



Linda Fleming McGhee, J.D., Psy.D.

The Honorable Shane Pendergrass, Chair
House Health and Government Operations Committee
House Office Building
6 Bladen Street, Room 241
Annapolis, MD 21401

RE: HB 970 – PSYCHOLOGY INTERJURISDICTIONAL COMPACT-SUPPORT

Dear Chair Pendergrass:

My name is Linda Fleming McGhee, and I am grateful for your great leadership on HB 970. I am a lawyer turned psychologist and the President-Elect of MPA. I am here today to fight for Maryland's residents and psychologists and to ask you to **support HB 970, the Psychology Interjurisdictional Compact.**

Interstate practice of psychology is an idea whose time has come. It has come into its own in the midst of a perfect storm: burgeoning awareness of the absolute necessity of mental healthcare; and skyrocketing numbers of cases of depression, anxiety, addiction, and suicides. The eye of the storm, Covid-19, further catapulted mental health concerns into the stratosphere, with the federal government reporting record cases of depression and anxiety. Fortunately, the mental health system has moved toward making therapy more available. Telehealth within state has given way to teletherapy across state lines due to the temporary licenses or exemptions permitted by states and with the advent of PSYPACT in fifteen states.

Continuity of care for Maryland residents is the paramount concern. The effectiveness of therapy is largely dependent upon establishing a therapeutic relationship and continuing care even if a client geographically relocates. In my practice, I primarily treat teenagers and college students, who regularly leave this area for college. PSYPACT would allow me the ability to provide therapy during critical transitions from high school to college, during college and post college, where relocations are frequent. Likewise, it would allow out of state students at Maryland universities to continue their care with their home state therapist. Under current law, if my Silver Spring-based college student goes to Penn State, I am unable to treat them, as I have no license in Pennsylvania. I am often forced to transfer the care of

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vulnerable clients due to laws made decades ago. COVID-19 gave us some temporary respite to provide treatment due to states allowing for temporary licenses, but many of these exemptions have expired. The mental health effects of Covid-19 remain and will likely do so in the foreseeable future. Prior to COVID-19, I was licensed in Maryland and could see clients in my Chevy Chase office regardless of whether they came from D.C. or Virginia. In order to see clients in the District and Virginia via telehealth, I was by law required to get a license in both Virginia and D.C. This was a very expensive process that involved taking more and different continuing education classes, getting fingerprinted (again), required a notary (not so easy in a pandemic) and cost several hundred dollars. These costs are prohibitive in this economic environment and place a heavy hardship on many members of our profession who are already struggling to make ends meet and paying off student debt.

Continuity of service would also allow out of state psychologists to follow their clients who relocate to Maryland. MPA recognizes that there are specialties that may have more providers for services from out of state. One such example is the dearth of marriage and family therapists in some areas of our state. Likewise, Maryland psychologists may provide specialized services that may be marketable in other states. I provide a lot of court-based educational consultation in states where I am licensed to practice and PSYPACT would allow me to branch out regionally.

There are two underserved communities that I hold near and dear to my heart ---rural areas and communities of color. Being a native of rural Indiana, I know that many areas of Maryland have little access to mental health care. There may only be a few therapists in the area and often times, that mental health professional either may not be a good fit or may not be able to provide a service, due to not having experience in the specialty needed, or the psychologist may have dual relationships with the client, which are sometimes prohibited. Often times, in small communities, a person might be more comfortable seeing treatment outside of the close circle of their friends, families and co-workers. There are only 3726 psychologists licensed in Maryland and while there are other mental health professionals, there are by no means enough therapists to treat the six million Maryland residents. In communities of color, the needs are even more dire. Nationwide there are roughly 4 percent of psychologists are black and the data suggests a similar dearth of black psychologists in Maryland. Thus, there is likely less than 150 African American psychologist in the entire state. This is matched against the 1.8 million African Americans in this state. The predominantly black counties such as Baltimore and Prince Georges Counties have the most severe shortages of psychologists. In light of the fact that experts estimate that up to thirty percent of black people need mental health treatment at any given time. Unfortunately, the time between the outset of mental illness to treatment in the black community is up to a decade. The mental health needs in the black community are exacerbated by the disproportionate impact of COVID-19. And the suicide rate is the fastest rising in black and brown children. PSYPACT would allow more providers to serve these communities, both rural and minority communities, and provide therapy to Maryland residents suffering from the mental health impacts of the catastrophic pandemic.

Psychologists licensed in Maryland would be disadvantaged without PSYPACT. We would be nearly surrounded by states with PSYPACT -- Pennsylvania, Virginia, D.C., and Delaware. Therefore, the Delaware psychologist would be allowed to provide services in Pennsylvania and Virginia, while Maryland psychologists would not without obtaining cumbersome state-by state licensing. I fear that

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this would provide a disincentive to obtaining a Maryland license in the future. There are many psychologists licensed in Maryland whose office border on another state. These psychologists may move their places of business to neighboring jurisdictions and apply to be in PSYPACT from those states, depriving MD of those psychologists and MD residents of mental health services.

Finally, we serve people, not places. And, mental illness is not stationary, it travels with you. PSYPACT would allow our residents to get treatment and would allow us to care for them, wherever they go.

I urge you to pass HB 970 – the Psychology Interjurisdictional Compact for the sake of Maryland citizens and psychologists. I look forward to answering your questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Fleming McGhee". The signature is written in a cursive, flowing style.

Linda Fleming McGhee, J.D., Psy.D.
Founder