

PAUL TITTL

STATE REPRESENTATIVE • 25TH ASSEMBLY DISTRICT

Assembly Committee on Health

Assembly Bill 537

January 6, 2022

First of all, I would like to thank you, Chairman Sanfelippo and committee members, for allowing me to testify before you today concerning Assembly Bill 537 relating to ratification of the Psychology Interjurisdictional Compact (PSYPACT).

As you know, Wisconsin has a shortage of psychologists. About 30 counties have no practicing psychologist outside of a hospital setting. That shortage is has been particularly difficult, because the COVID situation has resulted in a significant increase in the number of people seeking psychological services.

PSYPACT provides greater opportunity for people in Wisconsin to receive needed mental health help. It does so by allowing psychologists to practice either in person or other than in-person across state lines in states which have enacted the compact. As a result, quick and efficient access to mental health resources will be greatly increased.

However, the benefits of PSYPACT extend beyond the COVID situation. Here are some other situations in which joining PSYPACT could increase access to care:

- A Wisconsinite might live in a rural area served by psychologists in another state.
- A person's problems may call for treatment by a specialist who is not available in Wisconsin.
- A sports psychologist would be able to travel with the team to another state and provide psychological services to players.
- A Wisconsinite moving temporarily out of state for medical treatment, a vacation, or to attend school could, continue receiving care from a psychologist in Wisconsin.

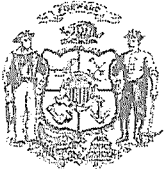
Those are just a few instances PSYPACT is designed to address. Currently 27 states have enacted it, including Illinois and Minnesota. As more states do so, PSYPACT will become even more effective in alleviating mental health care shortages and improving access to mental health services.

The drafter notified us of the need for a technical amendment relating to the authority for E-passports and temporary authority to practice. Prior to the executive session we will introduce an amendment with those changes and any others that are necessitated during the hearing process.

Thank you for the opportunity to testify. Psychologists are with us this afternoon who will explain the particulars of the bill in greater detail. In the meantime, I would be happy to address any questions you might have.

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ANDRÉ JACQUE

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*Testimony before the Assembly Committee on Health
State Senator André Jacque
January 6, 2022*

Chair Sanfelippo and Colleagues,

Thank you for the opportunity to testify before you today in support of Assembly Bill 537, the PSYPACT bill, which ratifies and enters Wisconsin into the Psychology Interjurisdictional Compact and will provide for the ability of a psychologist to practice more easily in other compact states.

Under current law psychologists are hampered by a web of legal restrictions which diminish access to care for those in need. As a result, Wisconsin faces a devastating shortage of mental health professionals in the vast majority of the state.

This interstate compact (PSYPACT) allows for psychologists to practice either in person or other than in-person across state lines in other states which have enacted it. As a result, quick and efficient access to mental health resources will be greatly increased.

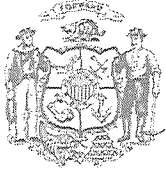
Under our present law, access to care can be affected in many ways.

- A Wisconsinite might live in a rural area served by psychologists in another state.
- A person's problems may call for treatment by a specialist who is not available in Wisconsin.
- A sports psychologist cannot travel with the team provide psychological services to players.
- A Wisconsinite may temporarily move out of state for medical treatment, a vacation, a winter respite, or to attend school.

Those are just a few instances which PSYPACT is designed to address. Currently 26 states have enacted it, including Illinois and Minnesota. As more states do so, PSYPACT will become even more effective in alleviating mental health care shortages and improving access to mental health services.

Significant provisions of the compact include:

1. The creation of a Psychology Interjurisdictional Compact Commission, which includes one member or representative of the licensure boards of each member state.
2. The ability for a psychologist to obtain an E Passport, which allows a psychologist to practice interjurisdictional telepsychology in another compact state if the psychologist satisfies certain criteria.
3. The ability for a psychologist to obtain an interjurisdictional practice certificate (IPC), which grants temporary authorization for the psychologist to provide temporary in-person, face-to-face psychological services in another compact state for up to 30 days within a calendar year if the psychologist satisfies certain criteria.
4. The ability of member states to issue subpoenas that are enforceable in other states.



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5. The creation of a coordinated database and reporting system containing licensure and disciplinary action information on psychologists to whom the compact is applicable.
6. Provisions regarding resolutions of disputes between the commission and member states and between member and nonmember states, including a process for termination of a state's membership in the compact if the state defaults on its obligations under the compact.

It is time for us to modernize our laws and join our neighbors in prioritizing mental health resource accessibility for Wisconsinites.

Thank you for your consideration of AB 537.

Date: Thursday, January 6, 2022

To: Representative Sanfelippo, Chair, and members of the Assembly Committee on Health

From: Dr. Ben Rader
Licensed Clinical Psychologist
License no. 2945-57 WI

RE: Assembly Bill 537 Relating to: ratification of the Psychology Interjurisdictional Compact.

I am a clinical psychologist and own my own private practice in the Milwaukee area. I have practiced here for the past ten years, and in this time I have seen clients residing in our state and in the immediate vicinity. Over the past two years in particular, this has changed considerably, as I have begun to receive requests for services from people living in other parts of the state, and even individuals living in other states. Since the advance of telehealth possibilities on account of the COVID pandemic, I have been afforded greater opportunity to serve people in other parts of the state who would not otherwise have been able to benefit from my services. State boundaries can be difficult to navigate and currently, my license only affords me the capacity to see people in Wisconsin.

With PSYPACT, I would have the opportunity to serve clients looking for services while living in other states. I would also be able to continue serving clients of mine who need to relocate outside of state boundaries. In the past two years, multiple clients have needed to relocate to other states. During the times of transition and location changes, the ability to maintain a psychological provider is a true benefit. As insurance networks continue to operate across state lines, PSYPACT would make it possible for me to continue serving clients when work opportunities and job placement changes cause them to move out of the state.

PSYPACT also is a benefit when it comes to attracting psychological providers to our state. Currently, becoming licensed in another state is a cumbersome process that varies from state to state. The complexities multiply depending on where the psychologist is moving from, and where they are moving to. With PSYPACT, psychologists would more readily be able to set up new practices in other states that also participate in the PSYPACT agreement. PSYPACT may thereby offer opportunities for out-of-state psychologists to relocate here, or to operate practices that may set up operations here. Since PSYPACT includes basic standards for the practice and application of psychology, it allows for increasing access to services, while maintaining protection of the public.

I first learned about PSYPACT years ago, and have followed this development with anticipation. I am happy to learn of efforts to bring Wisconsin into the PSYPACT agreement. I feel this is the future for psychological services across our country.



**Marshfield Clinic
Health System**

1000 North Oak Avenue
Marshfield, WI 54449

Date: January 3, 2022

To: Representative Sanfelippo, Chair, and Honorable Members of the Wisconsin Assembly -
Committee on Health

From: Jennifer Michels, PhD, ABPP
Board Certified Clinical Psychologist
Director of Training – Adult Clinical and Health Psychology Postdoctoral Fellowship
Department of Psychiatry and Behavioral Health
Marshfield Clinic Health System
WI License #2257-57

Re: Testimony in support of Assembly Bill 537 relating to: Ratification of the Psychology
Interjurisdictional Compact

Thank you for the opportunity to provide written testimony in support of Assembly Bill 537 regarding ratification of the Psychology Interjurisdictional Compact. I am a clinical psychologist working for the past twenty years at Marshfield Clinic Health System (MCHS) in Marshfield, Wisconsin. MCHS employs psychologists as core professionals in our broad efforts to deliver quality mental health services to rural patient populations in Wisconsin. MCHS registered support for PSYPACT.

I am pleased to see the Wisconsin Legislature review PSYPACT. Currently, twenty seven states across the U.S. have enacted and are participating in PSYPACT, to include our neighboring states of Illinois and Minnesota. PSYPACT legislation was recently introduced in Michigan in October, 2021. With the surge of mental health needs precipitated by the pandemic, access to mental health services has never been more critical. Telehealth delivery of mental health treatment has been repeatedly shown to not only be effective but also more accessible and affordable. The pandemic forced rapid adoption of telehealth service delivery, technology adoption has gone well for professionals and patients alike, and patients consistently report favorable reviews of these mental health services and the benefits.

Adoption of PSYPACT in Wisconsin will have many positive impacts. There are two populations that particularly stand to benefit from this legislation. The first are the many college students that our behavioral health professionals treat who attend college out of state. These students will greatly benefit from maintaining treatment relationships with professionals they trust. College age Americans have been the age group most severely hit with negative mental health impact from the pandemic and their elevated mental health needs are expected to persist long after the pandemic crisis concludes. Without PSYPACT, I am unable to continue mental health treatment with my college age patients studying in Illinois, Minnesota, and other states. The second population who will positively benefit

from this legislation are Wisconsin “snowbirds” wintering in warmer states temporarily through the year. With PSYPACT adoption, their care will no longer be disrupted when they head south for the winter. Patients who move out of Wisconsin would also be able to maintain a valued treatment relationships with a psychologist after relocation.

Marshfield Clinic Health System specializes in providing multi-disciplinary team care to individuals with rare medical conditions. Adoption of PSYPACT will facilitate continuity of care with these patients traveling from other states who seek care from our specialists. Psychologists are a core part of our multi-disciplinary teams providing specialty consultation. One such example is our Bardet-Biedl Syndrome (BBS) Clinic at Marshfield Medical Center serving children and adults with BBS. There is no other clinic in the U.S. providing comprehensive, clinical evaluations and individualized treatment care recommendations for BBS. Families travel from around U.S. and the world to participate in this clinic, network with other families with BBS, and join the Clinical Registry Investigating Bardet-Biedl Syndrome (CRIBBS) - the largest worldwide registry examining the long-term health of individuals with BBS. With PSYPACT, psychologists at Marshfield Clinic will have greater opportunity to bring specialty behavioral health assessment and treatment services to a broader array of patients in need.

Finally, Marshfield Clinic Health System continues to geographically expand to meet medical and behavioral health needs in the Midwest. This includes working to develop service access for underserved, rural populations in the Upper Peninsula of Michigan who can more easily attain care in Wisconsin due to proximity. Currently, psychologists at MCHS are unable to provide mental health services to patients in the upper peninsula of Michigan unless we individually pursue a Michigan license. PSYPACT adoption in Michigan and Wisconsin will reduce barriers to care for these underserved populations of patients who are already seeking services in our health care system.

PSYPACT sets basic standards for the practice of psychology to maintain protection of the public while allowing increased access to mental health services for Americans. A recent op-ed in the Boston Globe highlighted the country’s mental health crisis – noting that we are experiencing a mental health pandemic within a pandemic. The author, a psychiatrist, declares that access to care must be dramatically expanded and calls upon legislators, insurance companies, regulators, and licensing boards to respond boldly and swiftly to our current mental health crisis. One critical call to action named in the article is to “allow clinicians to provide virtual care across state lines to optimize mental health care.” Wisconsin legislators have the opportunity at this moment to take such action, facilitate positive change, and reduce barriers to mental health care for Americans.

Thank you for consideration of Assembly Bill 537. Your time and attention to this important bill is greatly appreciated.

Testimony of Samantha Alisankus

Assembly Committee on Health

January 6, 2022

Room 412 East, State Capitol

Public Hearing

Assembly Bill 537: ratification of Psychology Interjurisdictional Compact

Hello, my name is Samantha Alisankus, and I live at 37 South Windmill Ridge Road, Evansville, WI (Rock County). I want to start by saying thank you for allowing me to speak with you today. I am here to speak in favor of Assembly Bill 537: Ratification of Psychology Interjurisdictional Compact. In my allotted time, I hope to cover two topics related to my support of this bill.

To start, I am in favor of this bill, because without it the current legislative landscape creates a significant burden to Wisconsin residents trying to pursue or continue mental health care. I have had the unique occasion to experience this burden firsthand, having just moved back to Wisconsin after 10 years in Minneapolis, Minnesota. Under the current landscape, I am unable to see my provider from Minnesota over video visits so long as I am in the Wisconsin state lines. In order to see my provider, even over video, I need to be physically within the border of Minnesota.

What this looks like for me is that I need to take a day off of work; travel three hours to La Crescent, Minnesota or Winona, Minnesota; book a hotel room with reliable WiFi access for one hour; sign into my video appointment with my provider in Minneapolis; attend my one-hour video call from the hotel; checkout of the hotel room; and drive the three hours back to my home in Evansville.

As you can imagine, this comes at both a significant time and financial cost, not to mention it puts my continuity of care at risk due to the fact that I am not always able to line up a full day of availability with my provider's already limited appointment schedule.

And this brings me to second topic today: I am in favor of this bill because it increases a patient's ability to have continuous and timely care. I have had the opportunity, through the course of my life, to have a significant amount of interaction in the medical community due to my broader health needs; likely much more than your average 28-year-old. And what I have observed is that more than any other kind of medical provider, mental health providers must rely substantially on the trust developed between them and their patients in order to achieve accurate diagnosis and treatment of a mental health condition. This trust acts as the gateway for patients to share their most personal thoughts, feelings, memories, concerns, and questions. It allows them to speak about past traumas, and situations and thoughts that scare them. Unlike other medical providers who can rely on diagnostic testing, imaging, and physical evaluation, mental health providers must establish trust with their patients to unravel and reveal the details that can lead to the diagnosis and treatment of a mental illness.

Although I have always considered myself to have a trusting relationship with my provider, it still took me almost seven years to share with them a topic that ended up being a key to diagnosis and treatment. Without ratification of this bill, I will be left with only two choices for my care: 1) either continue to shoulder the burden of having to drive across the state line, and all that it entails, to receive care, or 2) establish with a new provider here in Wisconsin. Although I have no doubt that there are competent and qualified providers here in Wisconsin, I fear that it may take me another seven years to build the kind of

trust I have with my current provider, and that this could mean another seven years, for a combined total of 14 years, before I am able to truly start receiving the care I need.

Before I move to closing, I would like to mention that I know this not only unique to me. I know of at least one other person in my immediate circle who is in the same situation, but in reverse: where they are living in Minnesota, and have to travel into the Wisconsin border to speak over the phone with their provider. In other words, this lack of legislation not only impacts residents who have returned to Wisconsin and want to continue to see their out-of-state provider, but also those residents who moved out-of-state and want to continue to see their Wisconsin provider.

In closing, I hope that as you consider whether or not you will vote in favor of this bill, you consider that voting in favor will reduce the burden placed on Wisconsinites to continue to have ready access to timely and continuous care, and will maintain for them the ability to seek that care with a provider they have chosen and trust. These, taken together, will ensure that patients can receive the diagnosis and treatment that they need.

Thank you.

Date: Thursday, January 6, 2022
To: Representative Sanfelippo, Chair, and members of the Assembly Committee on Health
From: Melissa J. Westendorf, J.D./Ph.D, S.C.
Clinical and Forensic Psychologist
PO Box 511653
Milwaukee WI 53203
RE: Assembly Bill 537 Relating to: ratification of the Psychology Interjurisdictional Compact.

I have been a practicing forensic and clinical psychologist in Wisconsin for nearly 20 years. I have served on the Psychology Examining Board and served in leadership positions for the Wisconsin Psychological Association and the American Psychological Association. The majority of my work serves the criminal justice system within the state, with a large portion of my time as a forensic psychologist for the state of Wisconsin, Department of Corrections. Over the years I developed an interest in telepsychology as I was required to periodically practice telepsychology as part of my service to the state of Wisconsin. Eventually, I developed an expertise in the ethical and legal practices of telepsychology services and now provide nearly monthly training programs throughout the United States, certifying psychologists in the practice of telepsychology. As a trainer I teach psychologists about PSYPACT and how PSYPACT is a practical, ethical, and standardized way to practice telepsychology across state lines.

As the global pandemic laid bare the deficits in health care and mental health care, the inability to practice across states lines frustrated mental health providers and patients alike. During my continuing education programs, therapists provided numerous examples of complications with providing telepsychology to their clients that had crossed state lines, some of which would have been resolved if Wisconsin (or relevant state) participated in PSYPACT. Moreover, research beginning in the 1990's has demonstrated repeatedly the positive benefits of telepsychology to clients and psychologists.

I truly believe the future of mental health care must include a telepsychological component so that therapists can continue providing services to those in need. With escalating mental health needs and a paucity of local therapists to serve the needs of all those individuals, telepsychology (and PSYPACT) provides Wisconsin psychologists with a means to legally and ethically serve those in other PSYPACT states. These services would place Wisconsin as an innovator in the future of mental health care and in line with contiguous PSYPACT states (e.g., Illinois and Minnesota).

Date: Thursday, January 6, 2022

To: Representative Sanfelippo, Chair, and members of the Assembly Committee on Health

From: Rachel Reinders, Ph.D.
President, Wisconsin Psychological Association

RE: Assembly Bill 537 Relating to: ratification of the Psychology Interjurisdictional Compact.

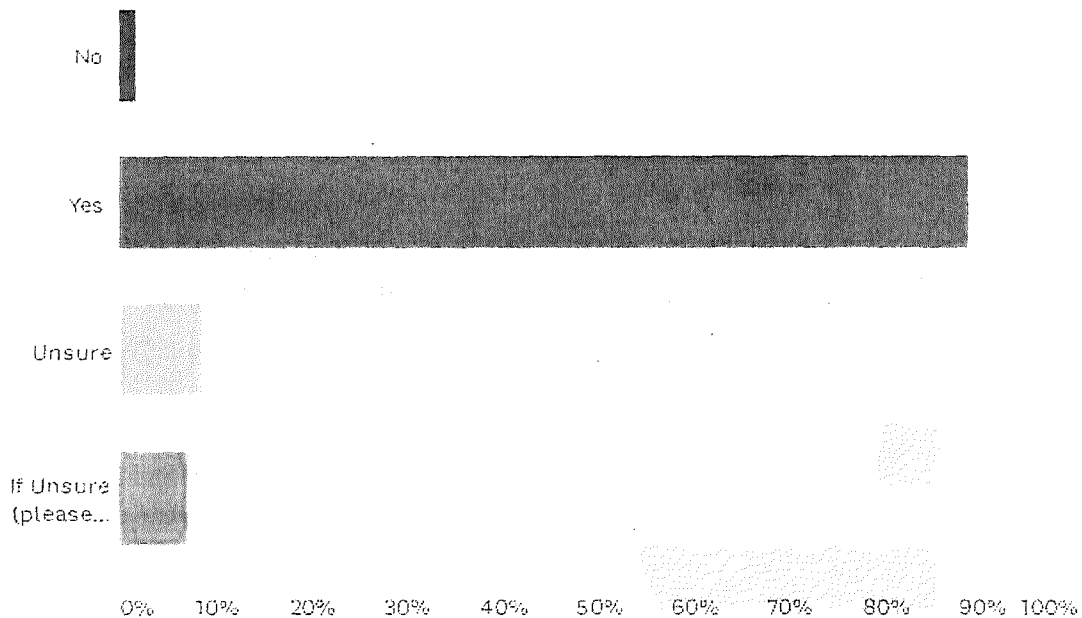
The Wisconsin Psychological Association supports Assembly bill 537, which would ratify and enter Wisconsin into the Psychology Interjurisdictional Compact.

The compact will ensure that Wisconsin citizens have continued access to mental health services when they are temporarily outside the state. It will allow Wisconsin based specialists to provide services to residents of other states. It will allow sports-team psychologist to provide services to their teams when travelling to away games. And it will provide basic protections for the public citizens who take part in interstate telehealth service.

Entry into the compact is supported by Wisconsin's psychologists. WPA conducted a survey and received 210 responses from Wisconsin psychologists. 89% (186) of the respondents favored pursuing passage of this legislation, 8.6% (18) were unsure about giving support, and 1.9% (4) indicated they were not in favor of the legislation.

Q6 Do you favor pursuing PSYPACT legislation in Wisconsin?

Answered: 209 Skipped: 3

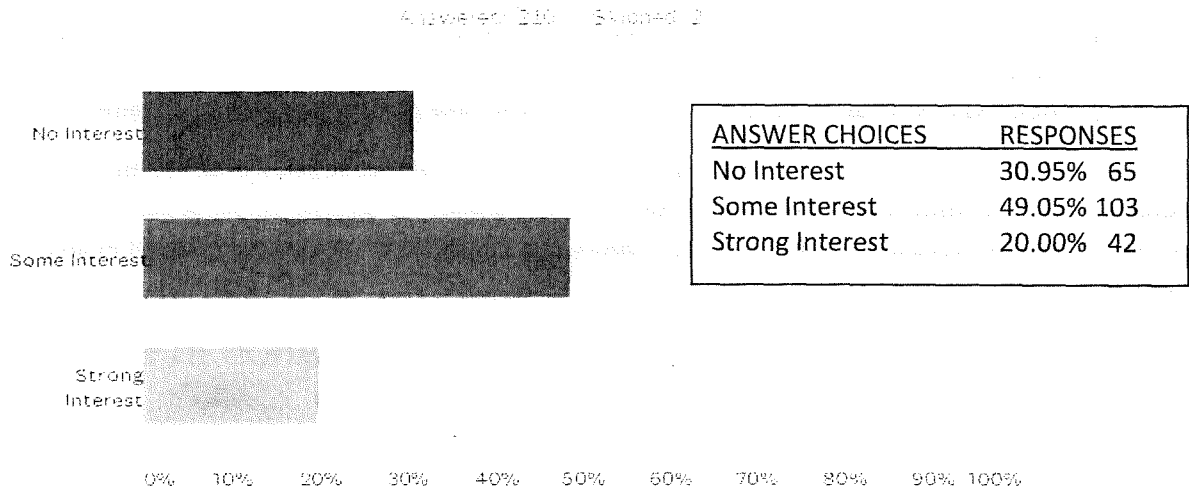


ANSWER CHOICES	RESPONSES	
No	1.91%	4
Yes	89.00%	186
Unsure	8.61%	18
Total Respondents:		209

Fifteen of those answering "Unsure" provided an explanation for their caution. Two respondents were not sure if patients were sufficiently protected. Nine expressed concerns about the effect it might have on the practice of psychology in Wisconsin. Two shared concerns about the rules and regulations about who can participate. And three indicated they did not know enough to formulate a clear opinion.

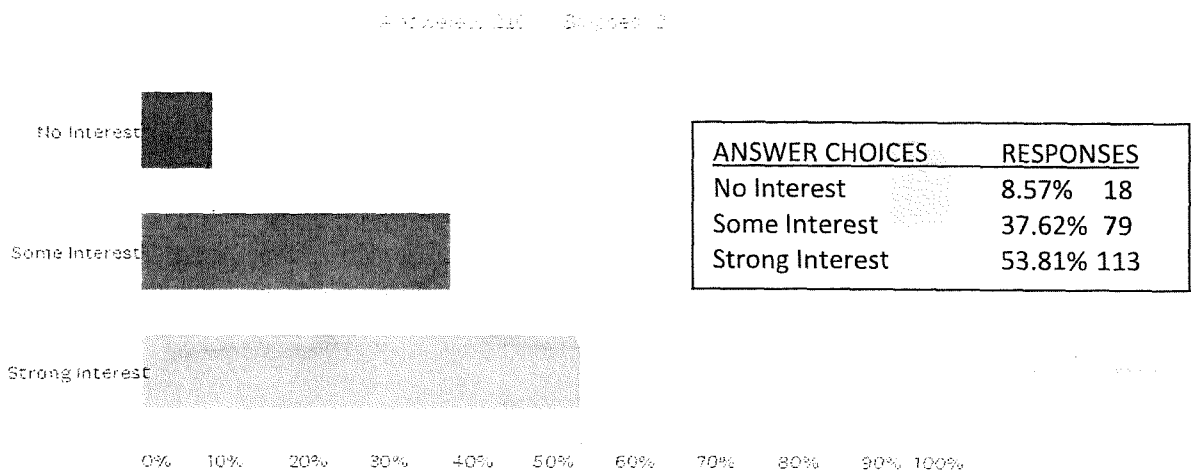
Based on the results of this question, we know PSYPACT has overwhelming support among Wisconsin psychologists. This is despite the fact that not all psychologists plan to engage in interstate telepsychology.

Q5 Are you interested in being able to provide in-person, face-to-face psychology services to clients in other PSYPACT member states?



Most psychologists (69 %) are interested in using the benefits of PSYPACT to provide face-to-face services to clients; 31% have no interest in providing "in-person" services to out of state clientele. Many more are interested in telehealth services.

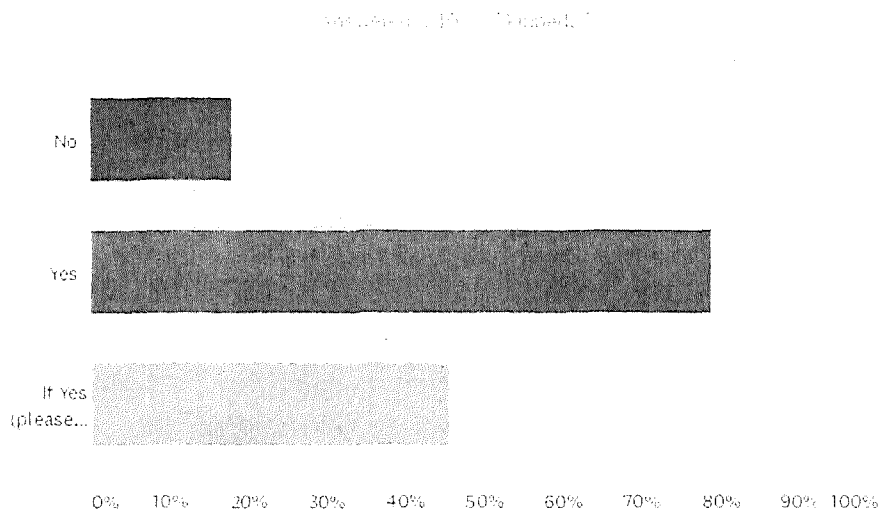
Q4 Are you interested in being able to provide telepsychology services to clients in other PSYPACT member states?



Fully 91% of psychologists surveyed have an interest in using PSYPACT to provide interstate telehealth services. While about 9% express no interest in this activity, only 2% of the total believe there is no need for PSYPACT.

Why might psychologist be so interested in PSYPACT? The survey provides some good clues; the want to prevent disruptions to ongoing treatment with clients.

Q3 Have you ever had a disruption in your treatment due to a client leaving the state (e.g., vacation, college, work)?



ANSWER CHOICES	RESPONSES	
No	18.10%	38
Yes	79.05%	166
If Yes, please Comment	45.71%	96

The comments¹ described many of the common reasons psychologist support PSYPACT:

- I had a patient temporarily move to Washington DC for a cancer treatment trial at NIH and we had to stop our work while he was there (2 months).
- I have had this situation occur somewhat regularly, and it is very disruptive to treatment:
 - client going to college (but home during breaks),
 - client getting a new job in a different state (stressful life transition),
 - client temporarily moving to a different state to care for a family member.
- I work with college students; many have permanent residences out-of-state so I am unable to treat them during the summer or over holiday breaks.
- One of my clients moved to Michigan to care for her father for the last months of his life. We were able to conduct telehealth at this difficult time only because Michigan's public health emergency allowed it.
- In a few cases with disruption I contacted the state licensing board in their state, and the state allowed it temporarily.

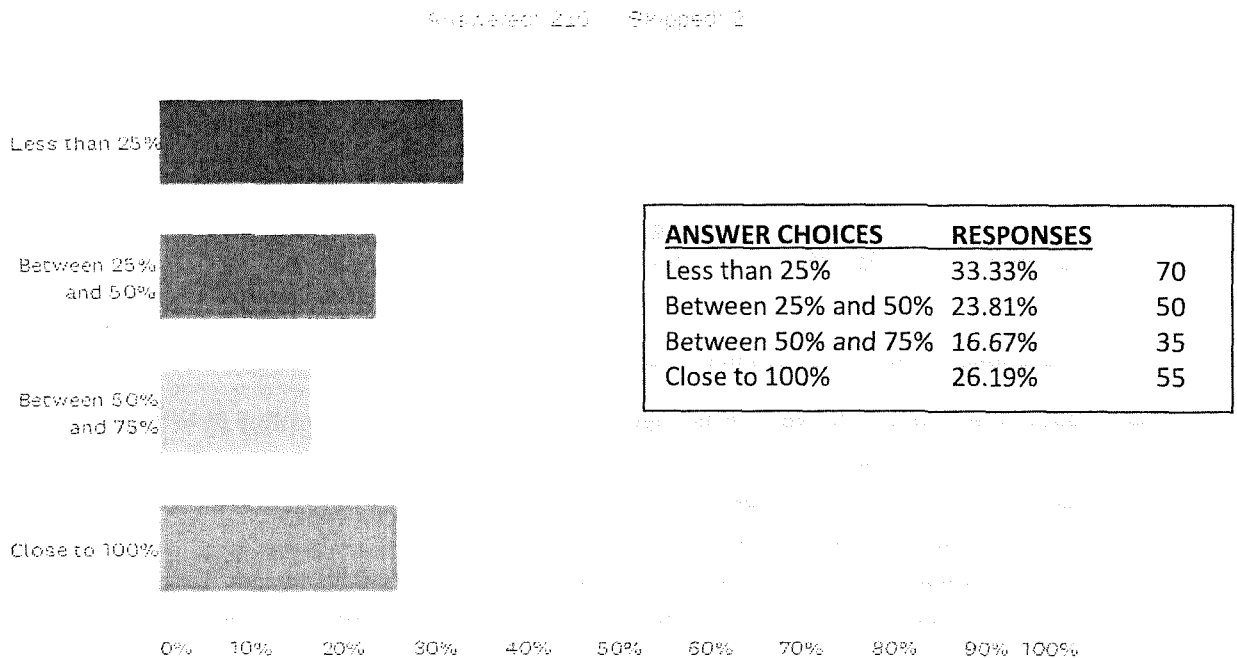
¹ Comments edited for readability and succinctness.

Written Testimony from the Wisconsin Psychological Association regarding Assembly bill 537

- Patients who are snowbirds are out of therapy for 2-6 months each year. I also see children of domestic violence victims; one mother took her children to Florida to be near family. I could no longer advocate for children's safety and wellbeing.
- People left during COVID to be with family or friends. And sometimes people are vacation when a crisis happens. We need this to be part of the change in the world.
- We have had requests to do a custody or child placement evaluation where one parent resides out-of-state; we had to decline the case or only partially evaluate the situation being unable to work in the state where the other parent resides.
- Several college students that leave the state for their first year of college come home on a break and begin therapy for just a few weeks before returning to college. Have also had a couple clients move permanently to remote areas without access to care.
- The inability to see clients out of state has resulted in several patients requiring emergency services. Through telehealth these situation could have been avoided.
- I live near the borders with Minnesota and Iowa. Frequently patients will move across state lines while maintaining the same occupations and insurance. It is challenging for me to maintain 3 state licenses.

Psychologists have become familiar and proficient with telehealth technology. Most have used it to some extent during the Covid-19 pandemic.

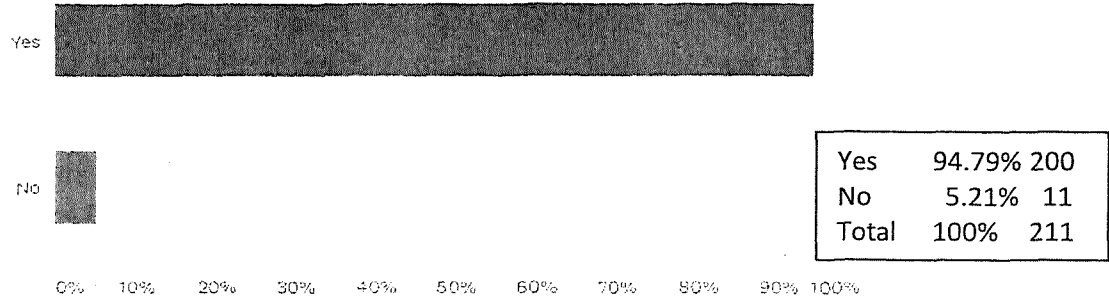
Q2 What percentage of your current practice is telepsychology?



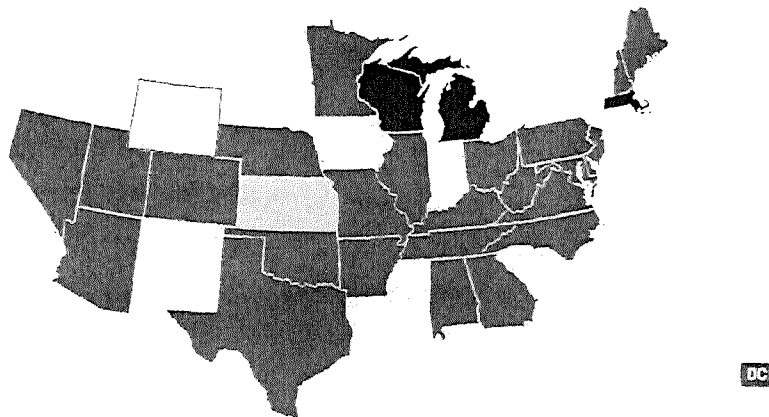
Two-thirds of the respondent have used telehealth methods with more than 25% of their clients. This suggests the Wisconsin psychologists have gained a lot of experience with telehealth delivery methods.

Q1 Based on the above information, do you believe you would be eligible for an e-passport, and so be able to participate in PSYPACT?

Answers: 211 Skipped: 1



The answers to this question indicate the vast majority of respondents believe they would be able to provide services under PSYPACT.



Map Key

- PSYPACT Participating State
- Enacted PSYPACT Legislation -practice under PSYPACT not permitted
- PSYPACT Legislation introduced

Figure 1: Downloaded from <https://psypact.site-ym.com/page/psypactmap>

Where will Wisconsin psychologists be able to provide services? The map of participating states is changing all the time. Two of our neighboring states already participate in PSYPACT. Another has legislation pending to enact the

Written Testimony from the Wisconsin Psychological Association regarding Assembly bill 537

compact. Over half the states (27) participate in PSYPACT. The list of participating states expands during every legislative period.

We believe it is time for Wisconsin to join the PSYPACT compact. The final survey question was, "Please share any additional questions, concerns, or suggestions you have regarding PSYPACT." 35 of the respondents answered. Eight raised questions not directly related to enacting PSYPACT (e.g., "Will we practice under the laws of our state, or will we be responsible for knowing practice law in each state?" This is answered in the body of the legislation). Three made statements not supportive of PSYPACT (e.g., "Concerned that access to psychologists in one's community will be reduced even further b/c providers are servicing others in other states"). Eight made neutral statements (e.g., "Patients with suicidal ideation and being able to coordinate hospital evaluation [could pose a problem]"). This is an important practice issue, but is not about passage of PSYPACT). Sixteen made statements supportive of PSYPACT (e.g., "Phenomenal idea-- I've been waiting for Wisconsin to become interested in PSYPACT").

