



Understanding Interstate Compacts for Mental Health Professionals

Presented by Terry Casey, Ph.D.
Knoxville Psychiatric Symposium 11/17/23

Understanding Interstate Compacts for Mental Health Professionals

Presented by Terry Casey, Ph.D.

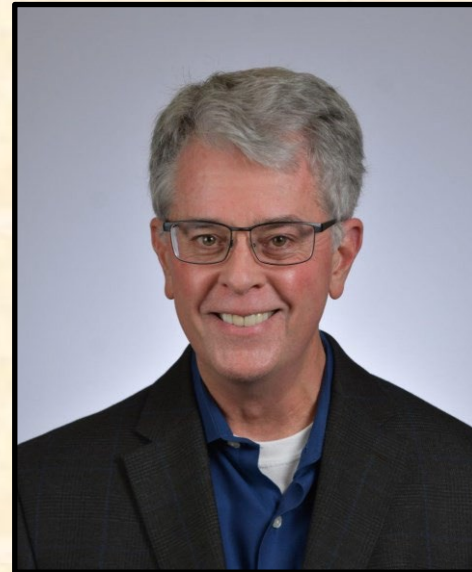
Knoxville Psychiatric Symposium 11/17/23

Terry A. Casey, Ph.D., Licensed Psychologist, HSP (#1975 TN)

Renaissance Counseling &
Psychological Specialists

[Email: Rencounselingtn@gmail.com](mailto:Rencounselingtn@gmail.com)

[Website: Rencounselingtn.com](http://Rencounselingtn.com)



Learning Objectives

Upon completion of the training participants will be able to . . .

1. Define and describe interjurisdictional practice for mental health professionals.
2. Identify the five circumstances in which interjurisdictional practice is legal including interstate compacts.
3. Describe the functions and advantages of interstate compacts for mental health professionals that are fully operational or under development.

Disclaimer

- The presenter is not an attorney and none of the information or comments in this seminar is intended to provide legal advice.
- **Caution! Laws vary significantly from one state to another.**
- Legal situations are often highly individualized and may require the assistance of a qualified attorney who is licensed in your state and has appropriate expertise in mental health issues.

Part 1

Interjurisdictional Practice Essentials

Preliminary considerations for understanding interstate compacts

Interjurisdictional Practice Essentials

Problems of Practicing across Jurisdictional Lines

Due to the involvement of multiple jurisdictions and the accompanying variety of laws and regulations, practicing across state jurisdictional lines has been a source of confusion and frustration for many practitioners. Some researchers have examined these issues. For example, Youngren, Gottlieb, and Baker (2022), have described the problems in attempting to navigate what they describe as a labyrinth of regulations and have made suggestions for how to survive in a system of regulation they view as flawed.

While many of the problems persist, there have been some positive developments in recent years that have gained momentum in part due to the COVID-19 pandemic. Some of these developments (e.g., interstate compacts) are already making a positive impact on reducing interjurisdictional barriers for many mental health practitioners in the United States.

Interjurisdictional Practice Essentials

“States have continued to evolve with respect to how professionals can fulfill professional licensure requirements. ... Greater state participation in various professional compacts also has helped facilitate cross-state practice activities.”

(EBGLaw, 2023) <https://www.ebglaw.com/insights/2022-telemental-health-regulations-unlock-access-and-evolve-compliance-practices/>

Interjurisdictional Practice Essentials

“Individuals who claim to be psychologists and who provide psychological services on the Internet must be licensed as a psychologist. **Licensing requirements vary by jurisdiction (state, province or territory).** Some jurisdictions require psychological providers to register or be licensed in the particular state to provide services via the Internet to consumers in that state.”

Association of State and Provincial Psychology Regulatory Boards (ASPPRB, 2023b) <https://www.asppb.net/page/PsychInternet>

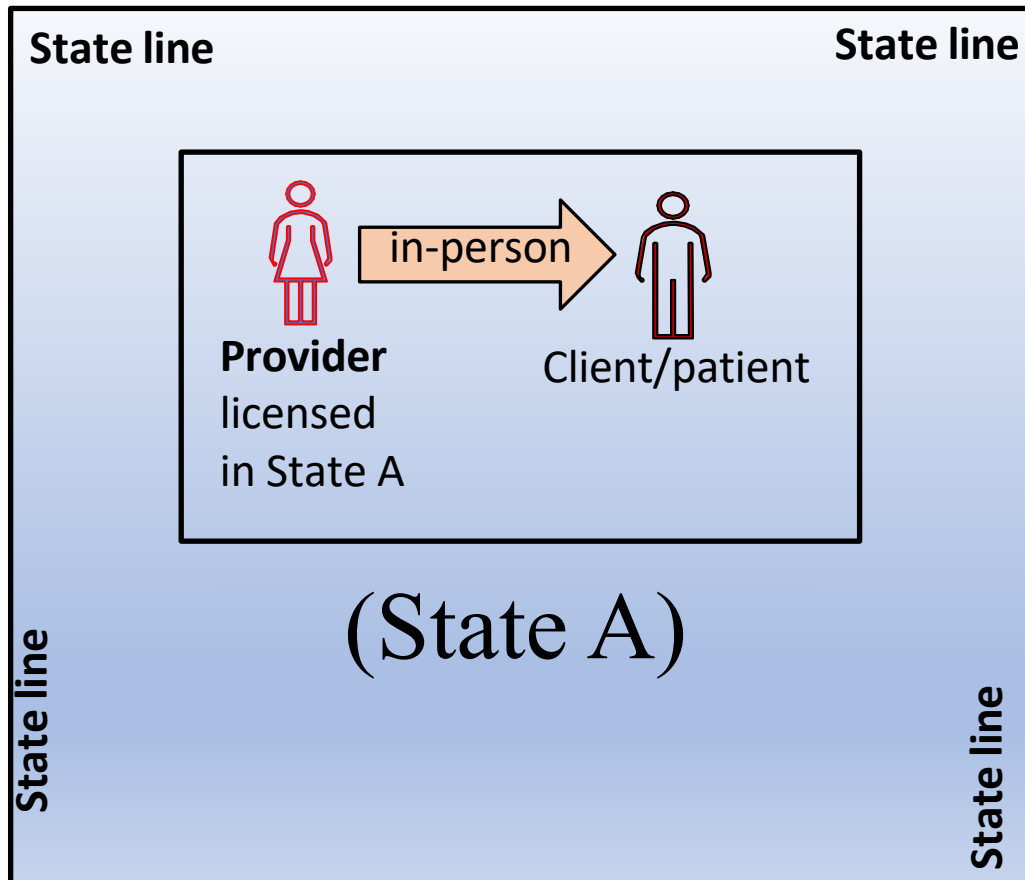
This statement
is
generalizable
to other
mental health
professions.

Interjurisdictional Practice Essentials

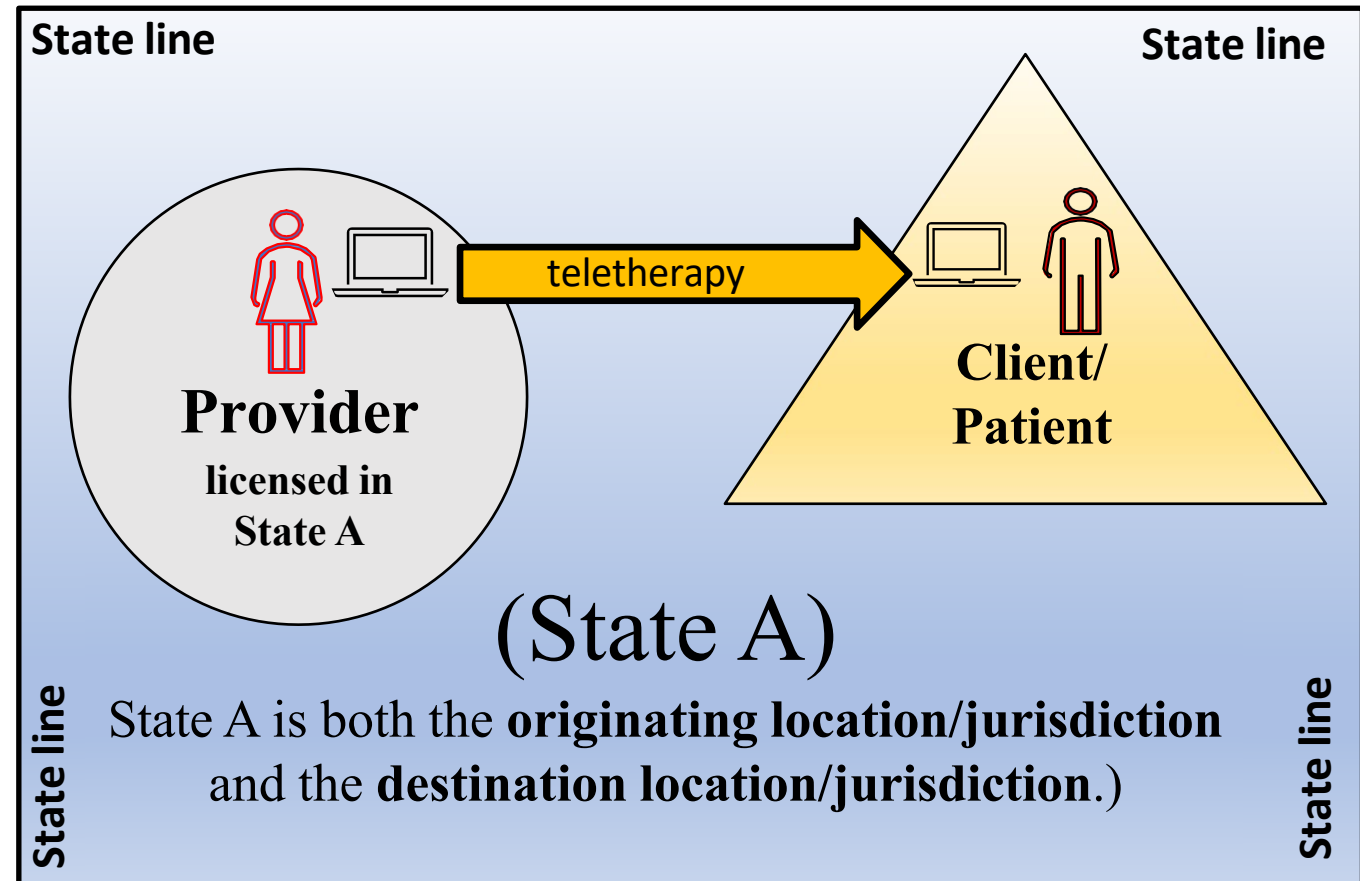
Traditional practice (not interjurisdictional in nature)

Only one state jurisdiction is involved. Both the provider and the client/patient are physically/geographically in the state in which the provider is licensed at the time the mental health services are provided.

In-person face-to-face therapy



Same-state teletherapy



Interjurisdictional Practice Essentials

What constitutes interjurisdictional practice?

For the purposes of this discussion, **jurisdictions are assumed to be US states** but can also be US territories, districts or possessions. Hereafter, use of “**state**” will refer to any of these jurisdictions.

Interjurisdictional practice occurs when two or more states/jurisdictions are involved when a regulated mental health service is provided. The involvement by a state includes one or more of the following:

- (1) state(s) in which the provider is licensed**
- (2) originating state**
- (3) destination state**

Note: For a discussion on interjurisdictional practice and suggestions for using technology ethically and effectively in practice see DeMers, Harris, & Baker (2018).



Practicing across jurisdictional lines

Statement from the APA Legal & Regulatory Affairs Staff, Dec. 15, 2016

(Note: **The statement below is applicable to all types of mental health provider licenses, not solely psychologists.**)

APA Legal & Regulatory Affairs (2016)

“Typically, when providing health care services, a psychologist [or other mental health providers] sees his or her patients in a private office or other clinical setting. The assumption is that the psychologist [provider] is licensed in the state or jurisdiction where he or she practices and therefore, is permitted by law to provide those services.

What happens when the patient is somewhere else? Perhaps the patient is moving out of state or headed to college in another state. Maybe the patient has a temporary out-of-state job placement or is taking care of a family member elsewhere. What if the patient wants to continue therapy from a new location, either by phone, video conferencing or other digital means?” . . . (cont’d)



(cont'd from previous slide)

... In most cases, the psychologist [provider] who has an established therapeutic relationship with the patient would like to honor the patient's request. Yet, **what if the psychologist [provider] is not licensed in the state or jurisdiction where the patient will be?**"

“The psychologist's [provider's] **license to practice does not grant the authority to provide services to patients wherever the patient may be.** A psychology license [mental health provider's license] is not like a driver's license, where an eligible driver obtains a license in his or her state of residence and is permitted to drive anywhere throughout the U.S. using that license. **To the contrary, the psychology license [mental health provider's license] only permits the psychologist [mental health provider] to practice in the state or jurisdiction that issued the license**”[emphasis added]. . . (cont'd on next slide)

(APA Practice Organization Legal & Regulatory Affairs, 2016)

Important note: For up-to-date information about PSYPACT, an interstate compact for psychologists, go to <https://psypact.site-ym.com/?> (PSYPACT, 2023a)

PSYPACT
interstate
compact

Jurisdiction

Key Issues and Terminology

Jurisdiction and geography. In the United States, the geographic boundaries between states and similar jurisdictions such as U.S. territories & Washington, D.C. determine legal jurisdiction.

Sovereignty. Each jurisdiction (i.e., state, U.S. territory, Washington, D.C.) has the sole legal authority to establish and regulate healthcare professions and services*; including under what conditions these professional services are administered or received within the geographic boundaries of the jurisdiction. This is true whether the regulated services are (1) provided from within and/or (2) received within the jurisdiction.

“Since health professions regulation falls under state jurisdiction, the legal scope of practice for a health profession is typically defined in a state-specific scope of practice act. These acts describe the services that professionals can provide and under what conditions they can be provided.”

School of Public Health at Albany, SUNY (no date) <https://www.healthworkforceta.org/health-professions-regulation-in-the-us/#:~:text=Since%20health%20professions%20regulation%20falls,conditions%20they%20can%20be%20provided.>

Interjurisdictional practice. In interjurisdictional practice there is always an **originating jurisdiction** (i.e., where the provider is located) and a **destination jurisdiction** (i.e., where the client is located) when the services are provided. Note that in some cases different terms are used to describe these two jurisdictions.

(NCIC, 2023a); (Council of State Governments, 2023d), (Counseling Compact, 2023g).; (Wheeler & Bertram, 2019); (Cornell Law School, LII, no date); (School of Public Health Albany, no date); (National Governors Association, 2023); Emanuel et. al., 2016).

* An exception being the Veterans Administration and some other closed federal systems.

Jurisdiction

Key Issues and Terminology

More regarding state authority (sovereignty) regarding regulated healthcare services

The regulation of regulated health care services is the purview of the states. States have legal authority regarding the practice of health care provider within their state lines, except in special cases as covered in these materials (e.g., closed federal systems such as the VA).

The 10th Amendment of the United States Constitution authorizes states to establish laws and regulations protecting the health, safety, and general welfare of their citizens. . . . To protect the public from the unprofessional, improper and incompetent practice of medicine, each of the 50 states, the District of Columbia and the U.S. territories have enacted laws and regulations that govern the practice of medicine and outline the responsibility of state medical boards to regulate that practice. This guidance is outlined in a state statute, usually called a Medical Practice Act.

(Federation of State Medical Boards, 2016)

Jurisdiction

Key Issues and Terminology

Provider's state/jurisdiction of licensure. A provider's state license (in and of itself) only permits the license holder to provide regulated healthcare service from physically within the state lines to a client/patient who is also physically within the state lines at the time services are provided.

Originating and destination location/jurisdictions. Location determines jurisdiction. This includes both the originating location/jurisdiction (e.g., a state*) and the destination location/jurisdiction (e.g., a state). Both states have jurisdiction regarding how healthcare services are provided and received within the state lines.

- **Originating location/jurisdiction** -- the physical/geographical location (e.g., a state) where the therapist is located at the time regulated healthcare services (e.g., psychotherapy) are provided.
- **Destination location/jurisdiction** -- the physical/geographical location (e.g., a state) where the client is located at the time regulated healthcare services (e.g., psychotherapy) are provided.

Jurisdiction

Provider's state/jurisdiction of licensure

- Mental health provider licenses are only provided by states or similar jurisdictions, not the federal government or organizations of any type.
- Most often, providers are licensed in only one state but it is common (and perfectly legal) for providers to be licensed in multiple states.
- Being licensed in a state does not usually require the provider to live (i.e., have “residency”) in that state.
- A provider's state license (in and of itself) only allows the license holder to provide regulated healthcare services from physically within the state lines to a client/patient who is also physically within the state lines at the time services are provided.

Jurisdiction



APA's Guidelines for the Practice of Telepsychology (APA, 2013) states:

“Guideline 8. 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.

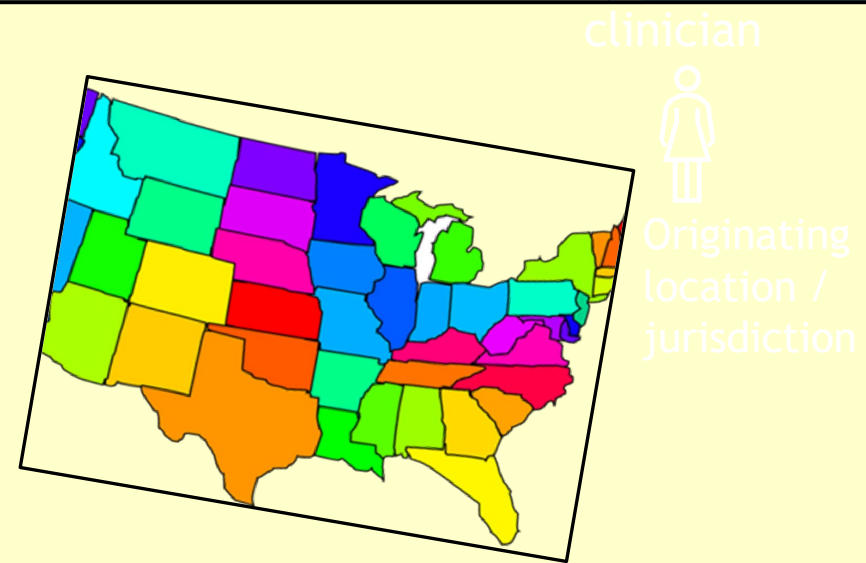
Rationale. With the rapid advances in telecommunication technologies, the intentional or unintentional provision of psychological services across jurisdictional and international borders is becoming more of a reality for psychologists. Such service provision may range from the psychologists or clients/patients being temporarily out of state (including split residence across states) to psychologists offering their services across jurisdictional borders as a practice modality to take advantage of new telecommunication technologies. . . Psychologists should make reasonable efforts to be familiar with and, as appropriate, to address the laws and regulations that govern telepsychology service delivery within the jurisdictions in which they are situated and the jurisdictions where their clients/patients are located” [emphasis added].

Note the very specific language regarding location.

Jurisdiction

Location, location, location.

Jurisdiction is determined by the physical/geographical location of both the provider (the originating state) and the client (the destination state) at the time teletherapy is being provided.



Originating State*

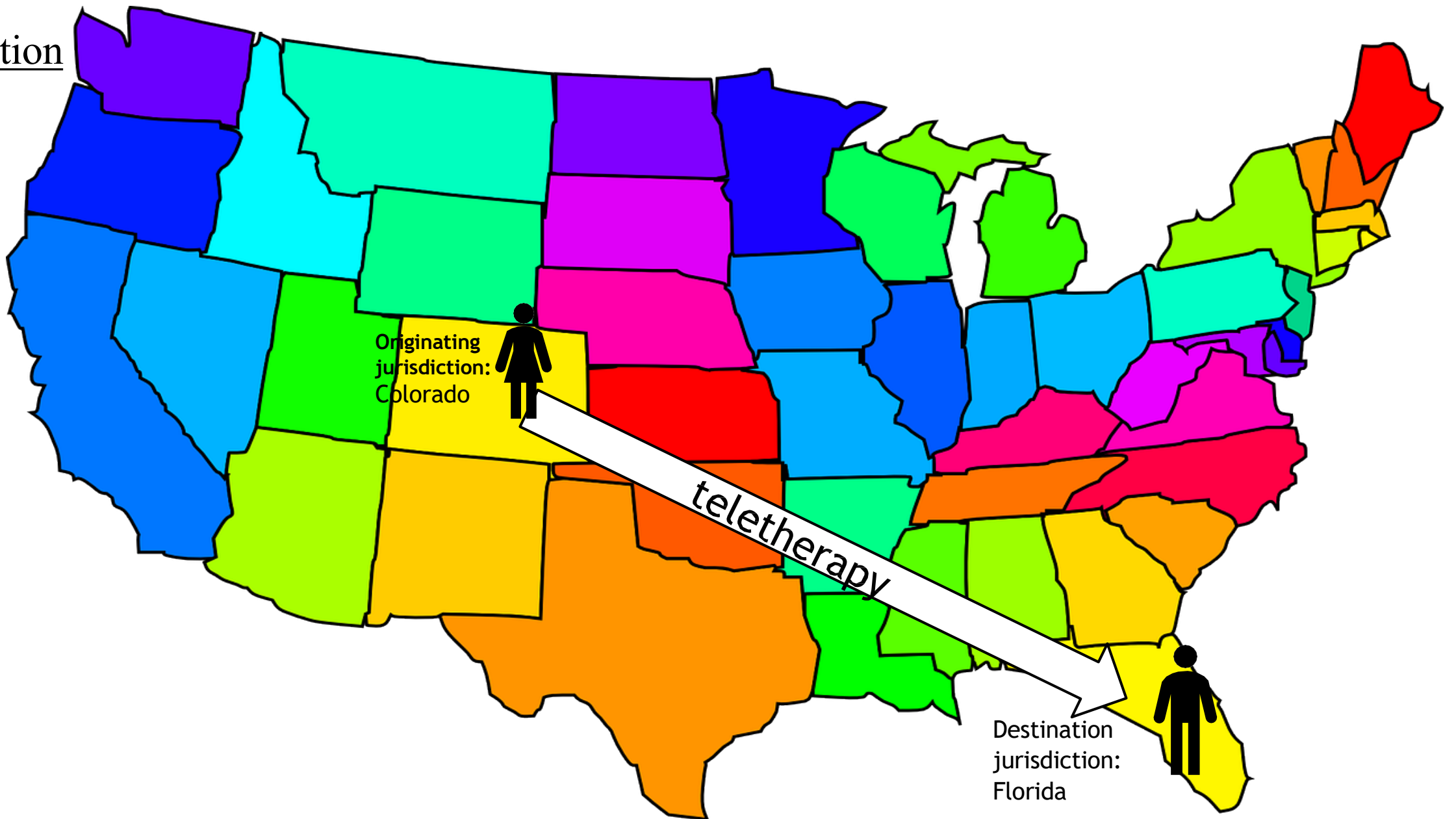
Provider's physical/geographical location (e.g., state) at the time the services are being provided.

Destination State*

Client's physical/geographical location (e.g., state) at the time the services are being provided.

* Could also be other jurisdictions such as Washington, D.C. or a U.S. Territory.

Jurisdiction

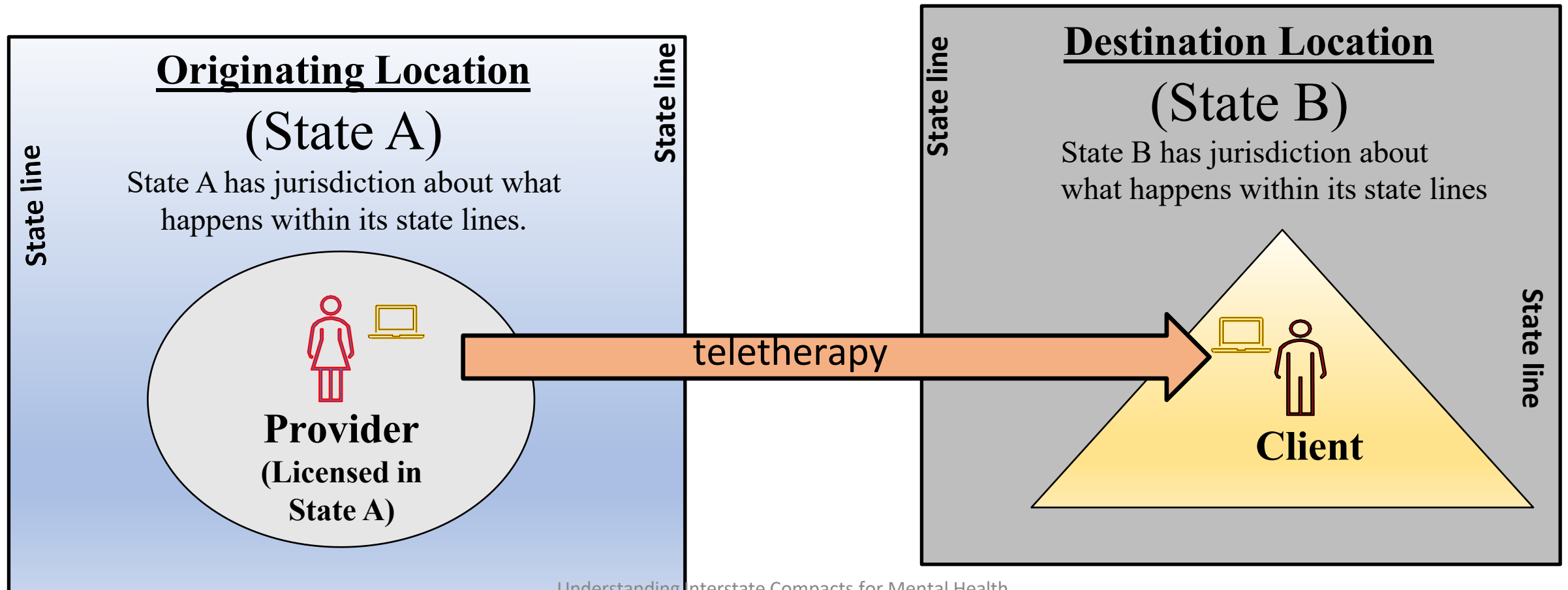


Jurisdiction: Location, location, location!

This graphic represents the most common scenario in which interjurisdictional practice occurs.

Originating Location: A jurisdiction (e.g., a state) that is determined by the provider's physical/geographical location at the time the services are being provided.

Destination Location: A jurisdiction (e.g., a state) that is determined by the client's physical/geographical location at the time the services are being provided.



Practicing legally across state jurisdictional lines

What are the circumstances (if any) for legally providing regulated health care services across state lines?

There are five basic types of provisions for legally practicing across state lines. However, these only apply in specific situations and may only apply only to specific license types.

Interjurisdictional Practice Essentials

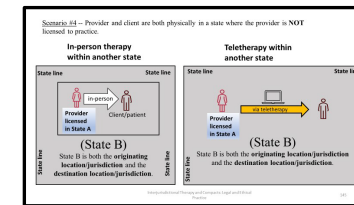
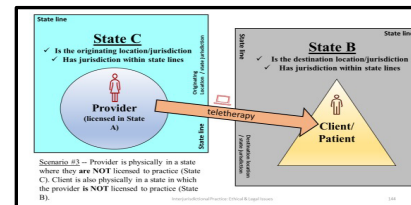
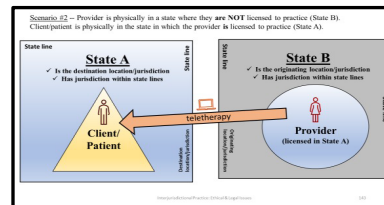
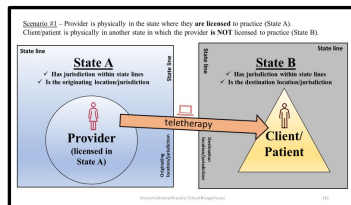
Jurisdiction / Key Issues & Terminology

At least one of the five legal provisions must apply to any originating location/jurisdiction or destination location/jurisdiction in which the provider is **not** licensed to practice. (See more on following slides.)

* Could also be other similar U.S. jurisdictions (e.g., Washington, D.C., U.S. Territories.)

Four Scenarios

There are four scenarios (i.e., situations) in which interjurisdictional practice can occur. These scenarios will be depicted by four graphics later in this discussion.



The Five Provisions for legal interjurisdictional practice

Provision #1: **Licensure in Both States** (originating state & destination states)

Provision #2: **Special State Statutes** (in the state in which the provider is not licensed)

Provision #3: **Executive Orders** (in the state in which the provider is not licensed)

Provision #4: **Closed Federal Systems** (e.g., VA, DOD, Fed. Bureau of Prisons)

Provision #5: **Interstate Compacts** (all states involved must be compact member states)

Any time that interjurisdictional practice occurs, the following states/jurisdictions must be considered:

(1) provider's state(s) of licensure; (2) originating state, & (3) destination state


The Five Provisions for legally practicing across state lines



(i.e., interjurisdictional practice)

General: Both the **originating state* jurisdiction** (i.e., the **physical location** of the provider when the services are being rendered) and **destination state jurisdiction** (i.e., the **physical location** of the client/patient when the services are being rendered) must have a legal provision of some type that authorizes the provider to render the services. See types of provisions below.

*States, U.S territories & Washington D.C.

Types of legal provisions:	#1 Licensure in Both States	#2 Special State Statutes	#3 Executive Orders	#4 Closed Federal Systems	#5 Interstate Compacts
	<p>The provider is licensed in both the originating state and the destination state.</p> <p>(Best case scenario)</p> 	<p>The state in which the provider is <u>NOT</u> licensed (whether the originating state or the destination state) has a statute which allows limited/temporary practice by a provider who is acceptably licensed in another state.</p> <p>(This is the most common of the Five Provisions.)</p>	<p>The state in which the provider is <u>NOT</u> licensed (whether the originating state or the destination state) has a temporary executive order in place during an emergency (e.g., COVID-19 pandemic) which allows limited temporary practice by a provider who is acceptably licensed in another state.</p>	<p>Certain federal systems (e.g., VA, DOD, Federal Bureau of Prisons) operate apart from jurisdictions of the originating state and destination state.</p>	<p><u>All</u> states involved (i.e., provider's state of licensure, originating state, & destination state) are part of a fully operational interstate compact (e.g., PSYPACT*.)</p> <p>*PSYPACT is the only fully operational mental health compact. (Nov. 2023)</p>

Provision #1: Licensure in Both States

Holding a license in both both the **originating state** and the **destination state** is probably the most straightforward way to legally engage in mental health practice across state lines. Many licensed mental health professionals are licensed in two or more states and an increasing number of states are striving to simplify the licensure process for those who already hold a comparable license in another state (e.g., reciprocity agreements between states). Some points to keep in mind:

- Typically, there are no problems associated with a mental health professionals being licensed in states in which they do not live/have residence.
- Providers must follow all the laws and licensing rules of states (or similar jurisdictions) in which they are licensed, whether the state is the originating state and/or the destination state.
- A provider who is licensed in a state may not opt to practice to/from a state of licensure according to a special state statute, executive order, or other legal provisions that are designed solely for licensed providers who are not licensed in the state.

Provision #2

Special State Statutes



A **special state statute** in a state in which the provider is not licensed is the most common provision under which interjurisdictional practice is legal. Special state statutes are not new. An increasing number of states, under many varied conditions and limitations, have established statutes over the years which allow a provider who is acceptably licensed in another state to . . .

(1) temporarily provide services to a client who is physically in their state (i.e., the destination state)

and/or

(2) to temporarily provide services from within their state (i.e., the originating state).

However, the special statutes that do exist vary significantly from state to state and, importantly, many states have no such statutes.



Special State Statutes

From the APA Practice Organization Legal & Regulatory Affairs

... In some states, the psychology practice act [i.e., the state statute that establishes the practice of psychology, social work, etc. as a regulated health care profession] **includes a temporary practice exception allowing psychologists who are licensed in good standing to provide psychological services in that state without obtaining licensure.** However, there is a lot of **variability across states in how psychologists may engage in temporary practice.** Some states require psychologists to notify the licensing board and obtain board approval first. Other states do not require advance approval. A few states, like Louisiana and Massachusetts, require that the out-of-state psychologist formally consult with a licensed in-state psychologist.”

[emphasis added]

APA Practice Organization Legal & Regulatory Affairs (2016)



Special State Statutes

How does a provider determine if the state in which the provider is **not** licensed (whether the originating state and/or destination state) has a special statute which allows that provider to provide services?

Recommendation:
Get this free app!

The **Telemental Health Laws app** for Andorid and iPhone. This app is a comprehensive resource that covers all 50 states plus Washington, D.C. and Puerto Rico. It contains current information regarding the limitations of provision of mental health services by multiple mental health license types via telemental health/Teletherapy, including services provided by professionals who are licensed in another state (i.e., interjurisdictional practice). The app is updated regularly and also contains links to states updates regarding COVID. **The Telemental Health Laws app is free** and is available at:

<https://www.ebglaw.com/telemental-health-laws-app/> (Epstein, Becker & Green, PC, 2022) or through online app stores.

Licensing Requirements

Are there any licensing requirements specific to telemedicine/telehealth (e.g., requirements to be licensed in the state where the patient is located)?

Yes, Massachusetts licensure is required, with limited exceptions.

The Massachusetts Board of Registration of Allied Mental Health and Human Services Professionals has issued a "Policy on Distance, Online, and Other Electronic-Assisted Counseling" that provides the following:

"Distance delivery of counseling and therapy is considered to occur in two locations: where the client is located and where the clinician is located."

"[T]he provision of counseling and/or therapy to individuals located within Massachusetts at the time services are occurring, are considered to fall under the jurisdiction of the Board, regardless of

"[T]he provision of counseling and/or therapy to individuals located within Massachusetts at the time services are occurring, are considered to fall under the jurisdiction of the Board, regardless of the location of the provider."

"Mental health professionals licensed by any jurisdiction other than Massachusetts, and not licensed by any Massachusetts Board or not eligible for an exception to Massachusetts licensure, are considered unlicensed by this Board for practice in Massachusetts."

"Mental health professionals licensed by other jurisdictions who wish to provide services to clients within Massachusetts, are encouraged to apply for Massachusetts licensure."

"Licensees are encouraged to carefully review the way in which the structure of their relationships with clients will be impacted by distance-therapy or counseling to ensure compliance with Board regulations and standards of practice."

"The following are some areas of practice that licensees should carefully consider:

- a. Informed consent
- b. Confidentiality
- c. Basis for making clinical judgments
- d. Areas of competence
- e. Avoiding harm
- f. Fees and financial arrangements
- g. Advertising
- h. Abandonment of clients
- i. Handling requests for obtaining clinical records"

Massachusetts Board of Registration of Allied Mental Health and Human Services Professionals, *Policy on Distance, Online, and*

Telemental Health Laws App (Epstein Becker & Green, P.C., 2022)

Example of one type of information available in the app; in this case from the state of Massachusetts.

Note: The section at the end is a link to additional information regarding Teletherapy from the state of MA.





Special State Statutes

A potential source of confusion

The ACA Code of Ethics (2014) emphasizes the need for counselors to know and follow the laws of the states involved in teletherapy and social media.

Note: National professional organizations' codes of ethics have no legal authority regarding jurisdiction.

H.1.b "Laws and Statutes

*Counselors who engage in the use of distance counseling, . . . within their counseling practice understand that they may be subject to laws and regulations of both the counselor's practicing location and **the client's place of residence***. Counselors ensure that their clients are aware of pertinent legal rights and limitations governing the practice of counseling across state lines or international boundaries" [emphasis added].*

← Make clients aware of these "rights and limitations" during the informed consent process.

***NOTE:** This unfortunate wording may be the source of some misunderstandings regarding where a client lives as opposed to where the client is physically located when services are provided. Rather than "**client's place of residence**" a less confusing wording might be "client's physical location."

Provision #3 Executive Orders



How might a state executive order affect interjurisdictional practice?

A state's governor might issue an executive order that, for example, temporarily suspends the state's statutory requirement for mental health professionals to be licensed in that state to provide services either:

(1) from within that state (i.e., originating state)

and/or

(2) to an individual who is physically in that state (i.e., destination state).



Executive Orders

An example of an executive order

STATE OF TENNESSEE
EXECUTIVE ORDER
BY THE GOVERNOR
No. 20

AN ORDER AMENDING EXECUTIVE ORDER NO. 15 SUSPENDING PROVISIONS OF CERTAIN STATUTES AND RULES AND TAKING OTHER NECESSARY MEASURES IN ORDER TO FACILITATE THE TREATMENT AND CONTAINMENT OF COVID-19

... WHEREAS, it is imperative that essential healthcare services, including mental health services, remain accessible to Tennesseans; and

... WHEREAS, providing essential healthcare services in a manner that minimizes the continued spread of COVID-19 requires the use of alternative delivery mechanisms to protect healthcare providers and patients; and ...

... **IN WITNESS WHEREOF, I have subscribed my signature and caused the Great Seal of the State of Tennessee to be affixed this 26th day of March, 2020. GOVERNOR**

[Signed by Bill Lee, Governor, the State of Tennessee]

Executive Orders

Another example of an executive order, State of Tennessee

Effective December 29, 2020, under Executive Order #73, 9.2 by the Governor of the State of Tennessee, the relevant provisions of TCA 63 (63-1-155 (g) (i)) are suspended . . .

"to allow persons who have completed or are actively enrolled in a program to obtain a master's degree or doctoral degree in a behavioral or mental health field, or in a field of study required for a license allowing the individual to diagnose behavioral or mental health disorders, to treat diagnosed behavioral or mental health conditions without a license and through use of telemedicine services; provided, that the person is, at all times, supervised by a person licensed under Title 63 or Title 68, Chapter 24 with authorization to diagnose a behavioral or mental health condition."

(Tennessee Psychological Association, excerpt from an email from Denise D. Davis, Ph.D., Director of Professional Affairs, December 2020)

Provision #4: Closed Federal Systems



In a few special cases, state licensing rules regarding mental health care services do not apply as they normally would. This occurs within closed U.S. federal systems such as the Veterans' Administration (VA), the Department of Defense (DOD), and the Federal Bureau of Prisons but **only when both the provider and the patient/client are within the closed system** [emphasis added]. For example, a psychologist or licensed clinical social worker who is employed by the VA is permitted to provide teletherapy to a VA patient who is physically within another state irrespective of state laws and licensing rules in either state.

(Note to help avoid misunderstandings: Medicare is a federal insurance program. It is not a closed federal system as described above.)

Provision #5

Interstate Compacts



What are interstate compacts?

“An interstate compact is a legally binding agreement between two or more states. Similar to a contract, a compact establishes a formal, legal relationship among states to address common problems or promote a common agenda.”

(National Center for Interstate Compacts, 2023a) <https://compacts.csg.org/faq/>

Interstate compacts are fully
addressed in the section below.

Summary of the **Five Provisions**




The Five Provisions for legally practicing across state lines

(i.e., interjurisdictional practice)

General: Both the **originating state* jurisdiction** (i.e., the **physical location** of the provider when the services are being rendered) and **destination state jurisdiction** (i.e., the **physical location** of the client/patient when the services are being rendered) must have a legal provision of some type that authorizes the provider to render the services. See types of provisions below.

*States, U.S territories & Washington D.C.

Types of legal provisions:	#1 Licensure in Both States	#2 Special State Statutes	#3 Executive Orders	#4 Closed Federal Systems	#5 Interstate Compacts
	<p>The provider is licensed in both the originating state and the destination state.</p> <p>(Best case scenario)</p> 	<p>The state in which the provider is <u>NOT</u> licensed (whether the originating state or the destination state) has a statute which allows limited/temporary practice by a provider who is acceptably licensed in another state.</p> <p>(This is the most common of the Five Provisions.)</p>	<p>The state in which the provider is <u>NOT</u> licensed (whether the originating state or the destination state) has a temporary executive order in place during an emergency (e.g., COVID-19 pandemic) which allows limited temporary practice by a provider who is acceptably licensed in another state.</p>	<p>Certain federal systems (e.g., VA, DOD, Federal Bureau of Prisons) operate apart from jurisdictions of the originating state and destination state.</p>	<p><u>All</u> states involved (i.e., provider's state of licensure, originating state, & destination state) are part of a fully operational interstate compact (e.g., PSYPACT*.)</p> <p>*PSYPACT is the only fully operational mental health compact. (Nov. 2023)</p>

The Four Scenarios

There are **Four Scenarios** in which interjurisdictional practice may occur.

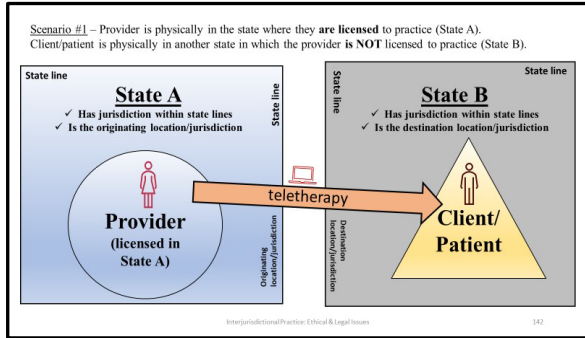
For each of the **Four Scenarios** the following questions must be considered:

1. What is the provider's **state(s)* of licensure?**
2. What is the **originating state*?**
3. What is the **destination state*?**

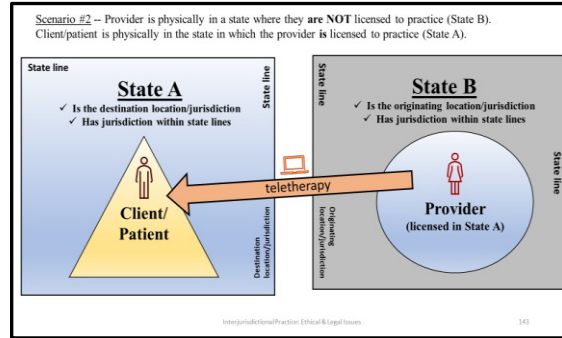
*Or similar jurisdiction (e.g., Washington, D.C., US Territories)

The Four Scenarios

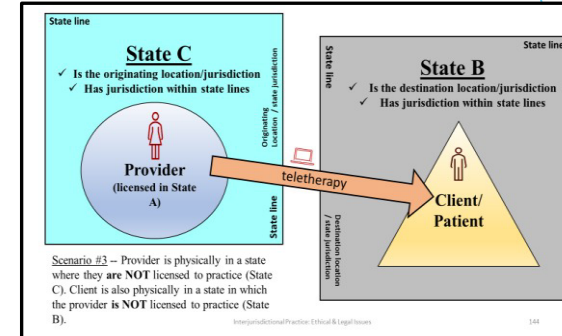
Scenario #1



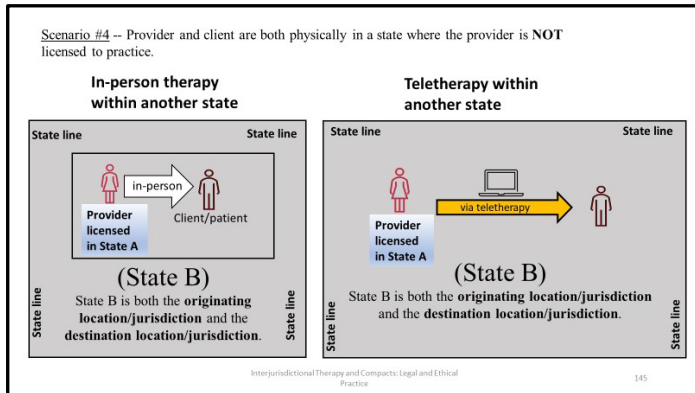
Scenario #2



Scenario #3



Scenario #4

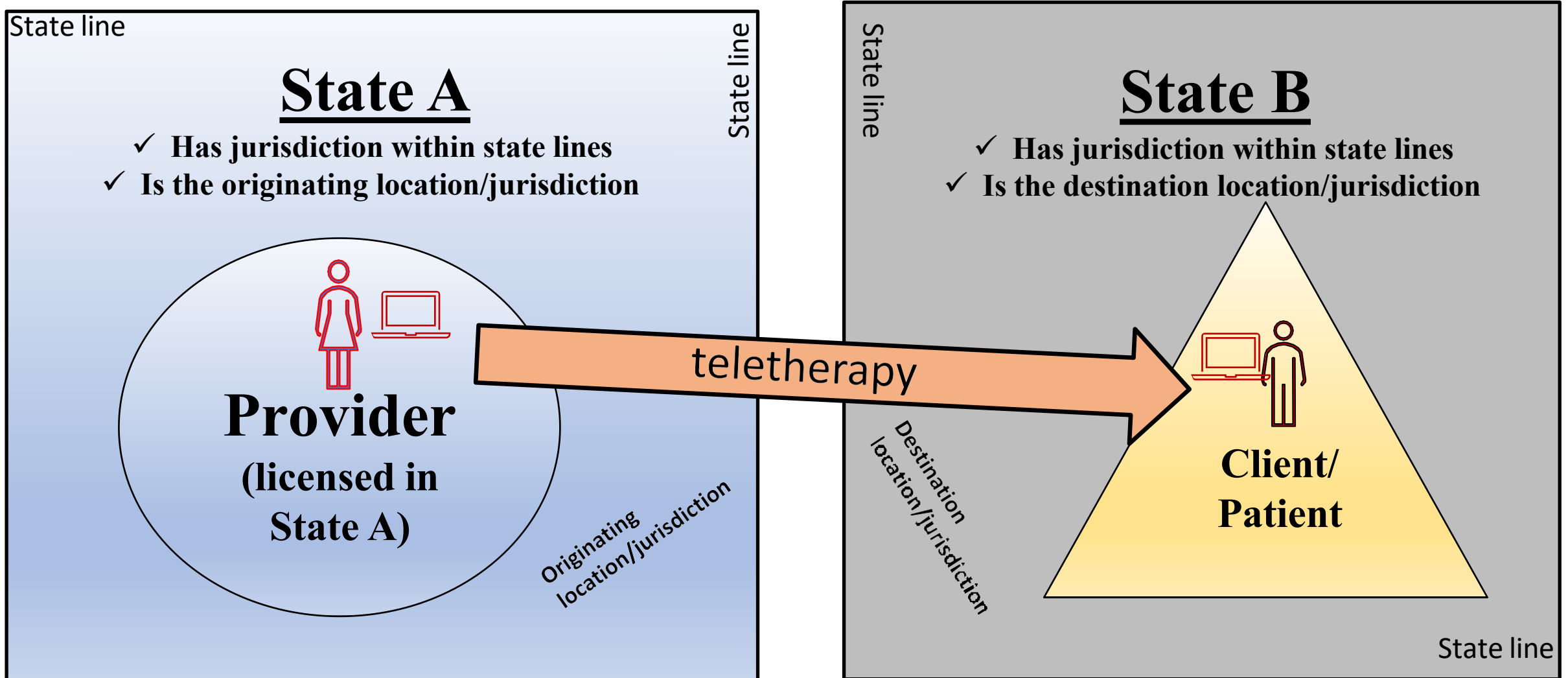


Five Provisions

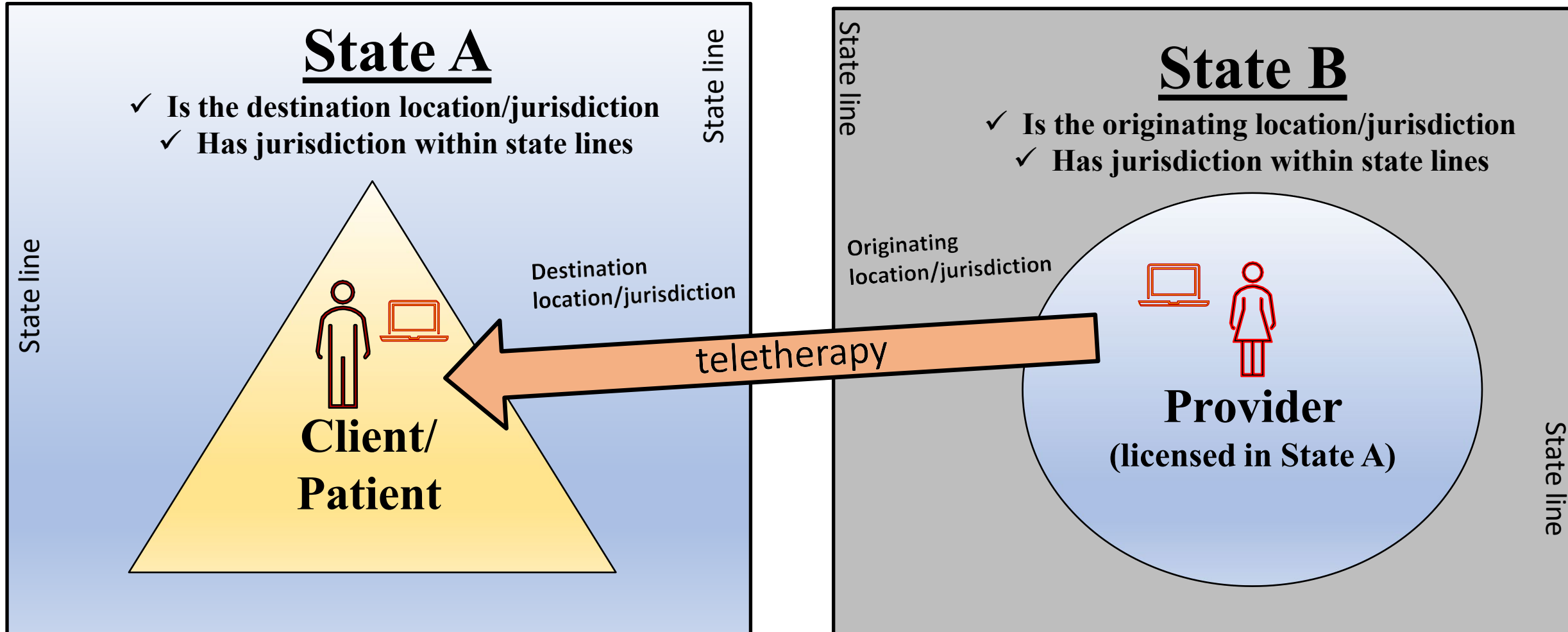
For any of the **Four Scenarios** at least one of the **Five Provisions** must exist for interjurisdictional practice to be legal.

Summary of circumstances for legally practicing across state lines (i.e., interjurisdictional practice)					
General: Both the originating state* jurisdiction (i.e., the physical location of the provider when the services are being rendered) and destination state jurisdiction (i.e., the physical location of the client/patient when the services are being rendered) must have a legal provision of some type that authorizes the provider to render the services. See types of provisions below.					
Types of legal provisions:	Licensure in Both States	State Statute	Executive Order	Interstate Compact	Closed Federal System
	The provider is licensed in both the originating state and the destination state. (Best case scenario)	The state in which the provider is not licensed (whether the originating state or the destination state) has a statute which allows limited/temporary practice by a provider who is acceptably licensed in another state. (Most common of the five circumstances.)	The state in which the provider is not licensed (whether the originating state or the destination state) has a temporary executive order in place during an emergency (e.g., COVID-19 pandemic) which allows limited temporary practice by a provider who is acceptably licensed in another state. [COVID-related state executive orders have expired = 3/10/23]	All states involved (i.e., provider's state of licensure, originating state, & destination state) are part of a fully operational interstate compact (e.g., PSYPACT*.) *PSYPACT is the only fully operational mental health compact. (March 2023)	Certain federal systems (e.g., VA, DOD, Federal Bureau of Prisons) operate apart from jurisdictions of the originating state and destination state.

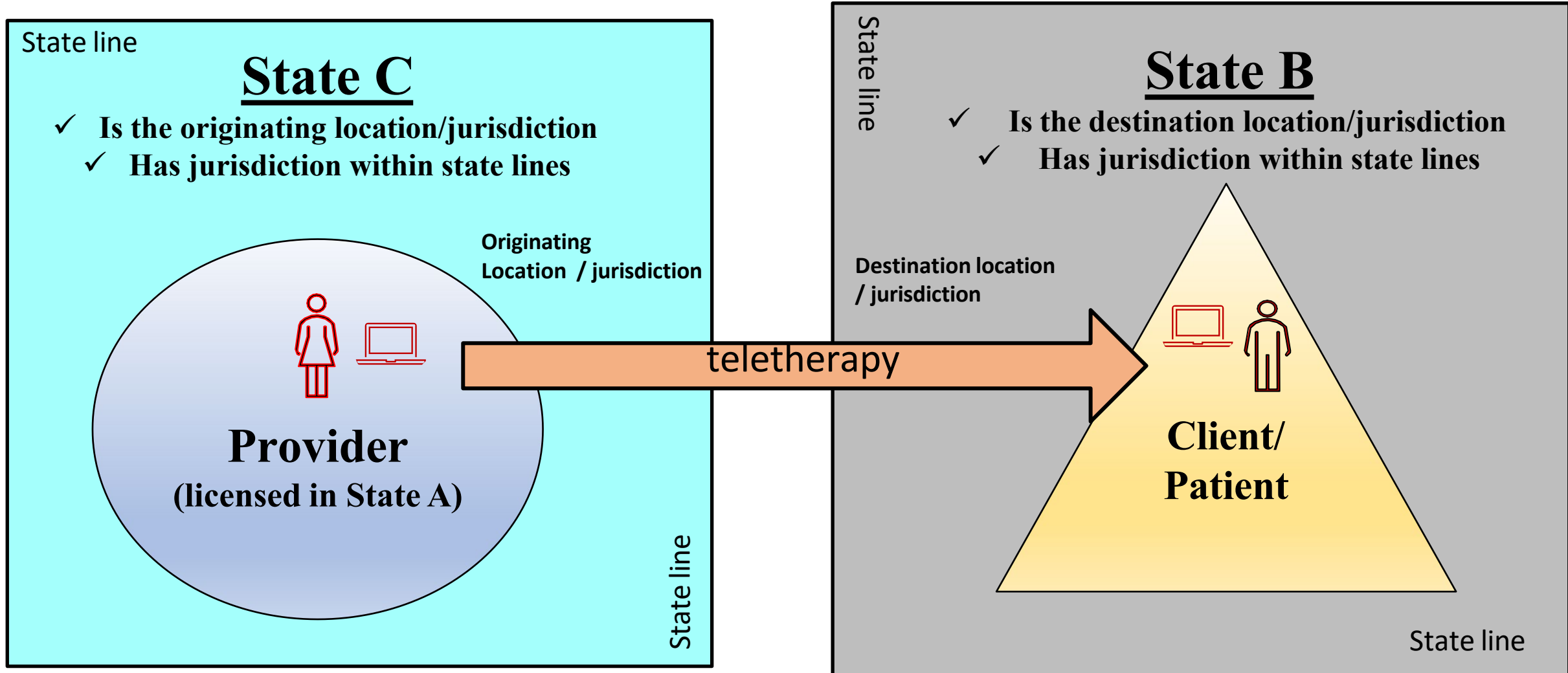
Scenario #1 – Provider is physically in the state where the provider is **licensed** to practice (State A). Client/patient is physically in another state in which the provider is **NOT** licensed to practice (State B). For this scenario to be legal at least one of the **Five Provisions** must be present for State B.



Scenario #2 -- Provider is physically in a state where the provider is **NOT** licensed to practice (State B). Client/patient is physically in the state in which the provider **is** licensed to practice (State A). For this scenario to be legal at least one of the **Five Provisions** must be present for State B.



Scenario #3 -- Provider is physically in a state where the provider is **NOT** licensed to practice (State C). Client is also physically in a state in which the provider is **NOT** licensed to practice (State B). For this scenario to be legal at least one of the **Five Provisions** must be present regarding both **State B** and **State C**.

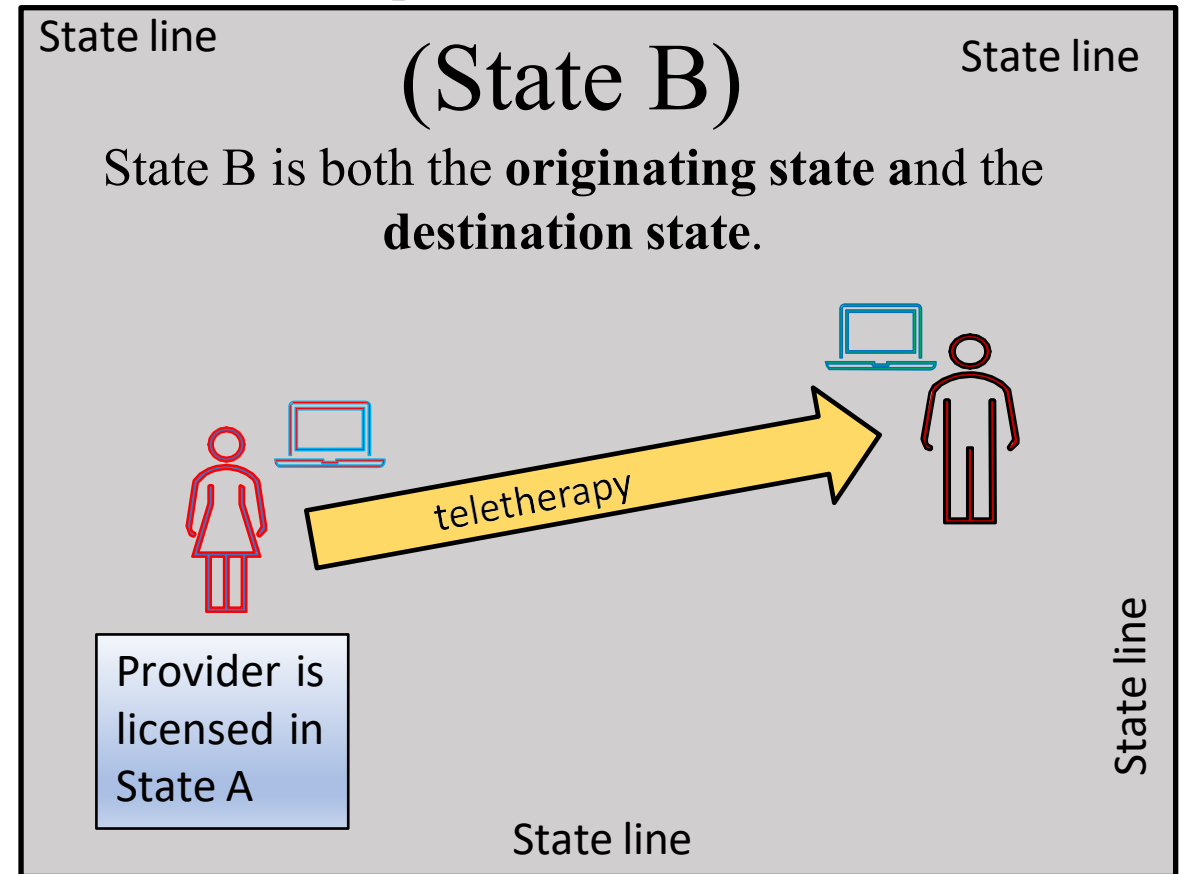
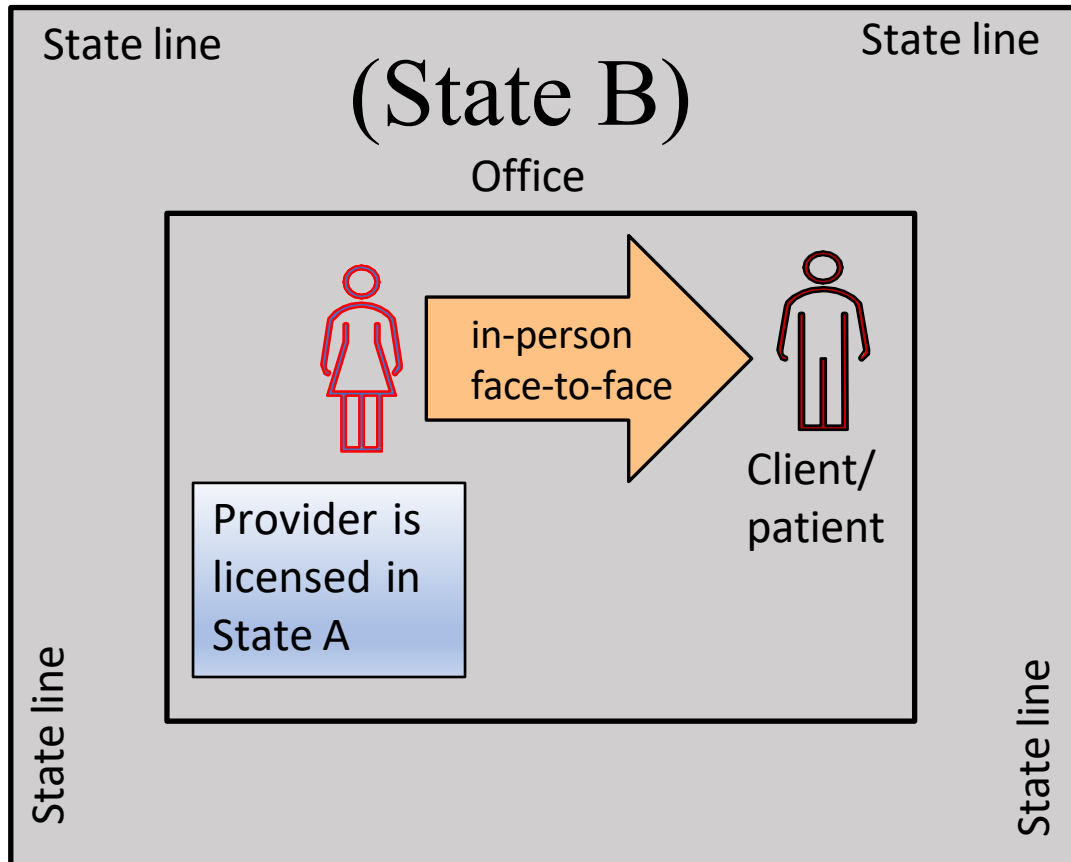


Scenario #4: Provider and client are both physically in the same state where the provider is **NOT** licensed to practice. For this scenario to be legal at least one of the **Five Provisions** must be present for State B.

In-person face-to-face therapy in a state in which the provider is not licensed

←OR→

Teletherapy within a state in which the provider is not licensed



Misconceptions Regarding Interjurisdictional Practice



Unfortunately, there are still a number of common misconceptions and misunderstandings regarding interjurisdictional practice

T/F - A provider who is traveling in another state may legally provide telehealth to a client who is in the provider's state of licensure.

T/F - A therapist who has been providing services to a college student while school is in session may legally continue counseling via teletherapy to the student when the student returns to their home state for the summer break.

T/F – If a client is traveling in a state outside of the state where the provider is licensed, the provider may legally provide services to the client via telehealth.

T/F - The need for continuity of services and maintaining a therapeutic relationship makes interjurisdictional practice legal.

T/F – Mental health professionals may provide life coaching to clients across state lines as part of their practice without the difficulties associated with providing mental health services.

T/F - A provider's licensing board can authorize the provider to practice to or from another state.

T/F - A provider may practice to or from a state if they have a residence there.

None of the above is true unless at least one of the **Five Provisions** is present in the situation described.



A possible source of a misunderstanding regarding residency

The ACA Code of Ethics (2014) emphasizes the need for counselors to know and follow the laws of the states involved in teletherapy and social media.

Section H. -- Distance Counseling, Technology, and Social Media

Laws and Statutes

Counselors who engage in the use of distance counseling, technology, and social media within their counseling practice understand that they may be subject to laws and regulations of both the counselor's practicing location and **the client's place of residence***. Counselors ensure that their clients are aware of **pertinent legal rights and limitations governing the practice of counseling across state lines or international boundaries**" [emphasis added].

Make clients aware of these rights & limitations in your informed consent process.

This unfortunate wording may be the source of some misunderstandings regarding where a client lives as opposed to where they physically are when services are provided. A less confusing wording might be *physical location*. Mahue (2023) comments, "The issue of your client's or patient's residence is a red herring. Whether or not someone lives in your state licensure doesn't count if they are in another state at the time of your meeting."

Note: In some interstate compacts the "residency" of the provider may appear in the language but has a very specific definition and applies only to the rules of the compact.

Life Coaching: A work-around for practice across state lines?

Some mental health professionals may view life coaching as a potential work-around for providing services to their clients across state lines.

Q: May mental health professionals provide life coaching to clients across state lines as part of their practice without the difficulties associated with providing mental health services?

Life coaching may seem similar to counseling or psychotherapy to the public. This serves to increase the potential for confusion. Although there are organizations that provide training or their own certifications in life coaching, it is not regulated by the state and there are no state rules or laws. If services provided to the public (including life coaching) involve activities that are legally defined by the state as the practice of a regulated mental health profession (e.g., Professional Counseling) then the individual providing the services must be licensed by the state (or working under supervision).

Licensed mental health professionals are not allowed, as part of their professional work associated with their license, to provide services to the public that are not part of the state's legal definition of their profession (i.e., the scope of practice for that license type).

Life Coaching (cont'd)

Some licensing boards have established rules or policies that address life coaching.

Policy regarding life coaching from the Tennessee Board for Professional Counselors, Marital and Family Therapists, and Clinical Pastoral Counselors (2023)

Chrome

extension://efaidnbmnnnibpcajpcgglefindmkaj/https://www.tn.gov/content/dam/tn/health/documents/Life_Coach_Policy.pdf

“... any licensed professional who also holds himself or herself out as a life coach, must at all times be in compliance with the relevant rules for the licensed profession. This includes, but is not limited to, the ethical obligations of the regulated profession.”

Life Coaching (cont'd)

Q: Since the life coaching services that I provide through my practice are not regulated by states then what is to prevent me from providing life coaching across state lines?

Licensed mental health professional may not provide unregulated services in association with their license and/or the practice of the corresponding regulated profession.

Can you have your cake and eat it, too?

Q: What if I tell my clients that the life coaching that I am providing to them is not part of their treatment?

- (1) This could easily be confusing to the client/public.
- (2) How would the individual who is providing the life coaching services bill for the services and keep records? Such records cannot be part of the client's mental health records because the services are, by definition, not mental health services.

Life Coaching (cont'd)

Q: What if I open a life coaching business that is completely separate from my professional practice?

- (1) The potential for confusing the public would still exist, perhaps more so. This is especially true if mental health services are being provided simultaneously by the same person who is providing life coaching services.
- (2) The mental health license held by the individual providing the life coach services cannot be associated with the life coaching business. (“oil & water”)
- (3) Different licensing boards may have different views. Depending upon the state and the specific licensing board, this may or may not be acceptable.
- (4) Providing two separate (but seemingly similar) services to a client through two different business entities (and the associated potential for confusion) could lead to clients claiming that they did not understand or were misled. This could result in a complaint being filed with the licensing board and/or a civil suit. Further, a professional liability insurance policy would not cover life coaching.

Life Coaching Client Records

Vulnerabilities to privacy

Privileged communication, privacy, and confidentiality

Federal privacy laws do not apply to life coaching nor are there state privilege statutes.

- “Privilege communication laws protect clients from having confidential communications with their counselors disclosed in a court of law without their permission” (Garner, 2014).
- “For communication to be privileged, a statute must have been enacted that grants privilege to a category of professionals and to those whom they serve” (Remley & Herlihy, 2020).
- “... there are no state or federal laws nor regulations that govern coaching as a profession or define a scope of practice for those who offer coaching services” (CAMFT, 2023).

<https://www.camft.org/Resources/Legal-Articles/Chronological-Article-List/coaching-vs-therapy>

Life Coaching Client Records (cont'd)

Privileged communication, privacy, and confidentiality

In contrast to psychotherapy provided under state regulations for mental health services, coaching is not regulated by the state or federal government.

Q: Do coaching clients have the same rights to confidentiality and privilege as psychotherapy clients?

A: No. There are no laws that ensure that information a coaching client shares during the course of a coaching relationship will remain private. This is another important distinction that explicitly distinguishes a coaching relationship from a psychotherapeutic one.

(CAMFT, 2023) <https://www.camft.org/Resources/Legal-Articles/Chronological-Article-List/coaching-vs-therapy>

Life Coaching Client Records (cont'd)

Ethics of life coaching

Many life coaches voluntarily commit to following a code of ethics/conduct from a life coaching association or other entity that requires its members to adhere to the code. However, there are no legal requirements to do so; moreover, a personal commitment to an organization's ethics code does not carry with it any legal protection of clients' records.

Conclusion

Life coaching is not regulated by the state. Standards for engaging in life coaching or presenting oneself to the public as a life coach are therefore not legally required. Even though life coaches may commit to confidentiality in keeping with a code of ethics for members of a life coaching association, there should be no presumption that the records of life coaches' clients will be afforded the legal protection provided by state privilege statutes for clients/patients of healthcare professionals.

As a result, **the records of life coaching clients may be vulnerable to access by a subpoena.** Furthermore, since there are no state licensing rules or statutes to govern life coaching there is no legal requirement for life coaches to inform their clients of the above lack of legal protection.

Part 2

Interstate Compacts for Mental Health Professions

Interstate Compacts

“An interstate compact is a legally binding agreement between two or more states. Similar to a contract, a compact establishes a formal, legal relationship among states to address common problems or promote a common agenda.”

(National Center for Interstate Compacts, 2023a) <https://compacts.csg.org/faq/>

State Sovereignty



“Compacts do not change a state’s governing authority within its own borders. Compacts promote shared sovereignty among compact member states through agreed upon rules that apply only to a specific policy area.”

(National Center for Interstate Compacts, 2023a) <https://compacts.csg.org/faq/>

Interstate Compacts



Types of interstate compacts

There are interstate compacts of different types. An example of one type of compact is the Driver's License Compact in which states exchange information between a driver's home state and a state where the driver was involved in a traffic violation. However, interstate compacts can also be established regarding occupations that require licenses, including healthcare professions. There are a number of **occupational compacts** for healthcare professionals, for example, nurses, physicians, physical therapists, and psychologists.

(National Center for Interstate Compacts, 2023b) <https://compacts.csg.org/occupational-licensure-compacts/>

Interstate Compacts



Occupational compacts

Development of an occupational compact is both a complex and lengthy process that involves, by definition, multiple states but also other stakeholders such as a compact commission, national associations of licensing boards, and others.

“Through licensure compacts, states establish uniform standards to lower barriers to multi-state practice while preserving a state’s practice act and initial licensure process. ...

Licensure compacts are developed through an extensive stakeholder informed and consensus-based process from the existing policies across states and respond to the unique characteristics and needs of a profession. States join interstate compacts by agreeing to the uniform provisions through the legislative process.”

(National Center for Interstate Compacts, 2023b) <https://compacts.csg.org/occupational-licensure-compacts/>



Compacts for mental health professions

While occupational compacts for several different health care professions have been in existence for many years occupational compacts for mental healthcare professions have only come into being in recent years. For example, beginning in July 2020, states began enacting legislation for PSYPACT, an interstate compact for licensed psychologists. Under PSYPACT, psychologists who are licensed in a PSYPACT-participating state may legally . . .

- ❑ practice telepsychology from within that state to a client who is physically within another compact-participating state through teletherapy **and/or**
- ❑ offer temporary, in-person services while physically within another PSYPACT-participating state. (PSYPACT, 2023g)

Currently, (fall of 2023), PSYPACT is the only fully operational mental healthcare compact. However, compacts for other mental health professions (e.g., professional counselors, social workers) are under development.

Interstate Compacts



Interstate occupational compacts for health professions

Examples include:

- ❑ Nurse Licensure Compact
- ❑ Psychologists (PSYPACT)
- ❑ Medical Licensure Compact
- ❑ Advance Practice Registered Nurse Compact
- ❑ Physical Therapy Compact
- ❑ Occupational Therapy Compact
- ❑ Dentist and Dental Hygienist Compact
- ❑ Emergency Medical Services Compact

Under development

- Professional Counselors
- Social Workers

Important! Only licensed professionals are eligible for participation in compacts. Student interns and those who are working toward licensure are not eligible.

(NCIC, 2023b) <https://compacts.csg.org/occupational-licensure-compacts/>

Interstate Compacts

Status of compacts for mental health professions

PSYPACT: PSYPACT was the first mental health compact to become fully operational. As of 10/19/23, 40 states have enacted PSYPACT legislation and the Compact is now in operation in 39 states. Psychologists licensed in these states may apply for PSYPACT privileges. Up-to-date information at <https://psypact.org/mpage/psypactmap> (PSYPACT, 2023a).

Counseling Compact: As of 10/19/23, legislation has been passed for participation in the **Counseling Compact** in 30 states; “applications for Counseling Compact privileges to practice are expected to open in late 2023 or early 2024” (Counselingcompact, 2023a). Up-to-date information at <https://counselingcompact.org>.

Social Work Compact: The compact is under development. As of 10/19/23, legislation has been passed for participation in the Social Work Compact in one state (Missouri). Legislation is pending in the following states: Georgia, South Carolina, North Carolina, Wisconsin, Ohio, Florida, & New Jersey (Council of State Governments, 2023a). Up-to-date information is available at <https://swcompact.org>.

Marriage and Family Therapists: Based on a recent search, there is currently no indication that a compact is being pursued. The AAMFT has focused instead on license reciprocity through a common set of standards (AAMFT, 2022).

Advantages and benefits of mental health compacts

A variety of advantages and benefits of mental health compacts have been suggested by the following organizations:

- ❑ **Enhance public protection** (NCIC, 2023b) <https://compacts.csg.org/compacts/>
- ❑ **Establish uniform standards** (NCIC, 2023b) <https://compacts.csg.org/compacts/>
- ❑ **Promote access to care, continuity of care, and coordination of care.** (PSYPACT.org, 2023c) chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://cdn.ymaws.com/www.asppb.net/resource/resmgr/psypact_docs/Why_PSYPACT_is_Important.pdf
- ❑ **Create new marketing opportunities** (CounselingCompact, 2023c) <https://counselingcompact.org/>
- ❑ **Reduce time needed to obtain authorization to practice in another state** (CounselingCompact, 2023c) <https://counselingcompact.org/>
- ❑ **Facilitate interstate/territory telemental health** (NASW, 2023a) <https://www.socialworkers.org/Advocacy/Interstate-Licensure-Compact-for-Social-Work/Interstate-Licensure-Compact-FAQ>



Commonalities of mental health compacts

Health professions compacts vary greatly in how they function, what they permit, and the processes involved. However, there are some general commonalities that tend to be present in the various health professions compacts. Be sure to consult the specifics regarding any particular compact.

- ❖ **Compacts are always license-specific** for (e.g.) Social Workers, Psychologists, etc. Compact providers must hold the appropriate license in a compact member state. Further, licensees must meet any additional compact-specific requirements regarding education and training.
- ❖ **Compact commissions.** A *compact commission* is established with delegates from compact member states.
- ❖ **States pass legislation that meets the compact's model legislation requirements** for the state to become a compact member state. A minimum number of states (e.g., 10) must enact such laws before the compact can move on through other stages of development.
- ❖ **Privilege-to-practice processes are developed** which allow a compact provider to (1) provide telehealth services to clients who are physically in other compact member states or (2) provide services from within the state lines of another compact member state. These methodologies vary significantly across different compacts.



Interstate Compacts

The federal government's role in interstate compacts

The federal government plays a limited role in interstate compacts.

“Licensure compacts are developed through an extensive stakeholder informed and consensus-based process from the existing policies across states ...”

(National Center for Interstate Compacts, 2023b) <https://compacts.csg.org/occupational-licensure-compacts/>

Although the federal government is not directly involved in the “consensus-based process... across states,” it does provide consent for the compact process.

“When Congress approves an agreement or compact [between states] its consent transforms the pact into federal law. As a result, **interstate compacts have dual functions**: they operate simultaneously as **contracts between states** and, once approved by Congress, as **federal law.**” [emphasis added]

(Congressional Research Service, 2023) <https://crsreports.congress.gov>



Interstate Compacts

Implications of compacts for the mental health professions

There is and will continue to be great room for discussion and speculation regarding compacts for the mental health professions. Compacts are likely to change the playing field for providers in many (and probably unanticipated) ways and the effects will likely be wide-ranging. A few possibilities are below.

- Compacts will increase the number of potential clients for compact providers and thereby make it easier to keep a full caseload.
- For therapists who may be the only (or one of a few) providers in a community the increased competition from therapists in other states could reduce local clients. This could be especially problematic for therapists who are not eligible to participate in compacts.
- Therapists will be more able to travel out of state for personal reasons due to decreased restrictions in serving their clients across state lines.
- Therapists who have specialties will be more easily accessible to those who need their special services.

PSYPACT

The Interstate Compact for Psychologists

PSYPACT

The interstate compact for psychologists

PSYPACT is currently the only fully operational mental health compact.

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

“Providers are responsible for maintaining knowledge of and complying with each PSYPACT State's laws, rules, and regulations - for each PSYPACT state the provider is practicing into [i.e., “*receiving state*”/destination state] or out of” [i.e., “*home state*”/originating state].

(PSYPACT, 2023d, June) <https://psypact.org/page/About>

PSYPACT

General Description from PSYPACT.org (2023)

“PSYPACT is an interstate compact which offers a voluntary expedited pathway for practice to qualified psychologists who wish to practice in multiple states. PSYPACT is designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries.

In order to practice telepsychology in PSYPACT states, psychologists licensed in PSYPACT states only, can apply to the PSYPACT Commission for an Authority to Practice Interjurisdictional Telepsychology (APIT).

In order to conduct temporary practice in PSYPACT states, psychologists licensed in PSYPACT states only can apply to the PSYPACT Commission for a Temporary Authorization to Practice (TAP).

The PSYPACT Commission is the governing body of PSYPACT and is comprised of one representative from each PSYPACT state.”

[emphasis added]

(PSYPACT, 2023e) <https://psypact.org/page/appfaq>

PSYPACT

Additional points about PSYPACT to keep in mind (PSYPACT, 2023f)

- ❖ The PSYPACT Commission does not provide actual licenses. “While the Commission issues the authority to practice under PSYPACT, it does not issue individual psychology licenses. Licenses are issued by the state psychology boards, not by the Commission.”
- ❖ PSYPACT is only open to licensed psychologists. The license must be based upon a doctoral degree and authorizes the independent practice of psychology.
- ❖ Temporary Practice is limited to 30 days per calendar year for any specific Distant State.

PSYPACT Key Terms (PSYPACT, 2023f)

Note: Descriptions of terms below may not include full definitions. Unless otherwise noted, full definitions should be available at <https://psypact.org/page/keyterms> (PSYPACT, 2023f).

Glossary of key PSYPACT terms

(Full glossary at <https://psypact.org/page/keyterms>)

- ***PSYPACT Commission*** - The governing body of PSYPACT; “entity charged with administering the PSYPACT Compact. The Commission provides oversight of PSYPACT as well as create and enforce the rules and policies governing the operation of PSYPACT.” (see <https://psypact.org/page/aboutcommission>)
- ***Association of State and Provincial Psychology Boards (ASPPB)*** – “The recognized membership organization composed of State and Provincial Psychology Regulatory Authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.”

PSYPACT

PSYPACT Key Terms (PSYPACT, 2023f)

Glossary (cont'd)

- ***Compact State*** – “a state, the District of Columbia, or United States territory that has enacted this Compact legislation [and which has not withdrawn or been terminated]. For purposes of this Compact, ***Compact State*** and ***Member State*** may be used interchangeably.”
- ***Non-Compact State*** - Any State which is not at the time a ***Compact State***.
- ***Psychologist*** - An individual licensed for the independent practice of psychology.
- ***Graduate Degree*** - For the purpose of this Compact, a doctoral degree.
- ***American Psychological Association (APA) Accreditation*** - Programmatic accreditation of doctoral graduate programs in clinical, counseling, and school psychology or a combination of those areas.

Glossary (cont'd)

Telepsychology-related

- **Telepsychology** – “the provision of psychological services using telecommunications technologies.”
- **Home State** (re: telepsychology) – “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** - “a Compact State where the client/patient is physically located when the telepsychological services are delivered.”
- **E. Passport Certificate - Required for Telepsychology.** Issued by **ASPPB** (the **Association of State and Provincial Psychology Boards**).
- **Authority to Practice Interjurisdictional Telepsychology (APIT™)** - Required for **Telepsychology**. Issued by the **PSYPACT Commission**.

Glossary (cont'd)

Temporary practice-related

- **Home State** (re: temporary practice) – “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** -- “The **Compact State** where a psychologist is physically present (not through the use of telecommunications technologies), to provide **temporary in-person, face-to-face** psychological services.”
- **Temporary In-Person, Face-to-Face Practice** – “Where a psychologist is physically present (not through the use of telecommunications technologies), in the **Distant State** to provide for the practice of psychology for 30 days within a calendar year and based on notification to the **Distant State**.”

PSYPACT

PSYPACT Key Terms

Temporary practice-related (cont'd)

- ***Temporary Authorization to Practice (TAP™)*** – Required for ***Temporary Practice***. The ***TAP*** is issued by the ***PSYPACT Commission***.
- ***Interjurisdictional Practice Certificate (IPC)*** – Required for ***Temporary Practice***. The ***IPC*** is issued by the ***Association of State and Provincial Psychology Boards (ASPPB)***.

PSYPACT Participating States as of **10/30/23 (40 enacted, 39 in effect)**

Legislation in Effect

1. Alabama - Effective 6/1/2021
2. Arizona - Effective 7/1/2020
3. Arkansas - Effective 11/18/2021
4. Colorado - Effective 7/1/2020
5. Commonwealth of the Northern Mariana Islands - Effective 10/24/2022
6. Connecticut - Effective 10/1/2022
7. Delaware - Effective 7/1/2020
8. District of Columbia - Effective 4/2/2021
9. Florida – Effective 7/1/23
10. Georgia - Effective 7/1/2020
11. Idaho - Effective 7/1/2022
12. Illinois - Effective 7/1/2020
13. Indiana - Effective 7/1/2022)
14. Kansas - Effective 1/1/2022
15. Kentucky - Effective 6/28/2021
16. Maine - Effective 10/18/2021

17. Maryland - Effective 5/18/2021
18. Michigan - Effective 3/29/2023
19. Minnesota - Effective 5/26/2021
20. Missouri - Effective 7/1/2020
21. Nebraska - Effective 7/1/2020
22. Nevada - Effective 7/1/2020
23. New Hampshire - Effective 7/1/2020
24. New Jersey - Effective 11/23/2021
25. North Carolina - Effective 3/1/2021
26. North Dakota - Effective Tentatively 8/1/2023
27. Ohio - Effective 7/26/2021
28. Oklahoma - Effective 7/1/2020
29. Pennsylvania - Effective 7/8/2020
30. Rhode Island - Effective Tentatively 7/1/2023

31. South Carolina -- Effective Tentatively 7/14/2023
32. Tennessee - Effective 5/11/2021
33. Texas - Effective 7/1/2020
34. Utah - Effective 7/1/2020
35. Virginia - Effective 1/1/2021
36. Washington - Effective 6/9/2022
37. West Virginia - Effective 11/18/2021
38. Wisconsin - Effective 2/6/2022
39. Wyoming - Effective 2/15/2023

Legislation enacted but not yet in effect

40. Vermont - Effective Tentatively July 1, 2024

Active legislation – bills submitted

- Massachusetts - MA S1980 and MA H2986
- New York - NY S 6883

PSYPACT (2023b)

<https://psypact.org/mpage/psypactmap>

Two Ways to Practice under PSYPACT

(PSYPACT, 2023g)

#1 - *Telepsychology* #2 - *Temporary Practice*

See infographic at [https://psypact.org/page/Practice UnderPSYPACT](https://psypact.org/page/PracticeUnderPSYPACT)

#1 - *Telepsychology*

“Telepsychology may only be provided from physically within the ‘Home State,’ a PSYPACT state in which the psychologist is licensed. The ‘**Receiving State**’ may be any other ‘**Compact State**’ where the client/patient is physically located when the **telepsychological services are delivered**” (PSYPACT, 2023).

Step 1: Acquire an *E.Passport Certificate* from *ASPPB* (the Association of State and Provincial Psychology Boards).

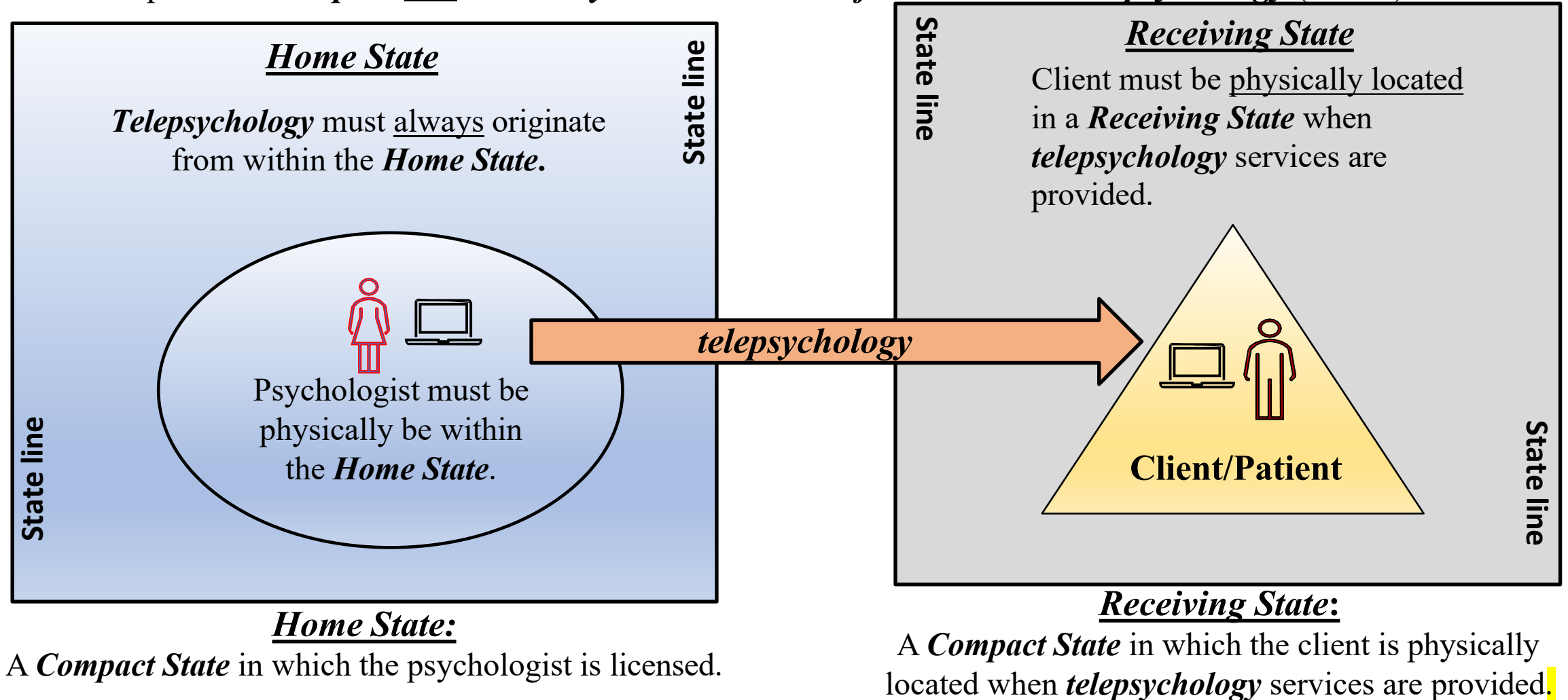
Step 2: Obtain *Authority to Practice Interjurisdictional Telepsychology (APIT™)* which is issued by the *PSYPACT Commission*.

The infographic is titled "THERE ARE TWO WAYS TO PRACTICE UNDER PSYPACT®" and explains that psychologists can apply to practice telepsychology and/or conduct temporary in-person, face-to-face practice in PSYPACT states. It details the requirements for two paths: APIT™ (To Practice TELEPSYCHOLOGY) and TAP™ (To Conduct TEMPORARY PRACTICE).

APIT™ To Practice TELEPSYCHOLOGY	TAP™ To Conduct TEMPORARY PRACTICE
<p>PSYPACT Commission Requirements</p> <ul style="list-style-type: none"> In order to practice telepsychology under the authority of PSYPACT, the PSYPACT Commission requires that a psychologist obtain an Authority to Practice Interjurisdictional Telepsychology (APIT). <p>Authority to Practice Telepsychology Requirements</p> <ul style="list-style-type: none"> Possess an active ASPPB E.Passport (see requirements below) Hold a full, unrestricted license to practice psychology in a PSYPACT state Provide attestations <p>ASPPB E.Passport Requirements</p> <ul style="list-style-type: none"> Have a current, active psychology license based on a doctoral degree in at least one PSYPACT state No disciplinary action listed on any psychology license Have a doctoral degree in psychology from a program that was accredited by APA/CPA or designated as a psychology program by the ASPPB/ National Register Joint Designation Committee at time of conferral; or deemed to be equivalent by a recognized foreign credential evaluation service. Please note: 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). Official transcripts must be sent to ASPPB from institution granting degree Successful completion of the Examination for Professional Practice (EPPP) with a score that meets or exceeds the established ASPPB recommended passing score at the time of application. Please note: For applicants who have been continuously licen (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions since January 1, 1985, documentation of completion of the EPPP is not required. Annual renewal with three (3) hours of continuing education relevant to the use of technology in psychology 	<p>PSYPACT Commission Requirements</p> <ul style="list-style-type: none"> In order to conduct temporary practice under the authority of PSYPACT, the PSYPACT Commission requires that a psychologist obtain a Temporary Authorization to Practice (TAP). <p>Temporary Authorization to Practice Requirements</p> <ul style="list-style-type: none"> Possess an active ASPPB Interjurisdictional Practice Certificate (IPC) (see requirements below) Hold a full, unrestricted license to practice psychology in a PSYPACT state Provide attestations <p>ASPPB IPC Requirements</p> <ul style="list-style-type: none"> Have a current, active psychology license based on a doctoral degree in at least one PSYPACT state No disciplinary action listed on any psychology license Have a doctoral degree in psychology from a program that was accredited by APA/CPA or designated as a psychology program by the ASPPB/ National Register Joint Designation Committee at time of conferral; or deemed to be equivalent by a recognized foreign credential evaluation service. Please note: 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). Official transcripts must be sent to ASPPB from institution granting degree Annual renewal <p>Fees</p> <ul style="list-style-type: none"> TAP Fee: \$40 (one time fee) ASPPB IPC Application Fee: \$200 ASPPB IPC Annual Renewal Fee: \$50

Telepsychology under PSYPACT (PSYPACT, 2023g)

Requires *E.Passport* and *Authority to Practice Interjurisdictional Telepsychology (APIT)*.



The two ways to practice under PSYPACT (cont'd)

#2 - *Temporary Practice* (PSYPACT, 2023g)

Practicing from physically within a *Distant State* while providing solely face-to-face services with a client; excludes *telepsychology*.

Step 1: Apply for and obtain an *Interjurisdictional Practice Certificate (IPC)*” from *ASPPB*, the Association of State and Provincial Psychology Boards (PSYPACT, 2023g).

Step 2: Acquire a *Temporary Authorization to Practice (TAP™)* which is issued by *PSYPACT Commission*.

See infographic at
<https://psypact.org/page/Practice>

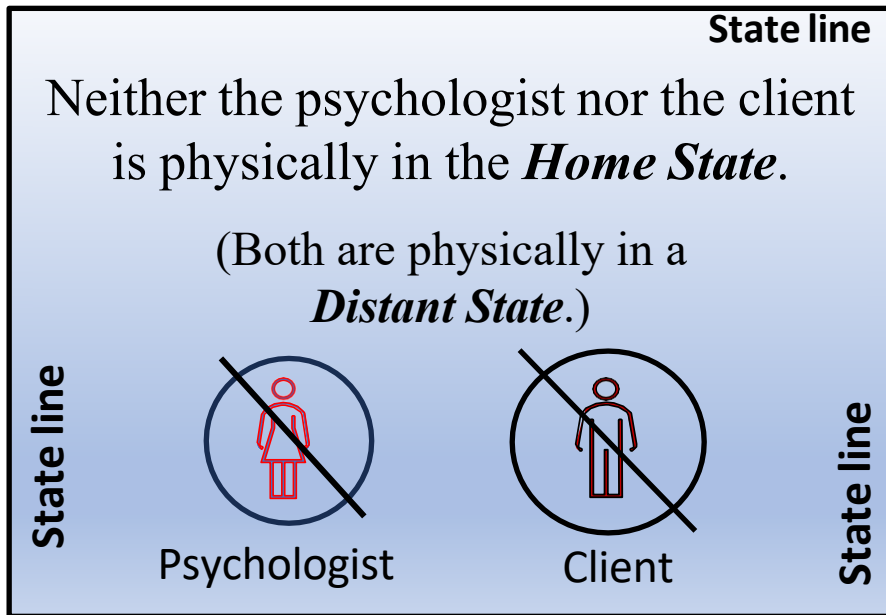
THERE ARE TWO WAYS TO
PRACTICE UNDER PSYPACT®
As a psychologist licensed in a PSYPACT state, you can apply to practice telepsychology and/or conduct temporary in-person, face-to-face practice in PSYPACT states.
HERE IS WHAT YOU NEED TO KNOW ABOUT THE APIT™ AND TAP™.

APIT™ To Practice TELEPSYCHOLOGY	TAP™ To Conduct TEMPORARY PRACTICE
PSYPACT Commission Requirements <ul style="list-style-type: none">In order to practice telepsychology under the authority of PSYPACT, the PSYPACT Commission requires that a psychologist obtain an Authority to Practice Interjurisdictional Telepsychology (APIT).	PSYPACT Commission Requirements <ul style="list-style-type: none">In order to conduct temporary practice under the authority of PSYPACT, the PSYPACT Commission requires that a psychologist obtain a Temporary Authorization to Practice (TAP).
Authority to Practice Telepsychology Requirements <ul style="list-style-type: none">Possess an active ASPPB E.Passport (see requirements below)Hold a full, unrestricted license to practice psychology in a PSYPACT stateProvide attestations	Temporary Authorization to Practice Requirements <ul style="list-style-type: none">Possess an active ASPPB Interjurisdictional Practice Certificate (IPC) (see requirements below)Hold a full, unrestricted license to practice psychology in a PSYPACT stateProvide attestations
ASPPB E.Passport Requirements <ul style="list-style-type: none">Have a current, active psychology license based on a doctoral degree in at least one PSYPACT stateNo disciplinary action listed on any psychology licenseHave a doctoral degree in psychology from a program that was accredited by APA/CPA or designated as a psychology program by the ASPPB/ National Register Joint Designation Committee at time of conferral; or deemed to be equivalent by a recognized foreign credential evaluation service. Please note: 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).Official transcripts must be sent to ASPPB from institution granting degreeSuccessful completion of the Examination for Professional Practice (EPPP) with a score that meets or exceeds the established ASPPB recommended passing score at the time of application. Please note: For 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, documentation of completion of the EPPP is not required.Annual renewal with three (3) hours of continuing education relevant to the use of technology in psychology	ASPPB IPC Requirements <ul style="list-style-type: none">Have a current, active psychology license based on a doctoral degree in at least one PSYPACT stateNo disciplinary action listed on any psychology licenseHave a doctoral degree in psychology from a program that was accredited by APA/CPA or designated as a psychology program by the ASPPB/ National Register Joint Designation Committee at time of conferral; or deemed to be equivalent by a recognized foreign credential evaluation service.Please note: 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).Official transcripts must be sent to ASPPB from institution granting degreeAnnual renewal
	Fees <ul style="list-style-type: none">TAP Fee: \$40 (one time fee)ASPPB IPC Application Fee: \$200ASPPB IPC Annual Renewal Fee: \$50

Temporary Practice under PSYPACT (PSYPACT, 2023g)

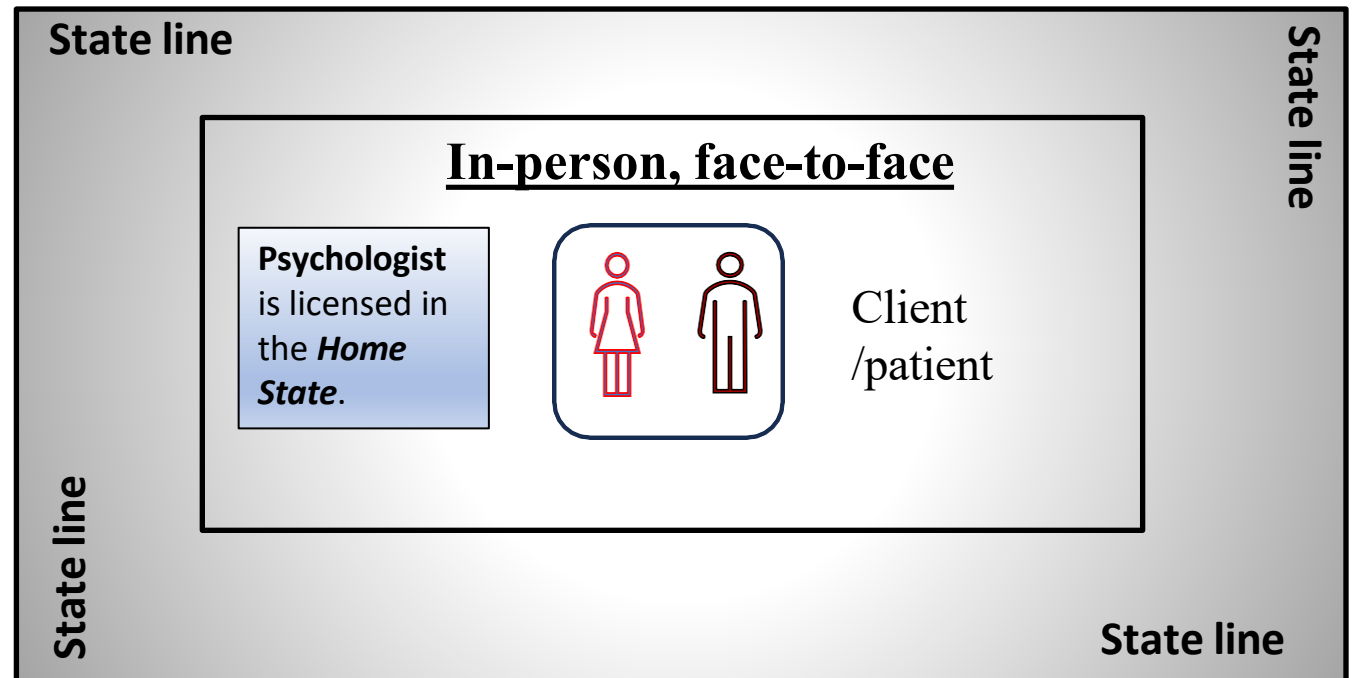
Requires an *Interjurisdictional Practice Certificate (IPC)* and *Temporary Authorization to Practice (TAP)*

Temporary Practice *Home State*



A *Home State* is a *Compact State* in which the psychologist is licensed.

Temporary Practice *Distant State*

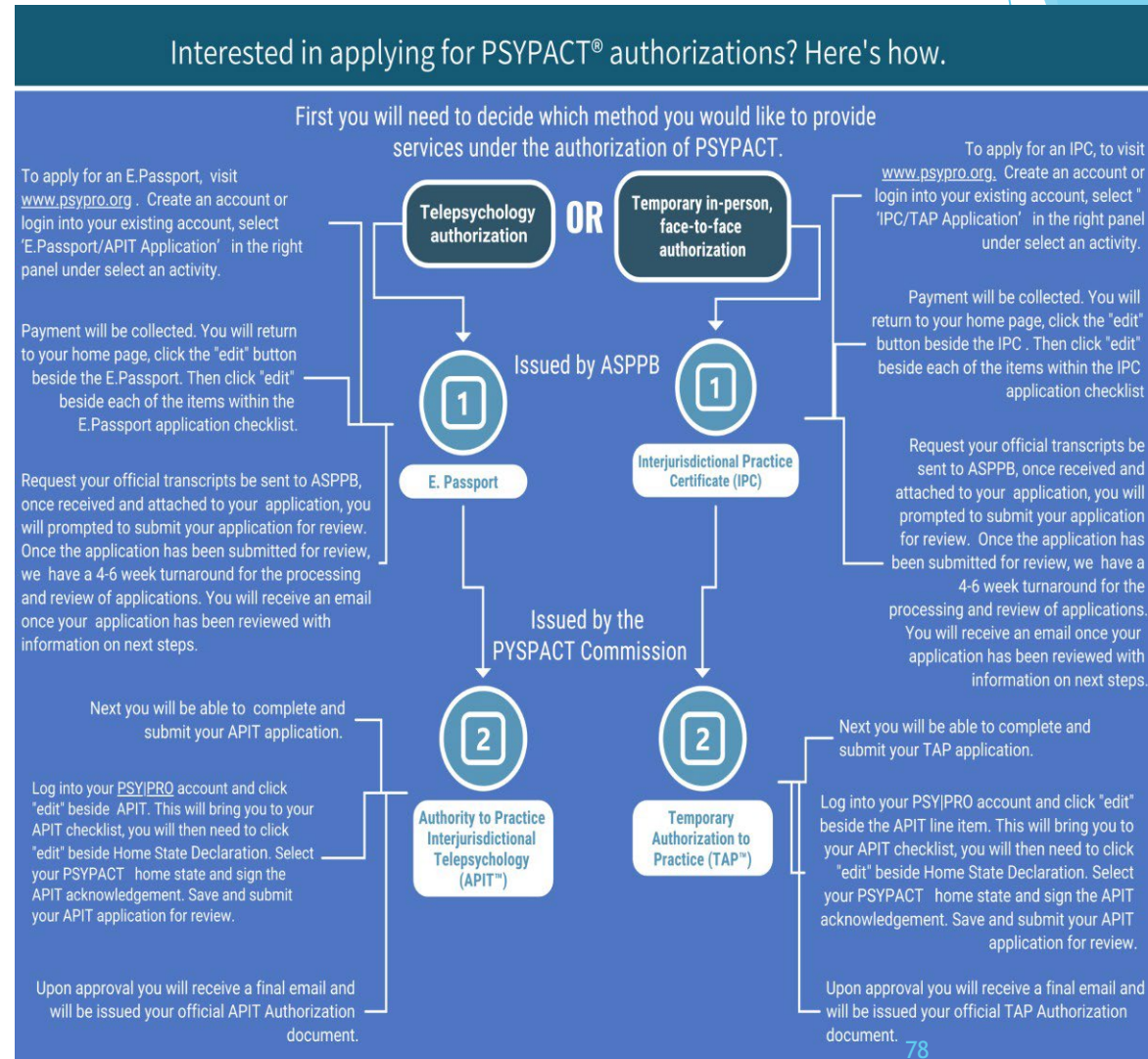


A *Distant State* is any *Compact State* (other than the psychologist's *Home State*) where *Temporary Practice* occurs.

Process Flowchart for becoming a PSYPACT psychologist (PSYPACT, 2023i) <https://psypact.org/page/ApplicationFlowChart>

How to apply to practice under PSYPACT →

See the infographic at <https://psypact.org/page/ApplicationFlowChart>



Online PSYPACT resources – direct links

- PSYPACT website -- <https://psypact.org/>
- PSYPACT Rules -- chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://cdn.ymaws.com/psypact.site-ym.com/resource/resmgr/final_rules/PSYPACT_Rules_Book_11.18.202.pdf
- PSYPACT Commission -- <https://psypact.org/page/aboutcommission>
- Process Flowchart for becoming a PSYPACT psychologist -- <https://psypact.org/page/ApplicationFlowChart>
- PSYPACT map & states -- <https://psypact.org/mpage/psypactmap>
- Costs to practice under PSYPACT -- <https://psypact.org/page/fees>

Online resources – direct links (cont'd)

Telepsychology

- **Telepsychology** under PSYPACT, Association of State and Provincial Psychology Regulatory Boards (ASPPB).
<https://www.asppb.net/page/PSYPACT>
- **E.Passport** Application Quick Guide, Association of State and Provincial Psychology Regulatory Boards (ASPPB). chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://cdn.ymaws.com/www.asppb.net/resource/resmgr/mobility_/e.passport_app_quick_guide_2.pdf

PSYPACT

Online resources – direct links (cont'd)

Temporary Practice

- Practicing temporarily under PSYPACT - Association of State and Provincial Psychology Regulatory Boards (ASPPB).
<https://www.asppb.net/page/temporarypractice>

- IPC Application Quick Guide - Association of State and Provincial Psychology Regulatory Boards (ASPPB): chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://cdn.ymaws.com/www.asppb.net/resource/resmgr/mobility_ipc_app_quick_guide_2020.pdf

The Counseling Compact

The Interstate Compact for Professional Counselors

The Counseling Compact

“The Counseling Compact is an **interstate compact**, or a contract among states, allowing professional counselors licensed and residing in a compact member state to practice in other compact member states without the need for multiple licenses” (Counselingcompact, 2023d).



“For the past four years ACA has been working with the National Center for Interstate Compacts to create and operationalize a compact for counselors—and now the Counseling Compact is moving toward becoming operational. ... The Compact will significantly change the way counselors can practice and provide continuity of care and the ability to reach underserved populations.”

(ACA, 2023) <https://www.counseling.org/government-affairs/counseling-compact>

The Counseling Compact

Status of the Counseling Compact

- The Counseling Compact is currently under development.
- It is anticipated that applications for privileges to practice by counselors will open in early 2024. See FAQ for Counselors at [Counselingcompact.org](https://www.counselingcompact.org). (Counseling Compact, 2023e)

Counseling Compact Commission

The *Commission* is the interstate administrative body created by the Compact. The *Commission* is composed of one Delegate from each member state's licensing board or agency and is tasked with implementing the Compact's provisions for interstate practice of professional counseling.

The Counseling Compact

States that have
enacted Counseling
Compact legislation

(as of 10/22/23)

(Counselingcompact,
2023b)

1. Alabama
2. Arkansas
3. Colorado
4. Connecticut
5. Delaware
6. Florida
7. Georgia
8. Indiana
9. Iowa
10. Kansas
11. Kentucky
12. Louisiana
13. Maine
14. Maryland
15. Mississippi
16. Missouri

17. Montana
18. Nebraska
19. New Hampshire
20. North Carolina
21. North Dakota
22. Ohio
23. Oklahoma
24. Tennessee
25. Utah
26. Vermont
27. Virginia
28. Washington (state)
29. West Virginia
30. Wyoming

The Counseling Compact

What is it for? →

How does it work? →

What are the benefits? →

What will the impacts be? →



See the helpful infographic in the Tool Kit at <https://counselingcompact.org/tool-kit/> (Counselingcompact. 2023h)

The Counseling Compact



Counselor eligibility

What types of counseling licenses are eligible for participating in the Counseling Compact?

“Only counselors who hold an unencumbered license to independently diagnose, assess, treat, and practice at the highest level in a participating state may apply for a privilege to practice in the Counseling Compact.” (Counselingcompact, 2023e)

What does this mean for professional counselors in Tennessee?

For Tennessee, this means that LPC/MHSPs will be eligible to participate in the Compact but regular LPCs (i.e., without the MHSP designation) will not be eligible. Counseling licenses in other states are eligible if they meet the requirements of the Compact (as LPC/MHSPs do), including the requirement that their “*Home State*” is a member of the Compact and all requirements of Section 3 (Definitions) and Section 4 (State Participation in Compact) of the Compact are met.

Counseling Compact terminology/definitions (Counselingcompact, 2023f)

Important!

These definitions and descriptions apply only to the Counseling Compact. Similar terms have different definitions when used in other compacts or contexts (e.g., a state's licensing rules).

- ***Licensed Professional Counselor*** -- “For the purposes of the compact, a ***‘licensed professional counselor’*** means a counselor licensed by a state participating in the Compact, regardless of the title used by that state, to independently assess, diagnose, and treat behavioral health conditions.” [emphasis added] – Counseling Compact Model Legislation, Section 7, Compact Privilege to Practice Telehealth, (Counselingcompact, 2023f)
- ***Member State*** – “a State that has enacted the Compact.”
- ***Home State*** – “the ***Member State*** that is the Licensee’s primary State of residence.” The ***Home State*** must be a ***Member State*** in which the counselor is licensed. Further, “For the purpose of the compact, a counselor’s home state is the state in which they primarily reside . . .” (Counselingcompact, 2023f)

The Counseling Compact

Counseling Compact terminology/definitions (cont'd)

- **Remote State** – “a **Member State** other than the **Home State**, where a **Licensee** is exercising or seeking to exercise the **Privilege to Practice**.” The client must be physically in the **Remote State** when counseling occurs (whether in-person/face-to-face or via telehealth) (Counselingcompact, 2023f).
- **Privilege to Practice** – “a legal authorization, which is equivalent [in functionality] to a license, permitting the practice of Professional Counseling in a **Remote State**.” Once a counselor becomes a Compact counselor, the counselor may then apply for a compact **Privilege to Practice** in other compact **Member States** (Counselingcompact, 2023f).
- **Telehealth** – “the application of telecommunication technology to deliver 98 Professional Counseling services remotely to assess, diagnose, and treat behavioral health conditions” (Counselingcompact, 2023f).

The Counseling Compact

Counseling Compact terminology/definitions (cont'd)

- ***Privilege to Practice Telehealth***

Counseling Compact Model Legislation, Section 7. (Counselingcompact, 2023f)

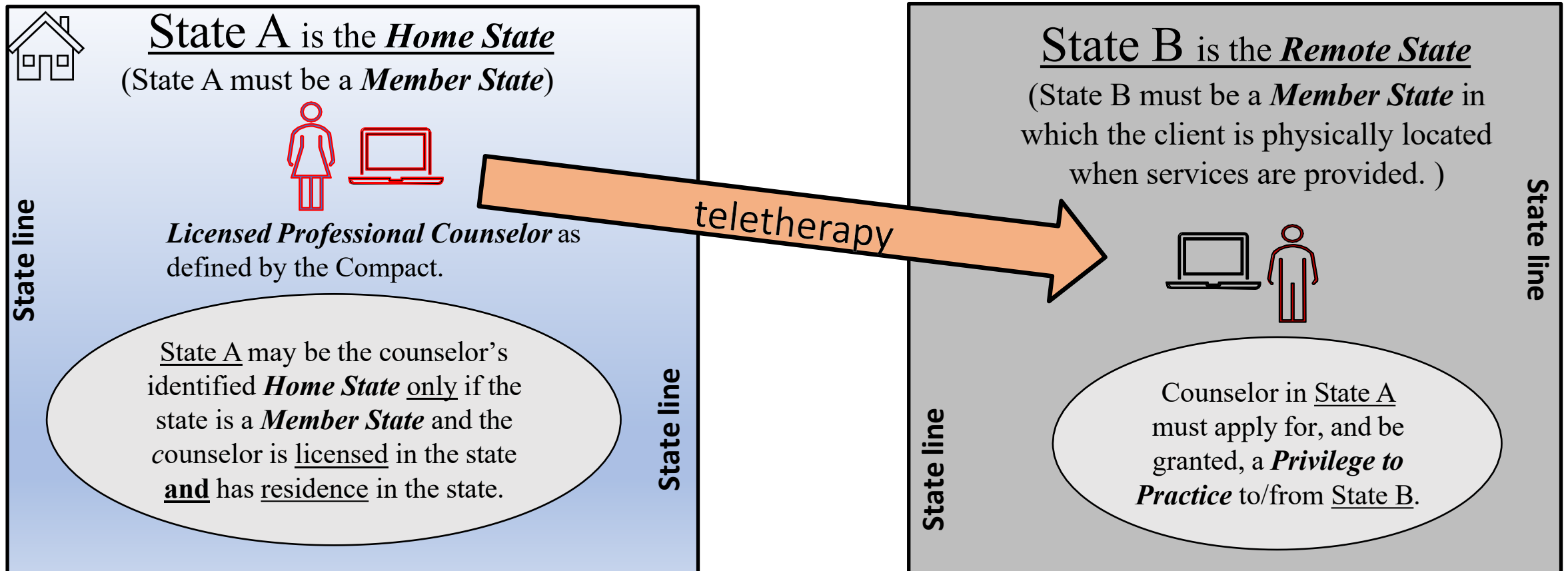
A. “***Member States*** shall recognize the right of a ***Licensed Professional Counselor***, licensed by a ***Home State*** in accordance with Section 3 and under Rules promulgated by the Commission, to practice ***Professional Counseling*** in any ***Member State*** via ***Telehealth*** under a ***Privilege to Practice*** as provided in the Compact and Rules promulgated by the Commission.”

B. “A ***Licensee*** providing ***Professional Counseling*** services in a ***Remote State*** under the ***Privilege to Practice*** shall adhere to the laws and regulations of the ***Remote State***.”

Counseling Compact -- Practicing Telehealth (Counselingcompact, 2023f)

Home State – State A may be the counselor’s *Home State* if the state is a *Member State* and the counselor is both licensed in the state and has residence in the state.

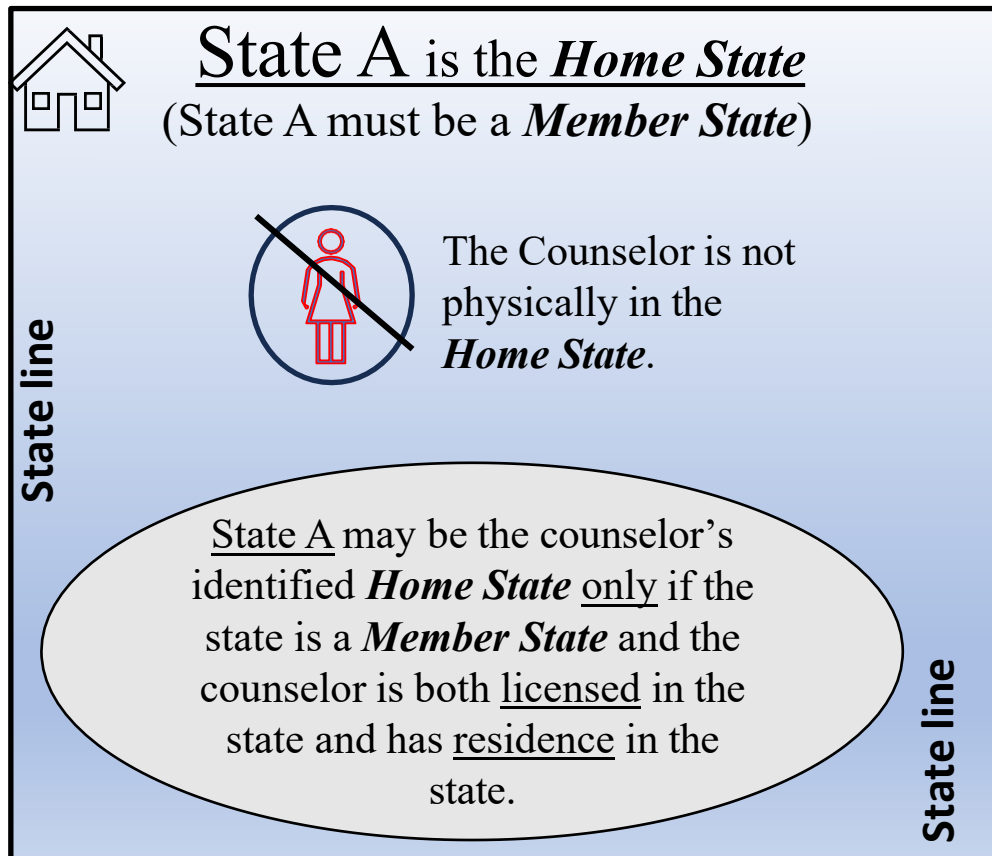
Remote State -- A *Member State* other than the *Home State*, where a **Licensee** is exercising or seeking to exercise the *Privilege to Practice*.



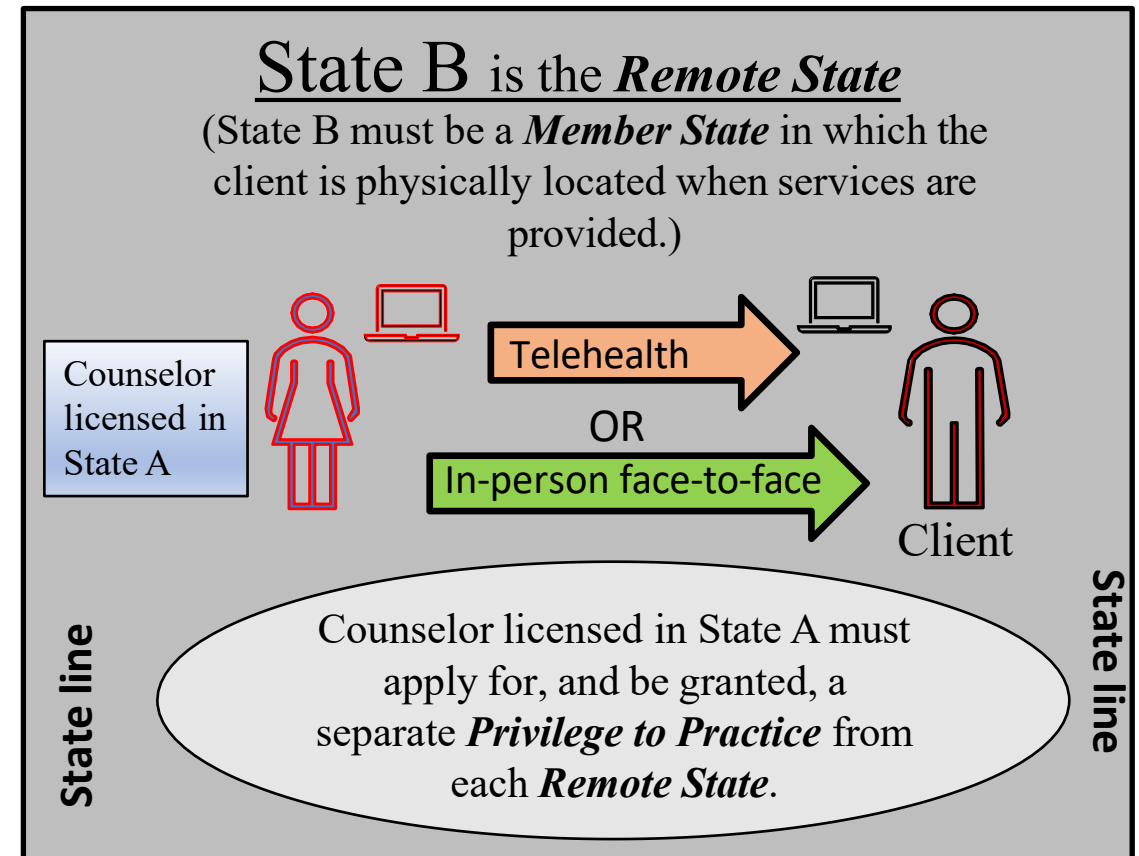
Counseling Compact - Counseling within another Compact *Member State*

(Counselingcompact, 2023f)

Home State – State A may be the counselor’s **Home State** if the state is a **Member State** and the counselor is both licensed in the state and has residence in the state.



Remote State -- A **Member State** other than the **Home State**, where a Licensee is exercising or seeking to exercise the **Privilege to Practice**.



Counseling Compact Resources and Direct Links

- ❖ Infographic - Counselingcompact (2023g) -- chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://counselingcompact.org/wp-content/uploads/2021/02/CC_Infographic.pdf
- ❖ Fact Sheet (for practitioners) - Counselingcompact (2023i) -- chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://counselingcompact.org/wp-content/uploads/2021/01/Counseling-Compact-Fact-Sheet-For-Practitioners.pdf
- ❖ FAQ for Counselors - (Counselorcompact, 2023e)
<https://counselingcompact.org/faq/>
- ❖ Compact map - Counselingcompact (2023b) <https://counselingcompact.org/map/>
- ❖ Summary of Key Provisions (2023j) - chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://counselingcompact.org/wp-content/uploads/2021/01/Counseling-Compact-Section-Summary.pdf

The Social Work Licensure Compact

The Social Work Licensure Compact



Social Work Licensure Compact development

“In early 2021, the Council of State Governments (CSG)* received funding from the Department of Defense (DoD) to develop an Interstate Compact for Social Work. ... CSG partnered with the Association of Social Work Boards (ASWB) with support from the National Association of Social Workers (NASW) and the Clinical Social Work Association (CSWA) on a Social Work Compact Development Project, which is expected to be a multi-year process. We are in the early phase of Compact development and expect to have finalized draft legislation sometime in 2023” (NASW, October 2022). <https://www.socialworkers.org/Advocacy/Social-Justice/Interstate-Licensure-Compact-for-Social-Work>

“The Council of State Governments (CSG) is partnering with the Department of Defense (DoD) and the Association of Social Work Boards (ASWB) to support the mobility of licensed social workers through the development of a new interstate compact. This additional licensing pathway will facilitate multistate practice among member states and reduce the barriers to license portability” (CSG, 2023e).

The Social Work Licensure Compact

Key organizations involved in the Social Work Licensure Compact

- ❖ U.S. Department of Defense (DOD), The DOD “as part of an initiative to promote licensure portability for military spouses, in 2021 awarded a \$500,000 grant for the development of an interstate licensure compact for social workers” (NASW, 2023a).
<https://www.socialworkers.org/Advocacy/Interstate-Licensure-Compact-for-Social-Work>
- ❖ National Center for Interstate Compacts (NCIC) [NCIC website: <https://compacts.csg.org>] “serves as an information clearinghouse, provider of training and primary facilitator in the consideration, creation and revision of interstate compacts” (NASW, 2023a).
- ❖ Council of State Governments (CSG) “is the nation’s largest nonpartisan organization serving all three branches of state elected and appointed officials. The mission of CSG is to champion excellence in state government and the organization executes that mission through four major platforms...” (CSG, 2023f). <https://www.csg.org/about-us/>

The Social Work Licensure Compact

Key organizations involved in the Social Work Licensure Compact (cont'd)

- ❖ Association of Social Work Boards (ASWB) - <https://www.aswb.org/>
- ❖ National Association of Social Workers (NASW) - <https://www.socialworkers.org/>
- ❖ Clinical Social Work Association (CSWA) -- <https://clinicalsocialworkassociation.org/>

The Social Work Licensure Compact

Social Work Licensure Compact Model Bill



News Release from the NASW (2023a)

“The National Association of Social Workers (NASW) welcomes the release today of the Social Work Interstate Compact Model Bill, which will expand opportunities for social workers to provide services in multiple states. ...

Seven states must enact the Model Social Work Compact Bill before the Compact Commission is established. The Commission will serve as an administrative body overseeing the Interstate Compact for Social Workers. The Council of State Governments (CSG) oversaw the development of the legislation.”

The Social Work Licensure Compact

Compact language finalized

“The Council of State Governments and partners have announced that language is finalized for the Social Work Licensure Compact. The compact must be enacted into state law by at least seven states. At that time, the Social Work Compact Commission will be created and additional infrastructure established, and then multistate licenses will begin to be issued.”

(Association of Social Work Boards, 2023, February)

<https://www.aswb.org/category/compact/>

The Social Work Licensure Compact

Status of the Compact

The Social Work Licensure Compact is not yet operational and is not as far along in the development and implementation process as the Counseling Compact. However, model legislation for the Social Work Compact has been adopted and several states have begun the process of considering Compact legislation that would make them *Member States* and (as of Oct. 2023) one state (Missouri) has passed legislation.



Steps in the process

- Seven states must pass the enabling legislation.
- These initial states then become the *Compact Commission* which will govern the compact and ensure coordination between the participating states.
- Eligible social workers may then pursue a *privilege to practice* (the Compact calls this a *multistate “license”*) in other compact *Member States*.
- Additional states are added to the compact as they enact the required legislation and join the *Commission*. (NASW, 2023a)

<https://www.socialworkers.org/Advocacy/Interstate-Licensure-Compact-for-Social-Work/Interstate-Licensure-Compact-FAQ>

The Social Work Licensure Compact

States with compact legislation passed or pending

The Social Work Licensure Compact development and implementation is still in the relatively early stages. However, according to the Council of State Governments (June 2023a; <https://swcompact.org/compact-map/>), the following states have passed legislation or legislation is pending as of 10/30/23.

Legislation enacted

1. Missouri

Legislation pending

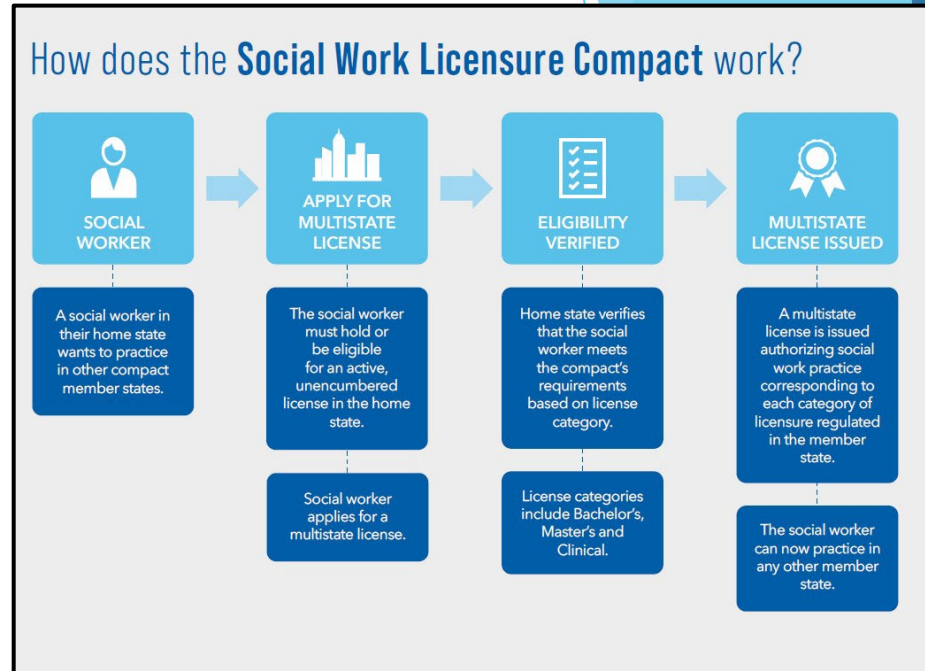
1. Georgia
2. South Carolina
3. North Carolina
4. Ohio
5. New Jersey
6. Florida

The Social Work Licensure Compact



Basics of the Social Work Compact

The Compact enables social workers who have an eligible license in the compact member state where they live to apply for a ***multi-state privilege to practice***, which the Compact calls a *multistate “license,”* [not technically an actual license] through the Compact. Once eligibility is verified and the application process is completed (including all necessary fees) the social worker receives the *multistate “license”* and may begin legally working in other compact member states.



See the infographic from the NCIC (2023c) Fact Sheet at <chrome-extension://efaidnbnmnibpcajpcglclefindmkaj/https://swcompact.org/wp-content/uploads/sites/30/2023/02/Social-Work-Licensure-Compact-Fact-Sheet.pdf>

The Social Work Licensure Compact

Social Work Licensure Compact terminology

Important! Although terms in various compacts may have similar language, the terminology below is specific to the Social Work Compact. Similar terms in other compacts or contexts may have different definitions. Terms below are taken directly from the **Social Work Licensure Compact Model Legislation** (National Center for Interstate Compacts [website], June 2023c).
<chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://swcompact.org/wp-content/uploads/sites/30/2023/02/Social-Work-Licensure-Compact-Final.pdf>

Definitions of key terms

- ***Member State*** means a state, commonwealth, district, or territory of the United States of America that has enacted this ***Compact***.
- ***Home State*** means the ***Member State*** that is the ***Licensee***'s primary ***Domicile***.
- ***Remote State*** means a ***Member State*** other than the ***Licensee***'s ***Home State***.
- ***Domicile*** means the jurisdiction in which the ***Licensee*** resides and intends to remain indefinitely.

The Social Work Licensure Compact

Social Work Licensure Compact terminology (cont'd)

Definitions of key terms (cont'd)

- ***Multistate Authorization to Practice*** – “a legally authorized privilege to practice, which is equivalent to a license, associated with a *Multistate ‘License’* permitting the practice of Social Work in a *Remote State*.”
- ***Multistate “License”*** – “a license to practice as a *Regulated Social Worker* issued by a *Home State Licensing Authority* that authorizes the *Regulated Social Worker* to practice [through the Compact] in all *Member States* under *Multistate Authorization to Practice*.”

This term is potentially misleading

Description from FAQs at NCIC (2023a) <https://compacts.csg.org/faq/>:

“A social worker who wishes to use the compact to practice in other states will apply for a *multistate ‘license.’* To be eligible, a social worker must be eligible for or hold a license in their primary state of residence (which must be a member of the compact) and meet other eligibility criteria. When eligibility is verified and all fees are paid, the social worker receives the *multistate ‘license’* and may begin legally working in any compact *member state*.” See Model Legislation Section-by-Section Summary (Council of State Governments, 2023b) <https://swcompact.org/educational-resources/>

The Social Work Licensure Compact

Social Work Licensure Compact terminology (cont'd)

Definitions of key terms (cont'd)

- ***Single State License*** – “a Social Work license issued by any State that authorizes practice only within the issuing State and does not include ***Multistate Authorization to Practice*** in any ***Member State***.”
- ***Qualifying National Exam*** – “a national licensing examination approved by the ***Commission***.”
- ***Regulated Social Worker*** - “any clinical, master’s or bachelor’s Social Worker licensed by a ***Member State*** regardless of the title used by that ***Member State***.”

The Social Work Licensure Compact

Social Work Licensure Compact Resources and Direct Links

- ❑ **Compact Map** (Council of State Governments, 2023a) -- <https://swcompact.org/compact-map/>

- ❑ **NASW Interstate Compact FAQ** (NASW, 2023) -- <https://www.socialworkers.org/Advocacy/Interstate-Licensure-Compact-for-Social-Work/Interstate-Licensure-Compact-FAQ>

- ❑ **Educational Resources** (Council of State Governments, 2023c) -- <https://swcompact.org/educational-resources/>
 - **Model Legislation** (full document) -- chrome-extension://efaidnbnmnibpcajpegclclefindmkaj/https://swcompact.org/wp-content/uploads/sites/30/2023/04/Social-Work-Licensure-Compact-Final_May-2023.pdf \

The Social Work Licensure Compact

Social Work Licensure Compact resources and links (cont'd)

Educational Resources (Council of State Governments, 2023b) (cont'd)

- **Model Legislation Section-by-Section Summary** -- <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://swcompact.org/wp-content/uploads/sites/30/2023/02/Social-Work-Licensure-Compact-Section-by-Section-Summary.pdf>
- **Fact Sheet** -- <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://swcompact.org/wp-content/uploads/sites/30/2023/02/Social-Work-Licensure-Compact-Fact-Sheet.pdf>
- **FAQ** -- <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://swcompact.org/wp-content/uploads/sites/30/2023/02/Social-Work-Licensure-Compact-FAQ.pdf>
- **ASWB Exam Primer** -- <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://swcompact.org/wp-content/uploads/sites/30/2023/04/ASWB-Exam-Primer.pdf>

The Social Work Licensure Compact

Recent journal articles regarding interjurisdictional practice in Social Work

The prospect of the Social Work Licensure Compact has led to some recent (2023) exploration and analysis.

For example:

Kim, Joo, & Curran (2023) have explored the rationales and expected effects of the Social Work Licensure Compact.

Morrow (2023) has examined “Social Work Licensure and Regulation in the United States: Current Trends and Recommendations for the Future.”

More research and the resulting journal articles will likely be available in the near future.

A Compact for Marital and Family Therapists?

A Compact for Marital and Family Therapists?

Currently there is no interstate compact under development for LMFTs. However, there has been consistent interest and efforts in the MFT community (e.g., by the AAMFT) to invest in a **license portability model** law. (AAMFT, 2023a)

https://www.aamft.org/AAMFT/ADVANCE_the_Profession/License_Portability/Advocacy/MFT%20License%20Portability.aspx?hkey=1faceaeb-a780-4add-ba09-9b41a144692f

There also appears to be interest in Universal License Recognition as evidenced by a link on the Association of Marital and Family Therapy Regulatory Board's (AMFTRB) (2023) website to the Institute for Justice's discussion regarding Universal License Recognition. <https://amftrb.org/association/news/>

A Compact for Marriage and Family Therapists?

A Different Focus for MFTs: License portability

In 2019, AAMFT released its new license portability model law. Based upon feedback from a 2018 AAMFT member survey and research, this model law states the following:

The licensure board shall issue a full and unrestricted license to an applicant to practice as a marriage and family therapist if the applicant:

- Has a valid and unrestricted license to practice as a licensed marriage and family therapist in another state or territory; and
- Has completed an application for licensure and paid any required fees.

This model is a full endorsement model, meaning that a state will license an applicant for an MFT licensure if the applicant has a valid and unrestricted MFT license in another state.

(AAMFT, 2023a)

https://www.aamft.org/AAMFT/ADVANCE_the_Profession/License_Portability/Advocacy/MFT%20License%20Portability.aspx?hkey=1faeaeab-a780-4add-ba09-9b41a144692f

For a discussion of several license portability models see Bohecker and Eissenstat (2020).

Note: Related information may be available at Family Therapy Magazine, May / June 2022 Volume 21, No. 3

A Compact for Marriage and Family Therapists?

License portability

For a discussion of several license portability models see Bohecker and Eissenstat (2020).

Part 3

Vignettes

Vignette #1 – Home for the Summer



Dr. Allen is a licensed psychologist in private practice. Dr. Allen has been aware that the federal government suspended the requirement to use only HIPAA-compliant video platforms for teletherapy during the COVID National Emergency. As a result, for the past three years Dr. Allen has been conducting therapy with clients through Skype. One of Dr. Allen's existing clients, Abbie, is a university student who has attending college a few blocks from Dr. Allen's office. However, now that the spring semester has ended, Abbie has returned to her parents' home in another state for the summer. In the past, Abbie has always had in-person therapy sessions at Dr. Allen's office so Dr. Allen notifies Abbie to tell her that they can continue therapy sessions via teletherapy while Abbie is back home and return to in-person sessions when she returns to college in the fall.



Vignette #2 – Aimee’s Working Trip

Aimee, a 27-year-old LPC/MHSP, works along with another 20 therapists of different license types for a private non-profit counseling center. The counseling center has recently implemented a new policy which permits its therapists to provide a portion of their client sessions via distance therapy from another approved location. Aimee decides that she will visit her sister who lives in another state and provide teletherapy sessions as needed to her clients back home while she is at her sister’s house. When Aimee returns the following week to the counseling center, she mentions her trip and distance therapy sessions to Dr. Miller, the Counseling Center Director. Aimee is surprised and puzzled when Dr. Miller tells Aimee that they will need to meet later that day in Dr. Miller’s office.

Vignette #3 - Teletherapy Dilemma



Joyce is an LCSW in private practice in a rural community. For several years she has noticed that people often had difficulty accessing therapy due to the time and distance involved. To address this problem, she has begun offering teletherapy. She posts information about her practice and teletherapy services on her professional social media account. Macayla lives in the same county in which Joyce has her practice. She learns about Joyce's teletherapy services and contacts Joyce about beginning teletherapy. Macayla soon becomes Joyce's client and through the video feature on Joyce's practice management system they have six teletherapy sessions over the next 12 weeks. During the 7th session Macayla states that she "will be back home next week" and would like to have a in-person session. Joyce is puzzled because she realizes that she assumed Macayla had been at the address she provided at intake. She discovers that Macayla has been staying in a nearby adjacent state with her ill mother and that their distance therapy sessions have occurred while Macayla was in the other state. Macayla says that she is happy that the teletherapy is working out so well because it looks like she will be staying with her mother for the foreseeable future and that she will be relying on the teletherapy continuing.

Vignette #4 – The Travelling Therapist & Client



Pt. 1 - Grace, an LPC/MHSP, has a solo private practice. She has been working with an adult client, Ursula, for the past two months. Ursula's presenting problems centered on anxiety and adjustment issues related to several significant life events in the past year; including the ending of a serious relationship, the death of her father, and a major job change. Initially, Grace was meeting with Ursula in-person at her private practice office, however, Ursula's new job has required her to travel out of state and two of their past four sessions have been via teletherapy while Ursula was in two different states, New Hampshire and Colorado.



Pt. 2 - At the moment, Grace is currently at a conference in Orlando. While there, she receives a message through her practice management system from Ursula saying that she has had “two near panic attacks” in the past 24 hours while vacationing in the Florida Keys. Ursula is requesting to have a teletherapy session with Grace later that evening or, if not, when she is back home in Tennessee the following day. Grace delays replying to Ursula's message until she figures out how to handle the situation and what to tell her client. By chance, Grace is able to confer with a colleague at the conference who seems to be familiar with the issues in question.

Part 4

Strategies, Suggestions,
and Resources

Strategies, Suggestions, and Resources

1. Address teletherapy in your social media and communication policy.

This is a vital aspect of any practice's or organization's operations (Lannin & Scott, 2014) and should not be an after-thought or viewed as optional. A social media and communication policy is important for a variety of reasons. The policy:

- Provides clear instructions about how clients and therapists communicate with each other through phone, email, texting, instant messaging and other means.
- Should be posted on the practice or organization's website for potential clients to view and as a reference for existing clients.

Strategies, Suggestions, and Resources (cont'd)

- 2. Obtain continuing education regarding your state's laws and licensing rules** regarding technology and distance therapy at least every other year. Go beyond the minimum that may be required by your state's licensing rules (3 hours of continuing education every two years is probably not sufficient to keep a provider up-to-date).
- 3. Maintain membership in a state professional organization.** These organizations are typically aware of up-coming changes at the state level that are relevant to technology/distance therapy or other professional issues. They also typically have an ethics committee which can serve as an objective source for consultations (as mentioned in the Multiple Perspective Model).





Recommended!

4. **Download the Telemental Health Laws app for your smart phone.** The app is a comprehensive resource covering all 50 states plus Washington D.C. The app contains current information regarding the limitations of provision of mental health services by multiple mental health license types via telemental health/distance therapy, including services provided by professionals who are licensed in another state (i.e., interjurisdictional practice). The app is updated regularly and also contains links to COVID-19 updates. The 2021 app is free and is available at:

<https://www.ebglaw.com/telemental-health-laws-app/> or go directly to the on-line Google Play Store (Android) or the App Store (iPhone)

5. **Be sure that you have current Business Associate Agreements** (BAAs) with all your technology-related vendors (e.g., teletherapy vendor, practice management company, etc.). **Resource:** Free BAA templates are available on-line. For example, see the ComplyAssist (2022) website at:

<https://www.complyassistant.com/resources/tools/business-associate-agreement/>. See also, HHS (2021b).

6. **Establish the criteria and a process** for determining if teletherapy is clinically (and otherwise) appropriate to offer to a client or potential client. Refer to this policy in the informed consent process.

7. **In addition to the regular informed consent process and documents**, have a supplemental document and process specific to teletherapy. Consider posting this on your website.

8. **Verify clients' insurance benefits regarding teletherapy** before beginning teletherapy with a client. Make sure that your informed consent process states that you can make no guarantees that an insurance policy will pay for services, including teletherapy/telehealth.



9. When starting distance therapy services, spend at least the first six months providing teletherapy only within the state in which you are licensed. During this time, research which other states would most easily allow you to provide limited distance therapy services to clients who are physically in those states. Then expand your cross-state services one state at time.

10. Monitor the status of the following interstate compacts for mental health professionals.

- Psychologists -- *PSYPACT* – <https://psypact.site-ym.com/> (PSYPACT, 2023a)
- Professional Counselors – *Counseling Compact* -- <https://counselingcompact.org/news/> (CounselingCompact, 2023a)
- Social Workers – Social Work Licensure Compact (Council of State Governments (CSG), 2023a) <https://swcompact.org/compact-map/> and <https://swcompact.org/news/>



11. Associations of licensing boards

Association of Social Work Boards (ASWB, 2021) <https://www.aswb.org/>

“ASWB is the nonprofit organization composed of the social work regulatory boards and colleges of all 50 U.S. states, the District of Columbia, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and all 10 Canadian provinces.” (ASWB, 2021, September) <https://www.aswb.org/about-aswb/>

“ASWB provides support and services to the social work regulatory community to advance safe, competent, and ethical practices to strengthen public protection. ASWB’s vision is that all social workers are licensed in order to protect clients and client systems.” (ASWB, 2021) <https://www.aswb.org/>

The ASSWB website is extensive and has numerous resources. See examples/links below.

- ❖ List of state & provincial Social work boards with contact information:
<http://aswbsocialworkregulations.org/licensingWebsitesReportBuilder.jsp>
- ❖ Laws & regulations database -- <https://www.aswb.org/regulation/laws-and-regulations-database/>
- ❖ License requirements for a specific jurisdiction
<http://aswbsocialworkregulations.org/jurisdictionSingleLevelsReportBuilder.jsp>

11. Associations of licensing boards (cont'd)

Association of Marriage and Family Therapy Regulatory Boards

The AMFTRB is the association of state licensing boards governing the regulation of LMFTs. (AMFTRB, 2021c) <https://amftrb.org/>

The website contains numerous resources and links.

Resources (examples)

- ❖ 2018 Post-degree Supervision Across the USA: Licensees and Supervisors
<https://amftrb.org/resources/2018-post-degree-supervision/>
- ❖ Teletherapy guidelines -- <https://amftrb.org/wp-content/uploads/2021/06/TS-Teletherapy-Guidelines-09.12.16.pdf>
- ❖ State licensure requirements -- <https://amftrb.org/resources/state-licensure-comparison/>
- ❖ State or jurisdiction board list with contact information -- <https://amftrb.org/#board>
- ❖ Sanction matrix guidelines -- <https://amftrb.org/wp-content/uploads/2020/11/Sanctions-v.2.pdf>

11. Associations of licensing boards (cont'd)



Association of State and Provincial Psychology Boards

(ASPPB, 2023, October) <https://www.asppb.net/>

“The Association of State and Provincial Psychology Boards (ASPPB) is the alliance of state, provincial, and territorial agencies responsible for the licensure and certification of psychologists throughout the United States and Canada. ASPPB was formed to serve psychology boards in the two countries. Currently, the psychology boards of all fifty states of the United States, . . . [plus U.S. territories] . . . and all ten provinces of Canada are members of ASPPB.” (ASPPB, 2023, October) <https://www.asppb.net/>

The ASPPB website contains extensive resources, links, and tools. A few examples include:

- ❖ List of state and provincial licensing boards with contact information -- <https://www.asppb.net/page/BdContactNewPG>
- ❖ Guidelines & Publications (multiple documents) -- <https://www.asppb.net/page/Guidelines>
- ❖ Guideline for the use of Social Media -- <https://www.asppb.net/page/SMGuidelines>
- ❖ Practicing Telepsychology under PSYACT -- <https://www.asppb.net/page/telepsychology>
- ❖ Glossary & acronyms list -- https://cdn.ymaws.com/www.asppb.net/resource/resmgr/docs/glossary_acronyms_list.pdf
- ❖ Supervision guidelines -- <https://www.asppb.net/page/SupGuidelines>



11. Associations of licensing boards (cont'd)

American Association of State Counseling Boards (AASCB)

“The AASCB promotes regulatory excellence in the counseling profession by providing leadership, education, and service to our Member Boards.” Further, “AASCB collects, interprets, and disseminates information on legal and regulatory matters, and works to further cooperation among individuals and associations involved in providing counseling services to the public.” (AASCB, 2022)

<http://www.aascb.org/aws/AASCB/pt/sp/about>

The AASCB website has numerous helpful resources including the examples below.

- ❖ Licensure & Portability -- <http://www.aascb.org/aws/AASCB/pt/sp/licensure>
- ❖ List of state licensing boards with contact information
http://www.aascb.org/aws/AASCB/pt/sp/layout_directory-state?get_content_from_session=1
- ❖ Newsletter (by subscription) -- <http://www.aascb.org/aws/AASCB/pt/sp/newsletters>
- ❖ Listserv for questions & responses -- <http://www.aascb.org/aws/AASCB/pt/sp/listserv>

NOTE: The information above is currently (10/31/23) not available at the AASCB website. Hopefully, this only a temporary situation.

12. Recent journal articles

- Telepsychology: Key Recommendations for Ethical, Legal, and Effective Practice
-- Barnett, J. E., Serafim, G., & Sharara, D. (2023)
- Social Work Licensure and Regulation in the United States: Current Trends and Recommendations for the Future -- Morrow, D. F. (2023)
- Navigating the Labyrinth of Professional Regulations: Surviving in a Flawed Regulatory System -- Youngren, J. N., Gottlieb, M. C., & Baker, E. (2022)

(Full citations of above articles may be found in the list of references)