



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
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MANPOWER AND
RESERVE AFFAIRS

February 8, 2023

The Honorable Senator Joy A. San Buenaventura, Chair
Committee on Health and Human Services
415 South Beretania St.
Honolulu, HI 96813

SUBJ: Letter of Support – SB 320 (Relating to the Psychology Interjurisdictional Compact)

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

On behalf of the U.S. Department of Defense (DoD) and military families, I am writing to express strong support for the policy addressed in Senate Bill 320.

DoD has advocated for improved licensure and career portability for military Service members and their spouses for several years. Military spouses are disproportionately affected by state-specific professional licensing requirements that can cause delays and gaps in employment, with 36 percent requiring a state license to practice in their professions and an annual cross-state relocation rate ten times higher than their civilian counterparts. Accordingly, military spouses experience unemployment and underemployment at significantly higher rates than their civilian peers.

State policies enacting interstate licensure compacts, such as the Psychology Interjurisdictional Compact (PSYPACT), relieve one of the many stressors of frequent military moves by enabling military spouses to transfer their licenses more quickly across state lines and obtain employment as soon as they relocate to a new state. These policies facilitate greater career sustainability for military spouses, improving their families' financial security and overall resilience.

Finally, interstate licensure compacts benefit not only military spouses, but also apply to all eligible professionals to include active duty Service members, members of the reserve components, veterans, and civilians. By enacting the PSYPACT policy, Hawaii would have the opportunity to increase its behavioral healthcare workforce available to serve the local community while supporting military families. Thirty-five states have enacted legislation to participate in the PSYPACT thus far.

In closing, the Department of Defense is very appreciative of Hawaii's ongoing commitment and efforts to support members of the military and their families who sacrifice much in service to our country. Thank you, Chair San Buenaventura, for spearheading this effort and providing me the opportunity to provide comments in support of this policy proposal.

Sincerely,

A handwritten signature in black ink that reads "Kelli May Douglas".

Kelli May Douglas
Pacific Southwest Regional Liaison
Defense-State Liaison Office
DoD, Military Community & Family Policy
571-265-0075



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
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Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Health and Human Services
Friday, February 10, 2023
1:00 p.m.**

On the following measure:

S.B. 320 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Chair San Buenaventura and Members of the Committee:

My name is Esther Brown, and I am the Complaints and Enforcement Officer of the Regulated Industries Complaints Office (RICO), which is an agency within the Department of Commerce and Consumer Affairs. RICO is charged with enforcing the licensing laws of various professional and trade industries in the State through the receipt, investigation and prosecution of, in this case, licensees who fall within the purview of the Hawaii Board of Psychology (Board). RICO defers to and supports the Board's position on the measure's policy, administration and implementation matters. RICO **offers comments** on provisions that could directly impact RICO's enforcement authority, practices and/or daily operations.

The purpose of this bill is to authorize the Governor to enter into the Psychology Interjurisdictional Compact (Compact) on behalf of the State of Hawaii. Under the Compact, psychologists licensed in a Compact state are authorized to practice telepsychology in another Compact state, and to engage in the in-person, face-to-face

practice of psychology in another Compact state for up to thirty days in a calendar year with notification to the Compact state in which the psychologist is temporarily practicing.

1. Notice, fees, limited duration licensure, respecting privacy of treatment records and licensees under investigation. Key to effective administration and enforcement are: (a) notification to the licensing authority of ability to practice in the State through the application process; (b) payment of licensing fees at initial licensure and renewal to be able to adequately staff administration and enforcement functions, (c) limitation on the term of a license to ensure, at renewal, that the licensee is competent and credible still, and (d) respecting the privacy rights of practitioners under investigation as well as medical and treatment records of patients.

- There is no requirement that those wishing to practice pursuant to the Compact make local application to the Board of Psychology;
- There is no requirement that those wishing to practice pursuant to the Compact pay licensure and renewal fees in Hawaii;
- There appears to be an intent to limit the duration of the privilege to practice in-state to no more than thirty (30) calendar days in a year, but it may not have the binding effect of law since the language appears in the “preamble” section of the measure only (see page 2, lines 9 – 13); and
- The Compact requires uploading of significant investigatory information to a coordinated database without regard to whether the information is highly sensitive and confidential, as in the case of treatment records, or if the information is something the local licensee has a significant privacy interest in because it involves their evaluation for fitness to continue practicing.

2. Miscellaneous Issue – instrumentality of the state & use of state resources and finances. Though we do not fully understand the implications of these, we note for the Committee that:

a. The governing body under the Compact is considered an “instrumentality of the Compact States,” see page 31, lines 6 – 7; and

b. The governing body can encumber “employees of a Compact State” for its purposes, see page 38, lines 19 – 21; and

c. The governing body has the ability to “levy on and collect an annual assessment from each Compact State” or “impose fees” on other parties to cover operations and activities, see page 42, lines 15 –21.

3. Miscellaneous Issue – ambiguity re indemnification of Hawaii Board and RICO employees. The measure protects the governing body and its hired or retained agents and employees through immunity, limitation of liability, defend/indemnify and “hold harmless” provisions that run from page 43, line 18, through page 45, line 19, but on its face does not seem to cover the regulatory entities in Hawaii should a Hawaii employee attempt to comply with mandatory provisions or rules or bylaws of the Compact that conflicts with provisions of existing state law.

Thank you for the opportunity to testify on this bill.

Testimony of the Board of Psychology

**Before the
Senate Committee on Health and Human Services
Friday, February 10, 2023
1:00 p.m.
Conference Room 225 & Videoconference**

**On the following measure:
S.B. 320, RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT**

Chair San Buenaventura and Members of the Committee:

My name is Christopher Fernandez, and I am the Executive Officer of the Board of Psychology (Board). The Board's legislative committee (Committee) offers comments on this bill.

The purpose of this bill is to adopt the Psychology Interjurisdictional Compact (Compact) to allow a person authorized to practice psychology in a compact state in which the person is not licensed.

The Committee provides the following comments and concerns:

- (1) The Compact is relatively new and still under development. S.B. 320 represents only the second time the Compact has been introduced in the legislature (first in 2020); the Commission of the Compact has been establishing and revising the rules and bylaws for the Compact functions, which are not codified in the language of this measure.
- (2) Currently, Compact legislation has been enacted by 35 states, of which 33 are participating members of the Compact;
- (3) The bill language would allow Compact privilege holders to provide:
 - (a) Unlicensed telehealth mental health services to the public in Hawaii; and
 - (b) Unlicensed temporary (30 day) in-person mental health services.
- (4) The Committee could not obtain data on the number of violations in the use of the Compact privilege and, therefore, the Committee has been unable to identify trends such as costs of enforcement, which may include costs such as travel to the jurisdiction where the alleged infraction took place;

- (5) Currently the Board does not perform Federal Bureau of Investigations (FBI) background checks on applicants as this is not required by HRS chapter 465. Page 12, lines 3 to 9, requires an:
 - Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation (FBI), or other designee with similar authority, no later than ten years after activation of the Compact;
- (6) To exercise the authority to practice interjurisdictional telepsychology, or temporary authorization to practice in-person, a psychologist in a Compact state must meet certain education requirements (page 14, line 1 to page 16, line 10). One such requirement is to hold a “graduate degree in psychology.” The Committee is concerned that with the degree type defined as “graduate,” the door to practice in Hawaii could eventually be opened to those with a master’s degree, and not the doctoral degree currently required by HRS chapter 465. While the Compact Commission currently defines “Graduate Degree” to mean “a doctoral degree,” the Commission rather than the Board has authority over the degree parameters required of Compact members. If the Compact was adopted, the Board would have no authority over the minimum degree level required to practice remotely or in-person in Hawaii.
- (7) Currently, applicants may be licensed in Hawaii if they hold a qualifying doctoral degree in clinical, counseling, or school psychology, or programs that offer combinations of two or more of these areas. S.B. 320 merely requires that a graduate degree be in psychology, a far broader requirement which may open the door to psychology degree types currently excluded from licensure;
- (8) While the Committee is extremely concerned about the current restricted access to mental health care in Hawaii, it is also equally concerned that

Compact providers may potentially never physically enter Hawaii, nor be knowledgeable about the history of the State and its people;

- (9) Lastly, the Committee notes that there may be a significant impact on the fees collected by the Board for licensure which partially funds the Professional Vocational Licensing Division's and the Regulated Industries Complaints Office's administrative and enforcement functions.

Thank you for the opportunity to testify on this bill.



February 10, 2023

The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair
Senate Committee on Health and Human Services

Re: SB320 – Relating to the Psychology Interjurisdictional Compact

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SB320, which adopts the Psychology Interjurisdictional Compact to allow a person authorized to practice psychology in a compact state in which the person is not licensed.

HMSA believes in strengthening access to quality health care services in the state of Hawaii. Participation in the compact can help, particularly in rural and underserved communities where the need is greatest. By creating an opportunity for providers who are already licensed in other states to practice in Hawaii, we can expand and support our current health care workforce while making it easier for Hawaii residents to access health care in the place they're located at the time when they need it.

We support Hawaii's participation in interstate compacts, and while broad participation would be ideal, we defer to DCCA for determining capacity and prioritization.

Thank you for the opportunity to testify on SB320.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations



ALOHACARE

To: The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice-Chair
Senate Committee on Health and Human Services

From: Paula Arcena, External Affairs Vice President
Mike Nguyen, Public Policy Manager

Hearing: Friday, February 10, 2023. 1pm

RE: **SB320 Relating to the Psychology Interjurisdictional Compact**

AlohaCare appreciates the opportunity to provide testimony in **support of SB320**. This measure allows psychologists across state boundaries who are not licensed in Hawai`i to provide psychological services to Hawai`i residents through telecommunication and/or temporarily in-person. This measure would require providers to meet specific licensing and educational requirements to ensure quality of care.

Founded in 1994 by Hawai`i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 80,000 Medicaid and dual-eligible health plan members on all islands. Approximately half of our membership are keiki. We are Hawai`i's only health plan exclusively dedicated to serving Medicaid beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality health care for all. We believe that health is about supporting whole-person health needs.

Psychologists are an important source of care for mental health services. Hawai`i's shortage of psychologists is the most severe for our most vulnerable residents, Medicaid beneficiaries and those who live in rural communities. A lack of timely access to mental health treatment can have devastating consequences. During the COVID-19 pandemic which triggered an alarming rise in anxiety and depression, pre-existing backlogs and months waits for appointments were exacerbated. The shortage contributes to burnout and fatigue because our psychologists are stretched thin. Telehealth provided a way to avoid in-person contact during the pandemic, but did little to address the shortage of psychologists.

By joining the Psychology Interjurisdictional Compact Hawai`i would gain a new means for improving access to psychologists. As a compact member, Hawai`i would join 33 participating states that have committed to making mental health a priority by improving access to quality care for their residents.

Mahalo for the opportunity to submit testimony in **support of SB320**.

1357 Kapiolani Blvd., Suite 1250, Honolulu, Hawaii 96814
Call: 973-0712 • Toll-free: 1-877-973-0712 • Fax: 808-973-0726 • www.AlohaCare.org



February 10, 2023

To: Chair San Buenaventura, Vice Chair Aquino, and Members of the Senate Committee on Health and Human Services

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: February 10, 2023; 1:00 p.m., Conference Room 225/Videoconference

Re: Testimony in support of SB 320 – Relating to the Psychology Interjurisdictional Compact.

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify in support of SB 320. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

HAHP appreciates the compact's ability to relieve some of the burden on our health care providers and increase resources and access for rural communities. HAHP also recognizes that the pandemic highlighted gaps in our health care system. Workforce support and expansion is important to strengthening Hawaii's health care network. While we recognize that participation in all of the compacts is probably not doable immediately, we support a prioritized and systematic approach to participation in interstate compacts to expand Hawaii's "toolkit" for providing essential care for our members and our community.

Thank you for the opportunity to testify on SB 320.

Sincerely,

HAHP Public Policy Committee
cc: HAHP Board Members

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan | UHA Health Insurance | UnitedHealthcare

hahp.org | 818 Keeaumoku Street, Honolulu, HI 96814 | info@hahp.org

TESTIMONY OF EVAN OUE ON BEHALF OF THE HAWAII ASSOCIATION FOR JUSTICE (HAJ) WITH COMMENT TO SB 320

Hearing Date: Friday, February 10, 2023

Time: 1:00 p.m.

My name is Evan Oue and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) providing COMMENTS to SB320, Relating to the recognition of the Psychology Interjurisdictional Compact (the "Compact").

HAJ understands and appreciates the intent of the measure, however, we **oppose SB 320** as it would provide members, officers, executive director, employees and representatives of the commission **immunity from suit in their personal or official capacity for any claim for damage to or loss of property or personal injury or other civil liability** caused by arising out of any actual or alleged act, error or omission that occurred with the scope of employment. Under the Compact immunity from tort liability or civil liability resulting in death, injury to persons, or property damage except in cases of intentional or willful or wanton misconduct of that person. This language is overly broad and puts Hawaii residents at risk for injuries that could occur.

Specifically, Section (G) on page 43-44 of the bill provides that:

“The members, officers, executive director, employees and representatives of the commission **shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act**, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities;

provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any **damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.**”

Primarily, our concern is that the bill grants overbroad immunity to officers or employees rendering aid pursuant to the Compact for **negligent acts**. The exceptions to immunity only apply to **intentional or willful or wanton misconduct while omitting negligent acts** that could harm our residents. For example, if an officer or employee rendering aid pursuant to the Compact commits negligent acts while rendering aid, they will be immune under this act – leaving no legal recourse for the individual who was harmed. This immunity would even apply if that same officer or employee, while driving, hits a pedestrian through a failure to exercise due care or negligent maintenance of a vehicle

The standard of care that should be applied in any given situation is based on the specific circumstance. Negligent acts cannot and should not be overlooked, without recourse for those harmed, especially for our residents. HAJ opposes this type of immunity for negligent acts or omissions to preserve the rights of our residents and individuals. While we support intergovernmental cooperation for teachers, it is not necessary to exempt our officers of the Compact from negligent conduct.

HAJ respectfully recommends the bill be amended to delete Section (G) on page 43-44. Thank you for allowing us to testify regarding this measure. Please feel free to contact us should you have any questions or desire additional information.



February 10, 2023

1 p.m.

Conference Room 225 and Via Videoconference

To: Senate Committee on Health and Human Services

Sen. Joy A. San Buenaventura, Chair

Sen. Henry J.C. Aquino, Vice Chair

From: Grassroot Institute of Hawaii

Ted Kefalas, Director of Strategic Campaigns

RE: SB320 — RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Comments Only

Dear Chair and Committee Members:

The Grassroot Institute of Hawaii would like to offer its comments on [SB320](#), which would enter Hawaii into the Psychology Interjurisdictional Compact (PSYPACT).

If this bill is enacted, the Legislature will take an important step toward encouraging more mental and behavioral health professionals to work in Hawaii.

The need for mental health professionals has been clearly demonstrated across the last three years. Last year, the state Department of Health reported that 11,000 Hawaii youth had a major depressive episode in 2019, but only half received mental health services.¹

According to the Physician Workforce 2023 annual report, Hawaii has a 45.2% shortage of adult psychiatrists and a 42.8% shortage of child and adolescent psychiatrists.²

¹ ["Department of Health Encourages Move From Awareness to Acceptance for National Children's Mental Health Month,"](#) Hawaii Department of Health, May 2, 2022.

² ["Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project,"](#) University of Hawaii System, Dec. 2022, p. 17.

But the shortage extends far beyond psychiatrists alone. Hawaii employed 66 school psychologists in 2022 — for a ratio of one school psychologist for every 2,800 students. The National Association of School Psychologists suggests a 1 to 500 ratio.³

This shortage has caused burnout among Hawaii’s existing mental health practitioners.

“There are moments where I feel a little bit helpless, like I’m putting every joule of energy that I have in my body towards trying to make an impact on a problem that feels so insurmountable,” one provider told Hawaii News Now in 2021.⁴

Encouraging more counselors to practice in Hawaii requires a multipronged strategy that will address everything from Hawaii’s high cost of living to the state’s regulatory scheme for healthcare facilities. Perhaps most important is the need to reform licensing regulations for healthcare professionals.

One-fourth of all licensed workers in the U.S. work in healthcare.⁵ Their licenses can be difficult to obtain, are expensive and carry geographic or “scope of practice” limitations.

As discussed in an upcoming policy brief on medical licensing by the Grassroot Institute of Hawaii, the state’s shortage of healthcare professionals makes its restrictions on healthcare workers who already hold licenses in other U.S. states seem redundant and self-defeating.

As the Federal Trade Commission noted in a report on occupational licensing portability:

There is little justification for the burdensome, costly, and redundant licensing processes that many states impose on qualified, licensed, out-of-state applicants. Such requirements likely inhibit multistate practice and delay or even prevent licensees from working in their occupations upon relocation to a new state. Indeed, for occupations that have not implemented any form of license portability, the harm to competition from suppressed mobility may far outweigh any plausible consumer protection benefit from the failure to provide for license portability.⁶

³ Jessica Terrell, “[Hawaii Has A Shortage Of School Psychologists. National Research Says That’s A Problem](#),” Honolulu Civil Beat, Sept. 17, 2022.

⁴ Jolanie Martinez, “[As Hawaii faces a mental health crisis, psychologists struggle to keep up with patient demand](#),” Hawaii News Now, May 5, 2021.

⁵ Ryann Nunn, “[Improving Health Care Through Occupational Licensing Reform.](#)” RealClear Markets, Aug. 28, 2018

⁶ Karen Goldman, “[Options to Enhance Occupational License Portability.](#)” U.S. Federal Trade Commission, September 2018, p. 25.

In other words, though medical licensing is intended to protect the public, there is a point at which the level of regulation reduces the number of people in practice without an appreciable public benefit.

One study of licensing among medical professionals found that “licensing is associated with restricted labor supply, an increased wage of the licensed occupation, rents, increased output prices, and no measurable effect on output quality.”⁷

This is where we can benefit from the lessons learned during the coronavirus situation. The governor’s emergency modification to state licensing laws demonstrated a need to embrace license portability, making it a simple matter for healthcare workers licensed in other states to practice in Hawaii.

The interstate compact approach outlined in this bill would streamline licensing for mental health professionals, making it easier for them to move from participating states to Hawaii without facing time-consuming, costly and redundant regulatory hurdles.

The state would retain its control over Hawaii licensure requirements, but would simultaneously increase the pool of psychologists able to practice in Hawaii and shorten the time it would take for them to begin working here.

At present, the Counseling Compact includes [31 states](#), the District of Columbia and the Commonwealth of the Northern Mariana Islands. Several other states have introduced legislation to join as well. Years of successful implementation testify to the safety and effectiveness of this approach to license reciprocity.

Joining PSYPACT would be an important step toward attracting more mental and behavioral health professionals to our state, thereby addressing mental health needs and improving healthcare access for all.

Thank you for the opportunity to submit our comments.

Ted Kefalas

⁷ Sean Nicholson and Carol Propper, “[Chapter Fourteen — Medical Workforce](#),” in “Handbook of Health Economics, Vol. 2,” Elsevier, B.V., 2012, p. 885, cited also in the previously mentioned [FTC study](#), footnote #9, p3.

Director of Strategic Campaigns,
Grassroot Institute of Hawaii



Hawai'i Psychological Association

For a Healthy Hawai'i

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COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Friday, February 10, 2023 1:00 PM
Conference Room 225 & Videoconference

Comments on SB320 RELATING TO Interstate Compact for Psychologists

The membership of the Hawaii Psychology Association (HPA) is divided on whether or not Hawaii should join PSYPACT which would be established if SB 320 is passed into law. Given the lack of consensus, HPA takes no position on the issue at this time.

Opposition by our members is largely due to concerns that PSYPACT would allow mainland, for-profit corporations to flood the market with poorly trained psychologists who are unfamiliar with Hawaii's diverse culture. There is also concern that mainland psychologists practicing telehealth in Hawaii would not be adequately regulated by the states in which they are licensed. Therapeutic outcomes may be better for psychologists referred by a trusted source than for psychologists who gain clients by advertising through the media. On the other hand, PSYPACT would allow Hawaii practitioners to see clients who are on the mainland and would, at least temporarily, help address the acute provider shortage. More time is needed for our membership to further study and debate the feasibility and safety of PSYPACT.

Thank you for the opportunity to provide input into this important bill.

Sincerely,

Alex Lichton, Ph.D.

Chair, HPA Legislative Action Committee

LATE

SB-320

Submitted on: 2/9/2023 1:02:49 PM

Testimony for HHS on 2/10/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alysa Freeman	Individual	Support	Written Testimony Only

Comments:

Aloha, Our family recently learned of PsyPact when we made an appointment with The Anxiety Treatment Center of Greater Chicago for our 12YO son. Our son has an ADHD diagnosis, and he also has several symptoms of high functioning ASD. Unfortunately, the mental health care options on the Big Island are insufficient for the population, and are even more slim for children/families who are looking to treat with a specialist in ADHD, ASD, etc. We found this center in Chicago on recommendation of a dear friend whose child treats there. We made an appointment with the Chicago center, and the following week they called us to cancel the appointment due to the fact that Hawai'i is not in PsyPact (even though Illinois is, both states must be for services to be tele-rendered). We are extremely disappointed that we cannot get our son the care he needs. After we learned that we are limited to Hawai'i for our son's mental health care, I have been contacting many (about 10 so far) mental health care specialists, but have not yet found someone who has experience with children who have ADHD (and Asperger's symptoms too) and who is taking new patients. Some providers have not even returned my messages.

Due to the lack of sufficient mental health care professionals in Hawai'i, as well as the fact that we cannot simply drive over to another state for care, the need for Hawai'i residents to treat with mental health care providers on the mainland is incredibly strong. This goes for children and adults. Having Hawai'i join PsyPact is a win-win for everyone: all residents of Hawai'i will have access to the mental health care they want/need, and business will not be lost for mental health care professionals in Hawai'i - who are overburned already, as proven by the several professionals who have directly told me that they are too busy to accept new patients. There is no downside to joining PsyPact, but the upsides are as many as the people - children and adults - who will benefit from getting necessary mental health care. Mahalo for your consideration of my testimony and our family's experience.

LATE

SB-320

Submitted on: 2/9/2023 11:37:46 PM

Testimony for HHS on 2/10/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Diana Bray, Psy.D.	Individual	Support	Written Testimony Only

Comments:

Thank you so much for the opportunity to submit testimony in support of SB320.

My name is Diana Bray and I am a licensed clinical psychologist in Kihei, Hawaii, and in Denver, Colorado. I am a member of PSYPACT, an interstate Compact that facilitates the practice of telepsychology and temporary in-person contact with clients across state boundaries. I have been a practicing psychologist for more than 30 years.

At present, PSYPACT allows psychologists to apply for authorization to practice psychotherapy in 34 participating states with several other states in the process of legislation. There is a rigorous application process involved in PSYPACT certification of highly qualified, licensed psychologists.

If SB320 becomes law, it would allow residents of Hawaii to receive temporary face-to-face and teletherapy services from psychologists from the 34 other states who have signed on to PSYPACT.

This compact allows for tremendous outreach of service, as well as diverse types of service, especially for underserved populations and for places where there is a shortage of mental health practitioners.

You may wonder, "How does PSYPACT help the residents of Hawaii?" Simply put, the Compact would allow the residents of Hawaii to have access to country-wide mental health services through Teletherapy.

I have seen people do transformative and profound work utilizing teletherapy. It works, on so many different levels. In an increasingly challenging world, people all over the country greatly benefit from the opportunity to tap into a broad range of mental health resources outside their states. This Compact would allow licensed psychologists to connect with residents of Hawaii with whom they typically could not have professional contact with.

PSYPACT is a win for professionals who would like to expand their contact and connection with the people of Hawaii, and it is a win for the residents of Hawaii who are eager for more mental health services.

Thank you for considering support of this important and forward-thinking bill, and I invite you to contact me personally should you have any questions about PSYPACT.