Telehealth & Interjurisdictional Practice: Ethics and Risk Management Strategies

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NOTE: This workshop counts toward your ethics requirement in PA, as well as toward PSYPACT renewal

LEARNING OBJECTIVES

1. Discuss the ethical and legal implications of practicing in other jurisdictions
2. Describe the process of appropriate practice under PSYPACT.
3. Identify strategies for providing good clinical care using telehealth

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 difference laws in difference jurisdictions?

TERMINOLOGY

Psychology

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

VS

General

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

*Virtual behavioral health

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 provide better access to care to clients/patients through the use of telecommunications technologies.
- It is untenable to require psychologist 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.

TELEPSYCHOLOGY APPLICATIONS

- Assessment / Diagnosis
- Treatment
- Client Education
- Clinical 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.
- Accidental non-compliance with regulations

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)
- Updated August 2024

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.
    - 3(e) As practitioners and researchers, psychologists act in accord with American Psychological Association standards and guidelines related to practice.

APA GUIDELINES

Then

1. Competence
2. Standard of Care in Delivery of Telepsychological Services
3. Informed Consent
4. Confidentiality of Data and Information
5. Security and Transmission of Data and Information
6. Disposal Of Data and Information and Technologies
7. Testing and Assessment
8. Interjurisdictional Practice

Now

1. Competence of the Psychologist
2. Informed Consent
3. Data Security, Management, and Transmission
4. Data Disposal
5. Documentation
6. Interjurisdictional Practice
7. Clinical Best Practices
8. Testing and Assessment
9. Emergencies
10. Supervision/Training
11. Emerging Technologies

1. COMPETENCE OF THE PSYCHOLOGIST

- Telepsychology is a series of competencies and, therefore, psychologists take reasonable steps to ensure awareness of evolving competences that are relevant to their practice and patient/client/service recipient outcomes as indicated by up-to-date research and other relevant literature.
  - Content competencies
  - Technical competencies
  - Population Competencies
  - Lifelong learning

2. INFORMED CONSENT

Psychologists strive to obtain and document informed consent, recognizing the distinctive considerations associated with the provision of telepsychological services.

- The nature of the services
- Communication modalities
- Potential risks and benefits
- Service limitations
- Hindrances to the continuity, availability, and appropriateness of remote services
- Privacy & security measures
- Location
- Limits to confidentiality
- Procedures for technical challenges
- Technical requirements
- Emergency procedures
- Boundaries and expectations
- Fees and billing information (including cancellation & rescheduling policies)
- Patient responsibilities
- Informed consent renewal
- License & jurisdiction

3. DATA SECURITY, MANAGEMENT & TRANSMISSION

- Psychologists who provide telepsychological services to take reasonable steps to ensure security measures are in place to protect patient/client/service recipient data from unintended access, disclosure, loss, or corruption.

4. DATA DISPOSAL

- Psychologists who provide telepsychology services are encouraged to make reasonable efforts to dispose of personally identifiable information (PII), including protected health information (PHI) data, and related technologies used to create, store, and transmit these data in an appropriate manner.

5. DOCUMENTATION

- Psychologists seek to diligently create and maintain clinical records that identify and incorporate the specific administrative and clinical elements of telepsychology service delivery that are in accordance with relevant legal and ethical standards

6. INTERJURISDICTIONAL PRACTICE

- Psychologists seek to be well-versed in and comply with all relevant laws, mandates, and regulations when providing telepsychology services to patients/clients/service recipients across jurisdictional borders, both domestic and international.

7. CLINICAL BEST PRACTICES

- Psychologists strive to incorporate best practices to ensure quality standards of care in telepsychology services align with standards for in-person services.

8. TESTING AND ASSESSMENT

- Psychologists are encouraged to consider the specific issues that may arise when conducting testing and assessment via telepsychology.

9. EMERGENCIES

- Psychologists are encouraged to take reasonable steps to ensure the safety of individuals being provided telepsychology services and to establish plans for potential emergencies or dangerous situations at the patient's/client's/service recipient's location.

10. SUPERVISION/TRAINING

- Psychologists providing supervision of or training in telepsychology, as well as those using telecommunication technologies to provide supervision or training remotely (i.e., telesupervision), strive to be competent in the services they supervise and the technology used to provide telepsychology.

11. EMERGING TECHNOLOGY

- Psychologists strive to apply the same ethical, legal, and empirical considerations and rigor of these guidelines to any new technology used in psychological practice.
  - AI
  - Digital therapeutics

TELEPSYCHOLOGY DEFINED

- 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)

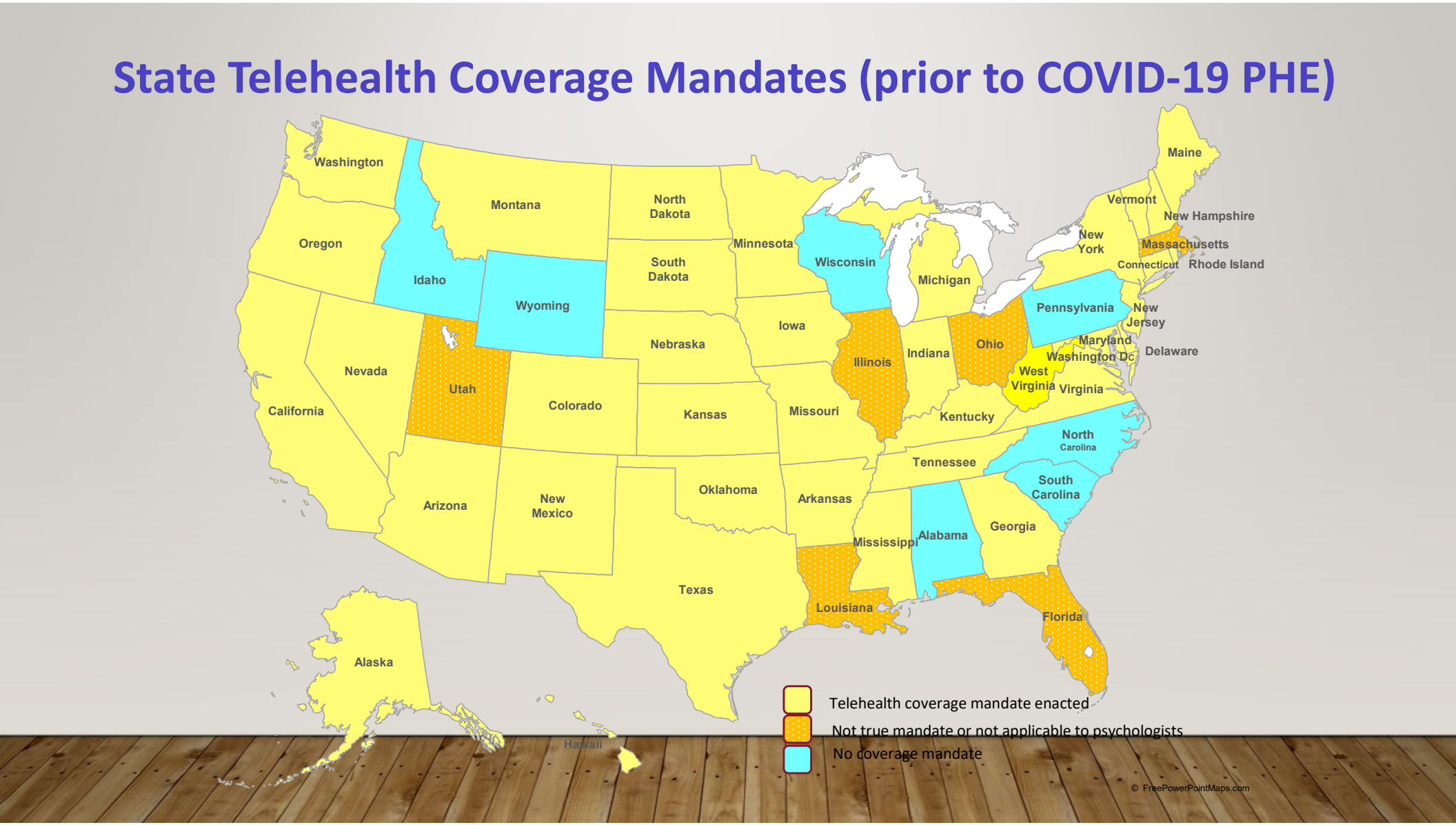
(APA Guidelines)

TELEPSYCHOLOGY

- 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

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

State Telehealth Coverage Mandates (prior to COVID-19 PHE)



NO PARITY TELEHEALTH LAW IN PA UNTIL JULY 2024

Act 42 of 2024 (formerly SB739) signed into law July 3, 2024

"If a commercial health insurer provides coverage for a health care service that is performed in-person, it now must also cover that same service via telemedicine as long as the required standard of care is met. SB 739 also sets telehealth accessibility standards for Medicaid (also known as Medical Assistance in Pennsylvania) and the Children's Health Insurance Program (CHIP)."

PA MEDICAID TELEHEALTH

- Telemedicine is the use of real-time interactive telecommunications technology that includes, at a minimum, audio and video equipment as a mode of delivering consultation services.
- DHS will continue allowing physical health and behavioral health services to be provided via telemedicine delivery and will continue to reimburse at the same rate as services delivered in person in the Fee-for-Service (FFS) delivery system. Managed Care Organizations (MCOs) may, but at present are not required to, allow for the use of telemedicine. Beginning January 1, 2026, Medicaid and CHIP managed care plans will be required to make payment on behalf of enrollees for medically necessary health care services provided through telemedicine if certain conditions outlined in Act 42 of 2024 are met. MA MCOs may negotiate payment for services rendered via telemedicine.

COVERED HEALTH SERVICES

- Medicaid will reimburse for specialty consultations. Additionally, Pennsylvania Medicaid will reimburse licensed psychiatrists and licensed psychologists for telepsychiatry outpatient services, including:
- Psychiatric diagnostic evaluations
- Psychological Evaluations
- Pharmacological management
- Consultations (with patient/family)
- Psychotherapy

PA STATE LAW CONSENT

- The healthcare professional shall follow applicable state and federal laws, rules and regulations for informed consent.

PA STATE LAW CROSS-STATE LICENSING

- When services are provided from a location in another state, the psychiatrist/licensed psychologist must be licensed in Pennsylvania.

COVID-19 PHE: TEMPORARY TELEHEALTH EXPANSIONS

HHS/CMS

- HHS Office of Civil Rights temporarily relaxed its enforcement authority for HIPAA compliance
- CMS lifted geographic and originating site restrictions for Medicare telehealth
- CMS expanded list of eligible telehealth services to include HBAI services, psychological & neuropsychological services, telephone management services
- CMS has allowed audio-only phone services

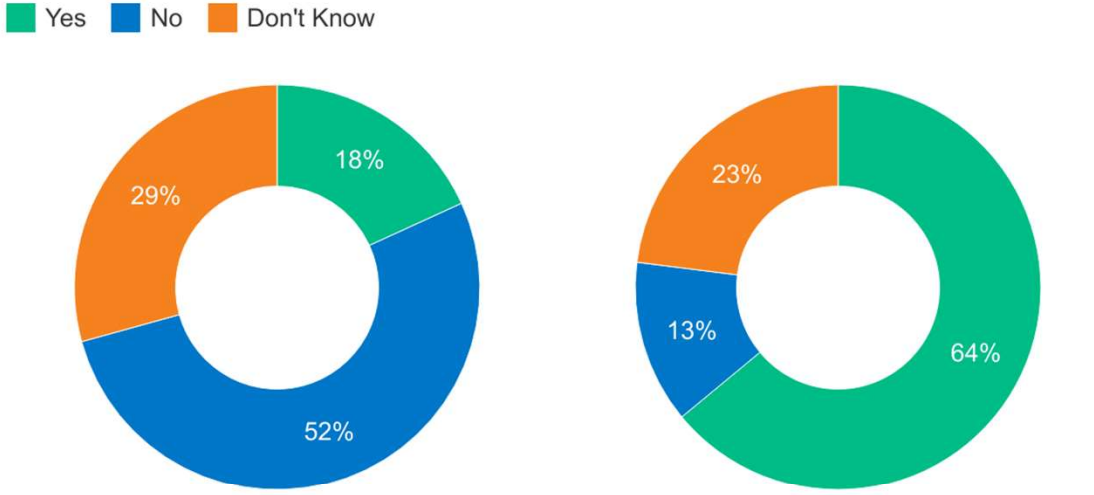
Medicaid/Private Payor

- Expanded telehealth coverage & reimbursement for private health insurance
- Expanded telehealth coverage & reimbursement for Medicaid
- Patient's home = eligible originating site
- Audio-only phone permitted
- Temporary interstate practice licensure waivers

Figure 2

Nearly Two-Thirds of Medicare Beneficiaries Report Their Usual Provider Currently Offers Telehealth Appointments, Up From 18% Before the COVID-19 Pandemic

Share of all Medicare beneficiaries living in the community with a usual source of care (52.7 million beneficiaries):

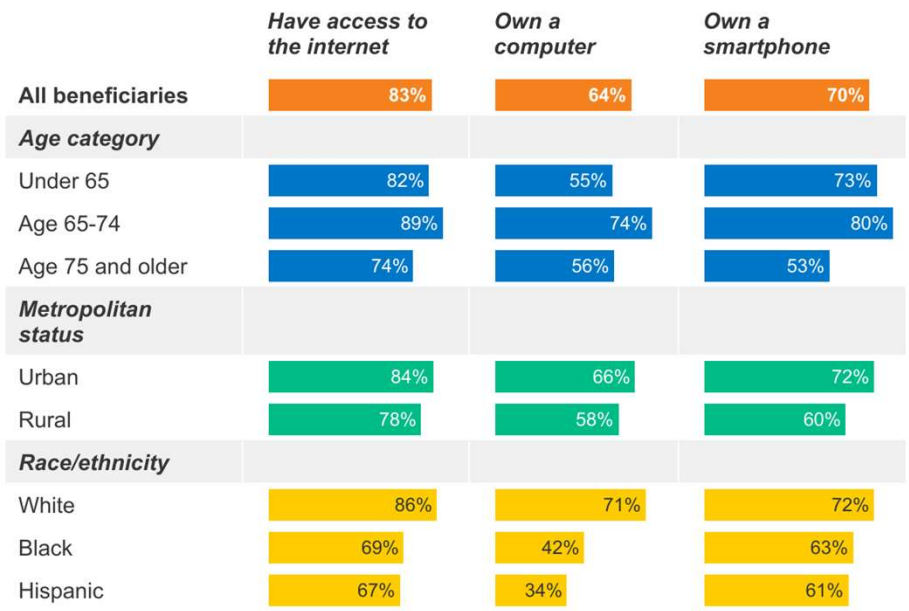


NOTE: Analysis among Medicare beneficiaries living in the community with a usual source of care. Figure does not sum to 100% due to rounding.
SOURCE: KFF analysis of CMS Medicare Current Beneficiary Survey COVID-19 Fall 2020 Community Supplement Public Use File

KFF

Figure 6

Technology Access Among Medicare Beneficiaries Varies Widely; Less Than Half of Black and Hispanic Medicare Beneficiaries Say They Own A Computer



NOTE: Analysis among Medicare beneficiaries living in the community. Adults of Hispanic origin may be of any race, but are categorized as Hispanic for this analysis; All other groups are non-Hispanic. Tests of statistical significance can be viewed in accompanying tables.
SOURCE: KFF analysis of CMS Medicare Current Beneficiary Survey COVID-19 Fall 2020 Community Supplement Public Use File

KFF

TEMPORARY CHANGES TO HIPAA COMPLIANCE ENFORCEMENT DURING PHE

HHS/Office of Civil Rights issued its notification of enforcement discretion for telehealth communications during COVID-19 public health emergency on March 17, 2020.

Enforcement discretion tied to national PHE, which expired May 11, 2023

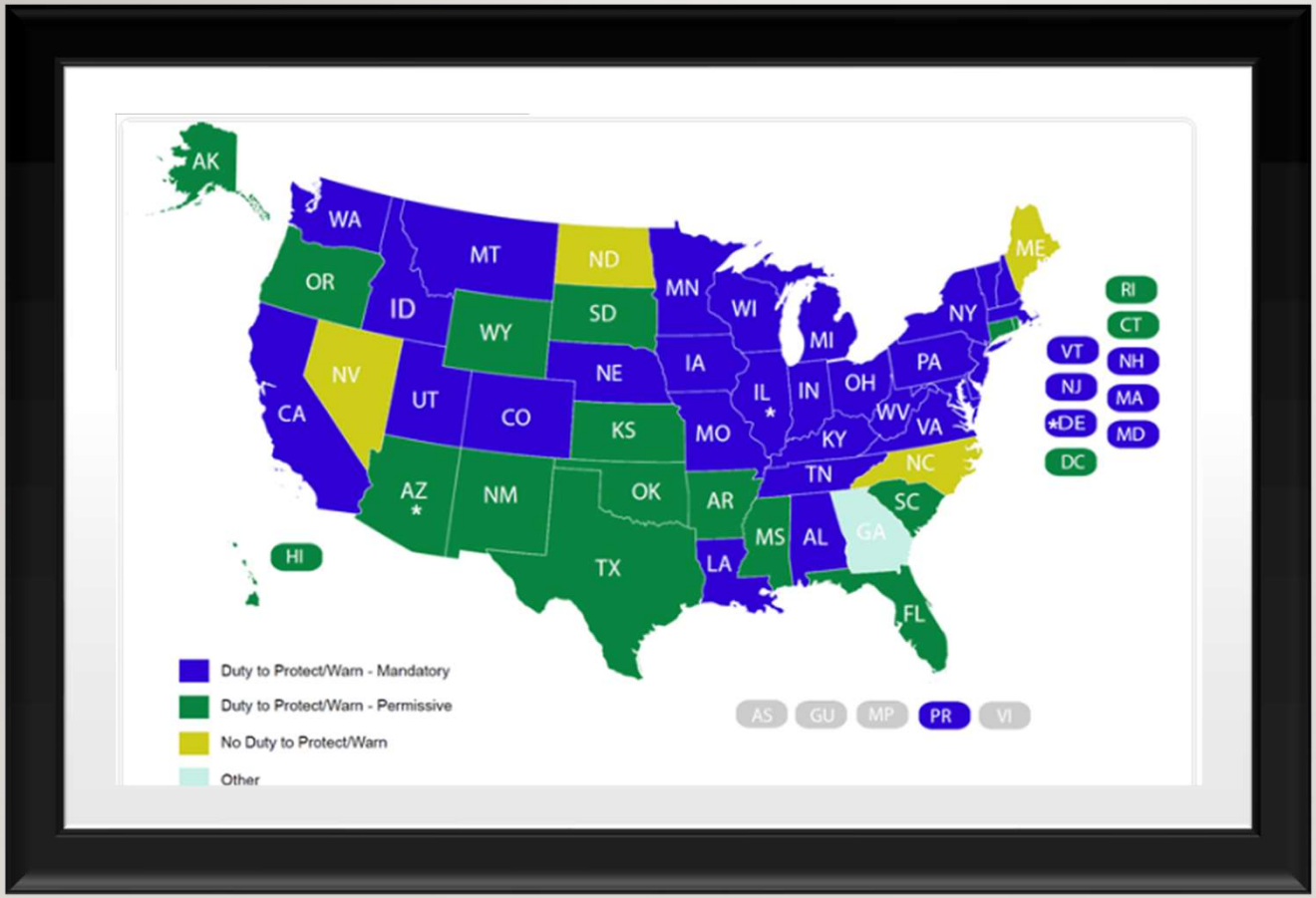
90 day grace period for good faith violations (thu Aug 11, 2023)

Some states also issued emergency orders temporarily suspending HIPAA compliance requirement for state laws

Many executive orders tied to state's PHE declaration

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
    - Red Flag Laws



DUTY TO WARN

SOURCE: NATIONAL CONFERENCE OF STATE LEGISLATURES

DUTY TO REPORT

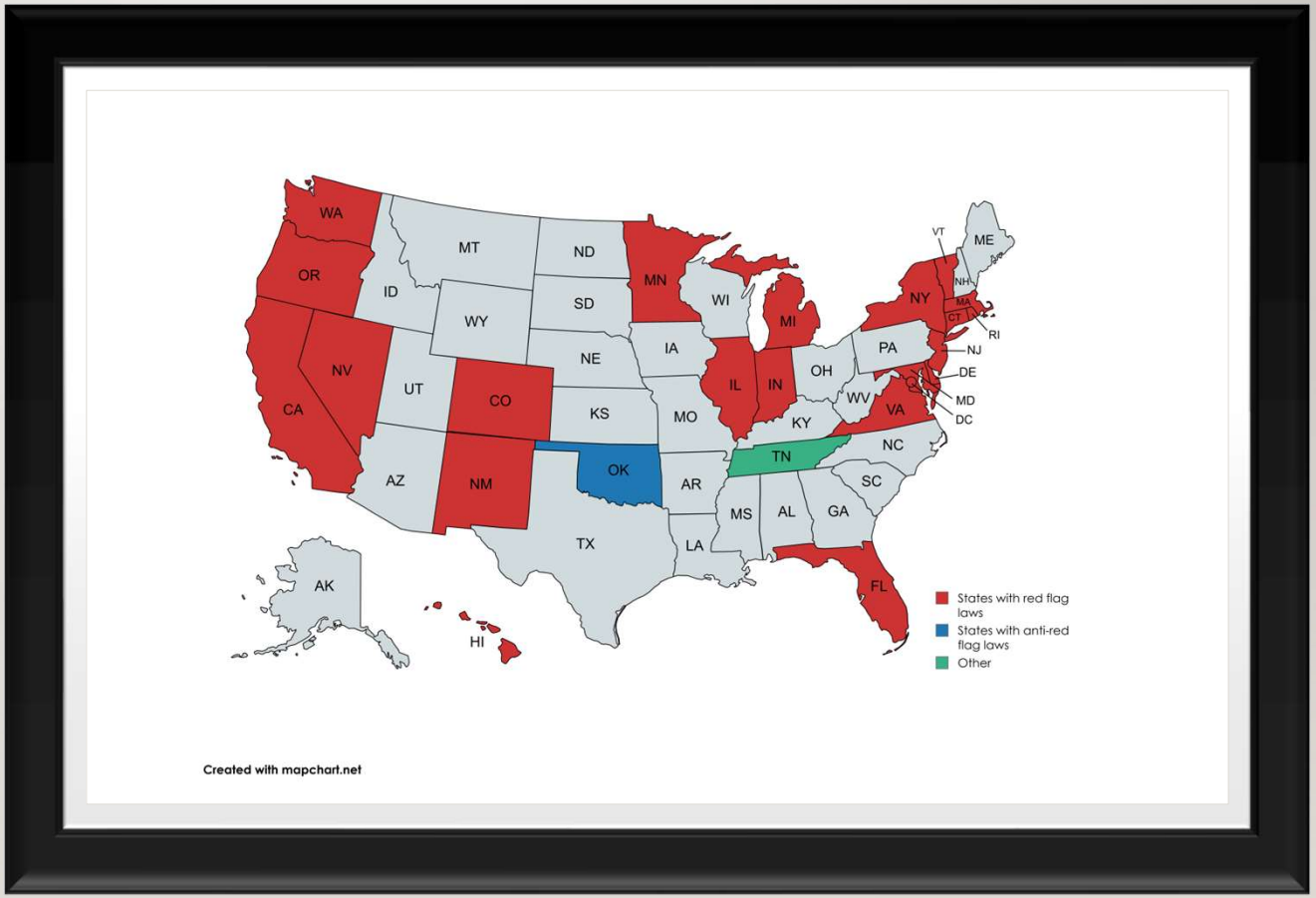
- Child abuse definitions, immunity for good faith reporting, and process for reporting vary across jurisdictions

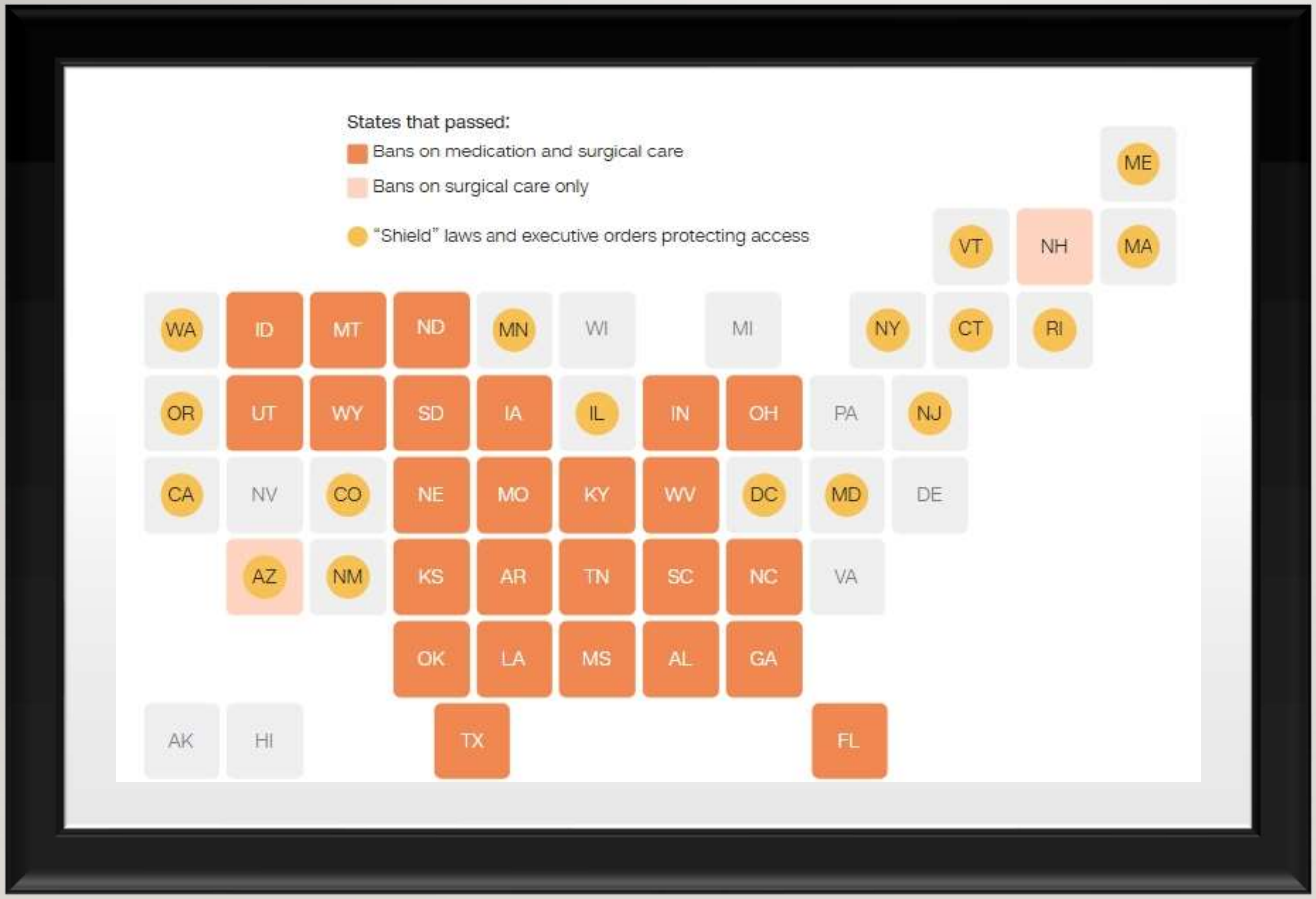
- See: https://www.childwelfare.gov/resources/
  - Select Topics > Laws and Policies > Search for State

RECORD KEEPING

- PA regulations require at least 5 years after last date of service
- California requires seven years from the patient's discharge date, or in the case of a minor, seven years after the minor reaches 18 years of age
- Maryland law requires retention for a period of 5 years from the date of the record, or for a minor 5 years or 3 years after reaching the age of majority (18), whichever is later. It also provides for an earlier destruction, if certain requirements are met, including notice to the patients, either directly or by publication.

RED FLAG LAWS





GENDER AFFIRMING CARE

Note: Data as of April 30, 2025. Surgical care for transgender minors was banned in Arizona in 2022, but a new governor issued an executive order with "shield" protections for transgender health care in 2023. Arkansas's ban is permanently blocked, though the state said it would appeal the ruling. Montana's ban is temporarily blocked while a legal challenge continues.

Source: Movement Advancement Project
Graphic: Annette Choi, CNN

PRE COVID-19

- Generally speaking, psychologists need to be licensed where you are located and where the client/patient is located.
- https://www.asppb.net/page/BdContactNewPG#D
  - Some states allow temporary practice for a set number of day without applying for license (PA. 14 day and DE 6 days)
  - Some states allow for temporary practice but need to notify board and apply for temporary license (Washington and Maryland)
  - Some states do not allow for temporary privileges and need a full license

COVID-19 AND EXECUTIVE ORDERS

- 30 plus states had governors' executive order's temporarily suspending or relaxing some of the licensure laws or regulations.
- https://www.apaservices.org/practice/legal/technology/state-telehealth-guidance
- https://www.asppb.net/page/covid19
  - If had a previous license which expired, during crisis that license was activated
  - If have license in good standing (with no discipline in X number of years, could practice into their state
    - Some allowed for telepsych only others allowed for in person or telepsych
    - Some allowed treating/assessing only existing patients others allowed for treating/assessing existing or new patients
    - Some increased the number of days you can telepsych into a state

POST COVID-19

- Governors' executive orders expired by a certain date, in X number of days, X number of days after emergency was over or after crisis was over and governor rescinds the order.
- At that time, PRE COVID-19 (pre-executive orders) laws and regulations resumed and are enforceable.
- ASPPB working group on unintended consequences for COVID 19

PSYPACT

- Psychology Interjurisdictional Compact

PSYPACT®

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

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…"*

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*)

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
  - NJ has 38(CSG): PSYPACT (11/23/21),Enhanced Nursing Compact(partial implementation), Physical Therapy(S2511), Medical Compact introduced (NJS523), Atlantic States Marine Fishery Compact, Interstate Compact on Juveniles, Interstate Compact on Educational Opportunity for Military Children, Delaware River Joint Toll Bridge Compact, Palisades Interstate Park Compact Mental Health, Compact for Placement of Children, Drivers License Compact
- 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

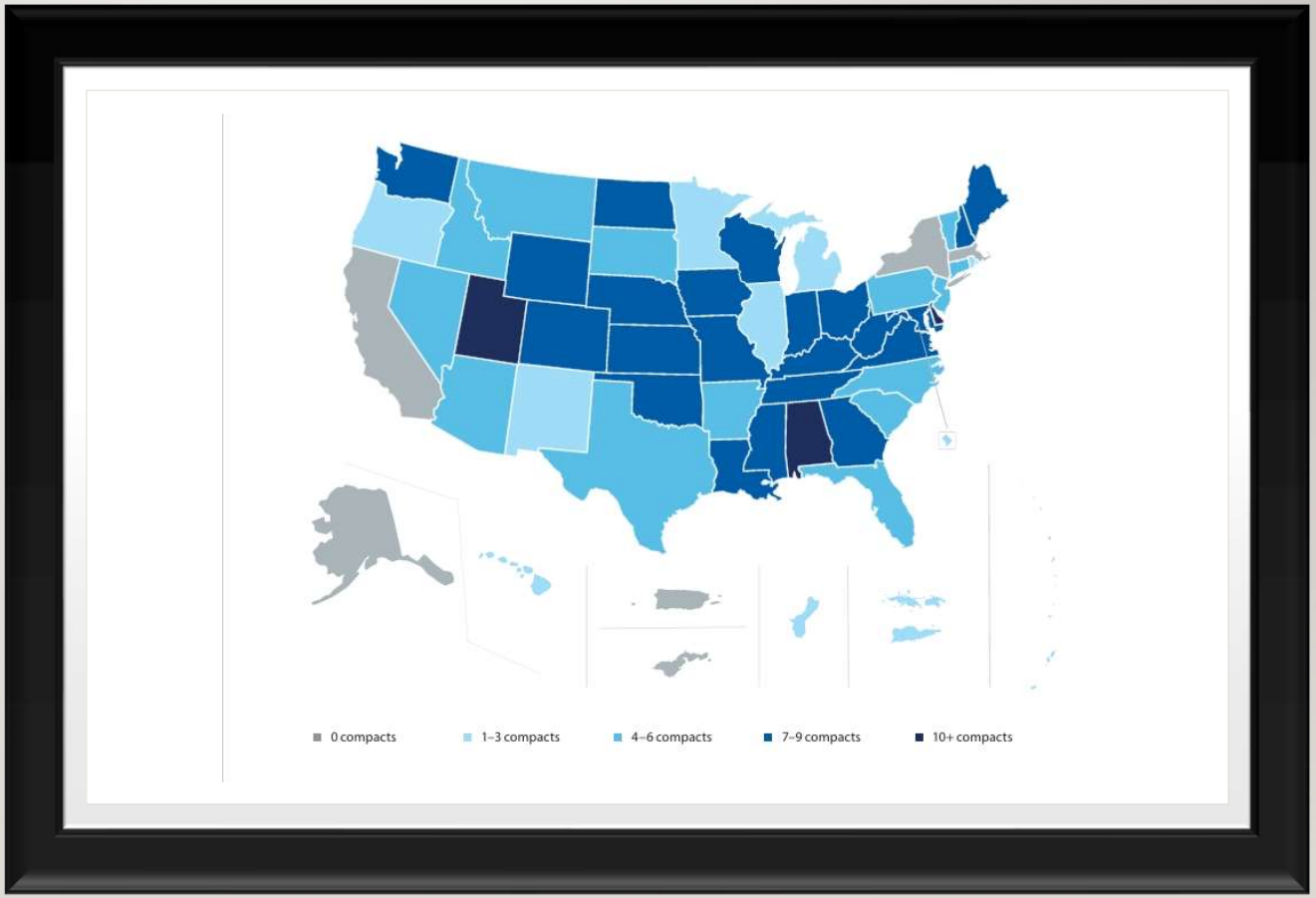
OTHER COMPACTS

- Advance Practice Registered Nurse Compact (APRN)
- Audiology and Speech-Language Compact (ASLP-IC)
- Cosmetology Compact
- Counseling Interstate Licensure Compact
- Dentistry and Dental Hygienist Compact
- Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (NASEMSO)
- Interstate Teacher Mobility
- Interstate Medical Licensure Compact (FSMB)

OTHER COMPACTS (CONTINUED)

- Massage Therapy
- Nurse Licensure Compact (NCSBN)
- Occupational Therapy Interstate Licensure Compact (OT Compact)
- Physical Therapy Licensure Compact (FSBPT)
- Physician Assistance (PA Compact)
- Social Work Licensure Compact
- Dietitians Compact
- School Psychologists Compact

STATES WITH MOST OCCUPATIONAL COMPACTS



PENNSYLVANIA IN 6 PROFESSIONAL AND OCCUPATIONAL COMPACTS

- Nursing
- Medical
- PT
- EMS
- PSYPACT
- Teaching

WHY A COMPACT

ADDRESS VARIATIONS IN LAWS AMONG JURISDICTIONS

ADDRESS DISCIPLINARY PROCESSES ACROSS JURISDICTION LINES

ADDRESS INCONSISTENCIES IN LICENSURE REQUIREMENTS FOR TELEPSYCHOLOGY

NEED FOR PSYPACT

- In February 2015, the Board of Directors of ASPPB approved 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

PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

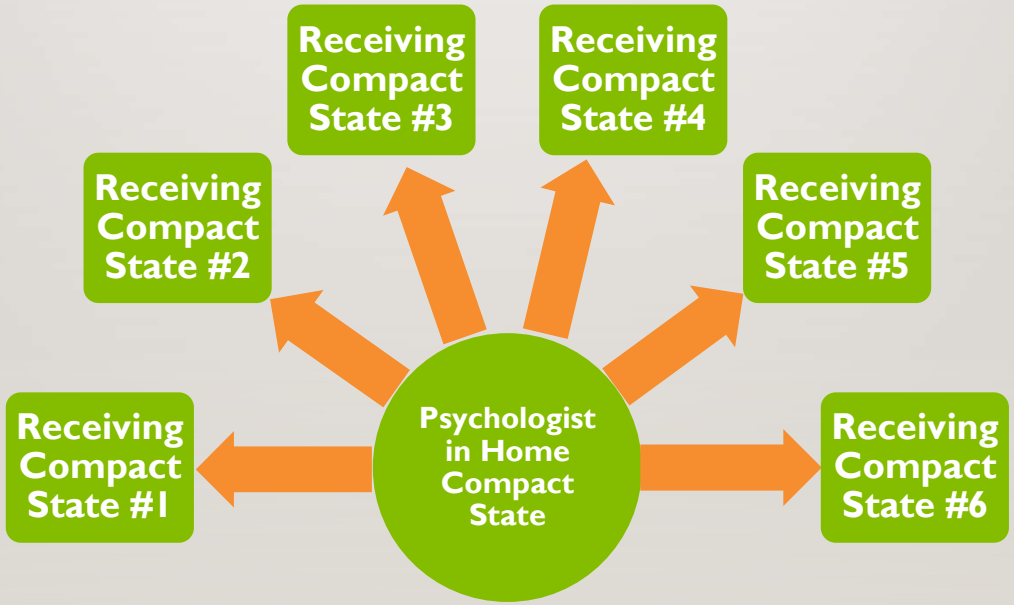
Interstate compact designed to:

- **Facilitate the practice of telepsychology across participating state lines** through an Authority to Practice Interjurisdictional Telepsychology (APIT)

AND

- **Allow for temporary in-person, face-to-face psychological practice for up to 30 work days per year** through a Temporary Authorization to Practice (TAP)

HOW TELEPSYCHOLOGY PRACTICE WORKS UNDER PSYPACT



AUTHORIZATION TO PRACTICE INTERJURISDICTIONAL TELEPSYCHOLOGY

- PA psychologists can see patients in PA face to face.
- PA psychologists can see patients in PA via electronic means
- As of now, if patient goes to Alabama, can you see the patient via video conferencing?
- As of now, if patient is in Alabama and you vacation in Alabama, can you see the patient while in Alabama?
  - PA psychologist to PA patient but both in Alabama
- Under PSYPACT, when patient goes to Alabama and the psychologist is in PA (and both PA and AL are PSYPACT states), the psychologist can see the patient electronically.
- Under PSYPACT, PA psychologists can provide telepsychological services from PA to patients in Alabama.

Under PSYPACT, PA psychologists cannot provide telepsychological services from Alabama into other PSYPACT states unless the psychologist is also licensed in Alabama (and switches home state).

HOW PSYPACT WORKS

- PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions.
- The PSYPACT Commission is the governing body responsible for its oversight and the creation of its Rules and Bylaws.

AUTHORITY TO PRACTICE TELEPSYCHOLOGY (APIT)

- **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 authorization granted from the PSYPACT Commission is that psychologists must apply for and obtain an E.Passport Certificate from ASPPB.

E.PASSPORT

- A required component of the Authority to Practice Interjurisdictional Telepsychology (APIT) is that psychologists must obtain an E.Passport Certificate from ASPPB.
- Creates a "legal" relationship between:
  - Psychologist
  - Home licensing board where psychologist is located and practicing form
  - Receiving licensing board where patient is located and where services are being provided into
- ASPPB to review, vet credentials and issue E.Passport Certificate based on established criteria

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 credential
- Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification
- Meet other criteria as defined by the Rules of the Commission
- Be held to APA Guidelines on Telepsych and ASPPB Telepsychological Standards

DO I HAVE TO GRADUATE FROM APA/CPA ACCREDITED OR ASPPB/NR DESIGNATED PROGRAM?

- ***Yes.*** Eligibility requirements state that the degree program must have been accredited by the American Psychological Association/ Canadian Psychological Association or designated by the ASPPB National Register Joint Designation Project (https://www.asppb.net/page/JointDesignation) at the time your degree was conferred in order to be eligible.

EXCEPTION

- Applicants who have been continuously licensed (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions since January 1, 1985, based on a doctoral degree in psychology from a regionally accredited institution, are deemed to have met the educational requirements for the E. Passport and/or Interjurisdictional Practice Certificate (IPC).

TEMPORARY AUTHORIZATION TO PRACTICE (TAP)

- 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 authorization granted from the PSYPACT Commission is that psychologists must apply for and obtain an Interjurisdictional Practice Certificate (IPC).

INTERJURISDICTIONAL PRACTICE CERTIFICATE (IPC)

- A required component of the Temporary Authorization to Practice (TAP) is that psychologists must obtain an Interjurisdictional Practice Certificate (IPC) from ASPPB.
- A certificate that grants temporary authority for in-person, face-to-face practice
- Based on:
  - Notification to the licensing board 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

IPC 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 IPC
- Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification
- Meet other criteria as defined by the Rules of the Commission
- Be held to APA Guidelines on Telepsych and ASPPB Telepsychological Standards

BENEFITS OF PSYPACT

- Increases client/patient access to care
- Facilitates continuity of care when client relocates or travels
- Certifies that psychologists meet acceptable standards of practice
- Promotes cooperation in licensure and regulation between PSYPACT states
- Grants compact states authority to hold licensees accountable
- Increases consumer protection across state lines
- Promotes ethical and legal interjurisdictional practice

BENEFITS OF PSYPACT FOR PSYCHOLOGISTS

- Ability to continue therapeutic relationships
- Ease of practice
- Ability to readily know legal requirements
- Possibility of more frequent contacts or a mixture of face-to-face and remote contacts
- Offer services to a specific population

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

- APA
- APAPO-Practice Organization
- APAGS
- APA Division 42
- APA Division 31
- APA Division 19

The Trust

CAC- Citizen Advocacy Center

APPIC

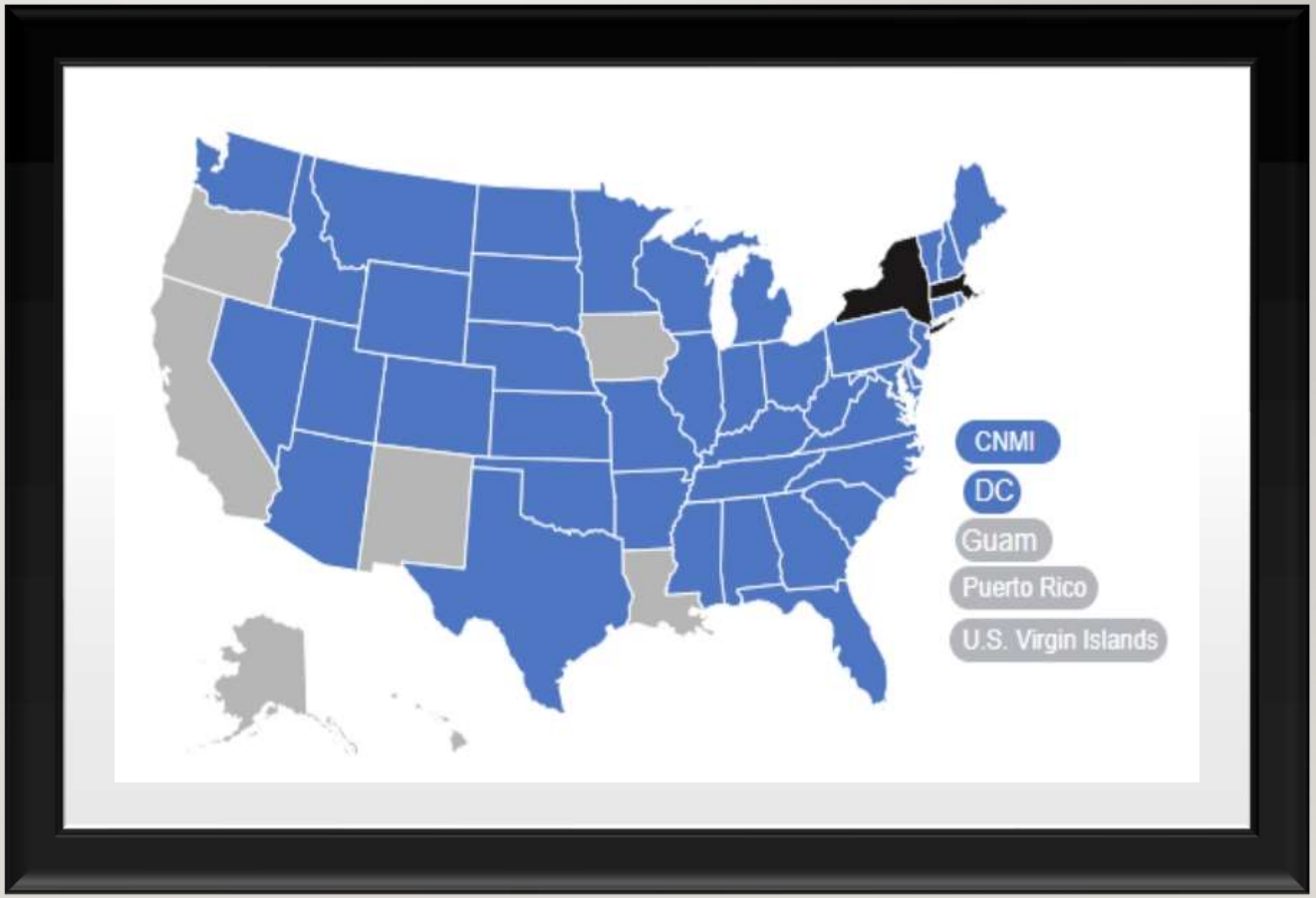
ATA- American Telemedicine Association

ABPP- American Board of Professional Psychology

TIMELINE

- PSYPACT Authority to Practice Interjurisdictional Telepsychology and Temporary Authorization to Practice Applications are being accepted
- PSYPACT became operational July 1, 2020

CURRENT STATUS OF PSYPACT AS OF 10/15/25



WHERE ARE WE NOW?
AS OF 10/15/25 (43 ENACTED, 43 EFFECTIVE)

- 2016: Arizona became the first state to introduce and enact PSYPACT legislation
- 2017: Utah and Nevada
- 2018: Colorado, Nebraska, Missouri, and Illinois
- 2019: Georgia, New Hampshire, Oklahoma, Texas, and Delaware
- 2020: Virginia, Pennsylvania and North Carolina
- 2021: District of Columbia, Tennessee, Maryland, Alabama, Arkansas, Kansas, Kentucky, Maine, Minnesota, New Jersey, Ohio, West Virginia
- 2022: Wisconsin, Washington, Indiana, Idaho, Commonwealth of the Northern Mariana Islands, Connecticut, and Michigan
- 2023: Wyoming, South Carolina, Rhode Island, North Dakota, Florida
- 2024: Mississippi, South Dakota
- 2025: Montana

STATES WITH ACTIVE PSYPACT LEGISLATION

Introduced in 2025:

- Massachusetts - MA H. 2528 and MAS. 1487
- New York - NY A06744 and NYS7136

Note: 2025 legislation for Hawaii (HI S.B. 32 and HI H.B.839) and Iowa (IA H.F.255) did not pass before the end of the legislative session

NON-PSYPACT JURISDICTIONS

- Jurisdictions that have not enacted PSYPACT and do not have active legislation:
  - Alaska
  - California
  - Guam
  - Hawaii
  - Iowa
  - Louisiana
  - New Mexico
  - Oregon
  - Puerto Rico
  - U.S.Virgin Islands

PSYPACT AND MEDICARE

- May 5, 2020 -- CMS announced it now recognizes interstate license compacts as valid, full licenses for the purposes of meeting federal license requirements for Medicare.
- CMS regulations have been updated to allow billing to your local MAC rather than the client's MAC

PSYPACT RULES

https://psypact.org/page/governance

- Rule on Compact Privilege to Practice Telepsychology

  (amended Nov 2023)
- Rule on Compact Temporary Authorization to Practice

  (amended Nov 2023)
- Rule on PSYPACT Commission

SCOPE OF PRACTICE RULE

- **"Scope of Practice"** means: the procedures, actions, and processes a psychologist licensed in a state is permitted to undertake in that state and the circumstances under which the psychologist is permitted to undertake those procedures, actions and processes. Such procedures, actions and processes and the circumstances under which they may be undertaken may be established through means, including, but not limited to, statute, rules and regulations, case law, and other processes available to the State Psychologist Regulatory Authority or other government agency.

RULES (CONTINUED)

- **4.10 State Law to Protect the Health and Safety of its Citizens:** A psychologist practicing under an Authority to Practice Interjurisdictional Telepsychology into a Receiving State is subject to the Receiving State's State Law to Protect the Health and Safety of its Citizens, which may include, among others, laws that:

RULES (CONTINUED)

A. Require abuse reporting by a psychologist

B. Require a psychologist securing informed consent from or for a patient, and/or prescribe the manner in which informed consent must be obtained.

C. Require a psychologist to make disclosures to an individual that the individual is at serious risk of bodily injury or other harm by a third person.

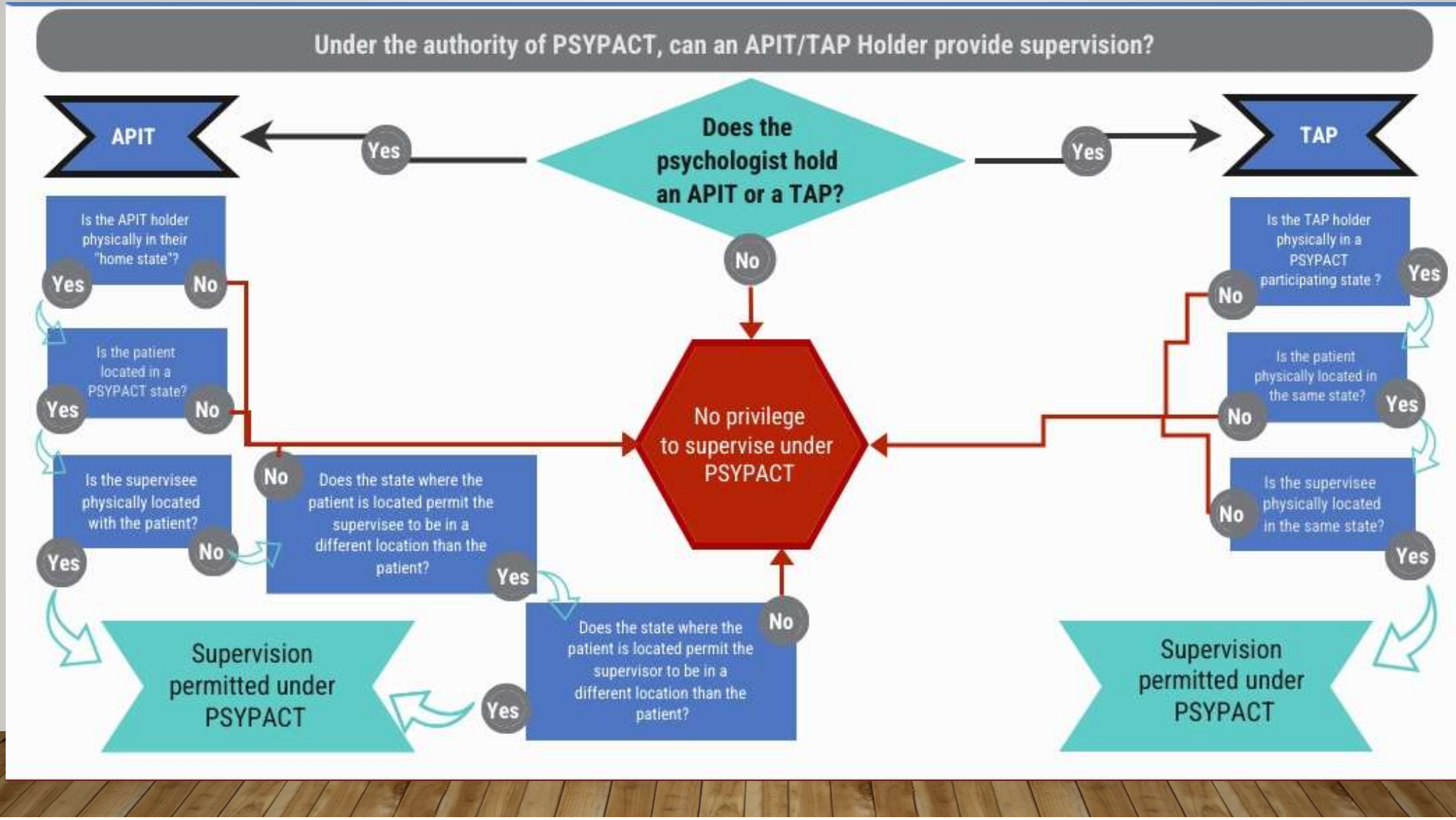
RULE (CONTINUED)

D. Prohibit any individual that engages in conduct that causes or may reasonably cause another to suffer physical or psychological harm.

E. Establish standards, processes for involuntary commitment and/or involuntary treatment of individuals.

SUPERVISION AND PSYPACT

- Neither a TAP nor an APIT are transferrable to any other individual (including any other psychologist, trainee, student, or supervisee).
- Depending on state laws, a psychologist may be able to provide supervision across state lines, but trainees cannot provide services across state lines.


Under the authority of PSYPACT, can an APIT/TAP Holder provide supervision?
Does the psychologist hold an APIT or a TAP?
APIT
Yes
TAP
Yes
No
Is the APIT holder physically in their "home state"?
Yes
No
Is the patient located in a PSYPACT state?
Yes
No
Is the supervisee physically located with the patient?
Yes
No
No
Does the state where the patient is located permit the supervisee to be in a different location than the patient?
Yes
Does the state where the patient is located permit the supervisor to be in a different location than the patient?
Yes
No
No privilege to supervise under PSYPACT
Supervision permitted under PSYPACT
Is the TAP holder physically in a PSYPACT participating state ?
No
Yes
Is the patient physically located in the same state?
No
Yes
Is the supervisee physically located in the same state?
No
Yes
Supervision permitted under PSYPACT

HOW IS DISCIPLINE HANDLED?

- Three-Legged Stool
  - Home Jurisdiction/ Receiving Jurisdiction
  - Distant Jurisdiction/ Home Jurisdiction
  - PSYPACT Commission

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.

HOW PSYPACT WORKS

STATES ENACT PSYPACT

PSYPACT COMMISSION IS ESTABLISHED

LICENSED PSYCHOLOGISTS CAN PRACTICE UNDER THE AUTHORITY OF PSYPACT BY APPLYING FOR AND MEETING CRITERIA ESTABLISHED BY THE COMMISSION:

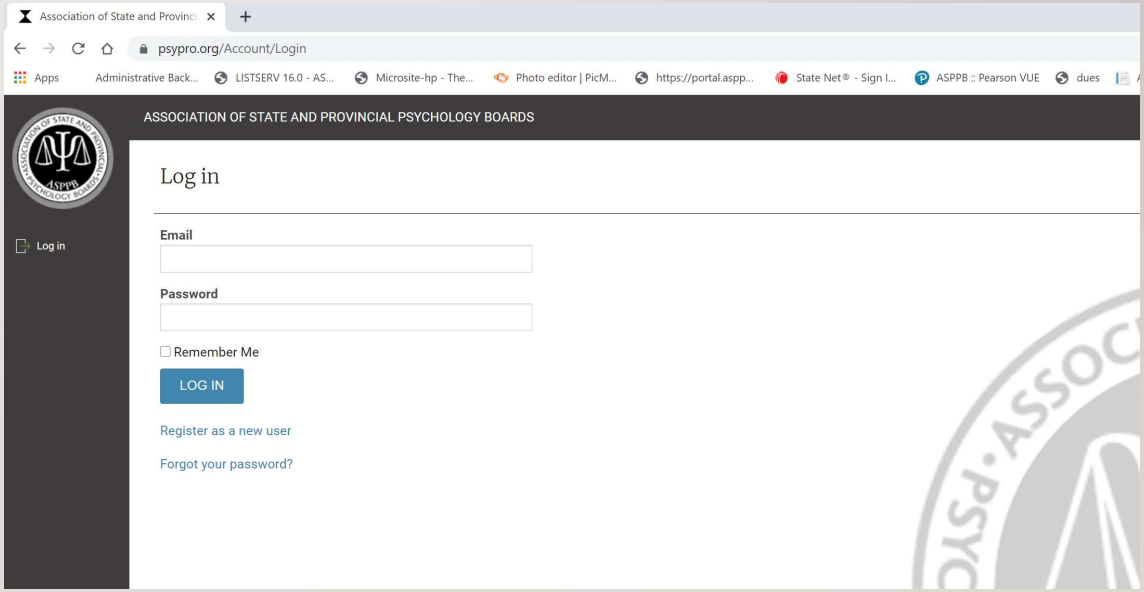
Authority to Practice Interjurisdictional Telepsychology (APIT)	**Temporary Authorization to Practice (TAP)**
Which requires the ASPPB E.PASSPORT	**Which requires the ASPPB IPC**
TO PRACTICE TELEPSYCHOLOGY	**TO CONDUCT TEMPORARY IN-PERSON FACE-TO-FACE PRACTICE**
INTO A RECEIVING STATE	**IN A DISTANT STATE**

FEES

Telepsychology	Temporary In-Person, Face-to-Face Practice
Authority to Practice Interjurisdictional Telepsychology (APIT): $40.00 with $20 renewal fee **E.Passport:** $400.00 with annual renewal fee of $100.00	**Temporary Authorization to Practice (TAP):** $40.00 with $20 renewal fee **Interjurisdictional Practice Certificate (IPC):** $200.00 with annual renewal fee of $50.00

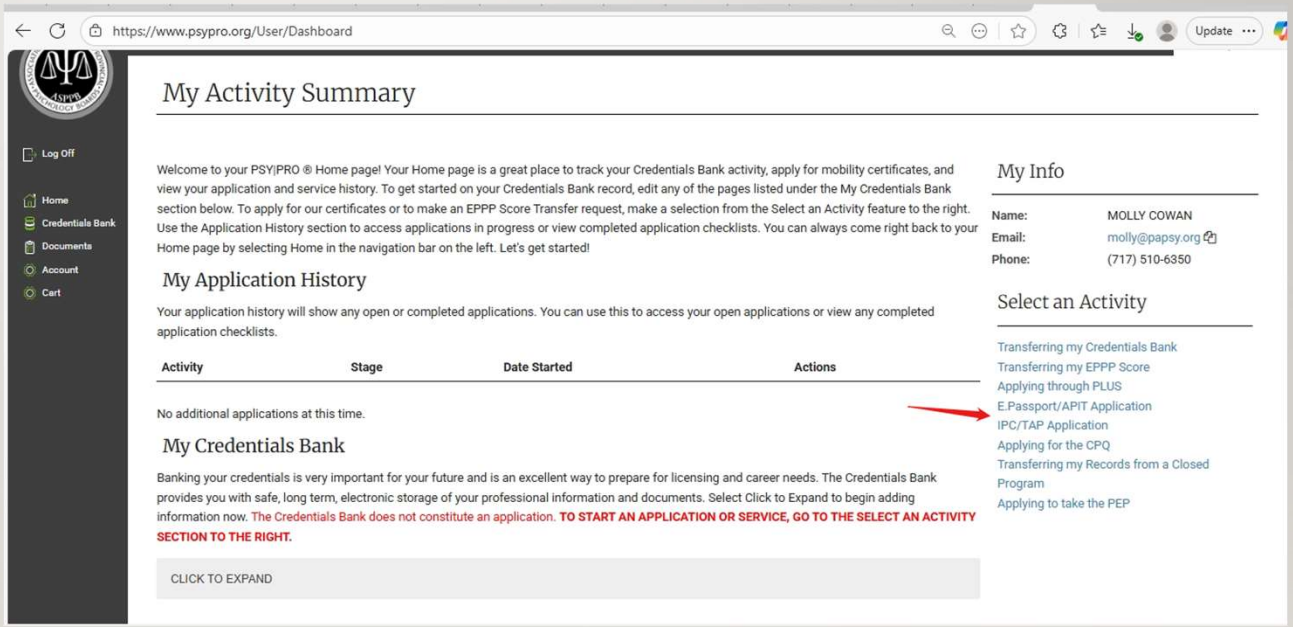
APPLYING FOR PSYPACT

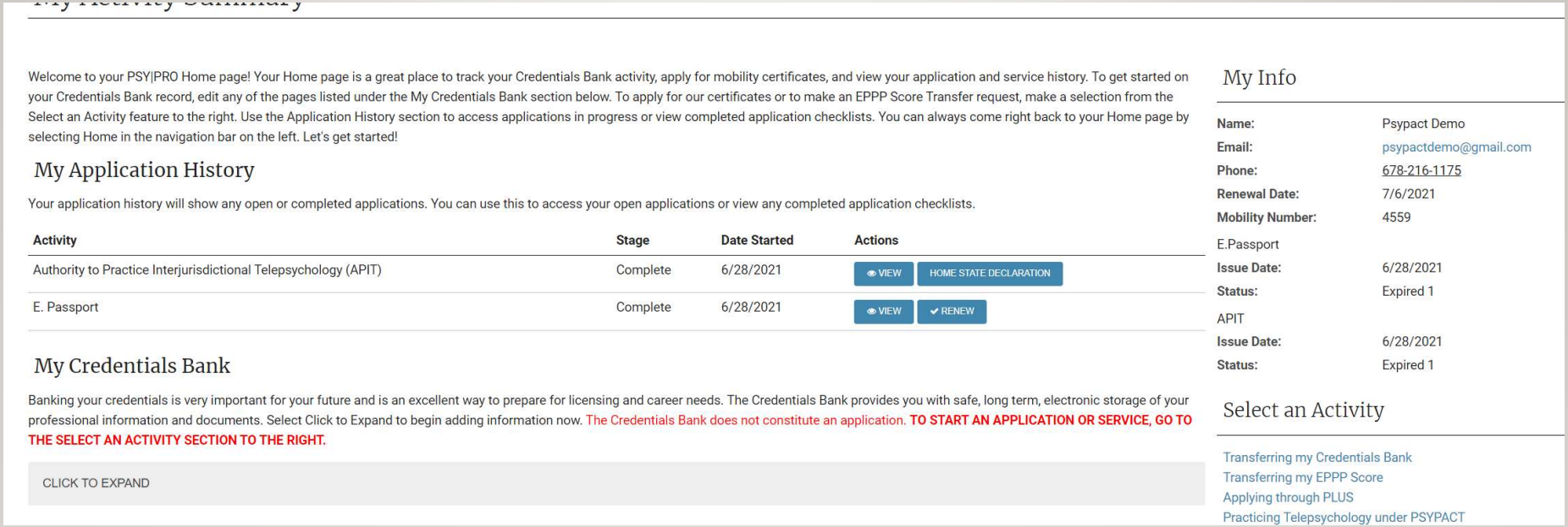
- Create or login to your record on PSY|PRO (www.psypro.org), ASPPB's online application management system



APPLYING FOR PSYPACT

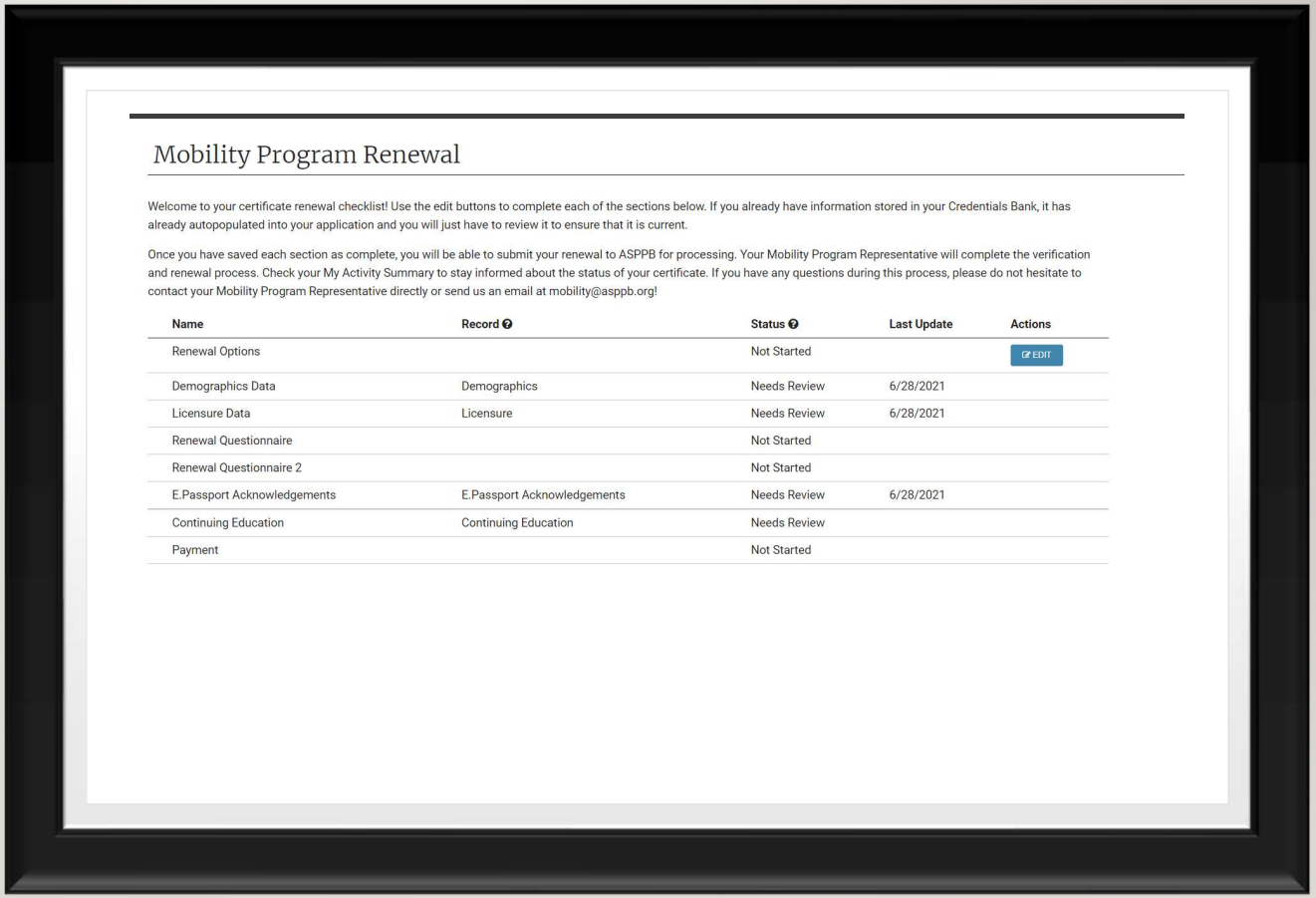
- After logging in, select either "E.Passport/APIT Application" or "IPC/TAP Application" to start your application(s)
- **QUESTIONS? EMAIL INFO@PSYPACT.ORG**





GETTING STARTED WITH YOUR RENEWAL

THE RENEWAL PROCESS



Mobility Program Renewal

Welcome to your certificate renewal checklist! Use the edit buttons to complete each of the sections below. If you already have information stored in your Credentials Bank, it has already autopopulated into your application and you will just have to review it to ensure that it is current.

Once you have saved each section as complete, you will be able to submit your renewal to ASPPB for processing. Your Mobility Program Representative will complete the verification and renewal process. Check your My Activity Summary to stay informed about the status of your certificate. If you have any questions during this process, please do not hesitate to contact your Mobility Program Representative directly or send us an email at mobility@asppb.org!

Name	Record	Status	Last Update	Actions
Renewal Options		Not Started		EDIT
Demographics Data	Demographics	Needs Review	6/28/2021	
Licensure Data	Licensure	Needs Review	6/28/2021	
Renewal Questionnaire		Not Started		
Renewal Questionnaire 2		Not Started		
E.Passport Acknowledgements	E.Passport Acknowledgements	Needs Review	6/28/2021	
Continuing Education	Continuing Education	Needs Review		
Payment		Not Started		

CONTINUING EDUCATION

APIT requires 3 credits ANNUALLY

IPC has no CE requirement

"I'M THINKING ABOUT WORKING WITH SOMEONE LOCATED IN A JURISDICTION WHERE I'M NOT LICENSED…"

Regulatory issues

Malpractice coverage

Tolerance for risk

Practical Considerations

EXAMPLES:

- A current patient is vacationing outside of Pennsylvania and reaches out because she is experiencing suicidal ideation following the unexpected end of her relationship.

- A long-term client is currently attending college outside of Pennsylvania and reaches out because he would like to have "a few sessions" to address some increasing symptoms of anxiety and prevent possible decompensation

- A psychologist is cutting back on her caseload and is looking to buy a second home in North Carolina where she wants to spend several months out of each year. She plans to continue working with her clients in Pennsylvania but not accept new ones or work with clients located in North Carolina.

- A psychologist in Pennsylvania is a well-known specialist in working with individuals with OCD. A young man in Nebraska contacts him asking to schedule an intake.

- What if you find out he will be spending a significant amount of time working in Iowa?

Psychologist is treating a 19 year old female student from Texas who attends U of Pennsylvania. Patient is coming to therapy because she is pregnant and is upset, anxious and unsure whether she wants to keep the pregnancy. Claimant decides to have an abortion in Pennsylvania. During winter break she goes back to Texas. She tell her friend about the abortion. She want to see you electronically while she is in Texas.

OR situation is reversed. She lives in Pennsylvania and attending U of Texas. Is treating with you…

FOR ADDITIONAL INFORMATION REGARDING PSYPACT AND THE PSYPACT COMMISSION:

Visit the PSYPACT website at www.psypact.org

Contact:

Janet Orwig at jorwig@asppb.org

FOR ADDITIONAL INFORMATION REGARDING THE PRACTICE OF TELEPSYCHOLOGY, PLEASE CONTACT:

Molly Cowan at molly@papsy.org