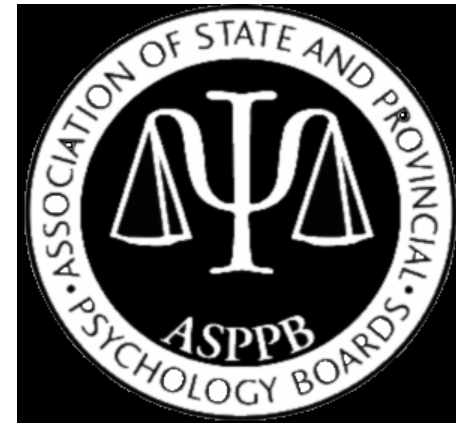


# APAPRACTICE ORGANIZATION

Promoting and supporting practicing psychologists

## Practicing Telepsychology:

What is legal and  
what is not?



Presented by:

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American Psychological Association  
Practice Organization (APAPO)

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(ASPPB)

Today's webinar will cover the following:

- Describe the principles of the APA Guidelines for the Practice of Telepsychology
- Provide an overview of federal and state telehealth policies for telepsychological health services
- Explain specific legal and ethical concerns relating to interjurisdictional telepsychological practice
- Explain the PSYPACT proposal and current advocacy efforts to implement it
- Answer questions members submitted regarding their intra and interstate telepsychological practice

Q&A – please use your chat box to submit questions at any time during the presentation.

This webinar is being recorded and will be emailed within 24 to 48 hours post webinar to all participants and those who registered but could not attend.

# Telepsychology Practice Issues

Deborah Baker, JD  
American Psychological Association  
Practice Organization (APAPO)

# Initial issues to consider before engaging in Telepsychology

What is  
Telehealth or  
Telepsychology?

APA  
Telepsychology  
Practice  
Guidelines

Privacy/Security  
Issues

Payer Coverage &  
Reimbursement –  
State & Federal  
Policies

Intra-state  
versus  
Interstate  
Practice  
Considerations

# APA Definition of Telepsychology

**Telepsychology** is defined, for the purpose of these guidelines, as the **provision of psychological services using telecommunication technologies**. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies **include but are not limited to telephone, mobile devices, interactive videoconferencing, email, chat, text, and Internet** (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing, or include images, sounds or other data. These communications **may be synchronous with multiple parties communicating in real time** (e.g. interactive videoconferencing, telephone) **or asynchronous** (e.g. email, online bulletin boards, storing and forwarding information). Technologies **may augment traditional in-person services** (e.g., psychoeducational materials online after an in-person therapy session), **or be used as stand-alone services** (e.g., therapy or leadership development provided over videoconferencing).

# APA Telepsychology Practice Guidelines

Competence

Standards of Care

Informed Consent

Confidentiality

Security &  
Transmission of  
Data

Disposal of Data

Testing and  
Assessment

Interjurisdictional  
Practice

# HIPAA/HITECH compliance

- Compliance with Privacy and Security Rule requirements extends to all of your patients' data
  - Secure transmission, transmission quality, audit trails, breach notification policies
- Need a business associate agreement (BAA) with any 3<sup>rd</sup> party that may have access to your patients' data
  - E.g., accountant, billing service, practice management software, answering service
- HHS's Office of Civil Rights – compliance audits in 2016
- Need policies and procedures in place for securely storing, transmitting & disposing of electronic patient data
- Use HIPAA-compliant vendors & encryption, when possible  
(NOT SKYPE)

# CMS coverage of telehealth services for Medicare

## Medicare coverage of telehealth services

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



# Coverage for telehealth by Medicaid & private health insurers

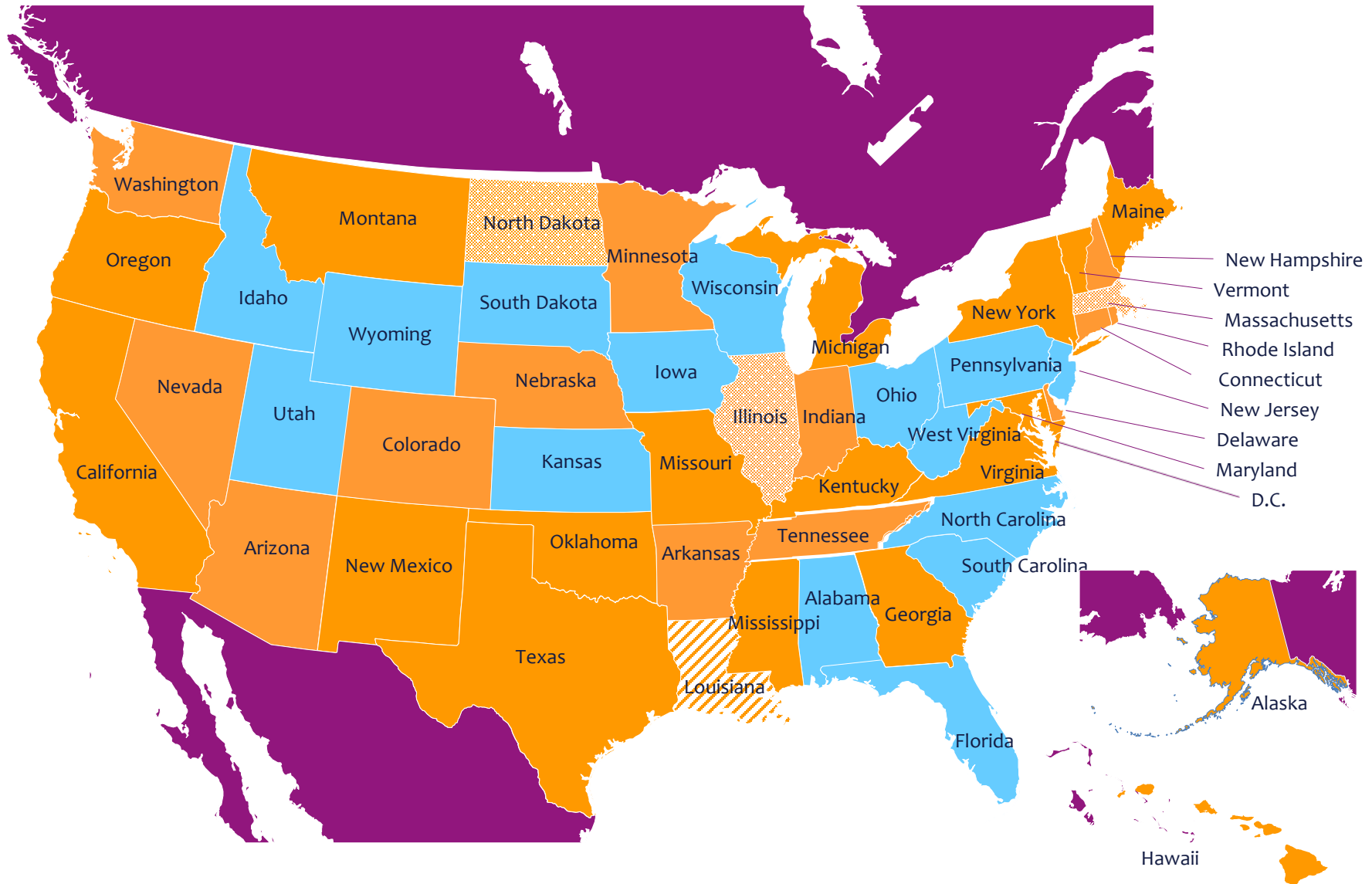
## Medicaid coverage of telehealth services

- Decided by individual state all 50 state Medicaid programs have some type of coverage for tele-mental health services
- Alaska, Connecticut, Florida, Hawaii, Iowa, Louisiana, Maine, Mississippi, New Mexico, Nevada, Oklahoma, Tennessee, Utah, Vermont & West Virginia rate highest for Medicaid coverage of tele-mental health services

## Private payers/insurance companies

- Many larger insurance companies cover telehealth as an increasing number of states are enacting insurance coverage mandates for telehealth services.

# State telehealth coverage mandates



# Psychology Interjurisdictional Compact (PSYPACT)

Alex Siegel, JD, PhD

Association of State & Provincial  
Psychology Boards (ASPPB)

# What is a Compact?

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

# Why Compacts?

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

# Psychology Interjurisdictional Compact (PSYPACT)

Interstate compact designed to:

- **Facilitate the practice of telepsychology across participating state lines** through Authorization to Practice Interjurisdictional Telepsychology

AND

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

# How PSYPACT Works

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

# How PSYPACT Works

- PSYPACT becomes operational when **seven** states enact PSYPACT into law.
- Psychologists who wish to practice under PSYPACT obtain:
  - **E.Passport** (certificate for telepsychology)
  - **Interjurisdictional Practice Certificate (IPC)** for temporary in-person, face-to-face practice



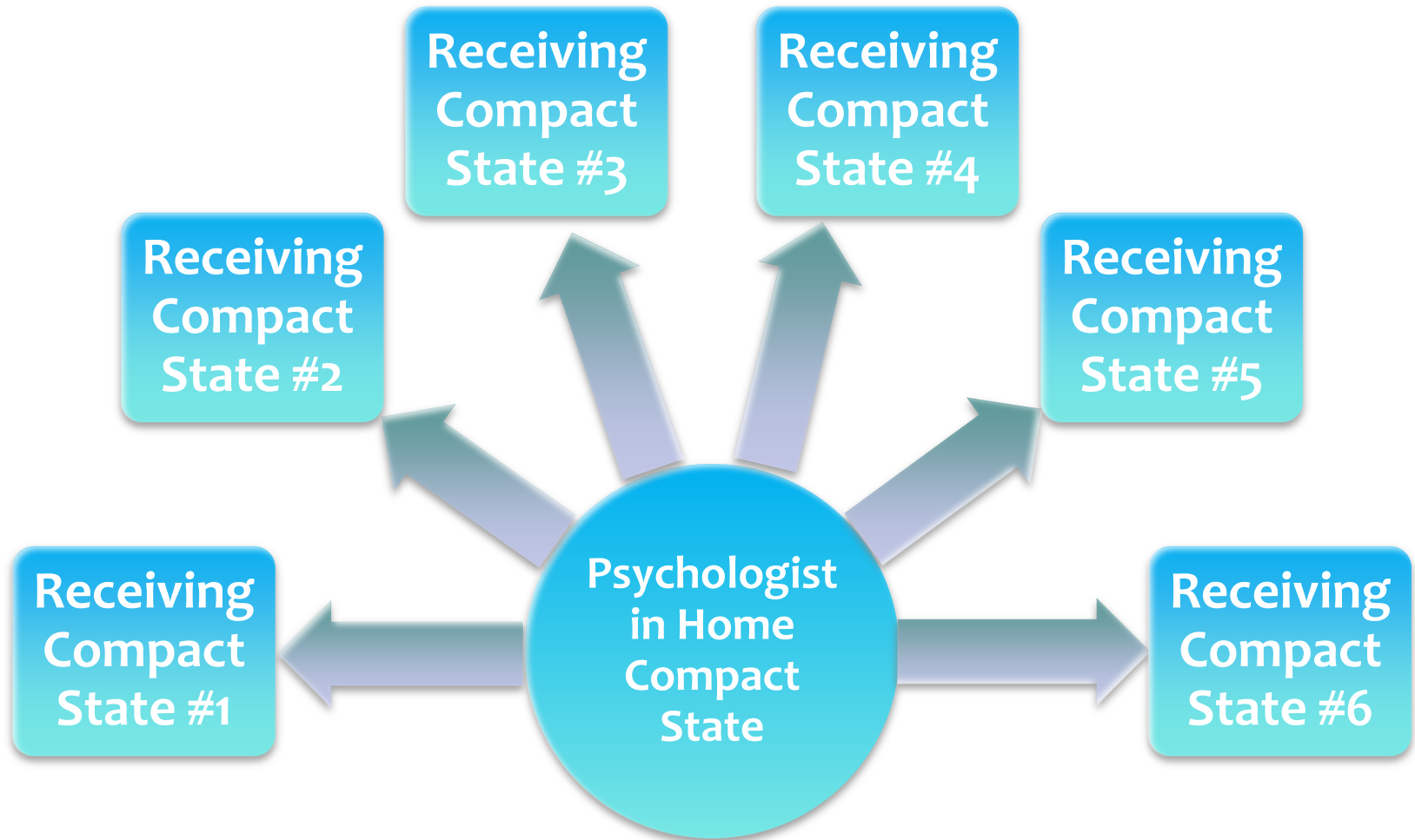
# E.Passport

- Creates a “legal” relationship between:
  - Psychologist
  - Home licensing board where psychologist is located and practicing from
  - Receiving licensing board where patient is located and where services are being provided into
- ASPPB to review, vet credentials and issue E.Passport Certificate based on established criteria

# E.Passport Requirements

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

# How Telepsychology Practice Works under PSYPACT



# Interjurisdictional Practice Certificate (IPC)

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

# IPC Requirements

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

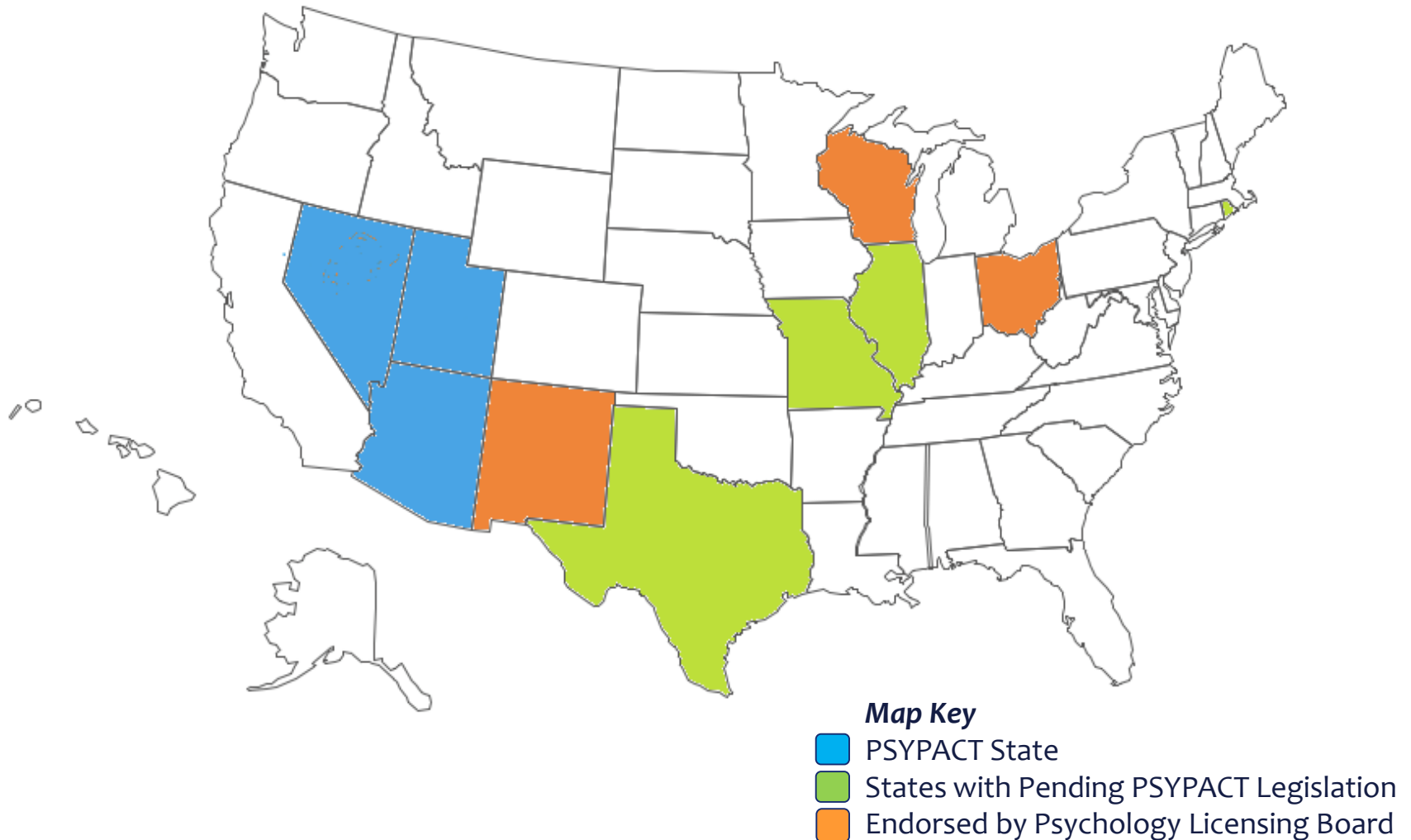
# Benefits of PSYPACT

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

# Challenges of PSYPACT

- Needs to be general enough but specific enough since can't change it once adopted
- Not too high of a bar to exclude everyone or too low of a bar of allow everyone
- Degree requirements Masters v. Doctorate
- Does not apply when psychologists are licensed in both Home and Receiving/Distant States
- Does not apply to permanent face to face practice

# Current state of PSYPACT





# Where are we now?

- Arizona became the first state to introduce and enact PSYPACT legislation in 2016
- Utah & Nevada passed PSYPACT in 2017:
- Other states with bills introduced/pending in 2017
  - Illinois
  - Missouri
  - Rhode Island
  - Texas
  - Wisconsin

# The Future of PSYPACT

The following states have requested a presentation about PSYPACT:

- California
- Georgia
- Florida
- Hawaii\*
- Maine\*
- Mississippi
- Missouri
- New Jersey
- New Mexico\*
- North Dakota\*
- Oklahoma
- Oregon
- South Carolina
- Texas
- Utah
- Vermont
- Virginia\*
- Washington\*
- Washington, D.C.
- Wyoming

*\*Plan to introduce PSYPACT legislation in 2018*

# For more information...

[www.psypact.org](http://www.psypact.org)

Resources include: Compact legislation, legislative resource kit, FAQs, Up-to-date information about the status of PSYPACT in each state



Follow us on Twitter -- @PSYPACT



Sign up for our email listserv by emailing [info@psypact.org](mailto:info@psypact.org)

Read the APA Practice Organization's  
***Good Practice*** magazine – Fall 2017 issue!

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