

**Interjurisdictional Practice using Telehealth**  
**Position Paper**  
**National Register of Health Service Psychologists**  
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As an organization committed to aiding mobility in health service psychology, the National Register of Health Service Psychologists supports efforts that facilitate interjurisdictional practice, specifically, the psychology licensure compact known as PSYPACT. Professional mobility has been a persistent challenge in psychology given variations in requirements for licensure across jurisdictions (DeMers et al., 2008). Early efforts by the profession to address mobility such as reciprocity agreements and certification of credentials were cumbersome as they were designed to facilitate, but not exempt the psychologist from, applying for licensure in the state in which they wished to provide services. Recognition of the need for other models to facilitate interjurisdictional practice gained strength with the emergence of technology that would support the delivery of psychological services (DeMers et al., 2018).

Facilitating interjurisdictional practice by appropriately credentialed psychologists is needed given the gap between the available supply of health service psychologists to deliver care and the demand for services (APA, 2018). Policies that enable interjurisdictional practice are critical to ensure a pool of providers is available where needed (Almutairi et al., 2023; Palmer, 2022). Increasingly, health professions have been turning to interstate compacts to develop such policies (DeMers et al., 2018). In a compact, states agree to authorize a health professional from another state to provide services in states that are part of the compact, provided the professional meets the qualifications established by the entity administering the compact. Compacts in professions such as medicine (Dayo et al., 2023), nursing (Lusk, 2023), and psychology (Reiter & Pollack, 2025) facilitate mobility and increase out-of-state service provision (Dayo et al., 2023).

Compacts often include provisions for service delivery across state lines using telehealth. This makes sense given the broad adoption of telehealth during the COVID-19 pandemic, which has led to a greater understanding of telehealth's role in health service provision. Telehealth has numerous benefits (Almutairi et al., 2023; Lin et al., 2022; Palmer, 2022). These include accessibility, reducing barriers to care for patients who do not live near a provider or may lack transportation, reducing wait times and improving continuity of care, and improving patient and provider satisfaction. Importantly, telehealth (video or phone) has similar outcomes as in-person therapy at the end of treatment and at follow-up, has identical attrition rates and is effective in achieving symptom reductions (Lin et al., 2022).

As evidence supporting the benefits of using telehealth grows, so too has the body of knowledge to ensure psychologists can competently practice both interjurisdictionally and via telehealth. Guidelines such as those from the American Psychological Association (APA, 2024) and the American Psychiatric Association in collaboration with the American Telemedicine Association (American Psychiatric Association, American Telemedicine Association, 2022) have been developed as has ethical guidance (Barnett et al., 2024). Both the National Register and The Trust offer continuing education programming on interjurisdictional practice and telehealth.

The evidence base continues to accumulate regarding the many benefits of interjurisdictional practice via telehealth. As an organization committed to aiding mobility in health service psychology, the National Register of Health Service Psychologists supports efforts that facilitate interjurisdictional practice, specifically, the psychology licensure compact known as PSYPACT.

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