

## Commonly Asked Questions Related to Practicing Telepsychology Under the Psychology Interjurisdictional Compact (PSYPACT)

*Developed by the ATA Telemental Health Special Interest Group*

### Background: What is [PSYPACT](#)?

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.

#### 1. What is required to practice telepsychology in other states under PSYPACT?

In order to practice telepsychology in PSYPACT states other than the area covered by their home state license, psychologists must apply for and be granted the Authority to Practice Interjurisdictional (APIT®) by the PSYPACT Commission.

- A licensed psychologist holding an APIT is authorized to provide telepsychology to clients and patients in other compact jurisdictions (also known as the “receiving state”) if they are physically located in their declared “home state.” This Authority to Practice Interjurisdictional Telepsychology is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.

#### 2. What states are part of PSYPACT?

- As of September 2024, 42 states have enacted PSYPACT, and all 42 are effective participants.
- A map with the latest state participants can be found [here](#).

#### 3. Why did the ATA Telemental Health Special Interest Group launch this effort?

- ATA members participating in the Telemental Health Special Interest Group surfaced a variety of questions faced by psychologists seeking to practice telepsychology under PSYPACT.
- We surveyed over 100 psychologists and leaders in the broader ATA community to collect the highest-priority questions of concern. The most-frequently mentioned areas of concern included: navigating state-by-state rules and regulations, malpractice insurance, and payer recognition of providers authorized by PSYPACT.

## State-by-state rules and regulations:

### 4. What guidance is given to providers of telepsychology about navigating differences in state-specific telepsychology obligations and standards of practice (especially as related to duty to warn)?

- When practicing under an APIT authorization, psychologists are practicing under the authority of their home state license and are required to follow the receiving state's scope of practice and public safety requirements (for example, minor age of consent or obligation to report abuse allegations or follow duty to warn/protect requirements to the appropriate parties in the jurisdiction where the patient is located). (Source: [PSYPACT](#))

### 5. Which state takes precedence when state rules are in conflict - the receiving or provider's home state?

- If related to laws that impact practice of telepsychology, the receiving state takes precedence. (Source: [PSYPACT](#))

### 6. What resources can providers of telepsychology consult to comply with each state's legal requirements and standards of practice?

- Providers should consult the laws governing the practice of psychology in the psychologist's home state as submitted to PSYPACT, as well as the receiving state/s where the psychologist intends to practice. This information can be found on each state's Board of Psychology website, which are linked from the Association of State and Provincial Psychology Boards (ASPPB) [website](#). (Source: APA, [PSYPACT](#))
- State psychological associations may be an additional resource that can support psychologists in understanding scope of practice issues and other legal requirements.
- Providers should consult their firm's own legal counsel or a licensed attorney who is familiar with the psychology practice laws in the receiving state, as needed.
- Providers might also consider consulting with their professional liability company for risk management guidance.
- For those in independent practice who may not have access to additional legal resources, the American Psychological Association (APA) recommends selecting one to two states to understand their scope of practice requirements and joining those states' psychological associations to be kept up-to-date on requirements. (Source: [APA](#), [PSYPACT](#))

## Malpractice insurance:

### **7. What are implications for malpractice insurance when practicing under PSYPACT? Is a provider covered in the receiving state if their policy is registered in their home state?**

- Psychologists should contact their professional liability company to discuss their malpractice coverage and confirm whether interstate telepractice warrants additional or different coverage. (Source: [APA](#))

### **8. What risk management resources are recommended?**

- Malpractice insurance carrier: Your malpractice insurance carrier may provide additional resources to policyholders and may recommend purchasing cyber insurance coverage.
- Risk management consultants: Risk management consultations may be available through your malpractice insurance carrier.

## Payer recognition of PSYPACT authorizations:

### **9. How do payers take into account or recognize PSYPACT status today? (Source: [APA](#), Council of State Governments)**

- Public payers
  - i. The Centers for Medicare and Medicaid Services (CMS) clarified their recognition of compact authorizations as equivalent to full licensure in a [note](#) published in 2021.
  - ii. CMS issued guidance advising providers to submit Medicare claims to the Medicare Administrative Contractor (MAC) in the provider's state.
  - iii. Additional compacts utilizing compact privileges, such as the Physical Therapy Compact, have reportedly struggled with educating state Medicaid programs about how to utilize the compact privilege. However, once state Medicaid programs are directed to the CMS guidance, they have typically recognized the authorization.
- Private payers
  - i. The APA and state psychological associations are actively engaging with payers to educate them on compact authorizations under PSYPACT.
  - ii. Additional questions about engaging with payers can be directed to the APA Practice Directorate or the provider's state psychological association.