



HOUSE OF REPRESENTATIVES

TWENTY-SECOND LEGISLATURE

COMMONWEALTH OF THE NORTHERN MARIANAS COMMONWEALTH
LEGISLATURE

P.O. BOX 500586 SAIPAN, MP 96950

CHRISTINA M.E. SABLAN
CHAIRPERSON
HEALTH AND WELFARE COMMITTEE

adopted - 4/27/2022
STANDING COMMITTEE REPORT NO. 22-44
DATE: April 21, 2022
RE: HOUSE BILL No. 22-80

The Honorable Edmund S. Villagomez
Speaker of the House of Representatives
Twenty-Second Northern Marianas
Commonwealth Legislature
Capitol Hill
Saipan, MP 96950

Dear Mr. Speaker:

Your Committee on Health and Welfare to which House Bill No. 22-80 was referred, 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, your Committee recommends that H. B. NO. 22-80 be passed by the House in its current form.

HOUSE CLERK'S OFC
RECEIVED BY *[Signature]*
DATE 4/22/2022 TIME 12:13pm

II. ANALYSIS:

A. Purpose:

The purpose of House Bill No. 22-80 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.

C. Committee Findings:

Your Committee finds that the COVID-19 pandemic has had a significant worldwide impact on our lives, especially the lives of students and their schooling. Similar to many other countries, the CNMI also pursued a policy to lockdown schools, to mitigate the pandemic. The lockdown caused the schools to rapidly adopt and pursue remote learning using video conferencing methods. The teachers, students, and their families have experienced several different challenges, including increased stress and anxiety that has led to degradation of mental health. The issues have been further compounded by stringent social distancing measures. The COVID-19 pandemic has presented many challenges to students, educators, and parents. Children already coping with mental health conditions have been especially vulnerable to the changes, and now we are learning about the broad impacts on students as a result of schools being closed, physically distancing guidelines and isolation, and other unexpected changes to their lives.

Your Committee further finds that the pandemic has increased demand for mental health services. Bereavement, isolation, loss of income and fear are triggering mental health conditions or exacerbating existing ones. Many of our people may be facing increased levels of alcohol and drug use, insomnia, and anxiety. Good mental health is absolutely fundamental to the overall health and wellbeing of our people and the CNMI must move fast and decisively to invest in mental health programs during the pandemic and beyond.

Your Committee finds that many countries have adopted telemedicine or teletherapy to bridge gaps in mental health. Accessing mental health care services in the CNMI continues to be a challenge for many people and students. The CNMI needs to expand opportunities to reach as many individuals as possible as soon as possible. The cumulative impacts of the pandemic, in addition to the prolonged struggle to recover from the devastations caused by ✓ Super Typhoon Yutu, have ^{become} ~~being~~ increasingly apparent as the negative consequences of prolonged stress and uncertainty continue to remain lingering in our communities.

Your Committee finds that 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.

The PSYPACT Commission is the governing body of PSYPACT responsible for creating and finalizing the Bylaws and Rules and Regulations. The Commission is also responsible for granting psychologists the authority to practice telepsychology and temporary in-person, face-to-face practice of psychology across state boundaries. There are two ways to practice under PSYPACT:

Telepsychology: 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). One required component of this authority granted from the PSYPACT Commission is that psychologists must obtain an E.Passport Certificate from the Association of State and Provincial Psychology Boards (ASPPB).

Temporary Practice: 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). One required component of this authorization granted from the PSYPACT Commission is that psychologists must apply for and obtain an Interjurisdictional Practice Certificate (IPC) from the Association of State and Provincial Psychology Boards (ASPPB).

In conclusion, your Committee further finds that this compact is designed to achieve the following purposes and objectives; 1) Increase public access to professional psychological services by allowing for telepsychological practice across state lines as well as temporary in-person, face-to-face services into a state which the psychologist is not licensed to practice psychology; 2) Enhance the states' ability to protect the public's health and safety, especially client/patient safety; 3) Encourage the cooperation of Compact States in the areas of psychology licensure and regulation; 4) Facilitate the exchange of information between Compact States regarding psychologist licensure, adverse actions and disciplinary history; 5) Promote compliance with the laws governing psychological practice in each Compact State; and 6) Invest all Compact States with the authority to hold licensed psychologists accountable through the mutual recognition of Compact State licenses.

Your Committee finds that the pandemic has created a greater need for mental health services in a context already marked by a gap in access to services, making it urgent to bridge that gap and promote the expansion of mental health services for the people of the CNMI. Therefore, your Committee agrees with the intent and purpose of House Bill No. 22-80 and recommends its passage in its current form.

PSYPACT PARTICIPATING STATES (31 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/NJ S 2506 (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)

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

South Carolina - SC H 3833

Connecticut - CT H 5046

Rhode Island - RI H 7501/RI S 2605

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

E. Public Comments/Public Hearing:

In a public meeting held on April 21, 2022, the Committee received oral testimonies from the following:

- Mr. Joseph Kevin Villagomez, Director, Community Guidance Center, CHCC.

“In support of HB 22-80. It will provide CNMI Residents with increased access to specialized care that is a part of this compact.”

In a public meeting held on February 14, 2022, the Committee received oral testimonies from the following:

- Dr. Anne V. Erhard, Ph.D., Licensed Clinical Psychologist, Pacific Clinical and Consulting.

“Dr. Erhard, a licensed clinical psychologist along with her colleague and husband, Dr. Adrian Brenn have been practicing in the CNMI for over 25 years, both in private and public sectors and have volunteered for the American Red Cross disaster mental health services.”

“We believe it has the potential to benefit the CNMI by providing another method for accessing much needed psychological services. The Association of State and Provincial Psychology Boards (ASPPB) is the association of all psychology regulatory boards throughout the United States and Canada and ASPPB created PSYPACT to allow psychologists to practice interstate tele-health as well as to practice for a limited period of time while there are physically present in the compact state. The goal of PSYPACT is to improve access to mental health services by providing a mechanism for the ethical and legal provision of psychology while reducing regulatory barriers to accessing care.

“The number of people seeking services is increasing. Psychologists are not easily available in under-served areas such as the CNMI. A higher demand for services has resulted in long waiting lists. PSYPACT would allow the CNMI to access a larger pool of psychologists. PSYPACT would also provide continuity of care for patients that travel outside of the CNMI.”

On December 14, 2021, the Committee received comments from the following:

- Anne V. Erhard, Ph.D. Licensed Psychologist, #0006; Janet L. McCullough, Ph.D., Licensed Psychologist, #0004 and Adrian C. Brenn, Ph.D. Licensed Psychologist, #0005.

"The goal of PSYPACT is to improve access to mental health services by facilitating the competent practice of telehealth by licensed psychologists across states lines and it represents a significant and crucial step in the profession of psychology. As people understand more about mental health issues and the need to treat them, the number of those seeking the services of psychologists continue to increase. Unfortunately, like many other health professionals, psychologists are not always easily or quickly in underserved areas, like ours. Higher demands for services has resulted in long waiting lists, which does not serve our community well. PSYPACT would give the CNMI access to psychologists who provide specialized treatment, or who deal with specialized populations, not available here."

On December 30, 2021, the Committee received comments from the following:

- Amanda Borja Hughes, Ph.D. Licensed Psychologist, #0021.

"Hafa Adai! My name is Dr. Amanda B. Hughes, and I am writing in support of HB 22-80. I am a licensed psychologist who has had the honor and privilege of providing psychological services to children and their families in the Special Education Program at the CNMI Public School System for almost 5 years. I specialize in the assessment and treatment of neurodevelopmental, anxiety, trauma, depressive, and disruptive behavior disorders in youth ages 2 – 18 years."

"I mention these startling numbers to highlight the significant gap between the need and availability of high quality services in the CNMI. In my experience as a clinician, this need has grown since Super Typhoon Yutu and further exacerbated by the pandemic and other global uncertainties. In the face of growing mental health concerns and ongoing recruitment challenges, the CNMI needs urgent solutions that can expand access to much needed mental health services while also protecting those who receive them. HB22-80 offers on such solution."

On March 18, 2022, the Committee received comments from the following:

- Theodore R. Parker, R.Ph., MPH, Chairman, Health Care Professions Licensing Board.

“I congratulate you, as well as the other member of your committee, on the hard work and effort shown in the drafting of this legislation, demonstrating a true appreciation of the adverse psychological effects that the Covid-19 pandemic has placed upon our populace. Once passed, HB22-80 will significantly increase the ability for individuals to seek appropriate and compassionate mental health care sorely needed by so many during these trying times. I am pleased to extend the Board’s support of HB22-80, to have the CNMI join the Psychology Interjurisdictional Compact.”

On April 13, 2022, the Committee received comments from the following:

- Esther L. Muna, PhD, MHA, FACHE, CEO of CHCC and Edward Deleon Guerrero, Chairman, CHCC Board of Trustees.

“At a time when access to mental health care services continues to be a challenge for many people seeking care in the CNMI, the need to expand opportunities to reach as many individuals as possible cannot be more vital.”

“PSYPACT expands access, opportunities, and options for care for the CNMI. A key advantage of PSYPACT is the ability to provide access to a pool of specialty providers unavailable in the CNMI. Residents of the CNMI will have an increased access to specialty care, such as autism spectrum disorder, opioid addiction, and sexual offender treatment, to name a few. In addition, the CNMI’s participation in PSYPACT will increase access to care via teletherapy. Common barriers to care, such as lack of transportation and poor mobility will no longer preclude access to help. Teletherapy also widens access to those individuals reluctant to seek treatment due to the debilitating effects of stigma and have for far too long dealt with emotional and psychological injury alone.”

“Finally, a critical component essential to the CNMI’s participation in PSYPACT is the opportunity to enhance the CNMI’s ability to protect the public’s health and safety.”

Comments received have been attached as part of this committee report. Oral testimonies can be made available for public inspection upon request.

E. Legislative History:

House Bill No. 22-80 was introduced by Representative Christina M.E. Sablan on October 01, 2021 and was subsequently referred to the House Standing Committee on Health and Welfare for disposition.

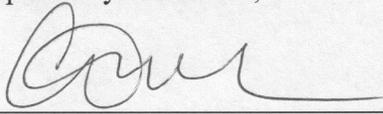
F. Cost Benefit Analysis:

The enactment of House Bill No. 22-80 will result in additional cost to the CNMI Government to effectively carry out the intent of the proposed legislation. However, enhancing the CNMI's ability to protect the public's health and safety will heavily outweigh such cost.

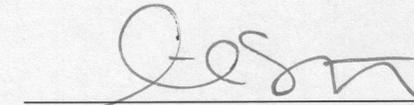
III. CONCLUSION:

The Committee is in accord with the intent and purpose of HOUSE BILL NO. 22-80, and recommends its passage in its current form.

Respectfully submitted,



Rep. Christina M.E. Sablan, Chairperson

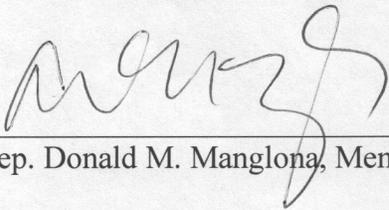


Rep. Leila H.F.C. Staffler, Vice Chair



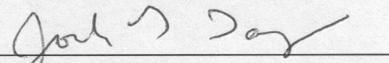
Rep. Blas Jonathan "BJ" T. Attao, Member

Rep. Sheila J. Babauta, Member



Rep. Donald M. Manglona, Member

Reviewed by:



House Legal Counsel

Attachments:

- Anne V. Erhard, Ph.D. Licensed Psychologist; Janet L. McCullough, Ph.D., Licensed Psychologist and Adrian C. Brenn, Ph.D. Licensed Psychologist Ltr dated Dec. 14, 2021
- Amanda Borja Hughes, Ph.D. Licensed Psychologist Ltr dated Dec. 30, 2021
- Mr. Theodore Parker, R.Ph., MPH, Chairman, Health Care Professions Licensing Board, Ltr dated Mar. 18, 2022
- Esther L. Muna, Ph.D., CEO of CHCC and Edward Deleon Guerrero, Chairman, CHCC Board of Trustees Ltr dated April 13, 2022
- Voting Record for passage of HB22-80 (in its current form) dated April 21, 2022

December 14, 2021

Via electronic delivery

Representative Christina Sablan, Chair
Health and Welfare Committee
Twenty-Second Northern Marianas Commonwealth Legislature
The House of Representatives
P.O. Box 500586
Saipan, MP 96950

Re: Request for Comments - HB 22-80

Dear Chair Sablan,

We are Drs. Anne Erhard, Adrian Brenn, and Janet McCullough, licensed clinical psychologists. Drs. Erhard and Brenn have been practicing in the CNMI for 25 years in the public sector, in the private sector, with the public school system, and as volunteers in disaster mental health. Dr. McCullough has been practicing psychology in the CNMI for 35 years in both the public and private sectors, as well as volunteering in disaster mental health and serving as a former CNMI Health Care Professions Licensing Board member and chair. We are writing to you in support of HB 22-80.

First, we would like to express our appreciation for your consideration of the Psychology Interjurisdictional Compact (PSYPACT) legislation. We believe it has the potential to greatly benefit the CNMI by providing another method of accessing much needed psychological services.

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, allowing for the interstate practice of telehealth as well as the ability to practice for a limited period of time while physically located in a PSYPACT participating state. PSYPACT, is an interstate compact which provides a mechanism for the ethical and legal practice of telepsychology, as it reduces regulatory barriers while providing for client or patient protection.

The goal of PSYPACT is to improve access to mental health services by facilitating the competent practice of telehealth by licensed psychologists across state lines and it represents a significant and crucial step in the profession of psychology.

As people understand more about mental health issues and the need to treat them, the number of those seeking the services of psychologists continues to increase. Unfortunately, like many other health professionals, psychologists are not always easily or quickly available in underserved areas, like ours. Higher demand for services has resulted in long waiting lists, which does not serve our community well. PSYPACT

would give the CNMI access to psychologists who provide specialized treatment, or who deal with specialized populations, not available here.

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 of military personnel who move frequently.

Increasingly, psychologists are using telehealth as a means of responding to the demand for services. The use of telehealth has also accelerated during the COVID-19 pandemic as in-person services have been limited. For many conditions, when conducted via live video links, 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 mechanism to address disciplinary issues that occur across state lines. PSYPACT promotes public protection, where none currently exists, for the interstate practice of telehealth.

In summary, PSYPACT has many benefits for the CNMI. The ability of psychologists to deliver mental health services through telehealth could greatly increase the access to care for the CNMI, particularly for those needing services on Rota and Tinian, for people who may avoid accessing psychological intervention due to stigma or shame, for people who have special or complicated mental health needs and require access to specialized services, and for those uncomfortable with seeking care from someone they may see in the community.

Several years of work preceded the final version of PSYPACT, much of which was completed in collaboration with many other psychology professional organizations such as the American Psychological Association and the American Insurance Trust. Through this collective process, PSYPACT provides a means for providers to legitimately practice as well as a mechanism for the oversight of such practice in such a manner as to benefit all parties. This is important for the profession as well as for protection of the public. PSYPACT legislation has now been enacted in 27 States and introduced in 3 more.

Thank you for considering this very important mental health care issue.

Respectfully,

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

/s/ Janet L. McCullough, Ph.D.
Licensed Psychologist
#0004

/s/ Adrian C. Brenn, Ph.D.
Licensed Psychologist
#0005

Amanda Borja Hughes, Ph.D.
PO Box 502663
Saipan MP 96950

December 30, 2021

Only Via Electronic Delivery
(staff.rep.sablanc@cnmileg.net)

Honorable Congresswoman Christina Sablan, Chair
Health and Welfare Committee
Twenty-Second Northern Marianas Commonwealth Legislature
The House of Representatives
P.O. Box 500586
Saipan, MP 96950

Re: Request for Comments - HB 22-80

Dear Madame Chair Sablan,

Hafa Adai! My name is Dr. Amanda B. Hughes, and I am writing in support of HB 22-80. I am a licensed psychologist who has had the honor and privilege of providing psychological services to children and their families in the Special Education Program at the CNMI Public School System for almost 5 years. I specialize in the assessment and treatment of neurodevelopmental, anxiety, trauma, depressive, and disruptive behavior disorders in youth ages 2 – 18 years. To my knowledge, I am one of less than 10 licensed psychologists in the CNMI whose primary residence and practice is in the CNMI. I am also the only licensed psychologist who is employed full-time at the CNMI PSS, a school system that serves over 10,000 children, approximately 9% of whom receive special education supports and services. I mention these startling numbers to highlight the significant gap between the need and availability of high quality services in the CNMI. In my experience as a clinician, this need has grown since Super Typhoon Yutu and further exacerbated by the pandemic and other global uncertainties. In the face of growing mental health concerns and ongoing recruitment challenges, the CNMI needs urgent solutions that can expand access to much needed mental health services while also protecting those who receive them. HB 22-80 offers one such solution. By joining the Psychology Interjurisdictional Compact (PSYPACT), the CNMI agrees to a mechanism that establishes standards of ethical and quality practice/care when providing telepsychological and emergency face-to-face services across state lines; it increases access to specialized care that may not be available to our community members; and it facilitates continuity of care by offering an avenue for clients to continue treatment no matter their location. Therefore, I stand in support of HB 22-80, and I thank you for your consideration in this important mental health matter.

Sincerely,

/s/ Amanda Borja Hughes, Ph.D. (she/her/hers)
Licensed Psychologist (CNMI # 0021, *Inactive* Missouri # 2016042014)
Missouri Certified Psychological Health Service Provider, *Inactive*



Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD

P.O. Box 502078, Bldg., 1242 Pohnpei Court
Capitol Hill, Saipan, MP 96950

Tel No: (670) 664-4809 Fax: (670) 664-4814

Email: cnmi@cnmibpl-hcplb.net

Website: cnmibpl-hcplb.net

March 18, 2022

Representative Christina Sablan
22nd Commonwealth Legislature
Chair – Committee on Health and Welfare
Commonwealth of the Northern Mariana Islands

RE: Letter of Support for HB 22-80

Greetings,

Thank you for taking the time to present your comments on HB 22-80 at the last meeting of the Health Care Professions Licensing Board. The Board has always been in full support in providing mechanisms to enhance the health, safety and well-being, both physical and emotional of the citizenry of the Northern Mariana Islands. From your comments, and testimony given by Rep. Babauta and Dr. Erhard, and the additional research of our legal council and my fellow Board members, all of our questions and concerns about HB 22-80 have been significantly assuaged.

I congratulate you, as well as the other members of your committee, on the hard work and effort shown in the drafting of this legislation, demonstrating a true appreciation of the adverse psychological effects that the Covid-19 pandemic has placed upon our populace. Once passed, HB 22-80 will significantly increase the ability for individuals to seek appropriate and compassionate mental health care sorely needed by so many during these trying times.

I am pleased to extend the Board's support for HB 22-80, to have the CNMI join the Psychology Interjurisdictional Compact. I wish you Godspeed in moving this forward.

Sincerely,

Theodore R. Parker, R.Ph., MPH
Chairman

Rec'd 3/21/22



Board of Trustees
Commonwealth Healthcare Corporation
Commonwealth of the Northern Mariana Islands
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



CHCC-BOT22-002

April 13, 2022

Honorable Christina M.E. Sablan
Chairperson, Standing Committee on Health and Welfare
CNMI Legislature

Re: House Bill 22-80 *"To have 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.*

Dear Chairperson Sablan,

Thank you for the opportunity to comment on HB 22-80.

At a time when access to mental health care services continues to be a challenge for many people seeking care in the CNMI, the need to expand opportunities to reach as many individuals as possible cannot be more vital. Moreover, the cumulative impacts of COVID-19 have become increasingly apparent as the negative consequences of prolonged stress continue to permeate into the very hearts of our homes, villages, and schools. Thus, highlighting our shared responsibility to protect and strengthen our community's mental well-being by ensuring individuals have access to quality mental health care.

The Psychology Interjurisdictional Compact, or PSYPACT, is an interstate compact designed to increase access to mental health care services and would allow for interstate commerce of psychological services while maintaining consumer protection. It does so by creating a process to approve and regulate the delivery of telepsychology and the temporarily practicing of psychology in other jurisdictions. Through the mutual recognition model doctoral level psychologists may practice in the compact member states (aka Compact States) either using a multistate license or by obtaining a "compact privilege" or "compact authorization."

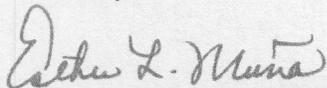
PSYPACT expands access, opportunities, and options for care for the CNMI. A key advantage of PSYPACT is the ability to provide access to a pool of specialty providers unavailable in the CNMI. Residents of the CNMI will have an increased access to specialty care, such as autism spectrum disorder, opioid addiction, and sexual offender treatment, to name a few. In addition, the CNMI's participation in PSYPACT will increase access to care via teletherapy. Common barriers to care, such as lack of transportation and poor mobility will no longer preclude access to help. Teletherapy also widens access to those individuals reluctant to seek treatment due to the

debilitating effects of stigma and have for far too long dealt with emotional and psychological injury alone. Another aspect of PSYPACT is the ability to facilitate care coordination by allowing family members from other jurisdictions to participate in treatment and provide additional support. Such a mechanism will not only allow clients to receive the help they need but also give family members the opportunity to take a greater role, remained involved, and actively participate in treatment and caring for their loved one despite location and proximity.

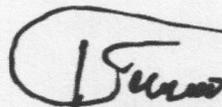
Finally, a critical component essential to the CNMI's participation in PSYPACT is the opportunity to enhance the CNMI's ability to protect the public's health and safety. Through PSYPACT, the CNMI will have access to exchange of information between Compact States regarding psychologist licensure, adverse actions, and disciplinary history. Having early access to provider credential and disciplinary history for adverse actions is necessary to protect clients from potential harm. By allowing the CNMI to participate in PSYPACT, we are promoting compliance with the laws governing psychological practice and hold licensed psychologists accountable through the mutual recognition of Compact State licenses and standards of practice.

Thank you for your time and your consideration of our comments.

Sincerely,



Esther L. Muña, PhD, MHA, FACHE
Chief Executive Officer
State/Territorial Public Health Official
Commonwealth Healthcare Corporation, the Territorial
Hospital & Health System



Edward Deleon Guerrero
Chairman, CHCC Board of Trustees

**HOUSE STANDING COMMITTEE ON HEALTH AND WELFARE
HOUSE OF REPRESENTATIVES
TWENTY-SECOND CNMI LEGISLATURE**

VOICE/ROLL CALL VOTE

DATE: April 21, 2022

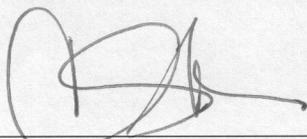
MOTION: To draft a Standing Committee Report for the passage of HB 22-80, "To have the Commonwealth of the Northern Mariana Islands (CNMI) join the Psychology Interjurisdictional Compact (PSYPACT) to improve and expand access to mental health care in the CNMI; and for other purposes." in its current form.

MOTION OFFERED BY: Rep. Blas Jonathan "BJ" T. Attao

MOTION SECONDED BY: Rep. Leila C. Staffler

COMMITTEE MEMBERS			Present
1	Chairperson	Christina Marie Elise Sablan	X
2	Vice Chairperson	Leila Haveia Fleming Clark Staffler	X
3	Representative	Blas Jonathan "BJ" Tenorio Attao	X
4	Representative	Sheila Therese Jack Babauta	Excused Absence
5	Representative	Donald Manalang Manglona	X

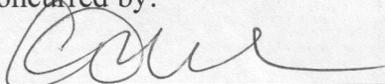
(VOICE) ACTION TAKEN: Chair declares that the "ayes" have it and the motion is carried.



Clarissa Sablan, House Legislative Assistant

Date: April 21, 2022

Concurred by:



Rep. Christina E. Sablan, Chair

Date: 4/22/2022

TWENTY-SECOND NORTHERN MARIANAS COMMONWEALTH

LEGISLATURE

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 1, 2021

Second Regular Session, 2021

H. B. 22-80

A BILL FOR AN ACT

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.

**BE IT ENACTED BY THE 22ND NORTHERN MARIANAS
COMMONWEALTH LEGISLATURE:**

1 **Section 1. Findings and Purpose.** The Legislature finds that states license
2 psychologists, in order to protect the public through verification of education,
3 training and experience and ensure accountability for professional practice. This
4 Compact is intended to regulate the day to day practice of telepsychology (i.e. the
5 provision of psychological services using telecommunication technologies) by
6 psychologists across state boundaries in the performance of their psychological
7 practice as assigned by an appropriate authority; to regulate the temporary in-
8 person, face-to-face practice of psychology by psychologists across state
9 boundaries for 30 days within a calendar year in the performance of their
10 psychological practice as assigned by an appropriate authority; and to authorize

1 State Psychology Regulatory Authorities to afford legal recognition, in a manner
2 consistent with the terms of the Compact, to psychologists licensed in another state.

3 The Legislature further finds that this Compact recognizes that states have
4 a vested interest in protecting the public's health and safety through their licensing
5 and regulation of psychologists and that such state regulation will best protect
6 public health and safety and that this Compact does not apply when a psychologist
7 is licensed in both the Home and Receiving States and does not apply to permanent
8 in-person, face-to-face practice, it does allow for authorization of temporary
9 psychological practice.

10 Consistent with these principles, this Compact is designed to achieve the
11 following purposes and objectives:

12 1) Increase public access to professional psychological services by allowing
13 for telepsychological practice across state lines as well as temporary in-person,
14 face-to-face services into a state which the psychologist is not licensed to practice
15 psychology; 2) Enhance the states' ability to protect the public's health and safety,
16 especially client/patient safety; 3) Encourage the cooperation of Compact States in
17 the areas of psychology licensure and regulation; 4) Facilitate the exchange of
18 information between Compact States regarding psychologist licensure, adverse
19 actions and disciplinary history; 5) Promote compliance with the laws governing
20 psychological practice in each Compact State; and 6. Invest all Compact States with

1 the authority to hold licensed psychologists accountable through the mutual
2 recognition of Compact State licenses.

3 **Section 2. Enactment.** The following is hereby enacted subject to
4 codification by the CNMI Law Revision Commission:

5 “Psychology Interjurisdictional Compact.

6 101. Definitions. For the purposes of this Act, the following terms
7 are defined as follows:

8 (a) “Adverse Action” means: Any action taken by a State
9 Psychology Regulatory Authority which finds a violation of a statute or
10 regulation that is identified by the State Psychology Regulatory Authority
11 as discipline and is a matter of public record.

12 (b) “Association of State and Provincial Psychology Boards
13 (ASPPB)” means: the recognized membership organization composed of
14 State and Provincial Psychology Regulatory Authorities responsible for the
15 licensure and registration of psychologists throughout the United States and
16 Canada.

17 (c) “Authority to Practice Interjurisdictional Telepsychology”
18 means: a licensed psychologist’s authority to practice telepsychology,
19 within the limits authorized under this Compact, in another Compact State.

1 (d) “Bylaws” means: those Bylaws established by the Psychology
2 Interjurisdictional Compact Commission pursuant to Section X for its
3 governance, or for directing and controlling its actions and conduct.

4 (e) “Client/Patient” means: the recipient of psychological services,
5 whether psychological services are delivered in the context of healthcare,
6 corporate, supervision, and/or consulting services.

7 (f) “Commissioner” means: the voting representative appointed by
8 each State Psychology Regulatory Authority pursuant to Section X.

9 (g) “Compact State” means: a state, the District of Columbia, or
10 United States territory that has enacted this Compact legislation and which
11 has not withdrawn pursuant to Article XIII, Section C or been terminated
12 pursuant to Article XII, Section B.

13 (h) “Coordinated Licensure Information System” also referred to as
14 “Coordinated Database” means: an integrated process for collecting,
15 storing, and sharing information on psychologists’ licensure and
16 enforcement activities related to psychology licensure laws, which is
17 administered by the recognized membership organization composed of
18 State and Provincial Psychology Regulatory Authorities.

19 (i) “Confidentiality” means: the principle that data or information is
20 not made available or disclosed to unauthorized persons and/or processes.

1 (j) “Day” means: any part of a day in which psychological work is
2 performed.

3 (k) “Distant State” means: the Compact State where a psychologist
4 is physically present (not through the use of telecommunications
5 technologies), to provide temporary in-person, face-to-face psychological
6 services.

7 (l) “E.Passport” means: a certificate issued by the Association of
8 State and Provincial Psychology Boards (ASPPB) that promotes the
9 standardization in the criteria of interjurisdictional telepsychology practice
10 and facilitates the process for licensed psychologists to provide
11 telepsychological services across state lines.

12 (m) “Executive Board” means: a group of directors elected or
13 appointed to act on behalf of, and within the powers granted to them by, the
14 Commission.

15 (n) “Home State” means: a Compact State where a psychologist is
16 licensed to practice psychology. If the psychologist is licensed in more than
17 one Compact State and is practicing under the Authorization to Practice
18 Interjurisdictional Telepsychology, the Home State is the Compact State
19 where the psychologist is physically present when the telepsychological
20 services are delivered. If the psychologist is licensed in more than one
21 Compact State and is practicing under the Temporary Authorization to

1 Practice, the Home State is any Compact State where the psychologist is
2 licensed.

3 (o) “Identity History Summary” means: a summary of information
4 retained by the FBI, or other designee with similar authority, in connection
5 with arrests and, in some instances, federal employment, naturalization, or
6 military service.

7 (p) “In-Person, Face-to-Face” means: interactions in which the
8 psychologist and the client/patient are in the same physical space and which
9 does not include interactions that may occur through the use of
10 telecommunication technologies.

11 (q) “Interjurisdictional Practice Certificate (IPC)” means: a
12 certificate issued by the Association of State and Provincial Psychology
13 Boards (ASPPB) that grants temporary authority to practice based on
14 notification to the State Psychology Regulatory Authority of intention to
15 practice temporarily, and verification of one’s qualifications for such
16 practice.

17 (r) “License” means: authorization by a State Psychology
18 Regulatory Authority to engage in the independent practice of psychology,
19 which would be unlawful without the authorization.

20 (s) “Non-Compact State” means: any State which is not at the time
21 a Compact State.

1 (t) “Psychologist” means: an individual licensed for the independent
2 practice of psychology.

3 (u) “Psychology Interjurisdictional Compact Commission” also
4 referred to as “Commission” means: the national administration of which
5 all Compact States are members.

6 (v) “Receiving State” means: a Compact State where the
7 client/patient is physically located when the telepsychological services are
8 delivered.

9 (w) “Rule” means: a written statement by the Psychology
10 Interjurisdictional Compact Commission promulgated pursuant to Section
11 XI of the Compact that is of general applicability, implements, interprets,
12 or prescribes a policy or provision of the Compact, or an organizational,
13 procedural, or practice requirement of the Commission and has the force
14 and effect of statutory law in a Compact State, and includes the amendment,
15 repeal or suspension of an existing rule.

16 (x) “Significant Investigatory Information” means:

17 (1) investigative information that a State Psychology
18 Regulatory Authority, after a preliminary inquiry that includes
19 notification and an opportunity to respond if required by state law,
20 has reason to believe, if proven true, would indicate more than a

1 violation of state statute or ethics code that would be considered
2 more substantial than minor infraction; or

3 (2) investigative information that indicates that the
4 psychologist represents an immediate threat to public health and
5 safety regardless of whether the psychologist has been notified
6 and/or had an opportunity to respond.

7 (y) “State” means: a state, commonwealth, territory, or possession
8 of the United States, including the the District of Columbia.

9 (z) “State Psychology Regulatory Authority” means: the Board,
10 office or other agency with the legislative mandate to license and regulate
11 the practice of psychology.

12 (aa) “Telepsychology” means: the provision of psychological
13 services using telecommunication technologies.

14 (bb) “Temporary Authorization to Practice” means: a licensed
15 psychologist’s authority to conduct temporary in-person, face-to-face
16 practice, within the limits authorized under this Compact, in another
17 Compact State.

18 (cc) “Temporary In-Person, Face-to-Face Practice” means: where a
19 psychologist is physically present (not through the use of
20 telecommunications technologies), in the Distant State to provide for the

1 practice of psychology for 30 days within a calendar year and based on
2 notification to the Distant State.

3 102. Home State Licensure.

4 (a) The Home State shall be a Compact State where a psychologist
5 is licensed to practice psychology.

6 (b) A psychologist may hold one or more Compact State licenses at
7 a time. If the psychologist is licensed in more than one Compact State, the
8 Home State is the Compact State where the psychologist is physically
9 present when the services are delivered as authorized by the Authority to
10 Practice Interjurisdictional Telepsychology under the terms of this
11 Compact.

12 (c) Any Compact State may require a psychologist not previously
13 licensed in a Compact State to obtain and retain a license to be authorized
14 to practice in the Compact State under circumstances not authorized by the
15 Authority to Practice Interjurisdictional Telepsychology under the terms of
16 this Compact.

17 (d) Any Compact State may require a psychologist to obtain and
18 retain a license to be authorized to practice in a Compact State under
19 circumstances not authorized by Temporary Authorization to Practice under
20 the terms of this Compact.

1 (e) A Home State's license authorizes a psychologist to practice in
2 a Receiving State under the Authority to Practice Interjurisdictional
3 Telepsychology only if the Compact State:

4 (1) Currently requires the psychologist to hold an active
5 E.Passport;

6 (2) Has a mechanism in place for receiving and investigating
7 complaints about licensed individuals;

8 (3) Notifies the Commission, in compliance with the terms
9 herein, of any adverse action or significant investigatory
10 information regarding a licensed individual;

11 (4) Requires an Identity History Summary of all applicants
12 at initial licensure, including the use of the results of fingerprints or
13 other biometric data checks compliant with the requirements of the
14 Federal Bureau of Investigation (FBI), or other designee with
15 similar authority, no later than ten years after activation of the
16 Compact; and

17 (5) Complies with the Bylaws and Rules of the Commission.

18 (f) A Home State's license grants Temporary Authorization to
19 Practice to a psychologist in a Distant State only if the Compact State:

20 (1) Currently requires the psychologist to hold an active IPC;

1 (2) Has a mechanism in place for receiving and investigating
2 complaints about licensed individuals;

3 (3) Notifies the Commission, in compliance with the terms
4 herein, of any adverse action or significant investigatory
5 information regarding a licensed individual;

6 (4) Requires an Identity History Summary of all applicants
7 at initial licensure, including the use of the results of fingerprints or
8 other biometric data checks compliant with the requirements of the
9 Federal Bureau of Investigation FBI, or other designee with similar
10 authority, no later than ten years after activation of the Compact; and

11 (5) Complies with the Bylaws and Rules of the Commission.

12 103. Compact Privilege to Practice Telepsychology.

13 (a) Compact States shall recognize the right of a psychologist,
14 licensed in a Compact State in conformance with Article III, to practice
15 telepsychology in other Compact States (Receiving States) in which the
16 psychologist is not licensed, under the Authority to Practice
17 Interjurisdictional Telepsychology as provided in the Compact.

18 (b) To exercise the Authority to Practice Interjurisdictional
19 Telepsychology under the terms and provisions of this Compact, a
20 psychologist licensed to practice in a Compact State must:

1 (1) Hold a graduate degree in psychology from an institute
2 of higher education that was, at the time the degree was awarded:

3 (A) Regionally accredited by an accrediting body
4 recognized by the U.S. Department of Education to grant
5 graduate degrees, OR authorized by Provincial Statute or
6 Royal Charter to grant doctoral degrees; OR

7 (B) A foreign college or university deemed to be
8 equivalent to 1 (A) above by a foreign credential evaluation
9 service that is a member of the National Association of
10 Credential Evaluation Services (NACES) or by a recognized
11 foreign credential evaluation service; AND

12 (2) Hold a graduate degree in psychology that meets the
13 following criteria:

14 (A) The program, wherever it may be
15 administratively housed, must be clearly identified and
16 labeled as a psychology program. Such a program must
17 specify in pertinent institutional catalogues and brochures its
18 intent to educate and train professional psychologists;

19 (B) The psychology program must stand as a
20 recognizable, coherent, organizational entity within the
21 institution;

- 1 (C) There must be a clear authority and primary
2 responsibility for the core and specialty areas whether or not
3 the program cuts across administrative lines;
- 4 (D) The program must consist of an integrated,
5 organized sequence of study;
- 6 (E) There must be an identifiable psychology faculty
7 sufficient in size and breadth to carry out its responsibilities;
- 8 (F) The designated director of the program must be a
9 psychologist and a member of the core faculty;
- 10 (G) The program must have an identifiable body of
11 students who are matriculated in that program for a degree;
- 12 (H) The program must include supervised practicum,
13 internship, or field training appropriate to the practice of
14 psychology;
- 15 (I) The curriculum shall encompass a minimum of
16 three academic years of full- time graduate study for doctoral
17 degree and a minimum of one academic year of full-time
18 graduate study for master's degree;
- 19 (J) The program includes an acceptable residency as
20 defined by the Rules of the Commission.

1 (3) Possess a current, full and unrestricted license to practice
2 psychology in a Home State which is a Compact State;

3 (4) Have no history of adverse action that violate the Rules
4 of the Commission;

5 (5) Have no criminal record history reported on an Identity
6 History Summary that violates the Rules of the Commission;

7 (6) Possess a current, active E.Passport;

8 (7) Provide attestations in regard to areas of intended
9 practice, conformity with standards of practice, competence in
10 telepsychology technology; criminal background; and knowledge
11 and adherence to legal requirements in the home and receiving
12 states, and provide a release of information to allow for primary
13 source verification in a manner specified by the Commission; and

14 (8) Meet other criteria as defined by the Rules of the
15 Commission.

16 (c) The Home State maintains authority over the license of any
17 psychologist practicing into a Receiving State under the Authority to
18 Practice Interjurisdictional Telepsychology.

19 (d) A psychologist practicing into a Receiving State under the
20 Authority to Practice Interjurisdictional Telepsychology will be subject to
21 the Receiving State's scope of practice. A Receiving State may, in

1 accordance with that state’s due process law, limit or revoke a
2 psychologist’s Authority to Practice Interjurisdictional Telepsychology in
3 the Receiving State and may take any other necessary actions under the
4 Receiving State’s applicable law to protect the health and safety of the
5 Receiving State’s citizens. If a Receiving State takes action, the state shall
6 promptly notify the Home State and the Commission.

7 (e) If a psychologist’s license in any Home State, another Compact
8 State, or any Authority to Practice Interjurisdictional Telepsychology in any
9 Receiving State, is restricted, suspended or otherwise limited, the
10 E.Passport shall be revoked and therefore the psychologist shall not be
11 eligible to practice telepsychology in a Compact State under the Authority
12 to Practice Interjurisdictional Telepsychology.

13 104. Compact Temporary Authorization to Practice.

14 (a) Compact States shall recognize the right of a psychologist,
15 licensed in a Compact State in conformance with Article III, to practice
16 temporarily in other Compact States (Distant States) in which the
17 psychologist is not licensed, as provided in the Compact.

18 (b) To exercise the Temporary Authorization to Practice under the
19 terms and provisions of this Compact, a psychologist licensed to practice in
20 a Compact State must:

1 (1) Hold a graduate degree in psychology from an institute
2 of higher education that was, at the time the degree was awarded:

3 (A) Regionally accredited by an accrediting body
4 recognized by the U.S. Department of Education to grant
5 graduate degrees, OR authorized by Provincial Statute or
6 Royal Charter to grant doctoral degrees; OR

7 (B) A foreign college or university deemed to be
8 equivalent to 1 (A) above by a foreign credential evaluation
9 service that is a member of the National Association of
10 Credential Evaluation Services (NACES) or by a recognized
11 foreign credential evaluation service; AND

12 (2) Hold a graduate degree in psychology that meets the
13 following criteria:

14 (A) The program, wherever it may be
15 administratively housed, must be clearly identified and
16 labeled as a psychology program. Such a program must
17 specify in pertinent institutional catalogues and brochures its
18 intent to educate and train professional psychologists;

19 (B) The psychology program must stand as a
20 recognizable, coherent, organizational entity within the
21 institution;

- 1 (C) There must be a clear authority and primary
2 responsibility for the core and specialty areas whether or not
3 the program cuts across administrative lines;
- 4 (D) The program must consist of an integrated,
5 organized sequence of study;
- 6 (E) There must be an identifiable psychology faculty
7 sufficient in size and breadth to carry out its responsibilities;
- 8 (F) The designated director of the program must be a
9 psychologist and a member of the core faculty;
- 10 (G) The program must have an identifiable body of
11 students who are matriculated in that program for a degree;
- 12 (H) The program must include supervised practicum,
13 internship, or field training appropriate to the practice of
14 psychology;
- 15 (I) The curriculum shall encompass a minimum of
16 three academic years of full- time graduate study for doctoral
17 degrees and a minimum of one academic year of full-time
18 graduate study for master's degree;
- 19 (J) The program includes an acceptable residency as
20 defined by the Rules of the Commission.

- 1 (3) Possess a current, full and unrestricted license to practice
2 psychology in a Home State which is a Compact State;
- 3 (4) No history of adverse action that violate the Rules of the
4 Commission;
- 5 (5) No criminal record history that violates the Rules of the
6 Commission;
- 7 (6) Possess a current, active IPC;
- 8 (7) Provide attestations in regard to areas of intended
9 practice and work experience and provide a release of information
10 to allow for primary source verification in a manner specified by the
11 Commission; and
- 12 (8) Meet other criteria as defined by the Rules of the
13 Commission.
- 14 (c) A psychologist practicing into a Distant State under the
15 Temporary Authorization to Practice shall practice within the scope of
16 practice authorized by the Distant State.
- 17 (d) A psychologist practicing into a Distant State under the
18 Temporary Authorization to Practice will be subject to the Distant State's
19 authority and law. A Distant State may, in accordance with that state's due
20 process law, limit or revoke a psychologist's Temporary Authorization to
21 Practice in the Distant State and may take any other necessary actions under

1 the Distant State’s applicable law to protect the health and safety of the
2 Distant State’s citizens. If a Distant State takes action, the state shall
3 promptly notify the Home State and the Commission.

4 (e) If a psychologist’s license in any Home State, another Compact
5 State, or any Temporary Authorization to Practice in any Distant State, is
6 restricted, suspended or otherwise limited, the IPC shall be revoked and
7 therefore the psychologist shall not be eligible to practice in a Compact
8 State under the Temporary Authorization to Practice.

9 105. Conditions of Telepsychology Practice in a Receiving State.

10 (a) A psychologist may practice in a Receiving State under the
11 Authority to Practice Interjurisdictional Telepsychology only in the
12 performance of the scope of practice for psychology as assigned by an
13 appropriate State Psychology Regulatory Authority, as defined in the Rules
14 of the Commission, and under the following circumstances:

15 (1) The psychologist initiates a client/patient contact in a
16 Home State via telecommunications technologies with a
17 client/patient in a Receiving State;

18 (2) Other conditions regarding telepsychology as determined
19 by Rules promulgated by the Commission.

1 106. Adverse Actions.

2 (a) A Home State shall have the power to impose adverse action
3 against a psychologist's license issued by the Home State. A Distant State
4 shall have the power to take adverse action on a psychologist's Temporary
5 Authorization to Practice within that Distant State.

6 (b) A Receiving State may take adverse action on a psychologist's
7 Authority to Practice Interjurisdictional Telepsychology within that
8 Receiving State. A Home State may take adverse action against a
9 psychologist based on an adverse action taken by a Distant State regarding
10 temporary in-person, face-to-face practice.

11 (c) If a Home State takes adverse action against a psychologist's
12 license, that psychologist's Authority to Practice Interjurisdictional
13 Telepsychology is terminated and the E.Passport is revoked. Furthermore,
14 that psychologist's Temporary Authorization to Practice is terminated and
15 the IPC is revoked.

16 (1) All Home State disciplinary orders which impose adverse
17 action shall be reported to the Commission in accordance with the
18 Rules promulgated by the Commission. A Compact State shall
19 report adverse actions in accordance with the Rules of the
20 Commission.

1 (2) In the event discipline is reported on a psychologist, the
2 psychologist will not be eligible for telepsychology or temporary in-
3 person, face-to-face practice in accordance with the Rules of the
4 Commission.

5 (3) Other actions may be imposed as determined by the
6 Rules promulgated by the Commission.

7 (d) A Home State's Psychology Regulatory Authority shall
8 investigate and take appropriate action with respect to reported
9 inappropriate conduct engaged in by a licensee which occurred in a
10 Receiving State as it would if such conduct had occurred by a licensee
11 within the Home State. In such cases, the Home State's law shall control in
12 determining any adverse action against a psychologist's license.

13 (e) A Distant State's Psychology Regulatory Authority shall
14 investigate and take appropriate action with respect to reported
15 inappropriate conduct engaged in by a psychologist practicing under
16 Temporary Authorization Practice which occurred in that Distant State as it
17 would if such conduct had occurred by a licensee within the Home State. In
18 such cases, Distant State's law shall control in determining any adverse
19 action against a psychologist's Temporary Authorization to Practice.

20 (f) Nothing in this Compact shall override a Compact State's
21 decision that a psychologist's participation in an alternative program may

1 be used in lieu of adverse action and that such participation shall remain
2 non- public if required by the Compact State's law. Compact States must
3 require psychologists who enter any alternative programs to not provide
4 telepsychology services under the Authority to Practice Interjurisdictional
5 Telepsychology or provide temporary psychological services under the
6 Temporary Authorization to Practice in any other Compact State during the
7 term of the alternative program.

8 (g) No other judicial or administrative remedies shall be available to
9 a psychologist in the event a Compact State imposes an adverse action
10 pursuant to subsection c, above.

11 107. Additional Authorities Invested in a Compact State's
12 Psychology Regulatory Authority.

13 (a) In addition to any other powers granted under state law, a
14 Compact State's Psychology Regulatory Authority shall have the authority
15 under this Compact to:

16 (1) Issue subpoenas, for both hearings and investigations,
17 which require the attendance and testimony of witnesses and the
18 production of evidence. Subpoenas issued by a Compact State's
19 Psychology Regulatory Authority for the attendance and testimony
20 of witnesses, and/or the production of evidence from another
21 Compact State shall be enforced in the latter state by any court of

1 competent jurisdiction, according to that court's practice and
2 procedure in considering subpoenas issued in its own proceedings.
3 The issuing State Psychology Regulatory Authority shall pay any
4 witness fees, travel expenses, mileage and other fees required by the
5 service statutes of the state where the witnesses and/or evidence are
6 located; and

7 (2) Issue cease and desist and/or injunctive relief orders to
8 revoke a psychologist's Authority to Practice Interjurisdictional
9 Telepsychology and/or Temporary Authorization to Practice.

10 (3) During the course of any investigation, a psychologist
11 may not change his/her Home State licensure. A Home State
12 Psychology Regulatory Authority is authorized to complete any
13 pending investigations of a psychologist and to take any actions
14 appropriate under its law. The Home State Psychology Regulatory
15 Authority shall promptly report the conclusions of such
16 investigations to the Commission. Once an investigation has been
17 completed, and pending the outcome of said investigation, the
18 psychologist may change his/her Home State licensure. The
19 Commission shall promptly notify the new Home State of any such
20 decisions as provided in the Rules of the Commission. All
21 information provided to the Commission or distributed by Compact

1 States pursuant to the psychologist shall be confidential, filed under
2 seal and used for investigatory or disciplinary matters. The
3 Commission may create additional rules for mandated or
4 discretionary sharing of information by Compact States.

5 108. Coordinated Licensure Information System.

6 (a) The Commission shall provide for the development and
7 maintenance of a Coordinated Licensure Information System (Coordinated
8 Database) and reporting system containing licensure and disciplinary action
9 information on all psychologists individuals to whom this Compact is
10 applicable in all Compact States as defined by the Rules of the Commission.

11 (b) Notwithstanding any other provision of state law to the contrary,
12 a Compact State shall submit a uniform data set to the Coordinated Database
13 on all licensees as required by the Rules of the Commission, including:

14 (1) Identifying information;

15 (2) Licensure data;

16 (3) Significant investigatory information;

17 (4) Adverse actions against a psychologist's license;

18 (5) An indicator that a psychologist's Authority to Practice
19 Interjurisdictional Telepsychology and/or Temporary Authorization
20 to Practice is revoked;

1 (6) Non-confidential information related to alternative
2 program participation information;

3 (7) Any denial of application for licensure, and the reasons
4 for such denial; and

5 (8) Other information which may facilitate the
6 administration of this Compact, as determined by the Rules of the
7 Commission.

8 (c) The Coordinated Database administrator shall promptly notify
9 all Compact States of any adverse action taken against, or significant
10 investigative information on, any licensee in a Compact State.

11 (d) Compact States reporting information to the Coordinated
12 Database may designate information that may not be shared with the public
13 without the express permission of the Compact State reporting the
14 information.

15 (e) Any information submitted to the Coordinated Database that is
16 subsequently required to be expunged by the law of the Compact State
17 reporting the information shall be removed from the Coordinated Database.

18 109. Establishment of the Psychology Interjurisdictional Compact
19 Commission.

20 (a) The Compact States hereby create and establish a joint public
21 agency known as the Psychology Interjurisdictional Compact Commission.

1 (1) The Commission is a body politic and an instrumentality
2 of the Compact States.

3 (2) Venue is proper and judicial proceedings by or against
4 the Commission shall be brought solely and exclusively in a court
5 of competent jurisdiction where the principal office of the
6 Commission is located. The Commission may waive venue and
7 jurisdictional defenses to the extent it adopts or consents to
8 participate in alternative dispute resolution proceedings.

9 (3) Nothing in this Compact shall be construed to be a waiver
10 of sovereign immunity.

11 (b) Membership, Voting, and Meetings

12 (1) The Commission shall consist of one voting
13 representative appointed by each Compact State who shall serve as
14 that state's Commissioner. The State Psychology Regulatory
15 Authority shall appoint its delegate. This delegate shall be
16 empowered to act on behalf of the Compact State. This delegate
17 shall be limited to:

18 (A) Executive Director, Executive Secretary or
19 similar executive;

20 (B) Current member of the State Psychology
21 Regulatory Authority of a Compact State; OR

1 (C) Designee empowered with the appropriate
2 delegate authority to act on behalf of the Compact State.

3 (2) Any Commissioner may be removed or suspended from
4 office as provided by the law of the state from which the
5 Commissioner is appointed. Any vacancy occurring in the
6 Commission shall be filled in accordance with the laws of the
7 Compact State in which the vacancy exists.

8 (3) Each Commissioner shall be entitled to one (1) vote with
9 regard to the promulgation of Rules and creation of Bylaws and shall
10 otherwise have an opportunity to participate in the business and
11 affairs of the Commission. A Commissioner shall vote in person or
12 by such other means as provided in the Bylaws. The Bylaws may
13 provide for Commissioners' participation in meetings by telephone
14 or other means of communication.

15 (4) The Commission shall meet at least once during each
16 calendar year. Additional meetings shall be held as set forth in the
17 Bylaws.

18 (5) All meetings shall be open to the public, and public
19 notice of meetings shall be given in the same manner as required
20 under the rulemaking provisions in Article XI.

1 (6) The Commission may convene in a closed, non-public
2 meeting if the Commission must discuss:

3 (A) Non-compliance of a Compact State with its
4 obligations under the Compact;

5 (B) The employment, compensation, discipline or
6 other personnel matters, practices or procedures related to
7 specific employees or other matters related to the
8 Commission's internal personnel practices and procedures;

9 (C) Current, threatened, or reasonably anticipated
10 litigation against the Commission;

11 (D) Negotiation of contracts for the purchase or sale
12 of goods, services or real estate;

13 (E) Accusation against any person of a crime or
14 formally censuring any person;

15 (F) Disclosure of trade secrets or commercial or
16 financial information which is privileged or confidential;

17 (G) Disclosure of information of a personal nature
18 where disclosure would constitute a clearly unwarranted
19 invasion of personal privacy;

20 (H) Disclosure of investigatory records compiled for
21 law enforcement purposes;

1 (I) Disclosure of information related to any
2 investigatory reports prepared by or on behalf of or for use
3 of the Commission or other committee charged with
4 responsibility for investigation or determination of
5 compliance issues pursuant to the Compact; or

6 (J) Matters specifically exempted from disclosure by
7 federal and state statute.

8 (7) If a meeting, or portion of a meeting, is closed pursuant
9 to this provision, the Commission's legal counsel or designee shall
10 certify that the meeting may be closed and shall reference each
11 relevant exempting provision. The Commission shall keep minutes
12 which fully and clearly describe all matters discussed in a meeting
13 and shall provide a full and accurate summary of actions taken, of
14 any person participating in the meeting, and the reasons therefore,
15 including a description of the views expressed. All documents
16 considered in connection with an action shall be identified in such
17 minutes. All minutes and documents of a closed meeting shall
18 remain under seal, subject to release only by a majority vote of the
19 Commission or order of a court of competent jurisdiction.

20 (c) The Commission shall, by a majority vote of the Commissioners,
21 prescribe Bylaws and/or Rules to govern its conduct as may be necessary or

1 appropriate to carry out the purposes and exercise the powers of the
2 Compact, including but not limited to:

3 (1) Establishing the fiscal year of the Commission;

4 (2) Providing reasonable standards and procedures:

5 (A) for the establishment and meetings of other
6 committees; and

7 (B) governing any general or specific delegation of
8 any authority or function of the Commission;

9 (3) Providing reasonable procedures for calling and
10 conducting meetings of the Commission, ensuring reasonable
11 advance notice of all meetings and providing an opportunity for
12 attendance of such meetings by interested parties, with enumerated
13 exceptions designed to protect the public's interest, the privacy of
14 individuals of such proceedings, and proprietary information,
15 including trade secrets. The Commission may meet in closed session
16 only after a majority of the Commissioners vote to close a meeting
17 to the public in whole or in part. As soon as practicable, the
18 Commission must make public a copy of the vote to close the
19 meeting revealing the vote of each Commissioner with no proxy
20 votes allowed;

1 (4) Establishing the titles, duties and authority and
2 reasonable procedures for the election of the officers of the
3 Commission;

4 (5) Providing reasonable standards and procedures for the
5 establishment of the personnel policies and programs of the
6 Commission. Notwithstanding any civil service or other similar law
7 of any Compact State, the Bylaws shall exclusively govern the
8 personnel policies and programs of the Commission;

9 (6) Promulgating a Code of Ethics to address permissible
10 and prohibited activities of Commission members and employees;

11 (7) Providing a mechanism for concluding the operations of
12 the Commission and the equitable disposition of any surplus funds
13 that may exist after the termination of the Compact after the payment
14 and/or reserving of all of its debts and obligations;

15 (8) The Commission shall publish its Bylaws in a convenient
16 form and file a copy thereof and a copy of any amendment thereto,
17 with the appropriate agency or officer in each of the Compact States;

18 (9) The Commission shall maintain its financial records in
19 accordance with the Bylaws; and

20 (10) The Commission shall meet and take such actions as are
21 consistent with the provisions of this Compact and the Bylaws.

1 (d) The Commission shall have the following powers:

2 (1) The authority to promulgate uniform rules to facilitate
3 and coordinate implementation and administration of this Compact.
4 The rule shall have the force and effect of law and shall be binding
5 in all Compact States;

6 (2) To bring and prosecute legal proceedings or actions in
7 the name of the Commission, provided that the standing of any State
8 Psychology Regulatory Authority or other regulatory body
9 responsible for psychology licensure to sue or be sued under
10 applicable law shall not be affected;

11 (3) To purchase and maintain insurance and bonds;

12 (4) To borrow, accept or contract for services of personnel,
13 including, but not limited to, employees of a Compact State;

14 (5) To hire employees, elect or appoint officers, fix
15 compensation, define duties, grant such individuals appropriate
16 authority to carry out the purposes of the Compact, and to establish
17 the Commission's personnel policies and programs relating to
18 conflicts of interest, qualifications of personnel, and other related
19 personnel matters;

20 (6) To accept any and all appropriate donations and grants of
21 money, equipment, supplies, materials and services, and to receive,

1 utilize and dispose of the same; provided that at all times the
2 Commission shall strive to avoid any appearance of impropriety
3 and/or conflict of interest;

4 (7) To lease, purchase, accept appropriate gifts or donations
5 of, or otherwise to own, hold, improve or use, any property, real,
6 personal or mixed; provided that at all times the Commission shall
7 strive to avoid any appearance of impropriety;

8 (8) To sell, convey, mortgage, pledge, lease, exchange,
9 abandon or otherwise dispose of any property real, personal or
10 mixed;

11 (9) To establish a budget and make expenditures;

12 (10). To borrow money;

13 (11) To appoint committees, including advisory committees
14 comprised of Members, State regulators, State legislators or their
15 representatives, and consumer representatives, and such other
16 interested persons as may be designated in this Compact and the
17 Bylaws;

18 (12) To provide and receive information from, and to
19 cooperate with, law enforcement agencies;

20 (13) To adopt and use an official seal; and

1 (14) To perform such other functions as may be necessary or
2 appropriate to achieve the purposes of this Compact consistent with
3 the state regulation of psychology licensure, temporary in-person,
4 face-to- face practice and telepsychology practice.

5 (e) The Executive Board

6 The elected officers shall serve as the Executive Board, which shall
7 have the power to act on behalf of the Commission according to the terms
8 of this Compact.

9 (1) The Executive Board shall be comprised of six members:

10 (A) Five voting members who are elected from the
11 current membership of the Commission by the Commission;

12 (B) One ex-officio, nonvoting member from the
13 recognized membership organization composed of State and
14 Provincial Psychology Regulatory Authorities.

15 (2) The ex-officio member must have served as staff or
16 member on a State Psychology Regulatory Authority and will be
17 selected by its respective organization.

18 (3) The Commission may remove any member of the
19 Executive Board as provided in Bylaws.

20 (4) The Executive Board shall meet at least annually.

1 (5) The Executive Board shall have the following duties and
2 responsibilities:

3 (A) Recommend to the entire Commission changes
4 to the Rules or Bylaws, changes to this Compact legislation,
5 fees paid by Compact States such as annual dues, and any
6 other applicable fees;

7 (B) Ensure Compact administration services are
8 appropriately provided, contractual or otherwise;

9 (C) Prepare and recommend the budget;

10 (D) Maintain financial records on behalf of the
11 Commission;

12 (E) Monitor Compact compliance of member states
13 and provide compliance reports to the Commission;

14 (F) Establish additional committees as necessary;

15 and

16 (G) Other duties as provided in Rules or Bylaws.

17 (f) Financing of the Commission

18 (1) The Commission shall pay, or provide for the payment
19 of the reasonable expenses of its establishment, organization and
20 ongoing activities.

1 (2) The Commission may accept any and all appropriate
2 revenue sources, donations and grants of money, equipment,
3 supplies, materials and services.

4 (3) The Commission may levy on and collect an annual
5 assessment from each Compact State or impose fees on other parties
6 to cover the cost of the operations and activities of the Commission
7 and its staff which must be in a total amount sufficient to cover its
8 annual budget as approved each year for which revenue is not
9 provided by other sources. The aggregate annual assessment amount
10 shall be allocated based upon a formula to be determined by the
11 Commission which shall promulgate a rule binding upon all
12 Compact States.

13 (4) The Commission shall not incur obligations of any kind
14 prior to securing the funds adequate to meet the same; nor shall the
15 Commission pledge the credit of any of the Compact States, except
16 by and with the authority of the Compact State.

17 (5) The Commission shall keep accurate accounts of all
18 receipts and disbursements. The receipts and disbursements of the
19 Commission shall be subject to the audit and accounting procedures
20 established under its Bylaws. However, all receipts and
21 disbursements of funds handled by the Commission shall be audited

1 yearly by a certified or licensed public accountant and the report of
2 the audit shall be included in and become part of the annual report
3 of the Commission.

4 (g) Qualified Immunity, Defense, and Indemnification

5 (1) The members, officers, Executive Director, employees
6 and representatives of the Commission shall be immune from suit
7 and liability, either personally or in their official capacity, for any
8 claim for damage to or loss of property or personal injury or other
9 civil liability caused by or arising out of any actual or alleged act,
10 error or omission that occurred, or that the person against whom the
11 claim is made had a reasonable basis for believing occurred within
12 the scope of Commission employment, duties or responsibilities;
13 provided that nothing in this paragraph shall be construed to protect
14 any such person from suit and/or liability for any damage, loss,
15 injury or liability caused by the intentional or willful or wanton
16 misconduct of that person.

17 (2) The Commission shall defend any member, officer,
18 Executive Director, employee or representative of the Commission
19 in any civil action seeking to impose liability arising out of any
20 actual or alleged act, error or omission that occurred within the
21 scope of Commission employment, duties or responsibilities, or that

1 the person against whom the claim is made had a reasonable basis
2 for believing occurred within the scope of Commission
3 employment, duties or responsibilities; provided that nothing herein
4 shall be construed to prohibit that person from retaining his or her
5 own counsel; and provided further, that the actual or alleged act,
6 error or omission did not result from that person's intentional or
7 willful or wanton misconduct.

8 (3) The Commission shall indemnify and hold harmless any
9 member, officer, Executive Director, employee or representative of
10 the Commission for the amount of any settlement or judgment
11 obtained against that person arising out of any actual or alleged act,
12 error or omission that occurred within the scope of Commission
13 employment, duties or responsibilities, or that such person had a
14 reasonable basis for believing occurred within the scope of
15 Commission employment, duties or responsibilities, provided that
16 the actual or alleged act, error or omission did not result from the
17 intentional or willful or wanton misconduct of that person.

18 110. Rulemaking.

19 (a) The Commission shall exercise its rulemaking powers pursuant
20 to the criteria set forth in this Article and the Rules adopted thereunder.

1 Rules and amendments shall become binding as of the date specified in each
2 rule or amendment.

3 (b) If a majority of the legislatures of the Compact States rejects a
4 rule, by enactment of a statute or resolution in the same manner used to
5 adopt the Compact, then such rule shall have no further force and effect in
6 any Compact State.

7 (c) Rules or amendments to the rules shall be adopted at a regular or
8 special meeting of the Commission.

9 (d) Prior to promulgation and adoption of a final rule or Rules by
10 the Commission, and at least sixty (60) days in advance of the meeting at
11 which the rule will be considered and voted upon, the Commission shall file
12 a Notice of Proposed Rulemaking:

13 (1) On the website of the Commission; and

14 (2) On the website of each Compact States' Psychology
15 Regulatory Authority or the publication in which each state would
16 otherwise publish proposed rules.

17 (e) The Notice of Proposed Rulemaking shall include:

18 (1) The proposed time, date, and location of the meeting in
19 which the rule will be considered and voted upon;

20 (2) The text of the proposed rule or amendment and the
21 reason for the proposed rule;

1 (3) A request for comments on the proposed rule from any
2 interested person; and

3 (4) The manner in which interested persons may submit
4 notice to the Commission of their intention to attend the public
5 hearing and any written comments.

6 (f) Prior to adoption of a proposed rule, the Commission shall allow
7 persons to submit written data, facts, opinions and arguments, which shall
8 be made available to the public.

9 (g) The Commission shall grant an opportunity for a public hearing
10 before it adopts a rule or amendment if a hearing is requested by:

11 (1) At least twenty-five (25) persons who submit comments
12 independently of each other;

13 (2) A governmental subdivision or agency; or

14 (3) A duly appointed person in an association that has having
15 at least twenty-five (25) members.

16 (h) If a hearing is held on the proposed rule or amendment, the
17 Commission shall publish the place, time, and date of the scheduled public
18 hearing.

19 (1) All persons wishing to be heard at the hearing shall notify
20 the Executive Director of the Commission or other designated
21 member in writing of their desire to appear and testify at the hearing

1 not less than five (5) business days before the scheduled date of the
2 hearing.

3 (2) Hearings shall be conducted in a manner providing each
4 person who wishes to comment a fair and reasonable opportunity to
5 comment orally or in writing.

6 (3) No transcript of the hearing is required, unless a written
7 request for a transcript is made, in which case the person requesting
8 the transcript shall bear the cost of producing the transcript. A
9 recording may be made in lieu of a transcript under the same terms
10 and conditions as a transcript. This subsection shall not preclude the
11 Commission from making a transcript or recording of the hearing if
12 it so chooses.

13 (4) Nothing in this section shall be construed as requiring a
14 separate hearing on each rule. Rules may be grouped for the
15 convenience of the Commission at hearings required by this section.

16 (i) Following the scheduled hearing date, or by the close of business
17 on the scheduled hearing date if the hearing was not held, the Commission
18 shall consider all written and oral comments received.

19 (j) The Commission shall, by majority vote of all members, take
20 final action on the proposed rule and shall determine the effective date of
21 the rule, if any, based on the rulemaking record and the full text of the rule.

1 (k) If no written notice of intent to attend the public hearing by
2 interested parties is received, the Commission may proceed with
3 promulgation of the proposed rule without a public hearing.

4 (l) Upon determination that an emergency exists, the Commission
5 may consider and adopt an emergency rule without prior notice, opportunity
6 for comment, or hearing, provided that the usual rulemaking procedures
7 provided in the Compact and in this section shall be retroactively applied to
8 the rule as soon as reasonably possible, in no event later than ninety (90)
9 days after the effective date of the rule. For the purposes of this provision,
10 an emergency rule is one that must be adopted immediately in order to:

11 (1) Meet an imminent threat to public health, safety, or
12 welfare;

13 (2) Prevent a loss of Commission or Compact State funds;

14 (3) Meet a deadline for the promulgation of an
15 administrative rule that is established by federal law or rule; or

16 (4) Protect public health and safety.

17 (m) The Commission or an authorized committee of the
18 Commission may direct revisions to a previously adopted rule or
19 amendment for purposes of correcting typographical errors, errors in
20 format, errors in consistency, or grammatical errors. Public notice of any
21 revisions shall be posted on the website of the Commission. The revision

1 shall be subject to challenge by any person for a period of thirty (30) days
2 after posting. The revision may be challenged only on grounds that the
3 revision results in a material change to a rule. A challenge shall be made in
4 writing, and delivered to the Chair of the Commission prior to the end of
5 the notice period. If no challenge is made, the revision will take effect
6 without further action. If the revision is challenged, the revision may not
7 take effect without the approval of the Commission.

8 111. Oversight, Dispute Resolution and Enforcement.

9 (a) Oversight

10 (1) The Executive, Legislative and Judicial branches of state
11 government in each Compact State shall enforce this Compact and
12 take all actions necessary and appropriate to effectuate the
13 Compact's purposes and intent. The provisions of this Compact and
14 the rules promulgated hereunder shall have standing as statutory
15 law.

16 (2) All courts shall take judicial notice of the Compact and
17 the rules in any judicial or administrative proceeding in a Compact
18 State pertaining to the subject matter of this Compact which may
19 affect the powers, responsibilities or actions of the Commission.

20 (3) The Commission shall be entitled to receive service of
21 process in any such proceeding, and shall have standing to intervene

1 in such a proceeding for all purposes. Failure to provide service of
2 process to the Commission shall render a judgment or order void as
3 to the Commission, this Compact or promulgated rules.

4 (b) Default, Technical Assistance, and Termination

5 (1) If the Commission determines that a Compact State has
6 defaulted in the performance of its obligations or responsibilities
7 under this Compact or the promulgated rules, the Commission shall:

8 (A) Provide written notice to the defaulting state and
9 other Compact States of the nature of the default, the
10 proposed means of remedying the default and/or any other
11 action to be taken by the Commission; and

12 (B) Provide remedial training and specific technical
13 assistance regarding the default.

14 (2) If a state in default fails to remedy the default, the
15 defaulting state may be terminated from the Compact upon an
16 affirmative vote of a majority of the Compact States, and all rights,
17 privileges and benefits conferred by this Compact shall be
18 terminated on the effective date of termination. A remedy of the
19 default does not relieve the offending state of obligations or
20 liabilities incurred during the period of default.

1 (3) Termination of membership in the Compact shall be
2 imposed only after all other means of securing compliance have
3 been exhausted. Notice of intent to suspend or terminate shall be
4 submitted by the Commission to the Governor, the majority and
5 minority leaders of the defaulting state's legislature, and each of the
6 Compact States.

7 (4) A Compact State which has been terminated is
8 responsible for all assessments, obligations and liabilities incurred
9 through the effective date of termination, including obligations
10 which extend beyond the effective date of termination.

11 (5) The Commission shall not bear any costs incurred by the
12 state which is found to be in default or which has been terminated
13 from the Compact, unless agreed upon in writing between the
14 Commission and the defaulting state.

15 (6) The defaulting state may appeal the action of the
16 Commission by petitioning the U.S. District Court for the state of
17 Georgia or the federal district where the Compact has its principal
18 offices. The prevailing member shall be awarded all costs of such
19 litigation, including reasonable attorney's fees.

20 (c) Dispute Resolution

1 (1) Upon request by a Compact State, the Commission shall
2 attempt to resolve disputes related to the Compact which arise
3 among Compact States and between Compact and Non-Compact
4 States.

5 (2) The Commission shall promulgate a rule providing for
6 both mediation and binding dispute resolution for disputes that arise
7 before the commission.

8 (d) Enforcement

9 (1) The Commission, in the reasonable exercise of its
10 discretion, shall enforce the provisions and Rules of this Compact.

11 (2) By majority vote, the Commission may initiate legal
12 action in the United States District Court for the State of Georgia or
13 the federal district where the Compact has its principal offices
14 against a Compact State in default to enforce compliance with the
15 provisions of the Compact and its promulgated Rules and Bylaws.
16 The relief sought may include both injunctive relief and damages.
17 In the event judicial enforcement is necessary, the prevailing
18 member shall be awarded all costs of such litigation, including
19 reasonable attorney's fees.

1 (3) The remedies herein shall not be the exclusive remedies
2 of the Commission. The Commission may pursue any other
3 remedies available under federal or state law.

4 112. Date of Implementation of the Psychology Interjurisdictional
5 Compact Commission and Associated Rules, Withdrawal, and
6 Amendments.

7 (a) The Compact shall come into effect on the date on which the
8 Compact is enacted into law in the seventh Compact State. The provisions
9 which become effective at that time shall be limited to the powers granted
10 to the Commission relating to assembly and the promulgation of rules.
11 Thereafter, the Commission shall meet and exercise rulemaking powers
12 necessary to the implementation and administration of the Compact.

13 (b) Any state which joins the Compact subsequent to the
14 Commission's initial adoption of the rules shall be subject to the rules as
15 they exist on the date on which the Compact becomes law in that state. Any
16 rule which has been previously adopted by the Commission shall have the
17 full force and effect of law on the day the Compact becomes law in that
18 state.

19 (c) Any Compact State may withdraw from this Compact by
20 enacting a statute repealing the same.

1 (1) A Compact State’s withdrawal shall not take effect until
2 six (6) months after enactment of the repealing statute.

3 (2) Withdrawal shall not affect the continuing requirement
4 of the withdrawing State’s Psychology Regulatory Authority to
5 comply with the investigative and adverse action reporting
6 requirements of this act prior to the effective date of withdrawal.

7 (d) Nothing contained in this Compact shall be construed to
8 invalidate or prevent any psychology licensure agreement or other
9 cooperative arrangement between a Compact State and a Non-Compact
10 State which does not conflict with the provisions of this Compact.

11 (e) This Compact may be amended by the Compact States.
12 No amendment to this Compact shall become effective and binding upon
13 any Compact State until it is enacted into the law of all Compact States.”

14 **Section 3. Severability.** If any provision of this Act or the application of
15 any such provision to any person or circumstance should be held invalid by a court
16 of competent jurisdiction, the remainder of this Act or the application of its
17 provisions to persons or circumstances other than those to which it is held invalid
18 shall not be affected thereby.

19 **Section 4. Savings Clause.** This Act and any repealer contained herein shall
20 not be construed as affecting any existing right acquired under contract or acquired
21 under statutes repealed or under any rule, regulation or order adopted under the

1 statutes. Repealers contained in this Act shall not affect any proceeding instituted
2 under or pursuant to prior law. The enactment of this Act shall not have the effect
3 of terminating, or in any way modifying, any liability civil or criminal, which shall
4 already be in existence at the date this Act becomes effective.

5 **Section 5. Effective Date.** This Act shall take effect upon its approval by
6 the Governor or upon its becoming law without such approval.

Prefiled: 9/27/2021

Date: 9/21/2021

Introduced by: /s/ Rep. Christina M.E. Sablan

/s/ Rep. Edwin K. Propst

Reviewed for Legal Sufficiency by:

/s/ John B. Layde

House Legal Counsel