



THE SENATE
Twenty-Second Northern Marianas Commonwealth Legislature
P. O. Box 500129
Saipan, MP 96950

COPY

July 22, 2022

The Honorable Edmund S. Villagomez
Speaker
House of Representatives
22nd Northern Marianas Commonwealth Legislature
Saipan, MP 96950

Dear Speaker Villagomez:

I have the honor of returning without amendments House Bill No. 22-80 entitled, "To have the Commonwealth of the Northern Mariana Islands (CNMI) join the Psychology Interjurisdictional Compact (PSYPACT) to improve and expand access to mental health care in the CNMI; and for other purposes." The Senate passed H.B. No. 22-80 by the unanimous vote of the members, a quorum being present, in its 1st Day, Sixth Special Session on July 22, 2022. (See attached adopted SCR 22-77)

Sincerely,

Dolores S. Bermudes
Senate Clerk

Attacment

Transmitted to HOUSE:

Received by: Date: 072222 Time: 1:56 pm



The Senate
NORTHERN MARIANAS COMMONWEALTH LEGISLATURE
P.O. BOX 500129
SAIPAN, MP 96950

STANDING COMMITTEE REPORT NO. 22-77
Date: June 8, 2022
RE: House Bill No. 22-80

Honorable Jude U. Hofschneider
President of the Senate
Twenty-Second Northern Marianas
Commonwealth Legislature
Saipan, MP 96950

Dear Mr. President:

Your Committee on Health, Education, and Welfare to which was referred House Bill No. 22-80 entitled:

“To have the Commonwealth of the Northern Mariana Islands (CNMI) join the Psychology Interjurisdictional Compact (PSYPACT) to improve and expand access to mental health care in the CNMI; and for other purposes.”

begs leave to report as follows:

I. RECOMMENDATION:

After considerable discussion and deliberation, your Committee recommends the passage of the proposed legislation in its original form as House Bill No. 22-80.

II. ANALYSIS:

A) Purpose:

The purpose of House Bill No. 22-80 is to enhance and extend mental health care throughout the Commonwealth of the Northern Mariana Islands through participation in the Psychology Interjurisdictional Compact (PSYPACT).

B) Committee Findings:

Your Committee finds that although the demand for enhancement in mental health care in the Commonwealth of the Northern Mariana Islands (CNMI) always existed, the demand has increased drastically as a result of the global pandemic which has adversely impacted many individuals worldwide. Furthermore, the pandemic as well as the previous Super Typhoons Soudelor and Yutu have created a continual uptick in the number of individuals seeking mental health assistance in the CNMI. The demand for mental health assistance greatly exceeds the number of mental health professionals available in the CNMI, which has created an extensive delay in services provided to individuals in need of such health services.

Your Committee further finds that the CNMI's general student population, most especially its population of students receiving special education services, is also heavily impacted by the barriers set by the pandemic. With the already existing stressors, these students may experience that these barriers have magnified them to a greater scale in their environments. In comparison to the U.S. mainland, the percentage of people with autism spectrum disorders is proportionate to the percentage in the CNMI. However, the accessibility to mental health care is drastically disproportionate in the Commonwealth.

Your Committee finds that the dire shortage of mental health professionals and treatment facilities can be alleviated through the CNMI's participation in the Psychology Interjurisdictional Compact (PSYPACT). This compact, which was established by the Association of State and Provincial Psychology Boards (ASPPB), facilitates telehealth psychology and temporary in-person, face-to-face practice of psychology across jurisdictional boundaries. PSYPACT is an interstate compact, which is an agreement between states to enact legislation and enter into a contract for a specific, limited purpose or address a particular policy issue. Members of the PSYPACT engage in telepsychology in PSYPACT participating states or territories. As provided through the written testimony of Dr. Anne V. Erhard, your Committee further finds that 33 states have enacted PSYPACT legislation and 28 states' PSYPACT is effective to date. There are also four active PSYPACT legislations throughout America and its territories that have been introduced but have yet to be enacted.

Your Committee finds that PSYPACT aims to improve accessibility to mental health services and reduce regulatory barriers. This would assist the Commonwealth community by providing better accessibility to a larger pool of mental health professionals that would be regulated by legal and ethical oversight under PSYPACT. The need for this assistance throughout the Commonwealth is crucial as the global pandemic has imposed additional stressors and barriers that has adversely impacted the mental health of many adults and children in the CNMI.

Your Committee met on June 8, 2022 to formally discuss the proposed legislation and review the comments submitted to the Committee for consideration. Through the enactment of the proposed legislation, your Committee agrees that this compact would assist the mental health professionals and the general community of the Commonwealth. It is for these reasons that your Committee supports the provisions of the proposed legislation and recommends its passage in its original form as House Bill No. 22-80.

C) Legislative History:

House Bill No. 22-80 was formally introduced by Representative Christina M. E. Sablan on October 1, 2021 and was subsequently referred to the House Standing Committee on Health and Welfare for disposition. The House Standing Committee on Health and Welfare adopted House Standing Committee Report No. 22-44 recommending the passage of the proposed legislation in its original form. On April 27, 2022, House Bill No. 22-80 was passed by the House of Representatives during its Second Day, First Special Session.

House Bill No. 22-80 was transmitted to the Senate on April 27, 2022 filed as House Communication No. 22-100 and was subsequently referred to the Senate Standing Committee on Health, Education and Welfare for disposition.

D) Public Hearing and Comment:

Although a public hearing was not scheduled for Senate House Bill No. 22-80, a Committee Meeting, which is open to the public, was held to receive oral or written testimonies on any proposed legislation appearing on the agenda.

House Bill No. 22-80 made its first appearance on the agenda of the scheduled Committee Meeting on June 8, 2022, of which your Committee deliberated on the provisions stated in the proposed legislation.

The meeting notices and agendas were officially posted on various legislative forums and social media sites to invite members of the general public to provide comments as indicated under item *IV. Public Comments* of the agenda. On June 8, 2022, your Committee received two public comments in support of the legislation by the following:

1. Dr. Anne V. Erhard, Ph. D., Licensed Clinical Psychologist, Pacific Clinical and Consulting.
2. Amanda Borja Hughes, Ph. D., Licensed Psychologist

Your Committee requested for comments with a deadline to respond by June 10, 2022. To date, the status of comments received from the foregoing government agencies and institutions are as follows:

1. Office of the Attorney General, *Not Received*
2. Health Care Professions Licensing Board, *Not Received*

E) Estimated Fiscal Cost:

The enactment of House Bill No. 22-80 will result in additional costs to the CNMI government through implementation of the provisions and intent of the proposed legislation. However, the enhancement of mental health care and the ability to provide additional health care to the citizens of the Commonwealth outweigh any fiscal cost.

F) Summary of Committee Amendments:

Your Committee agreed that no further amendments were necessary upon review of the proposed legislation.

III. CONCLUSION:

Your Committee agrees with the intent and purpose of the proposed legislation and recommends its passage in the form of House Bill No. 22-80.

Respectfully submitted,

Senator Justo S. Quitugua
Chairperson

Senator Francisco Q. Cruz
Member

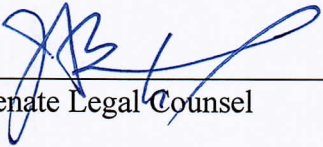
Senator Karl King-Nabors
Member

Senator Vinnie F. Sablan
Vice Chairperson

Senator Victor B. Hocog
Member

Senator Edith E. DeLeon Guerrero
Member

Reviewed by:



Senate Legal Counsel

Attachment(s):

- *2 Written Comments:*

1. *Dr. Anne V. Erhard, Ph.D., Licensed Clinical Psychologist, written testimony stated and received on June 8, 2022*
2. *Dr. Amanda Borja Hughes, Ph.D., Licensed Psychologist, written testimony stated and received on June 8, 2022*

June 8, 2022

Senate HEW Committee **RECEIVED**
Date: 060822 Time: AM By: Dr

Public Comments regarding HB 22-80 (PSYPACT)
Senate Health, Education and Welfare Committee
Senator Justo Quitugua, Chair
Twenty-Second Northern Marianas Commonwealth Legislature

Good morning, Chairman Quitugua, Senators, and Staff. Thank you for the opportunity to address you today.

I am Dr. Anne Erhard, a licensed clinical psychologist and co-owner of Pacific Clinical and Consulting. I have been practicing in the CNMI, along with my colleague Dr. Adrian Brenn, for over 25 years in both the public and private sectors, as well as having volunteered in disaster mental health with the American Red Cross.

I am also representing Dr. Brenn, Dr. Janet McCullough, and Dr. Jennifer Maratita from the private sector. We would like to express our support of HB 22-80, the Psychology Interjurisdictional Compact, referred to as PSYPACT. PSYPACT has received support from CHCC and the Health Care Professions Licensing Board, and was passed unanimously by the House.

The Association of State and Provincial Psychology Boards (ASPPB) is the association of all psychology regulatory boards throughout the United States and Canada. ASPPB created PSYPACT to allow psychologists to practice interstate telehealth as well as the ability to practice for a limited period of time while physically located in a PSYPACT participating state or territory.

The goal of PSYPACT is to improve access to mental health services by providing a mechanism for the ethical and legal practice of psychology while reducing regulatory barriers to accessing care.

As people are more willing to reach out for help, the number of those seeking the services of psychologists continues to increase. Unfortunately, the higher demand for services in the CNMI has resulted in long wait times to receive help. PSYPACT would allow the CNMI to access a larger pool of psychologists, including those who deal with specialized populations or who provide specialized treatment.

PSYPACT would also be helpful in maintaining continuity of care when patients travel out of the CNMI for school, medical care, or job change, and for patients such as family members of military personnel who move frequently.

Even before the pandemic, psychologists were using telehealth as a means of responding to the demand for services, especially in rural areas. Because of the pandemic, the use of telehealth has accelerated as face-to-face services have been limited and as people experience more distress. For many conditions, treatments are as effective via telehealth as when patients come to the psychologist's office.

PSYPACT provides protection to the public by certifying that psychologists have met acceptable standards of practice. Importantly, it provides compact states with a way to address disciplinary issues that occur across state lines. PSYPACT promotes public protection, where otherwise little exists, for the interstate practice of telehealth.

In summary, PSYPACT has many potential benefits for the CNMI. The ability of psychologists to deliver mental health services through telehealth could greatly increase access to care for the CNMI.

PSYPACT has now been enacted in 33 States and has been introduced in 5 more, including the CNMI.

We hope that you will support PSYPACT to help meet the mental health needs of our community.

Thank you for considering this important mental health legislation.

Respectfully,

/s/ Anne V. Erhard, Ph.D.
Licensed Psychologist
#0006

PSYPACT PARTICIPATING STATES (33 ENACTED, 28 EFFECTIVE)

Alabama - AL SB 102 (Enacted 3/18/2021)
 Arizona - AZ HB 2503 (Enacted on 5/17/2016)
 Arkansas - AR HB 1760 (Enacted 4/25/2021)
 Colorado - CO HB 1017 (Enacted 4/12/2018)
 Delaware - DE HB 172 (Enacted 6/27/2019)
 District of Columbia - DC B 145 (Enacted 3/16/2021)
 Georgia - GA HB 26 (Enacted 4/23/2019)
 Illinois - IL HB 1853 (Enacted 8/22/2018)
 Kansas - KS SB 170 (Enacted 5/17/2021)
 Kentucky - KY HB 38 (Enacted 3/18/2021)
 Maine - ME HB 631 (Enacted 6/22/2021)
 Maryland - MD HB 970 (Enacted 5/18/2021)
 Minnesota - MN SB 193 (Enacted 5/25/2021)
 Missouri - MO HB 1719/MO SB 660 (Enacted 6/1/2018)
 Nebraska - NE L 1034 (Enacted 4/23/2018)
 Nevada - NV AB 429 (Enacted on 5/26/2017)
 New Hampshire- NH SB 232 (Enacted 7/10/2019)
 New Jersey - NJ A 4205 (Enacted 9/24/2021)
 North Carolina - NC 361 (Enacted 7/1/2020)
 Ohio - OH S 2 (Enacted 4/27/2021)
 Oklahoma - OK HB 1057 (Enacted 4/29/2019)
 Pennsylvania - PA SB 67 (Enacted 5/8/2020)
 Tennessee - TN S 161 (Enacted 5/11/2021)
 Texas - TX HB 1501 (Enacted 6/10/2019)
 Utah - UT SB 106 (Enacted on 3/17/2017)
 Virginia - VA SB 760 (Enacted 4/11/2020)
 West Virginia - WV SB 668 (Enacted 4/21/2021)
 Wisconsin - WI A 537 (Enacted 2/4/2022)

ENACTED, NOT YET EFFECTIVE

Washington - WA H 1286 (Enacted 3/4/2022; Effective Date to TBD by Washington Department of Health)
 Indiana - IN S 365 (Enacted 3/10/2022; Effective July 1, 2022)
 Idaho - ID S 1305 (Enacted 3/23/2022, Effective July 1, 2022)
 Connecticut - CT S 2 (Enacted 5/24/2022, Effective October 1, 2022)

ENACTED, UNDER FURTHER REVIEW (* indicates PSYPACT legislation has been enacted in a state but has not been formally adopted by the PSYPACT Commission.

PSYPACT authorizations are not yet valid in this state.)

South Carolina - SC H 3833

ACTIVE PSYPACT LEGISLATION (*Please note the following states have introduced PSYPACT legislation but have not yet enacted PSYPACT and therefore are not considered PSYPACT participating states.)

Massachusetts - MA S 2542

Michigan - MI H 5489

Rhode Island - RI H 7501/RI S 2605

Commonwealth of the Northern Mariana Islands - CNMI HB 22-80

New York - NY S 9234

Hafa Adai and Tirow, Chairman Quitugua, Vice Chairman Sablan, and members of the Health, Education, and Welfare Committee:

Thank you for allowing me to appear and testify before your honorable committee. My name is Dr. Amanda Borja Hughes, and I am an early career psychologist who's been providing mental and behavioral health services at the CNMI Public School System Special Education Program for the past 6 years. I am the **only** licensed psychologist fully employed at the PSS, but we have been fortunate to have worked with a handful of contracted psychologists and school psychologists to provide much needed evaluative, diagnostic, and some therapeutic services for the **entire** student population of the CNMI, both in public & private schools.

For therapeutic services, we have been fortunate to work with a team of paraprofessionals, a few licensed mental health service providers, and most recently, contracted behavior analysts who have worked tirelessly to support the health and well-being of our students and their families in the CNMI. As Dr. Erhard has testified and as you can probably imagine, our system is strained, bursting at the seams. We, as professionals, are strained, and the demand is unfortunately growing. The truth is, the pandemic did not suddenly erase the over 1000 children who receive special education services in the CNMI: those with developmental disabilities, Autism Spectrum Disorder, Intellectual Disabilities, Learning Disabilities, ADHD, Anxiety, Depression, and more. It in fact exacerbated their needs **and** the needs of their families. So, while the needs our children have been growing, our ability to serve them has become increasingly difficult, which is why this legislation is critical to the health and progress

of our commonwealth. A healthier CNMI is essentially a ^{safer and} more productive CNMI: more productive socially and ultimately, economically.

You know, I am a daughter of the CNMI. I was gone from my home for 15 years, but I never once considered calling any state I've lived in "home." I was in the mainland for 1 purpose and 1 purpose only: to learn to be the best that I can be in my field so that I can give back to my home. In fact, when I first met my husband on our first date, I essentially told him not to waste his time unless he was willing to move back home with me (he said yes). At that time, I remembered a CNMI that needed its people to come back and to invest in our future.

Now, I am a mother, and my beautiful 3-year-old pushes me to look to the future. She gives me a vision of what I want the CNMI to be for her. And the truth is, we need the help because we don't have enough professionals to meet our growing needs. I second Dr. Erhard's testimony. This legislation can help to increase access to much needed psychological services for our children and their families—for my child; and for husband; and for me.

With all of that, Mr. Chairman and members of the Committee, I stand in full support of this bill and urge that this committee recommend to the full Senate that it concur with the House & pass it for the good of our CNMI.

Thank you.