:** Shall establish and communicate policies with the client/patient regarding technological difficulties or failures.
 - ▶ **Principle/ Standard 11:** Must verify at the onset of each contact the identity of the client/patient, as well as the identity of all individuals privy to any electronically transmitted service, at any time during the contact.
 - ▶ **Principle/ Standard 12:** Must inform the patient of any limits to confidentiality, security, and privacy unique to the telepsychology service being provided.
- 

Main Question:

Given that the psychologist is providing services similar to face-to-face service, does the technological context to the therapeutic process require different skills, awareness or guiding principles and standards?




Basic Risk Management

- ▶ In responding to a licensing board or ethics committee complaint, your ability to demonstrate knowledge and application of basic ethical principles, your clinical plan, and your risk analysis, as evidenced in your documentation and consultation, is often more important than the clinical outcome.

With Thanks to Jana Martin, CEO, The Trust



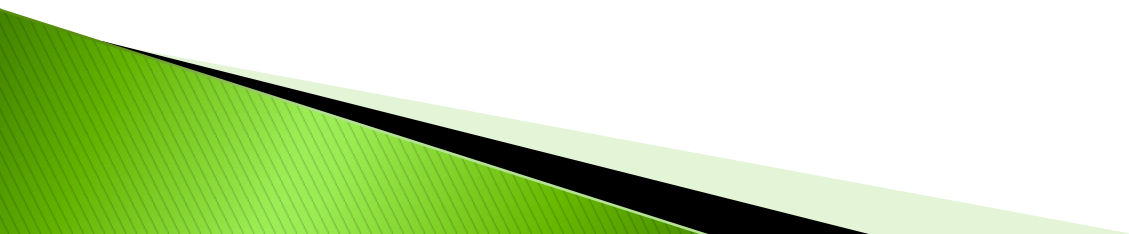
Elements of Risk Management

- ▶ Have a good working knowledge of Ethics Code and legal standards governing practice
 - ▶ Have a good working knowledge of the Guidelines for the Practice of Telepsychology and ASPPB Standards
 - ▶ Conduct a conservative evaluation of your competence to perform
 - Intellectual competence
 - Technical competence
 - Emotional competence
 - ▶ Keep your knowledge base up to date
 - ▶ Avoid professional isolation
- 

Elements of Risk Management

“The Three Keys to Success”

- ▶ Provide comprehensive informed consent
- ▶ Seek appropriate consultation
- ▶ Develop good record-keeping practices and strategies



Ethical Considerations

- ▶ Ethics Committee Opinion on Remote Therapy
 - The APA has not chosen to address teletherapy directly in its Ethics Code and by this intentional omission has created no rules prohibiting such services. The APA Ethics Committee has consistently stated a willingness to address complaints regarding such services on a case-by-case basis, while directing clinicians to apply the same standards used in “emerging areas in which generally recognized standards for preparatory training do not yet exist,” by taking “reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm” (American Psychological Association, 2002, 2.01e).

Ethical & Risk Managed Decision Making

- ▶ Is Remote Therapy Equivalent?
 - Traditional therapy has a great deal of variation.
 - Remote therapy has advantages of increased flexibility, access, and administrative convenience.
 - There are some treatment situations where remote treatment has clear advantages.
- ▶ Providing there is good informed consent, there is no reason to prohibit or differently regulate remote treatment if both the adequately trained licensed psychologist and his/her client agree.

Ethical & Risk Managed Decision Making

- ▶ Are you competent to do the proposed intervention?
 - Education and Training
 - Experience & Familiarity with technology
 - Digital novices vs. Digital experts
 - Privacy
 - How to use
 - What can go wrong and how to fix it
 - Aware that area is evolving
 - Familiar with existing guidelines
 - Availability of consultants who can help with potential deficiencies

Ethical & Risk Managed Decision Making

- ▶ Can you provide the client with appropriate informed consent? (Ohio Guidelines/Div. 29 Telepsychology Guidelines)
 - Telepsychology is an innovative treatment.
 - What are the limitations of using technology?
 - What are the known differences and pitfalls between electronic communication and in-person communication?
 - What are the security measures?
 - What other means of communication are available as backup?
 - What happens if there is an emergency?
 - Include all the other elements of informed consent.


Ethical & Risk Managed Decision Making

► The Risk Benefit Analysis

- What are the proposed benefits of the remote intervention?
- What are the risks to the client of the proposed intervention?
- What are the risks to the psychologist?
 - Will state temporary practice laws permit the intervention?
- Is a referral for in-person services an equal or preferable option?

Ethical & Risk Managed Decision Making


► Quality of the relationship between client and provider

- Importance of evaluative information
 - Extension of existing relationship
 - Some in-person meetings
 - Information about the individual from other sources
 - Assessment instruments
 - Local contacts with other professionals
 - Closeness of the technology to in-person
- 


Ethical & Risk Managed Decision Making

- ▶ Lack of In-person Alternatives
 - Already existing relationship
 - Special expertise
 - Training
 - Experience
 - Lack of providers
 - Client preferences


Ethical & Risk Managed Decision Making

- ▶ Risk characteristics of client and situation
 - Client motivation and level of functioning
 - Client competence and familiarity with technologies which will be used
 - Reliability and ease of use of technology
 - Closeness of technology to in-person
 - Risk level presented by client and client situation
- 

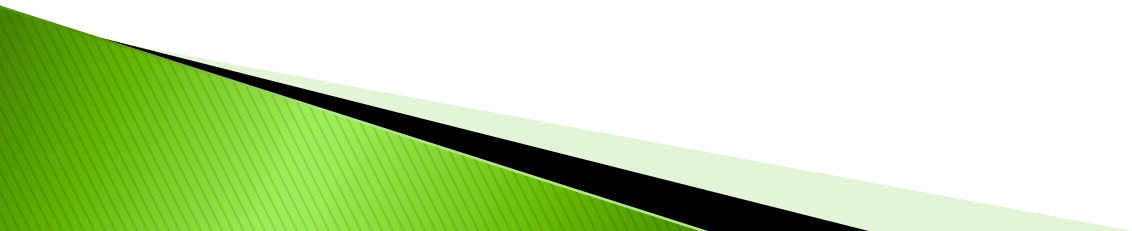
Ethical & Risk Managed Decision Making

- ▶ Are you willing to take the risk?
 - Boards and colleagues will be skeptical
 - Will have to defend on substance and the decision to use remote.
 - ▶ Are you willing to engage in the risk management that is required in order to minimize the possibility of licensing board risk?
 - Familiarity with laws and regulations
 - Risk assessment
 - Documentation
 - Consultation
 - Informed Consent
- 


History of Compacts

- ▶ Date back to revolutionary times
 - ▶ Colonies were independent and disputes went to the King to be resolved
 - ▶ Compacts predate U.S. Constitution
 - ▶ Compact Clause in the U.S. Constitution
 - Article I, Section 10, Clause 3 – *“No state shall, without the Consent of Congress...enter into any Agreement or Compact with another State...”*
- 


What is a Compact?

- ▶ Contract between states
 - ▶ Effective means of addressing common problems
 - ▶ Creates economies of scale
 - ▶ Responds to national priorities
 - ▶ Retains collective state sovereignty over issues belonging to the states
- 

Compact Case Law

- ▶ US Supreme Court held, in effect, that “any” doesn’t mean “all” and consent isn’t required unless the compact infringes on the federal supremacy (*U.S. Steel Corp. v. Multi-State Tax Commission*)
 - ▶ Compacts are essentially treaties between sovereign states (*West Virginia ex rel. Dyer v. Sims*)
 - ▶ Interstate compacts are not merely legislative acts – they are contracts binding on the signatories (*West Virginia ex rel. Dyer v. Sims*)
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- 

Compact Case Law

- ▶ Upon entering into an interstate compact, a state effectively surrenders a portion of its sovereignty; the compact governs the relations of the parties with respect to the subject matter of the agreement and is superior to both prior and subsequent law. Further, when enacted, a compact constitutes not only law, but a contact which may not be amended, modified, or otherwise altered without the consent of all parties. (*C.T. Hellmuth and Assocs. v. Washington Metro Area Transit Authority*)
- ▶ States cannot be bound by a compact to which they have not consented


Why Compacts?

- ▶ Legislators understand compacts
 - ▶ Flexible, enforceable means of cooperation
 - ▶ States given up rights to act unilaterally but retain shared control
 - ▶ Not creating a “legal fiction” but creates a law which is binding on the states and participating psychologists
- 


About Compacts

- ▶ More than 200 compacts exist today
- ▶ Typically, each state has between 20 to 40 compacts
 - SD has 26 (CSG): Interstate Medical, Nursing Compact, SD–Nebraska Boundary Compact, Midwestern Higher Education, Interstate Compact on Juveniles, Multistate Lottery Compact, Mental Health, National Guard, Driver's License,
- ▶ Examples include:
 - New York–New Jersey Port Authority Compact of 1921
 - Interstate Compact on Adult Offender Supervision
 - Interstate Compact on Mental Health
 - Driver's License Compact
 - 1 driver, 1 license, 1 record


Other Compacts Currently in Development

- ▶ Nurse Licensure Compact (NCSBN)
 - ▶ Interstate Medical Licensure Compact (FSMB)
 - ▶ Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (NASEMSO)
 - ▶ Physical Therapy Licensure Compact (FSBPT)
- 

Need for PSYPACT

- ▶ In February 2015, the Board of Directors of ASPPB introduced the Psychology Interjurisdictional Compact (PSYPACT) to address concerns by member jurisdictions about the increasing availability of unregulated services provided via telecommunication technologies
 - ▶ Goal is to protect public through the regulation of interjurisdictional practice through verification of education, training and experience to ensure accountability for professional practice
- 


What is and why PSYPACT?

- ▶ Compromise between psychologists and licensing boards
 - ▶ Will allow great access to care and greater flexibility for psychologists
 - ▶ Allow psychologists to practice interjurisdictionally with one license from a PSYPACT state
 - ▶ Protect public through verification of education, training and experience to ensure accountability for professional practice
- 


About PSYPACT

- ▶ Cooperative agreement enacted into law by participating states
 - ▶ Interstate compact designed to:
 - Facilitate the practice of psychology using telecommunication technologies (telepsychology) across participating state lines through Authorization to Practice Interjurisdictional Telepsychology(unlimited)
- AND
- 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


How PSYPACT Works?

- ▶ PSYPACT becomes operational when seven states enact PSYPACT into law.
 - ▶ Psychologists who wish to practice under PSYPACT obtain:
 - E.Passport (certificate for telepsychology)
 - Interjurisdictional Practice Certificate (IPC) for temporary in-person, face-to-face practice
 - ▶ PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions.
 - ▶ The Commission is the governing body of PSYPACT and is responsible for its oversight and the creation of its Rules and Bylaws.
- 


Benefits of PSYPACT

- ▶ Increases client/patient access to care
 - ▶ Facilitates continuity of care when client/patient relocates, travels, etc.
 - ▶ Certifies that psychologists meet acceptable standards of practice
 - ▶ Promotes cooperation between PSYPACT states in the areas of licensure and regulation
 - ▶ Compact states authority to hold licensees accountable
 - ▶ Offers a higher degree of consumer protection across state lines
 - ▶ Promotes ethical and legal interjurisdictional practice
- 

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
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PSYPACT Generally

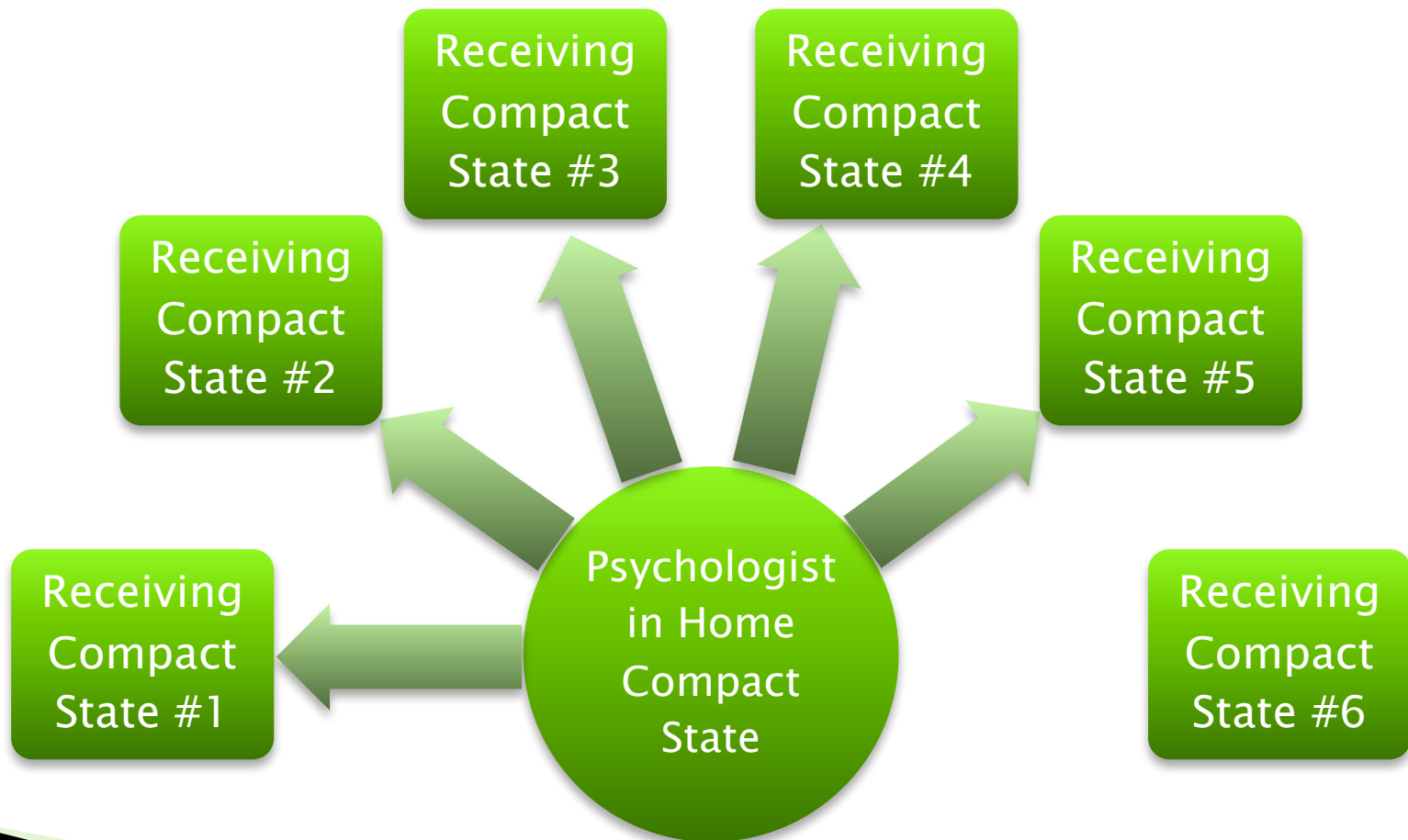
- ▶ If a state enacts PSYPACT, those psychologists wishing to practice under the authority of PSYPACT will be eligible to provide telecommunication services across jurisdictions into other PSYPACT states based on that state's license
 - ▶ These psychologists will also be eligible to provide temporary in-person, face-to-face psychological services into other PSYPACT states based on that state's license
 - ▶ Psychologists participating under the authority of PSYPACT must adhere to its terms and conditions.
- 

Authorization to Practice Interjurisdictional Telepsychology

A licensed psychologist's authority to practice telepsychology, within the limits authorized under this Compact, into another Compact State.



How Telepsychological Practice Works under PSYPACT



Authorization to Practice Interjurisdictional Telepsychology

- ▶ SD psychologists can see patients in SD face to face.
- ▶ SD psychologists can see patients in SD via electronic mean.
- ▶ As of now, if patient goes to Florida, can you see the patient via video conferencing?
- ▶ As of now, if patient is in Florida and you vacation in Florida, can you see the patient while in Florida?
 - SD psychologist to SD patient but both in Florida
- ▶ If patient goes to Florida and the psychologist is in SD (and both SD and FL are PSYPACT states), the psychologist can see the patient electronically.
- ▶ If SD participates in PSYPACT, SD psychologists can provide telepsychological services from SD to patients in Florida if Florida is a PSYPACT state.
- ▶ If SD participates in PSYPACT, SD psychologists cannot provide telepsychological services from Florida (if Florida is a PSYPACT state) into other PSYPACT states unless the psychologist is also licensed in Florida.


Home State

- ▶ **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


Receiving State

- ▶ **Receiving State:** A Compact State where the client/patient is physically located when the telepsychological services are delivered
- ▶ Can issue Injunction or Cease and Desist Order
- ▶ PSYPACT takes precedence over individual state telepsych laws
 - North Dakota (one face to face session)
 - Kentucky (pro hoc vice)
 - California (must be licensed in CA to provide services if providing services to citizen of CA)

How Does it Work?

- ▶ States must adopt the compact. A state would have to become a Compact State for psychologists in that state to participate.
 - Require licensees to hold an active E.Passport
 - Mechanism for receiving and investigating complaints about licensed psychologist
 - Notify the Commission of adverse action or significant investigatory information
 - Attest at beginning and require identity history summary data at initial licensure, including fingerprints or biometric data checks compliant with FBI
 - Comply with Bylaws and Rules of the Commission
- 


E.Passport Requirements

- ▶ Meet educational standards–doctoral degree
 - Graduate degree (education, experience, residency)
 - ▶ Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State
 - ▶ No history of adverse action
 - ▶ No criminal record history
 - ▶ Possess a current, active E.Passport
 - ▶ Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification and
 - ▶ Meet other criteria as defined by the Rules of the Commission.
- 

E.Passport Requirements: Graduate Degree

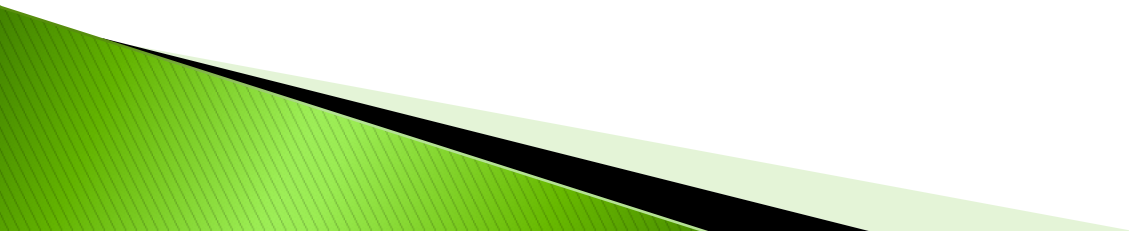
- ▶ Graduate degree from an institute of higher education that was at the time the degree was awarded;
 - Regional Accreditation (North Central) or authorized by Provincial statute or Royal Charter to grant doctoral degrees
 - Foreign Equivalent a foreign college or university deemed to be equivalent by a NACES (National Association of Credential Evaluation Services)
 - Non-North American
 - NACES evaluates board deem if education is deemed the equivalent

E.Passport Requirements: Graduate Degree


- ▶ Psychology Program must be clearly identified and labeled a psychology program
 - ▶ Intent to Educate/Train Professional Psychologist
 - ▶ Coherent Organizational Entity within institution
 - ▶ Clear Authority for core and specialty areas
 - ▶ Integrated/Organized Sequence of Study
 - ▶ Psychology Faculty
 - ▶ Director of Program is Psychologist
 - ▶ Body of Students
 - ▶ Practicum, Internship or field Training
 - ▶ Minimum Duration of Curriculum
- 

E.Passport Requirements: Residency


- ▶ Residency “The program includes an acceptable residency as defined by the Rules of the Commission.”




Responsibility of E.Passport Holder

- ▶ Agree to be bound by E.Passport Policies and Procedures
 - ▶ Appropriately represent their E.Passport as reflecting the practitioner's basic qualification and should not be represented as an additional qualification or as superior level of psychological qualification
 - ▶ Comply with all statutory, regulatory and ethical requirements
 - ▶ Shall report to ASPPB any findings of criminal or unethical conduct or disciplinary actions that arise after application
- 


Responsibility of E.Passport Holder

- ▶ Be held APA/ASPPB/The Trust guidelines and ASPPB Telepsychological Standards
 - ▶ Inform ASPPB of any pending discipline, criminal action or malpractice
 - ▶ Acknowledge that violation of terms of E.Passport P&P shall result in revocation of E.Passport
 - ▶ Inform patients of psychologist's licensure status and that they have an E.Passport
- 


Responsibility of E.Passport Holder

- ▶ Inform patients limitation of practice and where and how patients can file a complaint
 - ▶ Notify patients of conflicts in law regarding confidentiality at outset of provision of services – Duty to Warn, Duty to Report Child abuse
 - ▶ Comply with injunctions and/or cease and desist orders from receiving state
 - ▶ Disclose E.Passport on all promotional/professional materials in connection with interjurisdictional telepsychological practice
- 


Responsibility of E.Passport Holder

- ▶ Notify ASPPB of any address or licensure change each renewal period
 - ▶ Obtain 3 hours of education relevant to the use of technology in psychological practice
 - ▶ Agree to release information for posting in E.Passport directory
 - ▶ Notify ASPPB of intended interjurisdictional telepsychological practice to include start date as well as jurisdiction
 - ▶ At renewal, list all states into which you provide interjurisdictional telepsychological practice services
- 

Revocation of E. Passport

- ▶ Fraud in Application
 - ▶ Any public discipline sanction imposed upon a license
 - ▶ Failure to comply with all applicable statutory, regulatory and ethical standards in representing the E.Passport
 - ▶ Conviction of a crime
 - ▶ Failure to comply with the P&P terms
- 


Revocation of E. Passport

- Occurs 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.
 - No longer eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology
- 

Who Controls?


- ▶ A psychologist practicing into a Receiving State under the Authority of Compact will be subject to the Receiving State's scope of practice.
- ▶ Practice defined where psychologist is located

Discipline on License

- ▶ 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.
 - ▶ 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.
 - ▶ 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.
 - ▶ 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.
- 

Temporary Authorization to Practice

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.



Home State

- ▶ **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 Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.

Distant State

► **Distant State:** A Compact State where a psychologist is physically present (not through using telecommunications technologies) to provide *temporary* in person, face to face psychological services

- Up to 30 work days per year in each PSYPACT state
 - Louisiana –no temporary privilege
 - Pennsylvania –14 day
- A “day” is defined as any part of a day in which psychological work is performed (*One minute counts as a day*)


Temporary Face to Face Practice

- ▶ 1. States must adopt the compact. A state would have to become a Compact State for psychologists in that state to participate.
 - Require licensees to hold an Interjurisdictional Practice Certificate (IPC)
 - Mechanism for receiving and investigating complaints about licensed psychologist
 - Notify the Commission of adverse action or significant investigatory information
 - Require identity history summary data at initial licensure, including fingerprints or biometric data checks compliant with FBI
 - Comply with Bylaws and Rules of the Commission

Interjurisdictional Practice Certificate (IPC)

- ▶ A certificate that grants temporary authority for in-person, face-to-face practice
- ▶ Based on:
 - ◆ Notification to the Commission of intention to practice temporarily and
 - ◆ Verification of one's qualifications for such practice.
- ◆ ASPPB to review, vet credentials and issue IPC based on established criteria

Interjurisdictional Practice Certificate (IPC)


- ▶ Licensed in good standing, current, full unrestricted license to practice
 - ▶ No adverse actions on your license (discipline)
 - ▶ No criminal record that violates rule of Commission
- 

Interjurisdictional Practice Certificate (IPC)

► Attestations:

- Regarding areas of Intended Practice
- Work Experience
- Provide Release of Information to allow for primary source verification

Interjurisdictional Practice Certificate (IPC)

- ▶ Commission Rules: Meet other criteria as defined by the Commission
 - ▶ Scope of Practice: It is the scope of practice in the Distant State
 - ▶ Regulation: Psychologist under the authority of the Distant State's authority and law
 - ▶ Impact of Discipline: If Temporary Authorization to Practice is revoked, suspended or limited, ASPPB will revoke the IPC and make the psychologist ineligible for the use of the compact privilege.
- 

Discipline on License


- ▶ 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.
- ▶ 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.
- ▶ 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.
- ▶ 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.

Implementing PSYPACT


► Legislative action

- Collaboration of Licensing Boards and State Psychological Associations
 - Essential for PSYPACT to be enacted
- State Psychological Associations may/will need to be heavily involved
 - Some boards do not have authority to lobby legislators
 - Beneficial for psychologists to provide greater access to care and reach underserved and/or geographically isolated populations and
 - Creates a regulatory structure for telepsychological and temporary in-person, face-to-face practice

Additional Information

- ▶ ASPPB is available to make presentations to Licensing Boards and at your meetings/conventions
 - ▶ ASPPB is able to help Licensing Boards and SPTAs with the proposed legislation
 - ▶ ASPPB, if appropriate, will provide testimony about the need for and benefit of PSYPACT in your state
- 

Endorsements


- ▶ APA
 - ▶ APAPO–Practice Organization
 - ▶ APAGS
 - ▶ APA Division 42
 - ▶ APA Division 31
 - ▶ THE TRUST
 - ▶ CAC– Citizen Advocacy Center
 - ▶ APPIC
 - ▶ ATA– American Telemedicine Association
 - ▶ ABPP–American Board of Professional Psychology
- 

Following Licensing Boards have Endorsed PSYPACT

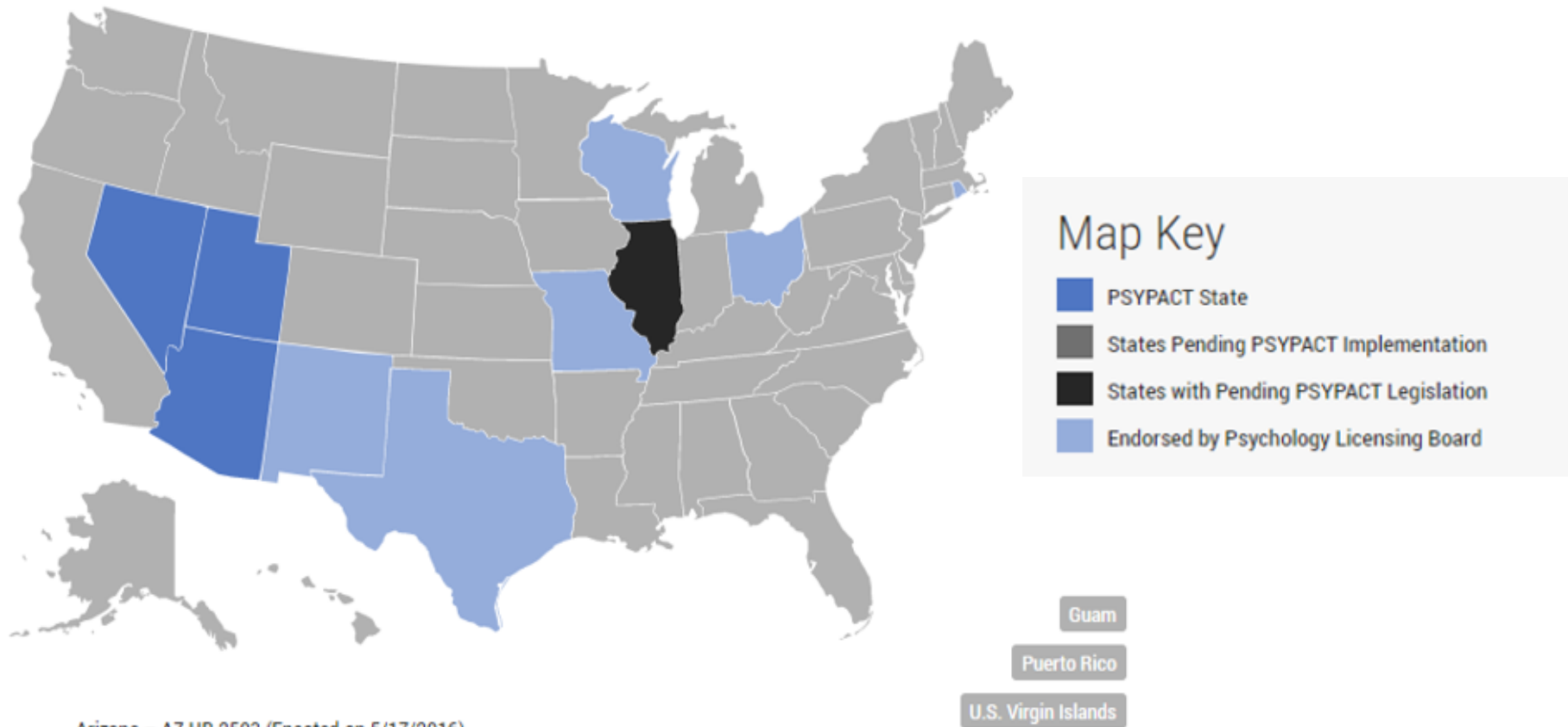
- ▶ Ohio
 - ▶ Missouri
 - ▶ Nevada
 - ▶ Arizona
 - ▶ Utah
 - ▶ Wisconsin
 - ▶ Rhode Island
 - ▶ Texas
- 

Where are we now?

- ▶ PSYPACT have been adopted in 3 states
 - Arizona
 - Utah
 - Nevada

 - ▶ The Following States have requested a PSYPACT Presentation
 - New Jersey
 - Mississippi
 - Missouri *
 - Vermont
 - Wyoming
 - Utah
 - South Carolina
 - Maine*
 - California
 - Florida
 - Illinois*
 - Washington, D.C
 - Virginia
 - Washington
 - North Dakota
 - Arkansas
 - Oklahoma
 - Georgia
 - Texas*
 - Hawaii
 - New Mexico
 - Rhode Island*
- 

Current State of PSYPACT



Arizona – AZ HB 2503 (Enacted on 5/17/2016)
Illinois – IL HB 2688 and IL SB 1391 (Click [here](#) for more information)
Nevada – NV AB 429 (Enacted on 5/26/2017)
Utah – UT SB 106 (Enacted on 3/17/2017)

For More Information...

- ▶ PSYPACT Website: www.psypact.org
 - Resources include: Compact legislation, legislative resource kit, FAQs, Up-to-date information about the status of PSYPACT in each state
- ▶ Follow us on Twitter -- @PSYPACT
- ▶ Sign up for our email listserv by emailing info@psypact.org

For additional information,
please contact:

Alex Siegel at asiegel@asppb.org

Janet Orwig at jorwig@asppb.org

Lisa Russo at lrusso@asppb.org

PSYPACT Website www.psypact.org

Follow us on Twitter @PSYPACT

