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Telepsychology: Legal, Ethical & Regulatory Considerations Inside and Outside of PSYPACT

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Agenda



1. An Introduction to Telehealth and Telepsychology
2. Legal / Regulatory Considerations for Telepsychology Providers
3. Understanding PSYPACT
 - i. What is PSYPACT (History, Benefits)?
 - ii. ASPPB / PSYPACT Commission Relationship
 - iii. PSYPACT Commission
 - iv. PSYPACT Process
4. Telehealth / Telepsychology in a Post-Pandemic World
5. Ethical Considerations
6. Q&A

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An Introduction to Telehealth and Telepsychology

What Is Telehealth? What Is Telemedicine?

VARYING AND BROAD DEFINITIONS

Medicare	• Medicare Part B pays for covered telehealth services when such services are furnished by an "interactive telecommunications system," defined as "multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner." 42 C.F.R. § 430.78.
Veterans Health Administration	• "The wider application of care and case management principles to the delivery of health care services using health informatics, disease management and telehealth technologies to facilitate access to care and improve the health of designated individuals and populations . . ."
Health Resources Services Administration	• "[T]he use of electronic information or telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration." 38 C.F.R. § 17.417(a)(4).
Center for Connected Health Policy (CCHP)	• "[A] broad term that encompasses a variety of telecommunications technologies and tactics to provide health services from a distance . . . a collection of means to enhance care and education delivery."
States	• Alternate between the terms "telehealth" and "telemedicine" and sometimes use both • 50 states + District of Columbia define one or both of these terms

Telehealth and the U.S. Health Care System

A CONSTANTLY CHANGING LANDSCAPE

Ongoing transition from fee-for-service to pay-for-performance models of care delivery (e.g., outcomes, quality)

Continued and increased use of integrated delivery models (e.g., ACOs), bundled payments, medical homes, and readmissions reduction initiatives

Continued growth in consumer demand for in-home care modalities (increasingly high during and post-PHE)

Availability, accessibility, and ubiquity of mobile technologies in health care

Telehealth and the U.S. Health Care System

BENEFITS OF TELEHEALTH



Usage of Telehealth Services

WHERE / HOW IS TELEHEALTH BEING USED?

Direct Patient Care

Remote Patient Monitoring

Second Opinions

Peer to Peer Consultations

Dissemination of Health Information

Medical Education of Providers

Telehealth Modalities

Telehealth Modality	Description
Real Time ("Synchronous")	Provider and patient communicate live via videoconferencing. Commonly used for providing, e.g., telebehavioral health, telehomecare, and telecardiology services. Enables remote consultations between patients and a variety of primary and specialty health care professionals.
Store & Forward ("Asynchronous")	Digital images, videos, audio, and/or clinical data are captured electronically and stored on a patient's computer / mobile device and then transmitted securely to a provider for later study or analysis. Commonly used for providing, e.g., teledermatology and telepathology services.
Remote Patient Monitoring	Patient use of systems that remotely capture and feed data / information from sensors and/or other monitoring devices / equipment to external monitoring centers so providers can monitor the patient remotely. Commonly used for monitoring chronic health conditions, e.g., heart disease, COPD, diabetes, asthma.
Wearables	Electronic devices designed to be worn on a user's body. Such devices take many different forms, including smartwatches, fitness trackers, VR headsets, smart jewelry, web-enabled glasses, and Bluetooth headsets. Although "wearable" implies processing or communication capabilities, the sophistication among wearables varies dramatically.

Telehealth and the U.S. Health Care System

BEFORE AND DURING THE COVID-19 PANDEMIC

- Pre-Pandemic
 - Steady—but **slow**—adoption by states
 - Regulatory guidance mostly from states with limited consistency, heavy focus on provision of telehealth services by physicians, while other health care professionals lacked guidance
 - 7 in 10 people were curious about telehealth **but fewer than 1 in 10 people had actually tried it**
- During COVID-19 Pandemic
 - Surge in demand—and adoption—due to COVID-19 PHE
 - Federal and state regulatory flexibilities helped to facilitate access and acceptance of telehealth as a means of care delivery
 - Interstate licensure
 - HIPAA
 - Payor coverage and reimbursement policies
 - In **April 2020**, overall telehealth utilization for office visits and outpatient care was **78 times higher** than it was in February 2020
 - By **July 2021**, telehealth utilization stabilized at levels **38 times higher** than pre-pandemic, ranging from 13 to 17 percent across all specialties
 - Dramatic impact on patient care and provider practices



Telehealth and the U.S. Health Care System

AFTER THE COVID-19 PANDEMIC

- Since early 2021, telehealth use has declined steadily but remains higher than pre-pandemic levels
- Congress extended certain pandemic-era flexibilities, particularly around Medicare coverage of telehealth, but these flexibilities currently are set to expire on **September 30, 2025**
- Post-pandemic, states have gradually stabilized and refined their telehealth policies, making necessary adjustments based on evolving needs
- Telehealth usage continues to vary dramatically—by geography, by race / ethnicity, and by type of patient (i.e., health needs)
- Growing trends in telehealth include:
 - Remote patient monitoring
 - Personalized digital therapeutics
 - Artificial intelligence
 - Big data and analytics
 - Telepharmacy
 - Augmented reality / virtual reality ("AR/VR")
 - Wearables
 - Medical drones



Telepsychology

THRIVING BUT ACCESS GAPS REMAIN

- PHE led to a [telepsychology revolution](#)
 - Prior to PHE, psychologists performed 7% of their clinical work through telepsychology
 - During the PHE, usage increased **12-fold** to nearly 86%, with 67% of psychologists conducting **all** their clinical work through telepsychology
 - Post-PHE, psychologists projected that 34% of their clinical work would be conducted via telepsychology
- **Telepsychology is an effective and efficient method for improving patients' lives**
 - [Veterans](#): telepsychology found to be as effective in reducing PTSD symptoms as in-person interventions
 - [Youth](#): telepsychology found to be effective in treating youth with a range of mental health disorders including ADHD, anxiety, depression, and eating disorders
 - [LGBTQIA+](#): telepsychology found to significantly improve access in serving queer women and nonbinary individuals during and after the PHE
- **But persistent access barriers continue**
 - Rural psychologists and/or their patients have limited access to reliable high-speed Internet
 - Unequal access to and shortages of psychologists across the country persist



Legal / Regulatory Considerations for Telepsychology Providers

Telemental Health Post-PHE

AT THE FEDERAL LEVEL (MEDICARE)

- Flexibilities at federal level focus mainly on Medicare coverage and reimbursement
- What's (Possibly) Here to Stay for Telemental Health Providers?
 - FQHCs and Rural Health Clinics serving as a distant site providers for telemental health services
 - Medicare beneficiaries receiving telemental health services in their homes
 - No geographic restrictions for originating site for telemental health services
 - Telemental health services delivered using audio-only communication platforms
 - Rural Emergency Hospitals being eligible originating sites for telehealth
 - **Most flexibilities are set to expire by end of September 2025, but Congressional action may delay expiration.**
- What Are the Temporary Flexibilities for Telemental Health Providers?
 - An in-person visit within 6 months of an initial telemental health service, and annually thereafter, is not required
- What's Under Consideration?
 - Significant activity at the Congressional level...

Source: [KFF—What to Know About Medicare Coverage of Telehealth](#)

Telemental Health Post-PHE

AT THE FEDERAL LEVEL (MEDICARE)

- Mid-Mar. 2025 passage of [Full-Year Continuing Appropriations and Extensions Act, 2025](#)
- Section 2207, "Extension of Certain Telehealth Flexibilities," permits the following through **September 30, 2025**:
 - Removes geographic requirements, expands originating sites for telehealth services (including patients' homes);
 - Expands the list of practitioners who are eligible to furnish telehealth services, to include all practitioners who are eligible to bill Medicare for covered services, such as physical and occupational therapists, speech pathologists, audiologists, marriage and family therapists, and mental health services providers;
 - Extends telehealth services to federally qualified health centers (FQHCs) and rural health clinics (RHCs), which may serve as distant site providers;
 - Delays the Medicare in-person requirements for mental health services furnished through telehealth and telecommunications technology, including for FQHCs and RHCs;
 - Allows for payment / furnishing of audio-only telehealth services;
 - Extends use of telehealth to conduct face-to-face encounters prior to recertification of eligibility for hospice care; and
 - Grants program instruction authority, meaning that the Secretary of the Department of Health and Human Services may implement the amendments made by this section through program instruction or otherwise.

Telemental Health Post-PHE

AT THE FEDERAL LEVEL (MEDICARE)

- **Permanent Telehealth From Home Act (H.R. 1407)**
 - Introduced in House in Feb. 2025
 - Proposes changes to Title XVIII of the Social Security Act to eliminate geographic limitations and expand eligible locations for accessing telehealth services under Medicare
 - Removes specified constraints related to the end of the PHE period and allows the continuation of telehealth services beyond it
 - Aims to make telehealth more accessible to Medicare recipients by establishing a permanent system that does not depend on the geographic location where the service is received
 - Referred to House Committees on Energy and Commerce, as well as Ways and Means, for further consideration

Telemental Health Post-PHE

AT THE FEDERAL LEVEL (MEDICARE)

- **Preventing Medicare Telefraud Act (H.R. 1785)**
 - Introduced in House in Mar. 2025
 - Proposes amendments to the Social Security Act aimed at enhancing oversight of and reducing fraudulent claims made to the Medicare program
 - Would establish new requirements for high-cost durable medical equipment and laboratory tests to prevent telehealth fraud, including a requirement for in-person visits within six (6) months prior to ordering these high-cost items via telehealth
 - Would mandate audits for providers with a high volume of telehealth prescriptions to ensure compliance
 - Would require submitting NPI numbers for separately billable telehealth services
 - Referred to House Committees on Energy and Commerce, as well as Ways and Means, for further consideration

Telemental Health Post-PHE

AT THE FEDERAL LEVEL (MEDICARE)

- To Amend Title XVIII of the Social Security Act to Remove In-Person Requirements Under Medicare for Mental Health Services Furnished Through Telehealth and Telecommunications Technology ([H.R. 1867](#))
 - Introduced in House in Mar. 2025
 - Proposes amendments to the Social Security Act that would increase access to mental health care via telehealth
 - Would eliminate in-person requirements for Medicare-covered mental health services, allowing these services to be provided through telehealth and telecommunications technology
 - If enacted, changes would apply to eligible individuals seeking treatment for substance use disorders or mental health disorders, regardless of their geographic location, and would also cover services provided by rural health clinics and federally qualified health centers
 - Referred to House Committees on Energy and Commerce, as well as Ways and Means, for further consideration

Telemental Health Post-PHE

AT THE FEDERAL LEVEL (MENTAL HEALTH PARITY)

- In **September 2024**, several federal agencies published final rules amending regulations implementing the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and adding new regulations implementing the nonquantitative treatment limitation (NQTL) comparative analyses requirements under MHPAEA.
- **Final Rule on Requirements Related to the Mental Health Parity and Addiction Equity Act (MHPAEA)**
 - 89 Fed. Reg. 77586 (Sept. 23, 2024), effective Oct. 1, 2024
 - Requires health plans and issuers to collect and evaluate outcomes data, and to take reasonable action to address material differences between mental health and substance use disorder benefits and medical/surgical benefits. **This includes evaluating standards related to network compositions.**
 - Final rule suggests that a "reasonable" action plan with respect to network composition data may include expanding the availability of telehealth arrangements to mitigate any overall mental health and substance use disorder provider shortages in a geographic area

Telemental Health Post-PHE

AT THE STATE LEVEL—PROFESSIONAL LICENSURE

- During PHE—state professional licensure requirements modified, and in some cases waived entirely
- After PHE—states lifted temporary licensure flexibilities
- Presently—many states re-examining professional licensure policies
- Examples of recent state activity relating to out-of-state professional licensure exceptions:
 - [Arizona – Notice of Proposed Rulemaking, Board of Behavioral Health Examiners](#)
 - Would add a provision regarding registration of out-of-state providers of telehealth services.
 - [Maryland – H.B. 602](#)
 - Mandates State Board of Nursing to engage with nursing licensing boards in Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia to explore reciprocity agreements for advanced practice nursing licenses and specialty certifications. Aims to enhance access to advanced practice registered nurses, improve licensure portability, and facilitate telehealth services across these jurisdictions.
 - Legislation is set to take effect on July 1, 2025.

Telemental Health Post-PHE

AT THE STATE LEVEL—PSYPACT

PSYPACT has broken down state barriers, connecting psychologists to more patients who are in need of healing

PSYPACT Simplifies Licensing Process Across States

- Reduces administrative burdens of obtaining and maintaining multiple state licenses to practice
- Resistance to adoption remains in certain U.S. states and jurisdictions

PSYPACT Increases Access to Care

- Expands access to mental health care services, particularly in rural and underserved areas
- Telepsychology helps heal patients of all backgrounds

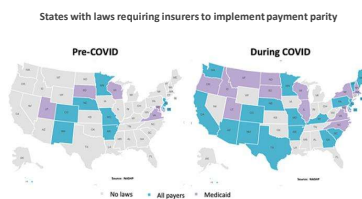
PSYPACT Ensures Quality of Care Remains Paramount

- Strict licensing and credentialing requirements
- Compliance and ethical standards are crucial components; psychologists must adhere to guidelines and regulations set forth by states and APA.

Telemental Health Post-PHE

AT THE STATE LEVEL—COVERAGE AND REIMBURSEMENT

- Telehealth parity laws facilitate the wide range of services that behavioral health professionals can offer, making it possible for patients to get equal or comparable access and benefits to mental health care
- 44 states and the District of Columbia have enacted private payor laws addressing telehealth parity—with respect to coverage, or reimbursement, or both
 - **Coverage parity** requires payors to cover a service via telehealth if it is also covered in-person
 - **Payment parity** requires payors to reimburse for telehealth at the same rates as the equivalent in-person services



Source: [Payment and Coverage Parity for Virtual Care and In-Person Care: How Do We Get There?](#)

Telemental Health Post-PHE

AT THE STATE LEVEL—COVERAGE AND REIMBURSEMENT



Michigan H.B. 4213 expanded Medicaid telehealth coverage by enacting payment parity and audio-only coverage



New York S.B. 8307 extended telehealth payment parity requirements for Medicaid and state regulated health plans to April 1, 2026



Vermont H. 861 permanently adopted payment parity for video visits and audio-only visits

Telemental Health Post-PHE

AT THE STATE LEVEL—ACCEPTANCE OF AUDIO-ONLY SERVICE DELIVERY



- Prior to the COVID-19 PHE, audio-only was not a commonly recognized or covered modality for delivering telehealth services
- Since the onset of the COVID-19 PHE, acceptance for audio-only services has increased, due to significant effects of pandemic and necessity for patients to reach their health care providers
- Currently, Medicaid programs in 43 states and the District of Columbia reimburse for audio-only services, although in some cases with limitations—e.g., coverage limited to provision of mental health services, or case management services

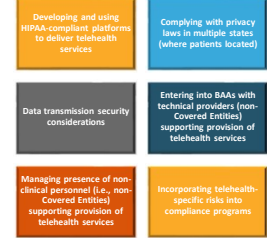
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PRIVACY AND SECURITY CONSIDERATIONS

Generally . . .

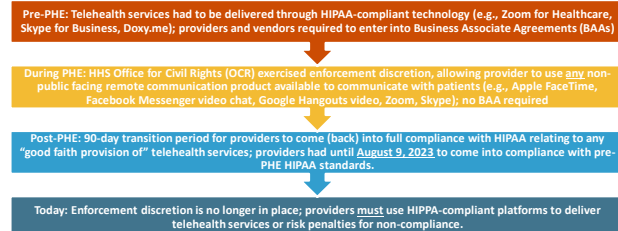


Telehealth Providers . . .



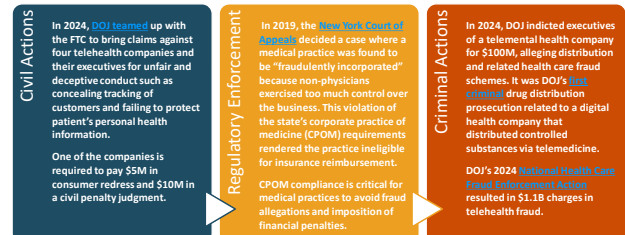
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PRIVACY AND SECURITY CONSIDERATIONS



Telemental Health Post-PHE

ENFORCEMENT AND COMPLIANCE



Telemental Health Post-PHE

ENFORCEMENT AND COMPLIANCE—OIG'S JULY 2022 SPECIAL FRAUD ALERT

- Provides information for practitioners to help identify potentially "suspect" arrangements with telemedicine companies
- OIG encourages practitioners to use heightened scrutiny and exercise caution before entering into arrangements with telemedicine companies
- Includes an illustrative list of "suspect characteristics" related to provider arrangements with telemedicine companies that, taken together or separately, could suggest an arrangement presents a heightened risk of fraud and abuse
- Read the full Special Fraud Alert [here](#)



Telemental Health Post-PHE

ENFORCEMENT AND COMPLIANCE—OIG'S SEPTEMBER 2022 DATA BRIEF

- OIG evaluated Medicare fee-for-service claims data and Medicare Advantage encounter data for the first year of the pandemic (Mar. 2020 thru Feb. 2021)
- OIG developed 7 potential indicators of fraud, waste, or abuse:
 - Billing both a telehealth service and a facility fee for most visits;
 - Billing telehealth services at highest, most expensive level every time;
 - Billing telehealth services for a high number of days in a year;
 - Billing both Medicare FFS and a Medicare Advantage plan for the same service for a high proportion of services;
 - Billing a high average number of hours of telehealth services per visit;
 - Billing telehealth services for a high number of Medicare beneficiaries; and
 - Billing for a telehealth service and ordering medical equipment for a high proportion of Medicare beneficiaries
- Read the full Data Brief [here](#)



Legal and Regulatory Issues for Telehealth Providers

ENFORCEMENT AND COMPLIANCE—OIG'S APRIL 2023 TOOLKIT

- Provides information on methods to analyze telehealth claims to identify program integrity risks associated with those services.

Data analysis measures to apply:

- Billing telehealth services at highest most expensive level for a high proportion of services
- Billing high average number of hours of telehealth services per visit
- Billing telehealth services for high number of days in a year
- Billing telehealth services for high number of patients
- Billing multiple health plans or programs for the same telehealth service for high proportion of services
- Billing for telehealth service and then ordering medical equipment for high percentage of patients
- Billing for both a telehealth service and a facility fee for most visits

Department of Health and Human Services
Office of Inspector General

Toolkit: Analyzing Telehealth Claims to Assess Program Integrity Risks

Ann Maxwell
Deputy Inspector General
for Evaluation and Inspections
April 2023

Key takeaways highlighted in toolkit:

- Beneficiaries in urban areas, as well as dually eligible, Hispanic, younger, and female beneficiaries, more likely than others to use telehealth in Medicare
- More than 28 million Medicare beneficiaries used telehealth during the first year of the pandemic, more than 2 out of every 5 Medicare beneficiaries
- 84% of Medicare beneficiaries received telehealth services only from providers with whom they had an established relationship
- All programs experienced dramatic increases in the use of telehealth. OIGs identified several program integrity risks associated with billing for telehealth services that were similar across these programs.

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ENFORCEMENT AND COMPLIANCE—OIG'S MAY 2023 AUDIT



- Between Mar. 2020 and Feb. 2021, Medicare Part B paid **\$1 billion** for psychotherapy services, including telehealth services
- OIG's audit found that providers did not meet Medicare requirements and guidance when billing for some psychotherapy services, including services provided via telehealth
- OIG estimated of the \$1 billion Medicare paid for psychotherapy services, providers received \$580 million in improper payments for services that did not comply with Medicare requirements—including \$348 million for telehealth services
- OIG [scheduled](#) to publish an updated report in 2025
- Read the full Audit report [here](#)

Telemental Health Post-PHE

COMPLIANCE CONSIDERATIONS



Tips for Health Care Professionals

- Ask basic questions
- Understand how data is managed, transmitted, shared, owned
- Document, document, document!
- Be wary of "easy money gigs"



Tips for Telehealth Companies

- Be mindful of requirements by state, payor, etc.
- Ensure program adheres to high clinical standards
- Seek and obtain accreditation from national standard-setting organizations (e.g., URAC)



Tips for Mitigating Risk

- Data analytics
- Claims analysis
- Compliance infrastructure, including regular auditing and monitoring (internal and external)

Telemental Health Post-PHE

WHAT CHALLENGES PERSIST?

- Licensure**—So many regulations! Will states make efforts to coordinate and help providers navigate?
- Coverage and Reimbursement**—Will payors remain engaged?
- Priorities should include:**
 - Creating better pathways to interstate care
 - Promoting geographic neutrality
 - Encouraging value-based reimbursement models
 - Focusing on delivery to underserved communities

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Understanding PSYPACT

So, What is an Interstate Compact?

PSYPACT

- What it is:
 - It is a body politic
 - It is an instrumentality of the state governments which join the compact
 - It has rulemaking authority, and its rules have the effect of law in the member states
 - It is, therefore, a multi-state governmental rulemaking body
- What it is not:
 - It is not a nonprofit corporation
 - It is not a private "membership" organization
 - It is not a professional association

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PSYPACT

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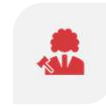
PSYPACT

What is PSYPACT?

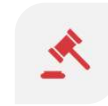
- Psychology Interjurisdictional Compact
- Interstate Compact
- Designed to regulate:
 - Telepsychology
 - Temporary in-person, face-to-face practice of psychology
- Focuses on psychology and psychologists



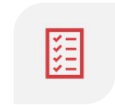
Why a Compact?



ADDRESS VARIATIONS IN LAWS
AMONG JURISDICTIONS



ADDRESS DISCIPLINARY
PROCESSES ACROSS JURISDICTION
LINES



ADDRESS INCONSISTENCIES IN
LICENSURE REQUIREMENTS FOR
TELEPSYCHOLOGY



What Are the Benefits of PSYPACT?



Increases
client/patient access
to care



Facilitates continuity
of care when
client/patient
relocates, etc.



Ability to readily
know legal
requirements



Promotes
cooperation across
PSYPACT states in the
area of licensure and
regulation



Offers a higher
degree of consumer
protection across
state lines



What Was the PSYPACT Starting Point?

PSYPACT became operational when seven states enacted PSYPACT into law.

The Commission, the governing body of PSYPACT, was formed.

As new states enact PSYPACT into law, they join the Commission.

Each PSYPACT-participating state has one representative.

Bylaws and Rules need to be created by Commission.

PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions.



What is the Relationship Between ASPPB and the PSYPACT Commission?



What Does the PSYPACT Commission Do?

Adopted
Bylaws

Promulgated
Rules

Policies and
Procedures

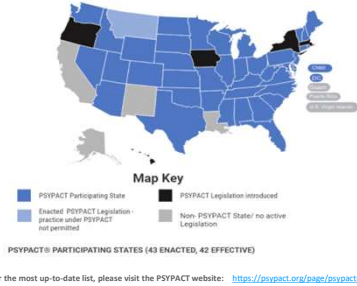
Approved
Annual
Budget

Elect
Executive
Board

Establish
Standing
Committees



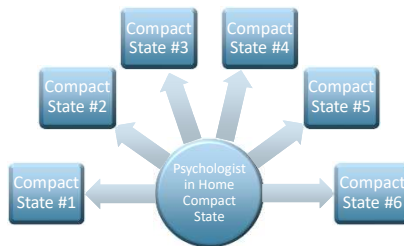
Current PSYPACT Status



What PSYPACT Terms Are Important to Know?

- Telepsychology**
 - The provision of psychological services using telecommunication
- Home State**
 - The state where the psychologist is licensed
- Receiving State**
 - The state where the client/patient is physically located when the services are delivered
- Distant State**
 - The Compact State where the psychologist is *physically* present (not through use of telecommunications technologies) to provide temporary in-person, face-to-face psychological services
- Authority to Practice Interjurisdictional Telepsychology**
 - A licensed psychologist's authority to practice telepsychology within the limits authorized under PSYPACT
- Temporary Authorization to Practice**
 - A licensed psychologist's authority to conduct temporary in-person, face-to-face practice within the limits authorized under PSYPACT

How Does Telepsychology Practice Work Under PSYPACT?

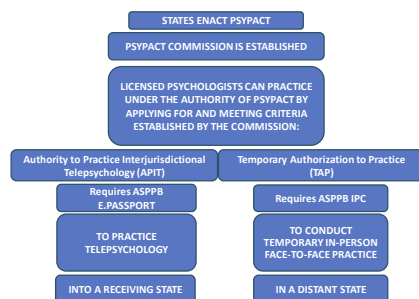


How Does Telepsychology Practice Work Under PSYPACT?

A psychologist practicing in a Receiving State under the authority of PSYPACT will be subject to the Receiving State's scope of practice

4.10 State Law to Protect the Health and Safety of its Citizens

Overall, How Does PSYPACT Work?



PSYPACT/Commission Requirements for Telepsychology (APIT)



Does PSYPACT Manage the E.Passport and its Requirements?



- E.Passport is an ASPPB Certificate
- Commission has agreement with ASPPB to provide services regarding vetting of E.Passport
- E.Passport requirements include:
 - Meet educational standards-doctoral degree from an APA/CPA or Joint Designated program
 - Possess current, full, and unrestricted license to practice psychology in a Home State which is a Compact State
 - Passing score on EPPP
 - No history of adverse action
 - 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 Rules of the Commission
 - Be held to Guidelines for the Practice of Telepsychology

PSYPACT/Commission Requirements for Temporary Practice (TAP)



ACCEPTABLE
GRADUATE DEGREE IN
PSYCHOLOGY

CURRENT FULL AND
UNRESTRICTED
LICENSE IN A COMPACT
STATE

NO HISTORY OF
ADVERSE ACTION

PROVIDE CURRENT,
ACTIVE
INTERJURISDICTIONAL
PRACTICE CERTIFICATE
(IPC)

MEET OTHER CRITERIA
ESTABLISHED BY
COMMISSION

Does PSYPACT Manage the IPC and its Requirements?



- IPC is an ASPPB Certificate
- Commission has agreement with ASPPB to provide services regarding vetting of IPC
- IPC requirements include:
 - Meet educational standards-doctoral degree from an APA/CPA or Joint Designated Program
 - Possess a current, full, and unrestricted license to practice psychology in a Home State which is a Compact State
 - **Passing score on EPPP**
 - No history of adverse action
 - 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

Exemptions to E.Passport / IPC Requirements



Education

- Within 18 months of the time a degree was conferred by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists.
- Applicants who have been licensed prior to January 1, 1985 and have continuously held a license (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions, 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 IPC.
- Psychologists who have been continuously licensed (active or inactive) for 15 years to practice psychology at the independent level in one or more ASPPB member jurisdictions based on a doctoral degree in psychology conferred prior to January 1, 2000 from a regionally accredited institution may use the Certificate of Professional Qualification (CPQ) to meet the educational requirements of the E.Passport and/or IPC.

Exam

- Applicants who have been licensed prior to January 1, 1985, and have continuously held a license (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions, 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 IPC.
- For applicants who took the EPPP prior to 2001, the passing score is the jurisdictional passing score on which the doctoral-level license is based.

How to Apply to Practice Under PSYPACT

WHAT DO I NEED?



- In order to practice telepsychology under the authority of PSYPACT, you will need to obtain two PSYPACT related credentials:
 - ASPPB E.Passport **AND**
 - Authority to Practice Interjurisdictional Telepsychology (APIT) granted from the PSYPACT Commission
- You must first apply for and obtain an ASPPB E.Passport **before** your PSYPACT required APIT application will be started
- **You cannot practice under PSYPACT until you have obtained your APIT**

How to Apply to Practice Under PSYPACT

DOES PSYPACT MAKE SENSE FINANCIALLY FOR ME?



- Fees:
 - Application: \$440 for E.Passport/APIT, \$240 for IPC/TAP
 - Renewal: \$120 for E.Passport/APIT, \$70 for IPC/TAP
- Psychology Board Licensing Fees (www.asppbcentre.org):
 - Average \$346 Initial Application Fee
 - Average \$315 License Renewal Fee

How to Apply to Practice Under PSYPACT

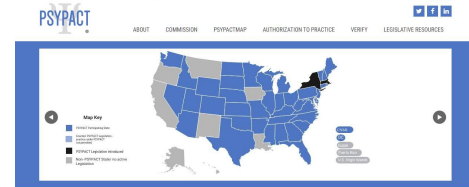
OTHER FACTORS TO CONSIDER – DISADVANTAGES

- Some problems may be less appropriately treated via telepsychology
- Some clients may not adapt well to telepsychology
- Crisis intervention might be compromised
- Limited view of non-verbal cues



How to Apply to Practice Under PSYPACT

WHERE DO I GO FIRST TO APPLY (www.psyapp.org)?



PSYPACT: ADVANCING THE INTERJURISDICTIONAL PRACTICE OF PSYCHOLOGY®

Reducing regulatory barriers.

Increasing access to mental healthcare.

START YOUR PSYPACT APPLICATION TODAY!

TO START YOUR APPLICATION TO PRACTICE TELEPSYCHOLOGY UNDER PSYPACT, CLICK HERE.

TO START YOUR APPLICATION TO PRACTICE TEMPORARILY UNDER PSYPACT, CLICK HERE.

How to Apply to Practice Under PSYPACT

CREATING A PSY | PRO ACCOUNT

Login or Create a
PSY | PRO Account
(www.psypro.org)

How to Apply to Practice Under PSYPACT

INITIATING A PSY | PRO APPLICATION

My Activity Summary

Welcome to your PSYPACT® Home page! Your Home page is a great place to track your Credentials Bank activity, apply for mobility certificates, and view your application and service history. To get started on your Credentials Bank record, edit any of the pages listed under the My Credentials Bank section below. To apply for our certificates or to make an EPPP Score Transfer request, make a selection from the Select an Activity feature to the right. Use the Application History section to access applications in progress or view completed application checklists. You can always come right back to your Home page by selecting Home in the navigation bar on the left. Let's get started!

My Application History

Your application history will show any open or completed applications. You can use this to access your open applications or view any completed application checklists.

Activity	Stage	Date Started	Actions
No additional applications at this time.			

My Credentials Bank

Banking your credentials is very important for your future and is an excellent way to prepare for licensing and career needs. The Credentials Bank includes your state, local, and national electronic records of your professional information and documents. Select a link to...

My Info

Name: Janet Grwig
Email: jgrwig2@asppb.org
Phone: 678.216.1188

Select an Activity

Transferring my Credentials Bank
Transferring my EPPP Score
Applying through PLUS
E.Passport/APPT Application
IPC/TAP Application
Applying for the CPE
Program
Applying to take the PEP

How to Apply to Practice Under PSYPACT

IMPORTANT POINTS TO NOTE IN THE PSY | PRO APPLICATION PROCESS

- Applicants **must** have their transcripts sent to ASPPB, and transcripts must be received and uploaded before applicants will be able to submit their applications for review
 - Electronically send transcripts to: transcripts@asppb.org
 - Mail transcripts to ASPPB, P. O. Box 849 Tyrone, GA 30290
 - For schools that have closed, contact Parchment at <https://www.parchment.com/order/my-credentials/>
- Applicants **must** have three (3) hours of training relevant to the use of technology in psychology for the E.Passport at the time of application



How to Apply to Practice Under PSYPACT

REVIEW PSY | PRO APPLICATION INFORMATION AND CLICK "NEXT"



How to Apply to Practice Under PSYPACT

YOUR PSY | PRO DASHBOARD AFTER APIT IS ISSUED

My Activity Summary

After you log in to your PSYPACT Pro page, you have access to a dashboard that will contain all the information you need to apply for practice under PSYPACT. To get started, you must first complete your PSYPACT Pro page. The PSYPACT Pro page is a dashboard that will contain all the information you need to apply for practice under PSYPACT. To get started, you must first complete your PSYPACT Pro page. The PSYPACT Pro page is a dashboard that will contain all the information you need to apply for practice under PSYPACT. To get started, you must first complete your PSYPACT Pro page.

My Application History

For application history of all your past or completed applications, this can be used to track your application or view any completed application.

Activity	Stage	Date Started	Action
Authority to Practice Interjurisdictional Telepsychology (APIT)	Complete	5/15/2023	View Application History
E.Passport	Complete	5/15/2023	View Application History
Validity/Program Renewal (E.Passport)	Complete	5/15/2024	View Application History
PSYPACT Renewal (APIT)	Complete	6/1/2024	View Application History

My Credentials Bank

Banking your credentials is very important for your future and is an excellent way to prepare for licensing and career needs. The Credentials Bank provides you with safe, long-term, electronic storage of your professional information and documents. Select Click to Expand to view more information.

YOU WILL RECEIVE AN EMAIL LETTING YOU KNOW THE OUTCOME OF YOUR APIT APPLICATION.

How to Renew Authority to Practice Under PSYPACT

GETTING A RENEWAL STARTED

Activity

Activity	Stage	Date Started	Action	E.Passport
Authority to Practice Interjurisdictional Telepsychology (APIT)	Complete	5/15/2023	View Application History	Issue Date: 5/15/2023 Status: Active
E.Passport	Complete	5/15/2023	View Application History	Issue Date: 5/15/2023 Status: Active
Validity/Program Renewal (E.Passport)	Complete	5/15/2024	View Application History	Issue Date: 5/15/2023 Status: Active
PSYPACT Renewal (APIT)	Complete	6/1/2024	View Application History	

My Credentials Bank

Banking your credentials is very important for your future and is an excellent way to prepare for licensing and career needs. The Credentials Bank provides you with safe, long-term, electronic storage of your professional information and documents. Select Click to Expand to view more information.

SELECT AN ACTIVITY

Renewal – E.Passport/APIT

Transferring my Credentials Bank
Transferring my EPPB Score
Applying through NCS
E.Passport/APIT Application
EPPB/APIT Application

How to Renew Authority to Practice Under PSYPACT

RENEWAL PROCESS

- E.Passport First
 - Use the red link to access the renewal
 - Complete the entries, include CE information
 - Submit for review
- APIT Second:
 - Once you receive email about successful E.Passport renewal
 - Complete all sections including declaring a Home State
 - Submit for review

How to Renew Authority to Practice Under PSYPACT

IS CONTINUING EDUCATION REQUIRED?

- The ASPPB E.Passport requires 3 hours of continuing professional development and/or continuing education relevant to the use of technology in psychology
- Areas may include:
 - Academic Courses
 - Approved Sponsor Continuing Education
 - Self-directed learning (e.g., reading, videos, must involve an unsponsored activity)
 - A completed verification form provided by ASPPB must be completed.
 - Specialized technology training
 - A completed verification form provided by ASPPB must be completed or a completed certification form must be provided

PSYPACT

GOVERNING DOCUMENTS

Compact Rules, Policies & Laws

Enter search criteria...

Compact Law, Bylaws, Rules and Policies

Introduction

The Psychology Interjurisdictional Compact Commission is a quasi-governmental agency and is the sole entity permitted to administer the Compact. In doing its administrative work, the Commission must not only follow the language of the Compact, but also the rules and policies created by the Commission to govern itself.

The Commission's governance materials can be found on this page. Please see each section below for a brief description and its pertinent governance materials.

<https://psypact.gov/page/governance>

PSYPACT

GOVERNANCE DOCUMENTS OF INTEREST

- Rules
 - Rule 4 – Compact Privileges to Practice Telepsychology
 - 4.10 State Law to Protect the Health and Safety of its Citizens
 - 4.13 Authorization Validity
 - Rule 5 – Compact Temporary Authorization to Practice
 - 5.10 State Law to Protect the Health and Safety of its Citizens
 - 5.13 Authorization Validity
 - Rule 6 – Conditions of Telepsychology Practice into a Receiving State
- Policies
 - Policy – 2.4 Notification of Change in Home State
 - Policy – 2.6 Guidelines for Advertising PSYPACT Credentials

Is There Still a Use Case for Telemental Health Services?

HEALTH POLICY EXPERTS SAY YES!

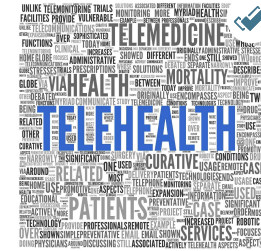


- According to Harvard Medical School policy experts:
 - Pandemic-era rules that promoted telemedicine should be made permanent to protect gains in quality of care and greater access for millions of patients
 - Making the rules permanent should be done in a way that does not jeopardize in-person practices
 - Enhanced telemedicine services have led to higher quality of care and better access and only a modest increase in spending
 - Patient demand and evolving tools for remote health care require additional changes, including tweaks to interstate regulations

Source: [Telemedicine Can Change Care for the Better — With the Right Rules](#)

Is There Still a Use Case for Telemental Health Services?

HEALTH POLICY EXPERTS SAY YES!



- University of Michigan's Institute for Healthcare Policy and Innovation has concluded—with respect to outpatient utilization—that while mental health is a high driver of telehealth use, and primary care is a moderate one, telehealth did not cause a rise in total post-pandemic E&M visits among Medicare fee-for-service beneficiaries when compared to pre-pandemic levels (orthopedic surgery, for example, has low telehealth use).
- Immediately following the Mar. 2025 passage and signing of the Continuing Resolution, both the Center for Connected Health Policy and the National Telehealth Policy Resource Center cited the U. Michigan study, noting that recent Medicare utilization and spending findings support Medicare telehealth expansions, and do not support discontinuing the Medicare extensions on the grounds of increased patient utilization or costs.

Source: [Center for Connected Health Policy, New Extensions & New Studies: Recent Medicare Utilization & Spending Findings Support Continuing Medicare Telehealth Expansions](#)

Telehealth in a Post-Pandemic World

WHICH FLEXIBILITIES REMAIN?

- Congress extended many telehealth flexibilities via Consolidated Appropriations Acts of 2023, 2024, 2025
- **Medicare and Telehealth**—through **September 30, 2025**, Medicare beneficiaries may:
 - Have access to telehealth services in any geographic area within the U.S. rather than only in rural areas
 - Stay in their homes for telehealth visits that Medicare pays for, rather than traveling to a health care facility
 - Receive certain telehealth services using audio-only technology (e.g., telephones)
- **Medicaid and Telehealth**—post-PHE, CMS encouraged states to continue covering telehealth services post-pandemic. Certain Medicaid programs went beyond merely reimbursing office visit E&M codes and added a range of reimbursable telehealth services.
- **Licensure**—increased state involvement in licensure compacts is helping to ease the burdens and decrease waiting times for providers seeking to engage in cross-state practice, while preserving states' desire to have regulatory oversight over licensed professionals

Telehealth in a Post-Pandemic World

A SECOND ACT FOR TELEHEALTH?

- **Opportunities abound!**
 - Reducing reliance on emergency care settings
 - Supporting better management of chronic disease
 - Addressing disparities in health care access and quality
 - Enhancing impact of and access to specialty care
- **Priorities should include:**
 - Creating better pathways to interstate care
 - Promoting geographic neutrality
 - Encouraging value-based reimbursement models
 - Focusing on delivery to underserved communities
 - Leveraging remote monitoring technologies



EPSTEIN
BECKER
GREEN

PSYPACT

Ethical Considerations

Ethical Considerations for Telepsychology Providers

IS TELEHEALTH AN APPROPRIATE MODALITY FOR DELIVERING CARE?

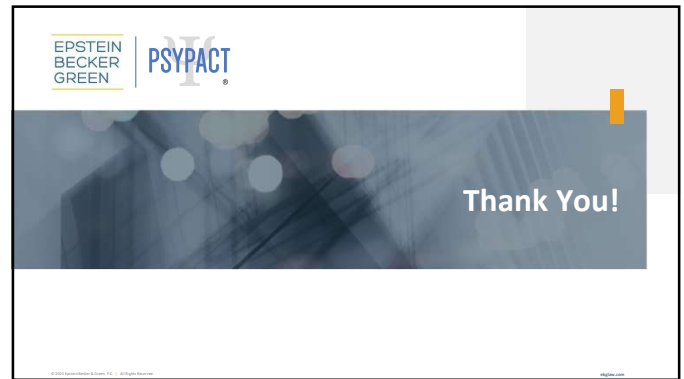
Are telehealth services appropriate for serving my client's clinical needs?

Do I have sufficient technological understanding to competently service my clients using telehealth technology?

Does my use of telehealth technology allow me to meet my client's cultural needs (e.g., language, beliefs, practices)?

Does my client understand their treatment options and potential alternatives to using telehealth?

Have I fully answered my client's questions regarding their privacy, coverage for treatment, etc.?



Legal / Regulatory Resources

- Epstein Becker Green (www.ebglaw.com)
 - Meet our [Telehealth team!](#)
 - Download the [Telemental Health Laws App!](#)
 - Read the [Health Law Advisor](#) blog!
- American Telemedicine Association (www.americantelemed.org)
- Alliance for Connected Care (www.connectwithcare.org/)
- Center for Connected Health Policy (www.cchpca.org)
- Center for Telehealth and eHealth Law (www.ctel.org)
- International Society for Telemedicine & eHealth (www.isfteh.org/)
- Telehealth Resource Centers (www.telehealthresourcecenter.org/)

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PSYPACT Resources

For further information please contact:

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