BOARD OF PSYCHOLOGY
Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

AGENDA

Date: March 23, 2026

Time: 9:00 a.m.

Location: Virtual Videoconference Meeting-Zoom (see link below)

In-Person Meeting Location: PVL Examination Room, 3rd Floor, 330 HRH King Kalakaua Building 335 Merchant Street, Honolulu, Hawaii 96813

Phone: **669-900-6833**

Zoom Link: https://dcca-hawaii-gov.zoom.us/j/89497493889?pwd=6j6rPNw1Hga5ICyBbiVF1ageF1MkiC.1

Meeting ID: **894 9749 3889**

Passcode: **378468**

ʻŌlelo TV: Subject to the availability of ʻŌlelo personnel, members of the public may also view the meeting by televised live broadcast on ʻŌlelo TV.

Agenda: This agenda is posted on the State electronic calendar as required by Hawaii Revised Statutes ("HRS") section 92-7(b).

If you wish to submit written testimony on any agenda item, please email your testimony to psychology@dcca.hawaii.gov or by hard copy mail to: Attn: Board of Psychology, P.O. Box 3469, Honolulu, HI 96801. We request submission of testimony at least 24 hours prior to the meeting to ensure that it can be distributed to the Board members.

1. **Call to Order**

2. **Review and Approval of Board Meeting Minutes**

The Board may enter into Executive Session to consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities,

and liabilities in accordance with HRS section 92-5(a)(4) to review the executive session minutes.

A. October 3, 2025, executive session only

B. February 6, 2026, meeting minutes

3. **Legislative Session**

The Board to review, discuss, and form positions as needed on measures introduced by the Hawaii State Legislature for the 2026 legislative session. Please be advised that the Board may vote to adjust its Legislative Liaison for the 2026 legislative session. The Legislative Liaison will provide support in the legislative session to address board positions between meetings.

The Board may enter into Executive Session to consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities in accordance with HRS section 92-5(a)(4).

Interjurisdictional Compact

A. HB839 ELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT (2025)
Adopts the Psychology Interjurisdictional Compact to allow a person authorized to practice psychology in a compact state in which the person is not licensed.

B. SB32 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT (2025)

Adopts the Psychology Interjurisdictional Compact to allow a person authorized to practice psychology in a compact state in which the person is not licensed.

C. SB1552 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT (2025)

Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact. Effective 1/1/2026.

D. HB1899 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL

COMPACT

Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and the temporary in-person, face-to-face practice of psychologists when patients are located in compact states other than the state where the psychologist is licensed. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the compact.

E. HB2066 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Hawai'i State Association of Counties Package; Psychology Interjurisdictional Compact

F. HB1704 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact. Effective 1/1/2027.

G. SB2508 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Hawai'i State Association of Counties Package; Psychology Interjurisdictional Compact

H. SB2242 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Maui County Council Package; Psychology Interjurisdictional Compact

I. SB2080 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries

in the performance of their psychological practice. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact. Effective 1/1/2027.

J. SB2225 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and the temporary in-person, face-to-face practice of psychologists when patients are located in compact states other than the state where the psychologist is licensed. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the compact.

Prescriptive Authority

K. SB847 RELATING TO PSYCHOLOGISTS (2025)

Allows qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist in certain circumstances.

L. HB2169 RELATING TO PSYCHOLOGISTS

Authorizes and appropriates moneys for the Board of Psychology to grant prescriptive authority privilege to clinical psychologists who meet specific education, training, and registration requirements. Requires the Board of Psychology to accept applications for prescriptive authority privilege beginning 7/1/2027. Requires reports to the Legislature.

M. SB708 RELATING TO PRESCRIPTIVE AUTHORITY FOR CLINICAL PSYCHOLOGISTS

Authorizes and appropriates moneys for the Board of Psychology to grant prescriptive authority to clinical psychologists who meet specific education, training, and registration requirements. Requires the Board of Psychology to accept applications for prescriptive authority privilege beginning 7/1/2026. Requires the Board of Psychology to report to the Legislature.

School Psychologists

N. HB624 RELATING TO SCHOOL PSYCHOLOGISTS (2025)

Creates a School Psychologists Working Group within the Department of Education to recommend actionable steps or propose legislation for an immediate pathway to licensure for school psychologists that can be acted upon in 2026. Requires a report to the Legislature. Takes effect 7/1/2050. (SD1)

O. HB1889 RELATING TO SCHOOL PSYCHOLOGISTS

Creates a School Psychologists Working Group within the Department of Education to recommend actionable steps or propose legislation for an immediate pathway to licensure for school psychologists that can be acted upon in 2027. Requires a report to the Legislature.

P. HB625 RELATING TO EDUCATION (2025)

Establishes a nationally certified school psychologist incentive program. Appropriates funds for the incentive program. Effective 7/1/3000. (HD1)

Licensure

Q. SB1635 RELATING TO LICENSURE (2025)

Requires marriage and family therapists, mental health counselors, psychologists, and clinical social workers to complete courses related to domestic violence for licensure and renewals.

R. SB2011 RELATING TO LICENSURE

Requires marriage and family therapists, mental health counselors, psychologists, and clinical social workers to complete courses related to domestic violence for licensure and renewals.

S. SB474 RELATING TO PSYCHOLOGISTS (2025)

Requires clinical psychologists employed by the Department of Corrections and Rehabilitation to obtain licensure within five years

from the date of employment. Sunsets on 7/1/2030. Effective 7/1/2077. (SD1)

Related to Psychology

T. HB876 RELATING TO HEALTHCARE PRECEPTORS (2025)

Adds psychology, physician assistant, marriage and family therapist, mental health counselor, clinical social worker, rehabilitation counselor, and school counselor students to the definition of "eligible student" under the qualifications for the healthcare preceptor tax credit. Amends the definition of "preceptor" by adding psychologists, physician assistants, marriage and family therapists, mental health counselors, clinical social workers, rehabilitation counselors, and school counselors to the list of preceptors eligible to receive the tax credit. Applies to taxable years beginning after 12/31/2025.

U. HB1197 RELATING TO CLINICAL PSYCHOLOGY (2025)

Authorizes the Department of Corrections and Rehabilitation to utilize student education partnerships to increase the amount of mental health care providers in correctional facilities across the State. Appropriates funds.

V. SB64 RELATING TO EDUCATION (2025)

Beginning with the 2027-2028 school year, requires each public school in the State, including charter schools, to employ, or retain under contract, at least 1 mental health professional for every 250 students enrolled, subject to certain conditions. Requires the Department of Education to submit a progress report to the Legislature no later than 20 days prior to the convening of the Regular Session of 2026. Appropriates moneys for the Department of Education to contract for mental health professionals and to establish an unspecified number of full-time equivalent mental health professional positions within the Department of Education. Declares that the general fund expenditure ceiling is exceeded.

W. SB2224 RELATING TO EDUCATION

Beginning with the 2028-2029 school year, requires each public school in the State, including charter schools, to employ, or retain under contract, at least one mental health professional for every 250 students enrolled, subject to certain conditions. Requires the Department of Education to submit a progress report to the Legislature no later than 20 days prior to the convening of the Regular Session of 2027. Appropriates moneys for the Department of Education to contract for mental health professionals and to establish an unspecified number of full-time equivalent mental health professional positions within the Department of Education.

Related to Health Care

X. HB1857 RELATING TO HEALTH CARE

Establishes a broad definition of "qualified health care provider" in numerous areas of existing law. Clarifies and standardizes references to specific health care providers. Updates outdated language to reflect correct terminology. Makes numerous clarifying and conforming amendments to support these changes, including but not limited to chapters related to health, education, insurance, professions and vocations, the pain patient's bill of rights, the Uniform Probate Code, minors, the Child Protective Act, and the Penal Code. Repeals the obsolete Hawai‘i Health Corps. Effective 7/1/3000. (HD1)

4. **EO Report**

A. Application processing update

B. Current temporary permit process

C. Provisional license update

5. **Question for the Board**

Dr. Kotte, licensee, wrote the Board regarding the recording of therapy sessions by patients in Veterans Affairs system. According to Dr. Kotte, she has been informed that veterans are able to audio and/or video record their mental health sessions per federal

regulations, but in the past has been told the opposite. She is asking, as a licensee, if the Board has any guidance on this matter.
The Board may enter into Executive Session to consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities in accordance with HRS section 92-5(a)(4) to review the executive session minutes.

6. **Applications**

The Board will enter into Executive Session pursuant to Hawaii Revised Statutes sections 92-5(a)(1) and 92-5(a)(4) to consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both and to consult with the board's attorney on questions and issues pertaining to the board's powers, duties, privileges, immunities, and liabilities.

A. **Ratification of Approved Applications**

PSY-2306	Kristen A Whitmore
PSY-2307	Matthew Rochefort
PSY-2308	Rebecca Blood
PSY-2309	John M Shields
PSY-2310	Anthony Paul Rinaldi
PSY-2311	Kaitlin A Hill

B. **Applications for Review**

Examination

1. Alysia Handel
2. Taylor Stacy

Examination Waiver

4. Lauren Haruno

7. **Next Meeting**

Friday, April 10, 2026
PVL Exam Room, Room 330
HRH King Kalakaua Building
9:00 a.m.

8. **Adjournment**

If you need an auxiliary aid/service or other accommodation due to a disability, contact Christopher Fernandez at (808) 586-2708, between the

hours of 7:45 a.m. – 4:30 p.m. or by email at psychology@dcca.hawaii.gov preferably by two business days prior to the scheduled meeting, or as soon as possible. Requests made as early as possible have a greater likelihood of being fulfilled. Upon request, this notice is available in alternate/accessible formats. possible have a greater likelihood of being fulfilled. Upon request, this notice is available in alternate/accessible formats.

CF:ct 03/16/2026

BOARD OF PSYCHOLOGY
Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF MEETING

The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by § 92-7(b), Hawaii Revised Statutes ("HRS").

Date: February 6, 2026

Time: 9:00 a.m.

In-Person Location: PVL Examination Room
HRH King Kalakaua Building
335 Merchant Street, Third Floor
Honolulu, Hawaii 96813

Present: June Ching, Ph.D., Chair
Jeffrey Stern, PhD, Vice Chair
Steven Taketa, Psy.D., Member
Sean Scanlan, Ph.D., Member
Sherri Takushi-Isara, Ph.D., Member
Jordan Ching, Esq., Deputy Attorney General ("DAG")
Christopher Fernandez, Executive Officer ("EO")
Cortnie Tanaka, Secretary

Excused: None.

Guests: None.

Call to Order: At 9:06 a.m., Chair Ching brought the meeting to order.

RE-VOTE ON AGENDA ITEMS FROM THE October 3, 2025 MEETING

After some discussion, Chair Ching moved to affirm the votes from the October 3, 2025 meeting, seconded by Dr. Scanlan and with no objections or abstentions, motion carried.

Meeting Minutes Review & Approval

A. Meeting Minutes

Chair Ching asked members if they had any comments or corrections to the meeting minutes under review.

(1) October 3, 2025, Meeting Minutes

After some discussion, Vice Chair Stern motioned to approve the minutes with changes, seconded by Dr. Takushi-Isara, and with no objections or abstentions, the minutes were approved with changes.

(2) March 7, 2025, Executive Session Meeting Minutes

DRAFT

After some discussion, Vice Chair Stern motioned to approve the minutes with changes, seconded by Dr. Takushi-Isara, and with no objections or abstentions, the minutes were approved with changes.

(3) April 4, 2025 Executive Session Meeting Minutes

After some discussion, Vice Chair Stern motioned to approve the minutes with changes, seconded by Dr. Takushi-Isara, and with no objections or abstentions, the minutes were approved with changes.

Review of Advisory Committee Member Candidates: After a brief discussion, Chair Ching motioned to approve the RICO Advisory Committee Member Candidates list, seconded by Vice Chair Stern, and with no objections or abstentions, the motion carried.

Legislative Session:

Interjurisdictional Compact

A. **HB839** RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT (2025)

Adopts the Psychology Interjurisdictional Compact to allow a person authorized to practice psychology in a compact state in which the person is not licensed.

B. **SB32** RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT (2025)

Adopts the Psychology Interjurisdictional Compact to allow a person authorized to practice psychology in a compact state in which the person is not licensed.

C. **SB1552** RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT (2025)

Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact. Effective 1/1/2026.

D. **HB1899** RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

DRAFT

Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and the temporary in-person, face-to-face practice of psychologists when patients are located in compact states other than the state where the psychologist is licensed. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the compact.

E. **HB2066** RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Hawai'i State Association of Counties Package; Psychology Interjurisdictional Compact

F. **HB1704** RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact. Effective 1/1/2027.

G. **SB2508** RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Hawai'i State Association of Counties Package; Psychology Interjurisdictional Compact

H. **SB2242** RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Maui County Council Package; Psychology Interjurisdictional Compact

I. **SB2080** RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact. Effective 1/1/2027.

DRAFT

J. **SB2225** RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and the temporary in-person, face-to-face practice of psychologists when patients are located in compact states other than the state where the psychologist is licensed. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the compact.

The Board reviewed the bills A through J above, noting that due to the compact bill language requiring to be the same for implementation, each bill would be identical.

The Board noted that various alternatives such expedited licensure and a revamp of the temporary permit process had not yet been attempted. The Board also noted a number of states that have opted to not join the compact and held continuous concerns about the cost of managing the compact privilege in Hawaii while losing revenue from licensure. And lastly, the Board noted that the Board would need to work with the FBI to create access to their national database as required by bill in order for licensees in Hawaii to participate in the compact. Members noted that this would mean out-of-state practitioners coming in through the compact privilege may never set foot in Hawaii but could garner more of the practice opportunities than local licensed psychologists could get outside the state through the compact.

After some discussion Vice Chair Stern motioned to oppose the bills related to Psypact interjurisdictional compact listed above, seconded by Dr. Scanlan, and unanimously carried by the Board.

Prescriptive Authority

K. **SB847** RELATING TO PSYCHOLOGISTS (2025)

Allows qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist in certain circumstances.

L. **HB2169** RELATING TO PSYCHOLOGISTS

Authorizes and appropriates moneys for the Board of Psychology to grant prescriptive authority privilege to clinical psychologists who meet specific education, training, and registration requirements. Requires the Board of Psychology to accept applications for prescriptive authority privilege beginning 7/1/2027. Requires reports to the Legislature.

DRAFT

M. **SB708** RELATING TO PRESCRIPTIVE AUTHORITY FOR CLINICAL PSYCHOLOGISTS

Authorizes and appropriates moneys for the Board of Psychology to grant prescriptive authority to clinical psychologists who meet specific education, training, and registration requirements. Requires the Board of Psychology to accept applications for prescriptive authority privilege beginning 7/1/2026. Requires the Board of Psychology to report to the Legislature.

The Board reviewed bills K through M in unison since the bill language is similar this session and to previous iterations in the past. After some discussion, Dr. Scanlan motioned to support the bills with a delayed implementation in order to allow PVL the time to create the authority process, seconded by Dr. Taketa, and unanimously carried by the Board.

School Psychologists

N. **HB624** RELATING TO SCHOOL PSYCHOLOGISTS (2025)

Creates a School Psychologists Working Group within the Department of Education to recommend actionable steps or propose legislation for an immediate pathway to licensure for school psychologists that can be acted upon in 2026. Requires a report to the Legislature. Takes effect 7/1/2050. (SD1)

O. **HB1889** RELATING TO SCHOOL PSYCHOLOGISTS

Creates a School Psychologists Working Group within the Department of Education to recommend actionable steps or propose legislation for an immediate pathway to licensure for school psychologists that can be acted upon in 2027. Requires a report to the Legislature.

The Board reviewed bills N through O since the bill intention is similar. After some discussion, it was motioned by Vice Chair Stern, seconded by Chair Ching, and carried by the Board unanimously to support the intent of the working group. The Board wished to request that the Hawaii Psychological Association (HPA) be added into HB1889 as an explicit member of the working group to match the language of HB624, which the Board supported the intent of last year. The Board noted that HPA should be included in discussions that may place school psychologists in HRS chapter 465.

P. **HB625** RELATING TO EDUCATION (2025)

Establishes a nationally certified school psychologist incentive program. Appropriates funds for the incentive program. Effective 7/1/3000. (HD1)

The Board noted that it would track this measure.

DRAFT

Licensure

Q. **SB1635** RELATING TO LICENSURE (2025)

Requires marriage and family therapists, mental health counselors, psychologists, and clinical social workers to complete courses related to domestic violence for licensure and renewals.

R. **SB2011** RELATING TO LICENSURE

Requires marriage and family therapists, mental health counselors, psychologists, and clinical social workers to complete courses related to domestic violence for licensure and renewals.

The Board noted that the bills were introduced this session but were not scheduled for hearing. The Board noted that it would track the bills.

S. **SB474** RELATING TO PSYCHOLOGISTS (2025)

Requires clinical psychologists employed by the Department of Corrections and Rehabilitation to obtain licensure within five years from the date of employment. Sunsets on 7/1/2030. Effective 7/1/2077. (SD1)

The Board discussed SB474 in terms of the implementation of the provisional licensed passed by the legislature in 2024. The Board noted that the bill was requesting a total of 5 years of unlicensed practice in the state. The Board historically has noted that this length without licensure was too long. The Board noted that an applicant who has not passed the exam or finished their postdoctoral experience will be able to obtain a provisional license for up to 2 years to complete those tasks. The Board suggested that an additional (1) year of unlicensed practice would suffice to allow a psychologist employed by the State to have 3 years in total, to obtain a license in Hawaii.

Related to Psychology

T. **HB876** RELATING TO HEALTHCARE PRECEPTORS (2025)

Adds psychology, physician assistant, marriage and family therapist, mental health counselor, clinical social worker, rehabilitation counselor, and school counselor students to the definition of "eligible student" under the qualifications for the healthcare preceptor tax credit. Amends the definition of "preceptor" by adding psychologists, physician assistants, marriage and family therapists, mental health counselors, clinical social workers, rehabilitation counselors, and school counselors to the list of preceptors eligible to receive the tax credit. Applies to taxable years beginning after 12/31/2025.

DRAFT

U. **HB1197** RELATING TO CLINICAL PSYCHOLOGY (2025)

Authorizes the Department of Corrections and Rehabilitation to utilize student education partnerships to increase the amount of mental health care providers in correctional facilities across the State. Appropriates funds.

V. **SB64** RELATING TO EDUCATION (2025)

Beginning with the 2027-2028 school year, requires each public school in the State, including charter schools, to employ, or retain under contract, at least 1 mental health professional for every 250 students enrolled, subject to certain conditions. Requires the Department of Education to submit a progress report to the Legislature no later than 20 days prior to the convening of the Regular Session of 2026. Appropriates moneys for the Department of Education to contract for mental health professionals and to establish an unspecified number of full-time equivalent mental health professional positions within the Department of Education. Declares that the general fund expenditure ceiling is exceeded.

W. **SB2224** RELATING TO EDUCATION

Beginning with the 2028-2029 school year, requires each public school in the State, including charter schools, to employ, or retain under contract, at least one mental health professional for every 250 students enrolled, subject to certain conditions. Requires the Department of Education to submit a progress report to the Legislature no later than 20 days prior to the convening of the Regular Session of 2027. Appropriates moneys for the Department of Education to contract for mental health professionals and to establish an unspecified number of full-time equivalent mental health professional positions within the Department of Education.

For the bills T through W above, the Board noted that it would track these measures.

Applications:

On a motion by Vice Chair Stern, seconded by Dr. Takushi-Isara, the Board unanimously voted to enter into Executive Session at 11:01 a.m. pursuant to HRS sections 92-5(a)(1) and 92-5(a)(4) to consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both and to consult with the board's attorney on questions and issues pertaining to the board's powers, duties, privileges, immunities, and liabilities.

DRAFT

EXECUTIVE SESSION

At 11:15 a.m., it was moved by Vice Chair Stern, seconded by Dr. Scanlan, and unanimously carried by the Board to return to open session.

A. Ratification of Approved Applications

Chair Ching motioned to approve the following applications for ratification. The motion was seconded by Dr. Takushi-Isara and unanimously approved by the Board.

PSY-2282	Candice Seti
PSY-2283	Jody Pahlavan
PSY-2284	Adriana K Botero
PSY-2285	Freda Peng Feng
PSY-2286	Kevin C Yabes
PSY-2287	Brittney M Glisson
PSY-2288	Elyssa Goodside Cacali
PSY-2289	Lisa Goldman
PSY-2290	Kiturah L Neppl
PSY-2291	Darius O Wright
PSY-2292	Chelsea A Hilsendager
PSY-2293	Julie Landry
PSY-2294	Meghan R Miller
PSY-2295	Cody M Kaneshiro
PSY-2296	Lydia Lenore Eisenbrandt
PSY-2297	Kaitlin Wray
PSY-2298	Katherine J Liang
PSY-2299	Jody P Saltzman
PSY-2300	Velisa Johnson
PSY-2301	Cynthia Michelle Grunsten
PSY-2302	Michelle R Guyton
PSY-2303	Erin C Yokote
PSY-2304	Jennifer Harrison
PSY-2305	Maria Pentcheva Burns

B. Applications for Review

Examination

1. Alysia Handel

On a motion by Vice Chair Stern, seconded by Dr. Taketa, the Board voted unanimously to defer the application of Dr. Handel, requesting additional information regarding her training.

2. Spencer KJ Choy

DRAFT

On a motion by Chair Ching, seconded by Dr. Takushi-Isara, the Board voted unanimously to approve the application of Dr. Choy.

3. Brandon Martinez

On a motion by Chair Ching, seconded by Dr. Takushi-Isara, the Board voted unanimously to approve the application of Dr. Martinez.

Examination Waiver

4. Kristen Whitmore

On a Motion by Chair Ching, seconded by Dr. Takushi-Isara, the Board voted unanimously to approve the application of Dr. Whitmore.

5. Halleh Hashtpari

On a motion by Chair Ching, seconded by Dr. Takushi-Isara, the Board unanimously voted to approve the application of Dr. Hashtpari.

Adjournment: There being no further business to discuss, the meeting was adjourned by Chair Ching at 11:18 a.m.

Taken, recorded, and reviewed by:

/s/ Christopher Fernandez
Christopher Fernandez
Executive Officer

CF: ct
2026.03.06

[ ] Minutes approved as is.
[ ] Minutes approved with changes; see minutes of _____.

DRAFT

From: Amelia Kotte
To: DCCA Psychology
Subject: Re: [EXTERNAL] Recording of mental health sessions
Date: Thursday, March 5, 2026 3:41:46 PM

CAUTION: This email originated from outside of Hawaii State Gov't / DCCA. Do not click links or open attachments unless you recognize the sender and are expecting the link or attachment.

Good afternoon, Christopher,

Thank you for checking in with me on this. Yes, if you could please review this at your next publicly noticed meeting and let me know of outcome, that would be great.

Thank you,
Amelia

On Thu, Mar 5, 2026 at 3:58 PM DCCA Psychology <psychology@dcca.hawaii.gov> wrote:

> Good Afternoon Dr. Kotte,
>
> If you would like to have the Board review this question at one of its publicly noticed meetings, please reply to this email confirming so.
>
> Thank you & best wishes,
> Christopher Fernandez
> Executive Officer
> Professional Vocational Licensing
>
> -----Original Message-----
> From: Amelia Kotte <[redacted]>
> Sent: Tuesday, December 30, 2025 7:59 AM
> To: DCCA Psychology <psychology@dcca.hawaii.gov>
> Subject: [EXTERNAL] Recording of mental health sessions
>
> CAUTION: This email originated from outside of Hawaii State Gov't / DCCA. Do not click links or open attachments unless you recognize the sender and are expecting the link or attachment.
>
> Good morning,
>
> I am a Hawai'i licensed psychologist #1561 and work in that capacity at the Dept of Veterans Affairs. Our leadership recently communicated to psychologists that Veterans are able to audio and/or video record their mental health sessions per federal permitting this action. In the past, I have been told the opposite (i.e., without provider's consent Veterans are not permitted to record sessions) at the VA. Current leadership is unable to square the discrepancy. I am reaching out to my state board to receive any additional guidance you might have on this issue. I worry about infractions to mutual (patient and provider)

confidentiality and privacy in the absence of provider's explicit consent that patient record sessions. I also worry about potential misuse of such recordings.

Thank you for any guidance,
Dr. Amelia Kotte

HOUSE OF REPRESENTATIVES
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAII

H.B. NO. 839

A BILL FOR AN ACT

RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The Hawaii Revised Statutes is amended by adding a new chapter to be appropriately designated and to read as follows:

"CHAPTER

PSYCHOLOGY INTERJURISDICTIONAL COMPACT

§ -1 Short title. This chapter may be cited as the Psychology Interjurisdictional Compact Act.

§ -2 Terms and provisions of Compact; authorization; governor. The legislature hereby authorizes the governor to enter into a Compact on behalf of the State of Hawaii with any other state legally joining therein, in the form substantially as follows:

PSYCHOLOGY INTERJURISDICTIONAL COMPACT

ARTICLE I

PURPOSE

WHEREAS, states license psychologists, in order to protect the public through verification of education, training, and

experience and ensure accountability for professional practice; and

WHEREAS, this Compact is intended to regulate the day-to-day practice of telepsychology (i.e., the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

WHEREAS, this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for thirty days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

WHEREAS, this Compact is intended to authorize state psychology regulatory authorities to afford legal recognition, in a manner consistent with the terms of the Compact, to psychologists licensed in another state; and

WHEREAS, this Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety; and

WHEREAS, this Compact does not apply when a psychologist is licensed in both the home and receiving states; and

WHEREAS, this Compact does not apply to permanent in-person, face-to-face practice; it does allow for authorization of temporary psychological practice; now, therefore,

Consistent with these principles, 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.

ARTICLE II

DEFINITIONS

"Adverse action" means any action taken by a state psychology regulatory authority that finds a violation of a statute or regulation that is identified by the state psychology regulatory authority as discipline and is a matter of public record.

"Association of State and Provincial Psychology Boards" means the recognized membership organization composed of state and provincial psychology regulatory authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

"Authority to practice interjurisdictional telepsychology" means a licensed psychologist's authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State.

"Bylaws" means those Bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Article X for

its governance, or for directing and controlling its actions and conduct.

"Client/Patient" means the recipient of psychological services, whether psychological services are delivered in the context of health care, corporate, supervision, and/or consulting services.

"Commissioner" means the voting representative appointed by each state psychology regulatory authority pursuant to Article X.

"Compact State" means a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or been terminated pursuant to Article XII, Section B.

"Coordinated licensure information system" or "coordinated database" means an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of state and provincial psychology regulatory authorities.

"Confidentiality" means the principle that data or information is not made available or disclosed to unauthorized persons or processes.

"Day" means any part of a day in which psychological work is performed.

"Distant State" means the Compact State where a psychologist is physically present (not through the use of telecommunications technologies), to provide temporary in-person, face-to-face psychological services.

"E.Passport" means a certificate issued by the Association of State and Provincial Psychology Boards that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

"Executive board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

"Home State" means a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under

the authority to practice interjurisdictional telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the temporary authorization to practice, the Home State is any Compact State where the psychologist is licensed.

"Identity history summary" means a summary of information retained by the Federal Bureau of Investigation, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

"In-person, face-to-face" means interactions in which the psychologist and the client/patient are in the same physical space but does not include interactions that may occur through the use of telecommunication technologies.

"Interjurisdictional practice certificate" means a certificate issued by the Association of State and Provincial Psychology Boards that grants temporary authorization to practice based on notification to the state psychology

regulatory authority of intention to practice temporarily, and verification of one's qualifications for such practice.

"License" means authorization by a state psychology regulatory authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

"Non-Compact State" means any state that is not at the time a Compact State.

"Psychologist" means an individual licensed for the independent practice of psychology.

"Psychology Interjurisdictional Compact Commission" or "Commission" means the national administration of which all Compact States are members.

"Receiving State" means a Compact State where the client/patient is physically located when the telepsychological services are delivered.

"Rule" means a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Commission and has the force and effect of

statutory law in a Compact State, and includes the amendment, repeal, or suspension of an existing rule.

"Significant Investigatory Information" means:

1. Investigative information that a state psychology regulatory authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

2. Investigative information that indicates that the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified or had an opportunity to respond.

"State" means a state, commonwealth, territory, or possession of the United States, or the District of Columbia.

"State psychology regulatory authority" means the board, office, or other agency with the legislative mandate to license and regulate the practice of psychology.

"Telepsychology" means the provision of psychological services using telecommunication technologies.

"Temporary authorization to practice" means: a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another Compact State.

"Temporary in-person, face-to-face practice" means where a psychologist is physically present (not through the use of telecommunications technologies), in the Distant State to provide for the practice of psychology for thirty days within a calendar year and based on notification to the Distant State.

ARTICLE III

HOME STATE LICENSURE

A. The Home State shall be a Compact State where a psychologist is licensed to practice psychology.

B. A psychologist may hold one or more Compact State licenses at a time. If the psychologist is licensed in more than one Compact State, the Home State is the Compact State where the psychologist is physically present when the services are delivered as authorized by the authority to practice

interjurisdictional telepsychology under the terms of this Compact.

C. Any Compact State may require a psychologist not previously licensed in a Compact State to obtain and retain a license to be authorized to practice in the Compact State under circumstances not authorized by the authority to practice interjurisdictional telepsychology under the terms of this Compact.

D. Any Compact State may require a psychologist to obtain and retain a license to be authorized to practice in a Compact State under circumstances not authorized by temporary authorization to practice under the terms of this Compact.

E. A Home State's license authorizes a psychologist to practice in a Receiving State under the authority to practice interjurisdictional telepsychology only if the Compact State:

1. Currently requires the psychologist to hold an active E.Passport;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant

investigatory information regarding a licensed individual;

4. 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, or other designee with similar authority, no later than ten years after activation of the Compact; and

5. Complies with the Bylaws and Rules of the Commission.

F. A Home State's license grants temporary authorization to practice to a psychologist in a Distant State only if the Compact State:

1. Currently requires the psychologist to hold an active Interjurisdictional Practice Certificate;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

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

4. 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, or other designee with similar authority, no later than ten years after activation of the Compact; and

5. Complies with the Bylaws and Rules of the Commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

A. Compact States shall recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice telepsychology in other Compact States (Receiving States) in which the psychologist is not licensed, under the authority to practice interjurisdictional telepsychology as provided in the Compact.

B. To exercise the authority to practice interjurisdictional telepsychology under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

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

   a. Regionally accredited by an accrediting body recognized by the United States Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or

   b. A foreign college or university deemed to be equivalent to 1 (a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services or by a recognized foreign credential evaluation service;

2. Hold a graduate degree in psychology that meets the following criteria:

   a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and

brochures its intent to educate and train professional psychologists;

b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for a doctoral degree and a minimum of one academic year of full-time graduate study for a master's degree; and

j. The program shall include an acceptable residency as defined by the Rules of the Commission.

3. Possess a current, full, and unrestricted license to practice psychology in a Home State which is a Compact State;

4. Have no history of adverse action that violates the Rules of the Commission;

5. Have no criminal record history reported on an identity history summary that violates the Rules of the Commission;

6. Possess a current, active E.Passport;

7. Provide attestations in regard to areas of intended practice, conformity with standards of practice,

competence in telepsychology technology; criminal background; and knowledge and adherence to legal requirements in the Home and Receiving States, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. The Home State maintains authority over the license of any psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology.

D. A psychologist practicing into a Receiving State under the authority to practice interjurisdictional telepsychology will be subject to the Receiving State's scope of practice. A Receiving State may, in accordance with that state's due process law, limit or revoke a psychologist's authority to practice interjurisdictional telepsychology in the Receiving State and may take any other necessary actions under the Receiving State's applicable law to protect the health and safety of the Receiving State's citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any authority to practice interjurisdictional telepsychology in any Receiving State, is restricted, suspended, or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the authority to practice interjurisdictional telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

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

B. To exercise the temporary authorization to practice under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

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

a. Regionally accredited by an accrediting body recognized by the United States Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or

b. A foreign college or university deemed to be equivalent to 1 (a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services or by a recognized foreign credential evaluation service;

2. Hold a graduate degree in psychology that meets the following criteria:

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

b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for a doctoral degree and a minimum of one academic year of full-time graduate study for a master's degree; and

j. The program includes an acceptable residency as defined by the Rules of the Commission.

3. Possess a current, full, and unrestricted license to practice psychology in a Home State which is a Compact State;

4. No history of adverse action that violate the Rules of the Commission;

5. No criminal record history that violates the Rules of the Commission;

6. Possess a current, active interjurisdictional practice certificate;

7. Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. A psychologist practicing into a Distant State under the temporary authorization to practice shall practice within the scope of practice authorized by the Distant State.

D. A psychologist practicing into a Distant State under the temporary authorization to practice will be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's due process law, limit or revoke a psychologist's temporary authorization to practice in the Distant State and may take any other necessary actions under the Distant State's applicable law to protect the health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any temporary authorization to practice in any Distant State, is restricted, suspended, or otherwise limited, the interjurisdictional practice certificate shall be revoked and therefore the psychologist shall not be eligible to practice

in a Compact State under the temporary authorization to practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

A. A psychologist may practice in a Receiving State under the authority to practice interjurisdictional telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate state psychology regulatory authority, as defined in the Rules of the Commission, and under the following circumstances:

1. The psychologist initiates a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State; and
2. Other conditions regarding telepsychology as determined by Rules promulgated by the Commission.

ARTICLE VII

ADVERSE ACTIONS

A. A Home State shall have the power to impose adverse action against a psychologist's license issued by the Home State. A Distant State shall have the power to take adverse

action on a psychologist's temporary authorization to practice within that Distant State.

B. A Receiving State may take adverse action on a psychologist's authority to practice interjurisdictional telepsychology within that Receiving State. A Home State may take adverse action against a psychologist based on an adverse action taken by a Distant State regarding temporary in-person, face-to-face practice.

C. If a Home State takes adverse action against a psychologist's license, that psychologist's authority to practice interjurisdictional telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's temporary authorization to practice is terminated and the interjurisdictional practice certificate is revoked.

1. All Home State disciplinary orders that impose adverse action shall be reported to the Commission in accordance with the Rules promulgated by the Commission. A Compact State shall report adverse actions in accordance with the Rules of the Commission.

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

3. Other actions may be imposed as determined by the Rules promulgated by the Commission.

D. A Home State's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee that occurred in a Receiving State as it would if such conduct had occurred by a licensee within the Home State. In such cases, the Home State's law shall control in determining any adverse action against a psychologist's license.

E. A Distant State's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under temporary authorization to practice that occurred in that Distant State as it would if such conduct had occurred by a licensee within the Home State. In such cases, the Distant

State's law shall control in determining any adverse action against a psychologist's temporary authorization to practice.

F. Nothing in this Compact shall override a Compact State's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the Compact State's law. Compact States must require psychologists who enter any alternative programs not to provide telepsychology services under the authority to practice interjurisdictional telepsychology or provide temporary psychological services under the temporary authorization to practice in any other Compact State during the term of the alternative program.

G. No other judicial or administrative remedies shall be available to a psychologist in the event a Compact State imposes an adverse action pursuant to subsection C, above.

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

A. In addition to any other powers granted under state law, a Compact State's psychology regulatory authority shall have the authority under this Compact to:

1. Issue subpoenas, for both hearings and investigations, that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a Compact State's psychology regulatory authority for the attendance and testimony of witnesses, or the production of evidence from another Compact State shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state psychology regulatory authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses or evidence are located; and

2. Issue cease-and-desist or injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice.

B. During the course of any investigation, a psychologist may not change the psychologist's Home State licensure. A Home State psychology regulatory authority may complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State psychology regulatory authority shall promptly report the conclusions of such investigations to the Commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change the psychologist's Home State licensure. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission. All information provided to the Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or disciplinary matters. The Commission may create additional rules for mandated or discretionary sharing of information by Compact States.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

A. The Commission shall provide for the development and maintenance of a coordinated licensure information system

(coordinated database) and reporting system containing licensure and disciplinary action information on all psychologists and individuals to whom this Compact is applicable in all Compact States as defined by the Rules of the Commission.

B. Notwithstanding any other provision of state law to the contrary, a Compact State shall submit a uniform data set to the coordinated database on all licensees as required by the Rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Significant investigatory information;

4. Adverse actions against a psychologist's license;

5. An indicator that a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice is revoked;

6. Non-confidential information related to alternative program participation information;

7. Any denial of application for licensure, and the reasons for such denial; and

8. Other information that may facilitate the administration of this Compact, as determined by the Rules of the Commission.

C. The coordinated database administrator shall promptly notify all Compact States of any adverse action taken against, or significant investigative information on, any licensee in a Compact State.

D. Compact States reporting information to the coordinated database may designate information that may not be shared with the public without the express permission of the Compact State reporting the information.

E. Any information submitted to the coordinated database that is subsequently required to be expunged by the law of the Compact State reporting the information shall be removed from the coordinated database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

A. The Compact States hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.

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

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

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings.

1. The Commission shall consist of one voting representative appointed by each Compact State, who shall serve as that state's Commissioner. The state psychology regulatory authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the Compact State. This delegate shall be limited to:

a. Executive Director, Executive Secretary, or similar executive;

b. Current member of the state psychology regulatory authority of a Compact State; or

c. Designee empowered with the appropriate delegate authority to act on behalf of the Compact State.

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

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

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

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

6. The Commission may convene in a closed, non-public meeting if the Commission must discuss:

a. Non-compliance of a Compact State with its obligations under the Compact;

b. The employment, compensation, discipline or other personnel matters, practices, or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation against the Commission;

d. Negotiation of contracts for the purchase or sale of goods, services, or real estate;

e. Accusation against any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigatory records compiled for law enforcement purposes;

i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility for investigation or determination of compliance issues pursuant to the Compact; or

j. Matters specifically exempted from disclosure by federal and state statute.

7. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that

fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, of any person participating in the meeting, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the Commission or order of a court of competent jurisdiction.

C. The Commission shall, by a majority vote of the Commissioners, prescribe Bylaws or Rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the Compact, including but not limited to:

1. Establishing the fiscal year of the Commission;

2. Providing reasonable standards and procedures:

a. For the establishment and meetings of other committees; and

b. Governing any general or specific delegation of any authority or function of the Commission;

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

4. Establishing the titles, duties and authority, and reasonable procedures for the election of the officers of the Commission;

5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar law of any Compact State, the Bylaws

shall exclusively govern the personnel policies and programs of the Commission;

6. Promulgating a Code of Ethics to address permissible and prohibited activities of Commission members and employees;

7. Providing a mechanism for concluding the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment or reserving of all of its debts and obligations;

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

9. The Commission shall maintain its financial records in accordance with the Bylaws; and

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

D. The Commission shall have the following powers:

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

2. To bring and prosecute legal proceedings or actions in the name of the Commission; provided that the standing of any state psychology regulatory authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;

3. To purchase and maintain insurance and bonds;

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

5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and establish the Commission's personnel policies and programs relating to conflicts of

interest, qualifications of personnel, and other related personnel matters;

6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose of the same; provided that at all times, the Commission shall strive to avoid any appearance of impropriety or conflict of interest;

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

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

9. To establish a budget and make expenditures;

10. To borrow money;

11. To appoint committees, including advisory committees composed of members, state regulators, state legislators or their representatives, and consumer

representatives, and such other interested persons as may be designated in this Compact and the Bylaws;

12. To provide and receive information from, and to cooperate with, law enforcement agencies;

13. To adopt and use an official seal; and

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

E. The Executive Board.

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

1. The Executive Board shall be composed of six members:

a. Five voting members who are elected from the current membership of the Commission by the Commission; and

b. One ex-officio, nonvoting member from the recognized membership organization composed of

state and provincial psychology regulatory authorities.

2. The ex-officio member must have served as staff or member on a state psychology regulatory authority and will be selected by its respective organization.

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

4. The Executive Board shall meet at least annually.

5. The Executive Board shall have the following duties and responsibilities:

a. Recommend to the entire Commission changes to the Rules or Bylaws, changes to this Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees;

b. Ensure Compact administration services are appropriately provided, contractually or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the Commission;

e. Monitor Compact compliance of member states and provide compliance reports to the Commission;

f. Establish additional committees as necessary; and

g. Other duties as provided in Rules or Bylaws.

F. Financing of the Commission

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

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

3. The Commission may levy on and collect an annual assessment from each Compact State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which

shall promulgate a rule binding upon all Compact States.

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

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its Bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

G. Qualified Immunity, Defense, and Indemnification.

1. 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.

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

be construed to prohibit that person from retaining his or her own counsel; provided further that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

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

ARTICLE XI

RULEMAKING

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

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

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

D. Prior to promulgation and adoption of a final rule or Rules by the Commission, and at least sixty days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission; and

2. On the website of each Compact State's psychology regulatory authority or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date, and location of the meeting at which the rule will be considered and voted upon;

2. The text of the proposed rule or amendment and the reason for the proposed rule;

3. A request for comments on the proposed rule from any interested person; and

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

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least twenty-five persons who submit comments independently of each other;

2. A governmental subdivision or agency; or

3. A duly appointed person in an association that has at least twenty-five members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the Executive Director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

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

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

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

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

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

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

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

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of Commission or Compact State funds;

3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

A. Oversight.

1. The executive, legislative, and judicial branches of state government in each Compact State shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.

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

3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void

as to the Commission, this Compact, or promulgated rules.

B. Default, Technical Assistance, and Termination.

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

a. Provide written notice to the defaulting state and other Compact States of the nature of the default, the proposed means of remedying the default, or any other action to be taken by the Commission; and

b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to remedy the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the Compact States, and all rights, privileges, and benefits conferred by this Compact shall be terminated on the effective date of termination. A remedy of the default does not relieve the offending state of

obligations or liabilities incurred during the period of default.

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

4. A Compact State that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

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

6. The defaulting state may appeal the action of the Commission by petitioning the United States District

Court for the State of Georgia or the federal district where the Compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

C. Dispute Resolution.

1. Upon request by a Compact State, the Commission shall attempt to resolve disputes related to the Compact that arise among Compact States and between Compact and Non-Compact States.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the Commission.

D. Enforcement.

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

2. By majority vote, the Commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the Compact has its principal offices against a Compact State in default to enforce compliance with the

provisions of the Compact and its promulgated Rules and Bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

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

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

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

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

C. Any Compact State may withdraw from this Compact by enacting a statute repealing the same.

1. A Compact State's withdrawal shall not take effect until six months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's psychology regulatory authority to comply with the investigative and adverse action reporting requirements of this Compact prior to the effective date of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a Compact State and a Non-Compact State that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the Compact States. No amendment to this Compact shall become effective and binding upon any Compact State until it is enacted into the law of all Compact States.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the Compact shall remain in full force and effect as to the remaining Compact States."

SECTION 2. This Act shall take effect upon its approval.

INTRODUCED BY: _____

JAN 2 1 2025

H.B. NO. 839

Report Title:
Psychology Interjurisdictional Compact; Adoption

Description:
Adopts the Psychology Interjurisdictional Compact to allow a person authorized to practice psychology in a compact state in which the person is not licensed.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

THE SENATE
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAII

S.B. NO. 32

JAN 15 2025

A BILL FOR AN ACT

RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The Hawaii Revised Statutes is amended by adding a new chapter to be appropriately designated and to read as follows:

"CHAPTER

PSYCHOLOGY INTERJURISDICTIONAL COMPACT

§ -1. Short title. This chapter may be cited as the Psychology Interjurisdictional Compact.

§ -2. Terms and provisions of compact; authorization; governor. The legislature hereby authorizes the governor to enter into a compact on behalf of the State of Hawaii with any other state legally joining therein, in the form substantially as follows:

PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

ARTICLE I

PURPOSE

Whereas, states license psychologists, in order to protect the public through verification of education, training and

experience and ensure accountability for professional practice; and

Whereas, this Compact is intended to regulate the day to day practice of telepsychology (i.e., the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to authorize State Psychology Regulatory Authorities to afford legal recognition, in a manner consistent with the terms of the Compact, to psychologists licensed in another state; and

Whereas, this Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety; and

Whereas, this Compact does not apply when a psychologist is licensed in both the Home and Receiving States; and

Whereas, this Compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.

Consistent with these principles, 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.

ARTICLE II

DEFINITIONS

A. "Adverse Action" means: Any action taken by a State Psychology Regulatory Authority which finds a violation of a statute or regulation that is identified by the State Psychology Regulatory Authority as discipline and is a matter of public record.

B. "Association of State and Provincial Psychology Boards (ASPPB)" means: the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

C. "Authority to Practice Interjurisdictional Telepsychology" means: a licensed psychologist's authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State.

D. "Bylaws" means: those Bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to

Article X for its governance, or for directing and controlling its actions and conduct.

E. "Client/Patient" means: the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.

F. "Commissioner" means: the voting representative appointed by each State Psychology Regulatory Authority pursuant to Article X.

G. "Compact State" means: a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or been terminated pursuant to Article XII, Section B.

H. "Coordinated Licensure Information System" also referred to as "Coordinated Database" means: an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.

I. "Confidentiality" means: the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.

J. "Day" means: any part of a day in which psychological work is performed.

K. "Distant State" means: the Compact State where a psychologist is physically present (not through the use of telecommunications technologies), to provide temporary in-person, face-to-face psychological services.

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

M. "Executive Board" means: a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

N. "Home State" means: a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is

practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.

O. "Identity History Summary" means: a summary of information retained by the FBI, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

P. "In-Person, Face-to-Face" means: interactions in which the psychologist and the client/patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies.

Q. "Interjurisdictional Practice Certificate (IPC)" means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that grants temporary authority to practice based on notification to the State Psychology

Regulatory Authority of intention to practice temporarily, and verification of one's qualifications for such practice.

R. "License" means: authorization by a State Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

S. "Non-Compact State" means: any State which is not at the time a Compact State.

T. "Psychologist" means: an individual licensed for the independent practice of psychology.

U. "Psychology Interjurisdictional Compact Commission" also referred to as "Commission" means: the national administration of which all Compact States are members.

V. "Receiving State" means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.

W. "Rule" means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Commission and has the force and effect of

statutory law in a Compact State, and includes the amendment, repeal or suspension of an existing rule.

X. "Significant Investigatory Information" means:

1. Investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

2. Investigative information that indicates that the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified and/or had an opportunity to respond.

Y. "State" means: a state, commonwealth, territory, or possession of the United States, the District of Columbia.

Z. "State Psychology Regulatory Authority" means: the Board, office or other agency with the legislative mandate to license and regulate the practice of psychology.

AA. "Telepsychology" means: the provision of psychological services using telecommunication technologies.

BB. "Temporary Authorization to Practice" means: a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another Compact State.

CC. "Temporary In-Person, Face-to-Face Practice" means: where a psychologist is physically present (not through the use of telecommunications technologies), in the Distant State to provide for the practice of psychology for 30 days within a calendar year and based on notification to the Distant State.

ARTICLE III

HOME STATE LICENSURE

A. The Home State shall be a Compact State where a psychologist is licensed to practice psychology.

B. A psychologist may hold one or more Compact State licenses at a time. If the psychologist is licensed in more than one Compact State, the Home State is the Compact State where the psychologist is physically present when the services are delivered as authorized by the Authority to Practice

Interjurisdictional Telepsychology under the terms of this Compact.

C. Any Compact State may require a psychologist not previously licensed in a Compact State to obtain and retain a license to be authorized to practice in the Compact State under circumstances not authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.

D. Any Compact State may require a psychologist to obtain and retain a license to be authorized to practice in a Compact State under circumstances not authorized by Temporary Authorization to Practice under the terms of this Compact.

E. A Home State's license authorizes a psychologist to practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only if the Compact State:

1. Currently requires the psychologist to hold an active E.Passport;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant

investigatory information regarding a licensed individual;

4. 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; and

5. Complies with the Bylaws and Rules of the Commission.

F. A Home State's license grants Temporary Authorization to Practice to a psychologist in a Distant State only if the Compact State:

1. Currently requires the psychologist to hold an active IPC;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

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

4. 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; and

5. Complies with the Bylaws and Rules of the Commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

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

B. To exercise the Authority to Practice Interjurisdictional Telepsychology under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

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

   a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or

   b. A foreign college or university deemed to be equivalent to 1(a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; and

2. Hold a graduate degree in psychology that meets the following criteria:

   a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and

brochures its intent to educate and train professional psychologists;

b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degree and a minimum of one academic year of full-time graduate study for master's degree; and

j. The program includes an acceptable residency as defined by the Rules of the Commission.

3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;

4. Have no history of adverse action that violate the Rules of the Commission;

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

6. Possess a current, active E.Passport;

7. Provide attestations in regard to areas of intended practice, conformity with standards of practice,

competence in telepsychology technology; criminal background; and knowledge and adherence to legal requirements in the Home and Receiving States, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. The Home State maintains authority over the license of any psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology.

D. A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology will be subject to the Receiving State's scope of practice. A Receiving State may, in accordance with that state's due process law, limit or revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions under the Receiving State's applicable law to protect the health and safety of the Receiving State's citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

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

B. To exercise the Temporary Authorization to Practice under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

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

a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or

b. A foreign college or university deemed to be equivalent to 1(a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; and

2. Hold a graduate degree in psychology that meets the following criteria:

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

b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degrees; and

j. The program includes an acceptable residency as defined by the Rules of the Commission;

3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;

4. Have no history of adverse action that violates the Rules of the Commission;

5. Have no criminal record history that violates the Rules of the Commission;

6. Possess a current, active IPC;

7. Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. A psychologist practicing into a Distant State under the Temporary Authorization to Practice shall practice within the scope of practice authorized by the Distant State.

D. A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's due process law, limit or revoke a psychologist's Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State's applicable law to protect the health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

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

1. The psychologist initiates a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State; and

2. Other conditions regarding telepsychology as determined by Rules promulgated by the Commission.

ARTICLE VII

ADVERSE ACTIONS

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

B. A Receiving State may take adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State may

take adverse action against a psychologist based on an adverse action taken by a Distant State regarding temporary in-person, face-to-face practice.

C. If a Home State takes adverse action against a psychologist's license, that psychologist's Authority to Practice Interjurisdictional Telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's Temporary Authorization to Practice is terminated and the IPC is revoked.

1. All Home State disciplinary orders which impose adverse action shall be reported to the Commission in accordance with the Rules promulgated by the Commission. A Compact State shall report adverse actions in accordance with the Rules of the Commission;

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

3. Other actions may be imposed as determined by the Rules promulgated by the Commission.

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

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

F. Nothing in this Compact shall override a Compact State's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by

the Compact State's law. Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program.

G. No other judicial or administrative remedies shall be available to a psychologist in the event a Compact State imposes an adverse action pursuant to subsection C, above.

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

A. In addition to any other powers granted under state law, a Compact State's Psychology Regulatory Authority shall have the authority under this Compact to:

1. Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a Compact State's Psychology Regulatory Authority for the attendance and testimony of

witnesses, and/or the production of evidence from another Compact State shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing State Psychology Regulatory Authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located;

2. Issue cease and desist and/or injunctive relief orders to revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice; and

3. During the course of any investigation, a psychologist may not change his/her Home State licensure. A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State Psychology Regulatory Authority shall promptly report the conclusions of such investigations to the Commission. Once an investigation has been

completed, and pending the outcome of said investigation, the psychologist may change his/her Home State licensure. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission. All information provided to the Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or disciplinary matters. The Commission may create additional rules for mandated or discretionary sharing of information by Compact States.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

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

B. Notwithstanding any other provision of state law to the contrary, a Compact State shall submit a uniform data set to the Coordinated Database on all licensees as required by the Rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Significant investigatory information;

4. Adverse actions against a psychologist's license;

5. An indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice is revoked;

6. Non-confidential information related to alternative program participation information;

7. Any denial of application for licensure, and the reasons for such denial; and

8. Other information which may facilitate the administration of this Compact, as determined by the Rules of the Commission.

C. The Coordinated Database administrator shall promptly notify all Compact States of any adverse action taken against,

or significant investigative information on, any licensee in a Compact State.

D. Compact States reporting information to the Coordinated Database may designate information that may not be shared with the public without the express permission of the Compact State reporting the information.

E. Any information submitted to the Coordinated Database that is subsequently required to be expunged by the law of the Compact State reporting the information shall be removed from the Coordinated Database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

A. The Compact States hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.

1. The Commission is a body politic and an instrumentality of the Compact States;

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the

principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings; and

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings:

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

a. Executive Director, Executive Secretary or similar executive;

b. Current member of the State Psychology Regulatory Authority of a Compact State; or

c. Designee empowered with the appropriate delegate authority to act on behalf of the Compact State;

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

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

4. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the Bylaws;

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

6. The Commission may convene in a closed, non-public meeting if the Commission must discuss:

a. Non-compliance of a Compact State with its obligations under the Compact;

b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation against the Commission;

d. Negotiation of contracts for the purchase or sale of goods, services or real estate;

e. Accusation against any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigatory records compiled for law enforcement purposes;

i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility for investigation or determination of compliance issues pursuant to the Compact; or

j. Matters specifically exempted from disclosure by federal and state statute; and

7. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes which fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, of any person participating in the meeting, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be

identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the Commission or order of a court of competent jurisdiction.

C. The Commission shall, by a majority vote of the Commissioners, prescribe Bylaws and/or Rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the Compact, including but not limited to:

1. Establishing the fiscal year of the Commission;

2. Providing reasonable standards and procedures:

a. For the establishment and meetings of other committees; and

b. Governing any general or specific delegation of any authority or function of the Commission;

3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest,

the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the Commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each Commissioner with no proxy votes allowed;

4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;

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

6. Promulgating a Code of Ethics to address permissible and prohibited activities of Commission members and employees;

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

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

9. The Commission shall maintain its financial records in accordance with the Bylaws; and

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

D. The Commission shall have the following powers:

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

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

3. To purchase and maintain insurance and bonds;

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

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

6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive

to avoid any appearance of impropriety and/or conflict of interest;

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

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

9. To establish a budget and make expenditures;

10. To borrow money;

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

12. To provide and receive information from, and to cooperate with, law enforcement agencies;

13. To adopt and use an official seal; and

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

E. The Executive Board

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

1. The Executive Board shall be comprised of six members:

a. Five voting members who are elected from the current membership of the Commission by the Commission;

b. One ex-officio, nonvoting member from the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities;

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

3. The Commission may remove any member of the Executive Board as provided in Bylaws;

4. The Executive Board shall meet at least annually; and

5. The Executive Board shall have the following duties and responsibilities:

a. Recommend to the entire Commission changes to the Rules or Bylaws, changes to this Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees;

b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the Commission;

e. Monitor Compact compliance of member states and provide compliance reports to the Commission;

f. Establish additional committees as necessary; and

g. Other duties as provided in Rules or Bylaws.

F. Financing of the Commission:

1. The Commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities;

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

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

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

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its Bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.

G. Qualified Immunity, Defense, and Indemnification

1. 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 and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person;

2. The Commission shall defend any member, officer, Executive Director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, 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 herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct; and

3. The Commission shall indemnify and hold harmless any member, officer, Executive Director, employee or

representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

ARTICLE XI

RULEMAKING

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

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

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

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

1. On the website of the Commission; and

2. On the website of each Compact State's Psychology Regulatory Authority or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

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

2. The text of the proposed rule or amendment and the reason for the proposed rule;

3. A request for comments on the proposed rule from any interested person; and

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

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

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

2. A governmental subdivision or agency; or

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

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the Executive Director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing;

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing;

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

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

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the

effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

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

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of Commission or Compact State funds;

3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

A. Oversight:

1. The Executive, Legislative and Judicial branches of state government in each Compact State shall enforce this Compact and take all actions necessary and

appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law;

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

3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

B. Default, Technical Assistance, and Termination:

1. If the Commission determines that a Compact State has defaulted in the performance of its obligations or

responsibilities under this Compact or the promulgated rules, the Commission shall:

a. Provide written notice to the defaulting state and other Compact States of the nature of the default, the proposed means of remedying the default and/or any other action to be taken by the Commission; and

b. Provide remedial training and specific technical assistance regarding the default;

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

3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to

suspend or terminate shall be submitted by the Commission to the Governor, the majority and minority leaders of the defaulting state's legislature, and each of the Compact States;

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

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

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

C. Dispute Resolution:

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

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the Commission.

D. Enforcement:

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and Rules of this Compact;

2. By majority vote, the Commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the Compact has its principal offices against a Compact State in default to enforce compliance with the provisions of the Compact and its promulgated Rules and Bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall

be awarded all costs of such litigation, including reasonable attorney's fees; and

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

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

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

B. Any state which joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule which has been previously adopted

by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

C. Any Compact State may withdraw from this Compact by enacting a statute repealing the same.

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

2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

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

E. This Compact may be amended by the Compact States. No amendment to this Compact shall become effective and binding upon any Compact State until it is enacted into the law of all Compact States.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the Compact shall remain in full force and effect as to the remaining Compact States.

§ -3. Rules. The department of commerce and consumer affairs shall adopt rules pursuant to chapter 91 for the purposes of implementing and administering this chapter."

SECTION 2. This Act shall take effect upon its approval.

INTRODUCED BY: _____

S.B. NO. 32

Report Title:
DCCA; Psychology Interjurisdictional Compact (PSYPACT); Adoption; Rules

Description:
Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

THE SENATE
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAII

S.B. NO. 1552

JAN 23 2025

A BILL FOR AN ACT

RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that safeguarding, enhancing, and prioritizing the mental health of the people is essential not only for the well-being of individuals but also for the broader public interest. Protection of mental health contributes to a healthier, more resilient society, benefiting all members of the community.

The legislature recognizes that there is a growing demand for mental health care services, particularly on the neighbor islands and in rural and underserved areas. Despite this need, the current shortage of mental health professionals and services fails to meet the increasing demand, leaving countless individuals without the critical care they deserve. This lack of access disproportionately affects vulnerable populations, such as the elderly, those with mobility challenges, and youth who face identity-based harassment or rejection.

The legislature also finds reports of neighbor island communities experiencing a critical lack of access to care for

the mental and physical well-being of vulnerable members of the LGBTQ+ community, particularly youth, who face alarmingly high rates of suicide attempts. Accessing mental health care services provided by licensed psychologists is crucial to providing essential care and ultimately lowering the suicide rates within this vulnerable population.

The legislature further finds that over forty states have already joined the psychology interjurisdictional compact to address similar issues of access. Participating in this compact will enable vulnerable kamaaina to return home without risking the loss of critical relationships with long time therapists and counselors and help Hawaii meet the growing demand for mental health care needs by reducing barriers for mental health professionals to practice and providing residents with access to a broader pool of qualified mental health professionals through telepsychology and temporary in-person services.

Accordingly, the purpose of this Act is to adopt the Psychology Interjurisdictional Compact to:

(1) Regulate the day-to-day practice of telepsychology by psychologists across state boundaries in the

performance of their psychological practice as assigned by an appropriate authority;

(2) Regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for thirty days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

(3) Require the department of commerce and consumer affairs to adopt rules to implement and administer the compact.

SECTION 2. The Hawaii Revised Statutes is amended by adding a new chapter to be appropriately designated and to read as follows:

"CHAPTER

PSYCHOLOGY INTERJURISDICTIONAL COMPACT

§ **-1. Short title.** This chapter may be cited as the Psychology Interjurisdictional Compact.

§ **-2. Terms and provisions of compact; authorization; governor.** The legislature hereby authorizes the governor to enter into a compact on behalf of the State of Hawaii with any

other state legally joining therein, in the form substantially as follows:

PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

ARTICLE I

PURPOSE

Whereas, states license psychologists, in order to protect the public through verification of education, training and experience and ensure accountability for professional practice; and

Whereas, this Compact is intended to regulate the day to day practice of telepsychology (i.e., the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to authorize State Psychology Regulatory Authorities to afford legal recognition, in a manner consistent with the terms of the Compact, to psychologists licensed in another state; and

Whereas, this Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety; and

Whereas, this Compact does not apply when a psychologist is licensed in both the Home and Receiving States; and

Whereas, this Compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.

Consistent with these principles, 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.

ARTICLE II

DEFINITIONS

A. "Adverse Action" means: Any action taken by a State Psychology Regulatory Authority which finds a violation of a statute or regulation that is identified by the State Psychology Regulatory Authority as discipline and is a matter of public record.

B. "Association of State and Provincial Psychology Boards (ASPPB)" means: the recognized membership organization composed

of State and Provincial Psychology Regulatory Authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

C. "Authority to Practice Interjurisdictional Telepsychology" means: a licensed psychologist's authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State.

D. "Bylaws" means: those Bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Article X for its governance, or for directing and controlling its actions and conduct.

E. "Client/Patient" means: the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.

F. "Commissioner" means: the voting representative appointed by each State Psychology Regulatory Authority pursuant to Article X.

G. "Compact State" means: a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to

Article XIII, Section C or been terminated pursuant to Article XII, Section B.

H. "Coordinated Licensure Information System" also referred to as "Coordinated Database" means: an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.

I. "Confidentiality" means: the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.

J. "Day" means: any part of a day in which psychological work is performed.

K. "Distant State" means: the Compact State where a psychologist is physically present (not through the use of telecommunications technologies), to provide temporary in-person, face-to-face psychological services.

L. "E.Passport" means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of

interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

M. "Executive Board" means: a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

N. "Home State" means: a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.

O. "Identity History Summary" means: a summary of information retained by the FBI, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

P. "In-Person, Face-to-Face" means: interactions in which the psychologist and the client/patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies.

Q. "Interjurisdictional Practice Certificate (IPC)" means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that grants temporary authority to practice based on notification to the State Psychology Regulatory Authority of intention to practice temporarily, and verification of one's qualifications for such practice.

R. "License" means: authorization by a State Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

S. "Non-Compact State" means: any State which is not at the time a Compact State.

T. "Psychologist" means: an individual licensed for the independent practice of psychology.

U. "Psychology Interjurisdictional Compact Commission" also referred to as "Commission" means: the national administration of which all Compact States are members.

V. "Receiving State" means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.

W. "Rule" means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a Compact State, and includes the amendment, repeal or suspension of an existing rule.

X. "Significant Investigatory Information" means:

1. Investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

2. Investigative information that indicates that the psychologist represents an immediate threat to public

health and safety regardless of whether the psychologist has been notified and/or had an opportunity to respond.

Y. "State" means: a state, commonwealth, territory, or possession of the United States, the District of Columbia.

Z. "State Psychology Regulatory Authority" means: the Board, office or other agency with the legislative mandate to license and regulate the practice of psychology.

AA. "Telepsychology" means: the provision of psychological services using telecommunication technologies.

BB. "Temporary Authorization to Practice" means: a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another Compact State.

CC. "Temporary In-Person, Face-to-Face Practice" means: where a psychologist is physically present (not through the use of telecommunications technologies), in the Distant State to provide for the practice of psychology for 30 days within a calendar year and based on notification to the Distant State.

ARTICLE III

HOME STATE LICENSURE

A. The Home State shall be a Compact State where a psychologist is licensed to practice psychology.

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

C. Any Compact State may require a psychologist not previously licensed in a Compact State to obtain and retain a license to be authorized to practice in the Compact State under circumstances not authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.

D. Any Compact State may require a psychologist to obtain and retain a license to be authorized to practice in a Compact State under circumstances not authorized by Temporary Authorization to Practice under the terms of this Compact.

E. A Home State's license authorizes a psychologist to practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only if the Compact State:

1. Currently requires the psychologist to hold an active E.Passport;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

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

4. 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; and

5. Complies with the Bylaws and Rules of the Commission.

F. A Home State's license grants Temporary Authorization to Practice to a psychologist in a Distant State only if the Compact State:

1. Currently requires the psychologist to hold an active IPC;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

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

4. 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; and

5. Complies with the Bylaws and Rules of the Commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

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

B. To exercise the Authority to Practice Interjurisdictional Telepsychology under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

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

a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or

b. A foreign college or university deemed to be equivalent to 1(a) above by a foreign credential evaluation service that is a member of the

National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; and

2. Hold a graduate degree in psychology that meets the following criteria:

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

b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degree and a minimum of one academic year of full-time graduate study for master's degree; and

j. The program includes an acceptable residency as defined by the Rules of the Commission.

3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;

4. Have no history of adverse action that violate the Rules of the Commission;

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

6. Possess a current, active E.Passport;

7. Provide attestations in regard to areas of intended practice, conformity with standards of practice, competence in telepsychology technology; criminal background; and knowledge and adherence to legal requirements in the Home and Receiving States, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. The Home State maintains authority over the license of any psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology.

D. A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology

will be subject to the Receiving State's scope of practice. A Receiving State may, in accordance with that state's due process law, limit or revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions under the Receiving State's applicable law to protect the health and safety of the Receiving State's citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

A. Compact States shall also recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice temporarily in other Compact States

(Distant States) in which the psychologist is not licensed, as provided in the Compact.

B. To exercise the Temporary Authorization to Practice under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

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

   a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or

   b. A foreign college or university deemed to be equivalent to 1(a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; and

2. Hold a graduate degree in psychology that meets the following criteria:

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

b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degrees; and

j. The program includes an acceptable residency as defined by the Rules of the Commission;

3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;

4. Have no history of adverse action that violates the Rules of the Commission;

5. Have no criminal record history that violates the Rules of the Commission;

6. Possess a current, active IPC;

7. Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. A psychologist practicing into a Distant State under the Temporary Authorization to Practice shall practice within the scope of practice authorized by the Distant State.

D. A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's due process law, limit or revoke a psychologist's Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State's applicable law to protect the health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Temporary Authorization to Practice in any

Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

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

1. The psychologist initiates a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State; and
2. Other conditions regarding telepsychology as determined by Rules promulgated by the Commission.

ARTICLE VII

ADVERSE ACTIONS

A. A Home State shall have the power to impose adverse action against a psychologist's license issued by the Home

State. A Distant State shall have the power to take adverse action on a psychologist's Temporary Authorization to Practice within that Distant State.

B. A Receiving State may take adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State may take adverse action against a psychologist based on an adverse action taken by a Distant State regarding temporary in-person, face-to-face practice.

C. If a Home State takes adverse action against a psychologist's license, that psychologist's Authority to Practice Interjurisdictional Telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's Temporary Authorization to Practice is terminated and the IPC is revoked.

1. All Home State disciplinary orders which impose adverse action shall be reported to the Commission in accordance with the Rules promulgated by the Commission. A Compact State shall report adverse actions in accordance with the Rules of the Commission;

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

3. Other actions may be imposed as determined by the Rules promulgated by the Commission.

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

E. A Distant State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under Temporary Authorization to Practice which occurred in that Distant State as it would if such conduct had been engaged in by a licensee within the Home State. In such cases, the Distant

State's law shall control in determining any adverse action against a psychologist's Temporary Authorization to Practice.

F. Nothing in this Compact shall override a Compact State's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the Compact State's law. Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program.

G. No other judicial or administrative remedies shall be available to a psychologist in the event a Compact State imposes an adverse action pursuant to subsection C, above.

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

A. In addition to any other powers granted under state law, a Compact State's Psychology Regulatory Authority shall have the authority under this Compact to:

1. Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a Compact State's Psychology Regulatory Authority for the attendance and testimony of witnesses, and/or the production of evidence from another Compact State shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing State Psychology Regulatory Authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located;

2. Issue cease and desist and/or injunctive relief orders to revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice; and

3. During the course of any investigation, a psychologist may not change his/her Home State licensure. A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State Psychology Regulatory Authority shall promptly report the conclusions of such investigations to the Commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change his/her Home State licensure. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission. All information provided to the Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or disciplinary matters. The Commission may create additional rules for mandated or discretionary sharing of information by Compact States.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

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

B. Notwithstanding any other provision of state law to the contrary, a Compact State shall submit a uniform data set to the Coordinated Database on all licensees as required by the Rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Significant investigatory information;

4. Adverse actions against a psychologist's license;

5. An indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice is revoked;

6. Non-confidential information related to alternative program participation information;

7. Any denial of application for licensure, and the reasons for such denial; and

8. Other information which may facilitate the administration of this Compact, as determined by the Rules of the Commission.

C. The Coordinated Database administrator shall promptly notify all Compact States of any adverse action taken against, or significant investigative information on, any licensee in a Compact State.

D. Compact States reporting information to the Coordinated Database may designate information that may not be shared with the public without the express permission of the Compact State reporting the information.

E. Any information submitted to the Coordinated Database that is subsequently required to be expunged by the law of the Compact State reporting the information shall be removed from the Coordinated Database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

A. The Compact States hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.

1. The Commission is a body politic and an instrumentality of the Compact States;

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

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings:

1. The Commission shall consist of one voting representative appointed by each Compact State who shall serve as that state's Commissioner. The State Psychology Regulatory Authority shall appoint its delegate. This delegate shall be empowered to act on

behalf of the Compact State. This delegate shall be limited to:

a. Executive Director, Executive Secretary or similar executive;

b. Current member of the State Psychology Regulatory Authority of a Compact State; or

c. Designee empowered with the appropriate delegate authority to act on behalf of the Compact State;

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

3. Each Commissioner shall be entitled to one (1) vote with regard to the promulgation of Rules and creation of Bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A Commissioner shall vote in person or by such other means as provided in the Bylaws. The

Bylaws may provide for Commissioners' participation in meetings by telephone or other means of communication;

4. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the Bylaws;

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

6. The Commission may convene in a closed, non-public meeting if the Commission must discuss:

a. Non-compliance of a Compact State with its obligations under the Compact;

b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation against the Commission;

d. Negotiation of contracts for the purchase or sale of goods, services or real estate;

e. Accusation against any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigatory records compiled for law enforcement purposes;

i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility for investigation or determination of compliance issues pursuant to the Compact; or

j. Matters specifically exempted from disclosure by federal and state statute; and

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

C. The Commission shall, by a majority vote of the Commissioners, prescribe Bylaws and/or Rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the Compact, including but not limited to:

1. Establishing the fiscal year of the Commission;

2. Providing reasonable standards and procedures:

a. For the establishment and meetings of other committees; and

b. Governing any general or specific delegation of any authority or function of the Commission;

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

4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;

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

6. Promulgating a Code of Ethics to address permissible and prohibited activities of Commission members and employees;

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

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

9. The Commission shall maintain its financial records in accordance with the Bylaws; and

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

D. The Commission shall have the following powers:

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

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

3. To purchase and maintain insurance and bonds;

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

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

6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

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

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

9. To establish a budget and make expenditures;

10. To borrow money;

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

12. To provide and receive information from, and to cooperate with, law enforcement agencies;

13. To adopt and use an official seal; and

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

E. The Executive Board

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

1. The Executive Board shall be comprised of six members:

a. Five voting members who are elected from the current membership of the Commission by the Commission;

b. One ex-officio, nonvoting member from the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities;

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

3. The Commission may remove any member of the Executive Board as provided in Bylaws;

4. The Executive Board shall meet at least annually; and

5. The Executive Board shall have the following duties and responsibilities:

a. Recommend to the entire Commission changes to the Rules or Bylaws, changes to this Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees;

b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the Commission;

e. Monitor Compact compliance of member states and provide compliance reports to the Commission;

f. Establish additional committees as necessary; and

g. Other duties as provided in Rules or Bylaws.

F. Financing of the Commission:

1. The Commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities;

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

3. The Commission may levy on and collect an annual assessment from each Compact State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual

assessment amount shall be allocated based upon a formula to be determined by the Commission which shall promulgate a rule binding upon all Compact States;

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

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its Bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.

G. Qualified Immunity, Defense, and Indemnification

1. 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 and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person;

2. The Commission shall defend any member, officer, Executive Director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, 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 herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct; and

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

ARTICLE XI

RULEMAKING

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

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

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

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

1. On the website of the Commission; and

2. On the website of each Compact State's Psychology Regulatory Authority or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

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

2. The text of the proposed rule or amendment and the reason for the proposed rule;

3. A request for comments on the proposed rule from any interested person; and

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

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

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

2. A governmental subdivision or agency; or

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

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the Executive Director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing;

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing;

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

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

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

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

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

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

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of Commission or Compact State funds;

3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

A. Oversight:

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

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

3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void

as to the Commission, this Compact or promulgated rules.

B. Default, Technical Assistance, and Termination:

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

a. Provide written notice to the defaulting state and other Compact States of the nature of the default, the proposed means of remedying the default and/or any other action to be taken by the Commission; and

b. Provide remedial training and specific technical assistance regarding the default;

2. If a state in default fails to remedy the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the Compact States, and all rights, privileges and benefits conferred by this Compact shall be terminated on the effective date of termination. A remedy of the default does not relieve the offending state of

obligations or liabilities incurred during the period of default;

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

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

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

6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for

the state of Georgia or the federal district where the Compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

C. Dispute Resolution:

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

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the Commission.

D. Enforcement:

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and Rules of this Compact;

2. By majority vote, the Commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the Compact has its principal offices against a Compact State in default to enforce compliance with the

provisions of the Compact and its promulgated Rules and Bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees; and

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

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

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

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

C. Any Compact State may withdraw from this Compact by enacting a statute repealing the same.

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

2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

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

E. This Compact may be amended by the Compact States. No amendment to this Compact shall become effective and binding upon any Compact State until it is enacted into the law of all Compact States.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the Compact shall remain in full force and effect as to the remaining Compact States.

§ **-3. Rules.** The department of commerce and consumer affairs shall adopt rules pursuant to chapter 91 for the purposes of implementing and administering this chapter."

SECTION 3. This Act shall take effect on January 1, 2026.

INTRODUCED BY: _____

S.B. NO. 1552

Report Title:
DCCA; Psychology Interjurisdictional Compact (PSYPACT); Adoption; Rules

Description:
Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact. Effective 1/1/2026.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

HOUSE OF REPRESENTATIVES
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

H.B. NO. 1899

A BILL FOR AN ACT

RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The Hawaii Revised Statutes is amended by adding a new chapter to be appropriately designated and to read as follows:

"CHAPTER

PSYCHOLOGY INTERJURISDICTIONAL COMPACT

§ -1 Short title. This chapter may be cited as the Psychology Interjurisdictional Compact.

§ -2 Terms and provisions of compact; authorization; governor. The legislature hereby authorizes the governor to enter into a compact on behalf of the State of Hawaii with any other state legally joining therein, in the form substantially as follows:

PSYCHOLOGY INTERJURISDICTIONAL COMPACT

ARTICLE I

Whereas, states license psychologists in order to protect the public through verification of education, training and

experience and ensure accountability for professional practice; and

Whereas, this compact is intended to regulate the day to day practice of telepsychology (i.e., the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for thirty days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this compact is intended to authorize the state psychology regulatory authorities to afford legal recognition, in a manner consistent with the terms of the compact, to psychologists licensed in another state; and

Whereas, this compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety; and

Whereas, this compact does not apply when a psychologist is licensed in both the home and receiving states; and

Whereas, this compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.

Consistent with these principles, 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 and patient safety;

(3) Encourage the cooperation of compact states in the areas of psychological 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.

ARTICLE II

DEFINITIONS

(a) "Adverse action" means any action taken by a state psychology regulatory authority which finds a violation of a statute or regulation that is identified by the state psychology regulatory authority as discipline and is a matter of public record.

(b) "Association of State and Provincial Psychology Boards" means the recognized membership organization composed of state and provincial psychology regulatory authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

(c) "Authority to practice interjurisdictional telepsychology" means a licensed psychologist's authority to practice telepsychology, within the limits authorized under this compact, in another compact state.

(d) "Bylaws" means those bylaws established by the psychology interjurisdictional compact commission pursuant to

article X for its governance, or for directing and controlling its actions and conduct.

(e) "Client" or "patient" means the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, or consulting services.

(f) "Commissioner" means the voting representative appointed by each state psychology regulatory authority pursuant to article X.

(g) "Compact state" means a state, the District of Columbia, or United States territory that has enacted this compact legislation and which has not withdrawn pursuant to article XIII, section (c) or been terminated pursuant to article XII, section (b).

(h) "Coordinated licensure information system" also referred to as "coordinated database" means an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of state and provincial psychology regulatory authorities.

(i) "Confidentiality" means the principle that data or information is not made available or disclosed to unauthorized persons or processes.

(j) "Day" means any part of a day in which psychological work is performed.

(k) "Distant state" means the compact state where a psychologist is physically present (not through the use of telecommunications technologies), to provide temporary in-person, face-to-face psychological services.

(l) "E.Passport" means a certificate issued by the Association of State and Provincial Psychology Boards that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

(m) "Executive board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

(n) "Home state" means a compact state where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one compact state and is practicing under the authorization to practice

interjurisdictional telepsychology, the home state is the compact state where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one compact state and is practicing under the temporary authorization to practice, the home state is any compact state where the psychologist is licensed.

(o) "Identity history summary" means a summary of information retained by the Federal Bureau of Investigation, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

(p) "In-person, face-to-face" means interactions in which the psychologist and the client or patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies.

(q) "Interjurisdictional practice certificate" means a certificate issued by the Association of State and Provincial Psychology Boards that grants temporary authority to practice based on notifications to the state psychology regulatory authority of intention to practice temporarily, and verification of one's qualifications for such practice.

(r) "License" means authorization by a state psychology regulatory authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

(s) "Non-compact state" means any state which is not at the time a compact state.

(t) "Psychologist" means an individual licensed for the independent practice of psychology.

(u) "Psychology interjurisdictional compact commission" or "commission" means the national administration of which all compact states are members.

(v) "Receiving state" means a compact state where the client or patient is physically located when the telepsychological services are delivered.

(w) "Rule" means a written statement by the psychology interjurisdictional compact commission promulgated pursuant to article XI of the compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the compact, or an organizational, procedural, or practice requirement of the commission and has the force and effect of statutory law in a compact state, and includes the amendment, repeal or suspension of an existing rule.

(x) "Significant investigatory information" means:

(1) Investigative information that a state psychology regulatory authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than a minor infraction; or

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

(y) "State" means a state, commonwealth, territory, or possession of the United States, or the District of Columbia.

(z) "State psychology regulatory authority" means the board, office, or other agency with the legislative mandate to license and regulate the practice of psychology.

(aa) "Telepsychology" means the provision of psychological services using telecommunication technologies.

(bb) "Temporary authorization to practice" means a licensed psychologist's authority to conduct temporary

in-person, face-to-face practice, within the limits authorized under this compact, in another compact state.

(cc) "Temporary in-person, face-to-face practice" means where a psychologist is physically present (not through the use of telecommunications technologies) in the distant state to provide for the practice of psychology for thirty days within a calendar year and based on notification to the distant state.

ARTICLE III

HOME STATE LICENSURE

(a) The home state shall be a compact state where a psychologist is licensed to practice psychology.

(b) A psychologist may hold one or more compact state licenses at a time. If the psychologist is licensed in more than one compact state, the home state is the compact state where the psychologist is physically present when the services are delivered as authorized by the authority to practice interjurisdictional telepsychology under the terms of this compact.

(c) Any compact state may require a psychologist not previously licensed in a compact state to obtain and retain a license to be authorized to practice in the compact state under circumstances not authorized by the authority to practice

interjurisdictional telepsychology under the terms of this compact.

(d) Any compact state may require a psychologist to obtain and retain a license to be authorized to practice in a compact state under circumstances not authorized by temporary authorization to practice under the terms of this compact.

(e) A home state's license authorizes the psychologist to practice in a receiving state under the authority to practice interjurisdictional telepsychology only if the compact state:

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

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

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

(4) Requires an identity history summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks complaint with the requirements of the Federal Bureau of Investigation, or other designee with similar

authority, no later than ten years after the activation of this compact; and

(5) Complies with the bylaws and rules of the commission.

(f) A home state's license grants temporary authorization to practice to a psychologist in a distant state only if the compact state:

(1) Currently requires the psychologist to hold an active interjurisdictional practice certificate;

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

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

(4) 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, or other designee with similar authority, no later than ten years after activation of the compact; and

(5) Complies with the bylaws and rules of the commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

(a) Compact states shall recognize the right of a psychologist, licensed in a compact state in conformance with article III, to practice telepsychology in other compact states (receiving states) in which the psychologist is not licensed, under the authority to practice interjurisdictional telepsychology as provided in the compact.

(b) To exercise the authority to practice interjurisdictional telepsychology under the terms and provisions of this compact, a psychologist licensed to practice in a compact state must:

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

(A) Regionally accredited by an accrediting body recognized by the United States Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or

(B) A foreign college or university deemed to be equivalent to (1)(A) above by a foreign

credential evaluation service that is a member of the National Association of Credential Evaluation Services or by a recognized foreign credential evaluation service;

(2) Holds a graduate degree in psychology that meets the following criteria:

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

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

(C) There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(D) The program must consist of an integrated, organized sequence of study;

(E) There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

(F) The designated director of the program must be a psychologist and a member of the core faculty;

(G) The program must have an identifiable body of students who are matriculated in that program for a degree;

(H) The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

(I) The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degrees; and

(J) The program includes an acceptable residency as defined by the rules of the commission;

(3) Possess a current, full and unrestricted license to practice psychology in a home state which is a compact state;

(4) Have no history of adverse action that violates the rules of the commission;

(5) Have no criminal record history reported on an identity history summary that violates the rules of the commission;

(6) Posses a current, active E.Passport;

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

(8) Meet other criteria as defined by the rules of the commission.

(c) The home state maintains authority over the license of any psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology.

(d) A psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology will be subject to the receiving state's scope of practice. A

receiving state may, in accordance with that state's due process law, limit or revoke a psychologist's authority to practice interjurisdictional psychology in the receiving state and may take any other necessary actions under the receiving state's applicable law to protect the health and safety of the receiving state's citizens. If a receiving state takes action, the state shall promptly notify the home state and the commission.

(e) If a psychologist's license in any home state, another compact state, or any authority to practice interjurisdictional telepsychology in any receiving state, is restricted, suspended, or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a compact state under the authority to practice interjurisdictional telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

(a) Compact states shall also recognize the right of a psychologist, licensed in a compact state in conformance with article III, to practice temporarily in other compact states (distant states) in which the psychologist is not licensed, as provided in the compact.

(b) To exercise the temporary authorization to practice under the terms and provisions of this compact, a psychologist licensed to practice in a compact state must:

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

(A) Regionally accredited by an accrediting body recognized by the United States Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or

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

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

(A) The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must

specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

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

(C) There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(D) The program must consist of an integrated, organized sequence of study;

(E) There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

(F) The designated director of the program must be a psychologist and a member of the core faculty;

(G) The program must have an identifiable body of students who are matriculated in that program for a degree;

(H) The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

(I) The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degrees; and

(J) The program includes an acceptable residency as defined by the rules of the commission;

(3) Possess a current, full and unrestricted license to practice psychology in a home state which is a compact state;

(4) Have no history of adverse action that violates the rules of the commission;

(5) Have no criminal record history that violates the rules of the commission;

(6) Possess a current, active interjurisdictional practice certificate;

(7) Provide attestations in regard to areas of intended practice and work experience and provide a release of

information to allow for primary source verification in a manner specified by the commission; and

(8) Meet other criteria as defined by the rules of the commission.

(c) A psychologist practicing into a distant state under the temporary authorization to practice shall practice within the scope of practice authorized by the distant state.

(d) A psychologist practicing into a distant state under the temporary authorization to practice will be subject to the distant state's authority and law. A distant state may, in accordance with that state's due process law, limit or revoke a psychologist's temporary authorization to practice in the distant state and may take any other necessary actions under the distant state's applicable law to protect the health and safety of the distant state's citizens. If a distant state takes action, the state shall promptly notify the home state and the commission.

(e) If a psychologist's license in any home state, another compact state, or any temporary authorization to practice in any distant state, is restricted, suspended or otherwise limited, the interjurisdictional practice certificate shall be revoked and therefore the psychologist shall not be eligible to practice

in a compact state under the temporary authorization to practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

(a) A psychologist may practice in a receiving state under the authority to practice interjurisdictional telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate state psychology regulatory authority, as defined in the rules of the commission, and under the following circumstances:

(1) The psychologist initiates a client and patient contact in a home state via telecommunications technologies with a client or patient in a receiving state; and

(2) Other conditions regarding telepsychology as determined by rules promulgated by the commission.

ARTICLE VII

ADVERSE ACTIONS

(a) A home state shall have the power to impose adverse action against a psychologist's license issued by the home state. A distant state shall have the power to take adverse

action on a psychologist's temporary authorization to practice within that distant state.

(b) A receiving state may take adverse action on a psychologist's authority to practice interjurisdictional telepsychology within that receiving state. A home state may take adverse action against a psychologist based on an adverse action taken by a distant state regarding temporary in-person, face-to-face practice.

(c) If a home state takes adverse action against a psychologist's license, that psychologist's authority to practice interjurisdictional telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's temporary authorization to practice is terminated and the interjurisdictional practice certificate is revoked. In addition:

(1) All home state disciplinary orders that impose adverse action shall be reported to the commission in accordance with the rules promulgated by the commission. A compact state shall report adverse actions in accordance with the rules of the commission;

(2) In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the rules of the commission; and

(3) Other actions may be imposed as determined by the rules promulgated by the commission.

(d) A home state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a receiving state as it would if such conduct had been engaged in by a licensee within the home state. In such cases, the home state's law shall control in determining any adverse action against a psychologist's license.

(e) A distant state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under temporary authorization to practice which occurred in that distant state as it would if such conduct had been engaged in by a licensee within the home state. In such cases, the distant state's law shall control in determining any

adverse action against a psychologist's temporary authorization to practice.

(f) Nothing in this compact shall override a compact state's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the compact state's law. Compact states must require psychologists who enter any alternative programs to not provide telepsychology services under the authority to practice interjurisdictional telepsychology or provide temporary psychological services under the temporary authorization to practice in any other compact state during the term of the alternative program.

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

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

(a) In addition to any other powers granted under state law, a compact state's psychology regulatory authority shall have the authority under this compact to:

(1) Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a compact state's psychology regulatory authority for the attendance and testimony of witnesses, or the production of evidence from another compact state shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state psychology regulatory authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses or evidence are located;

(2) Issue cease and desist or injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice; and

(3) During the course of any investigation, a psychologist may not change the psychologist's home state licensure. A home state psychology regulatory authority is authorized to complete any pending

investigations of a psychologist and to take any actions appropriate under its law. The home state psychology regulatory authority shall promptly report the conclusions of such investigations to the commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change the psychologist's home state licensure. The commission shall promptly notify the new home state of any such decisions as provided in the rules of the commission. All information provided to the commission or distributed by compact states pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or disciplinary matters. The commission may create additional rules for mandated or discretionary sharing of information by compact states.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

(a) The commission shall provide for the development and maintenance of a coordinated licensure information system (coordinated database) and reporting system containing licensure and disciplinary action information on all psychologists and

individuals to whom this compact is applicable in all compact states as defined by the rules of the commission.

(b) Notwithstanding any other provision of state law to the contrary, a compact state shall submit a uniform data set to the coordinated database on all licensees as required by the rules of the commission, including:

(1) Identifying information;

(2) Licensure data;

(3) Significant investigatory information;

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

(5) An indicator that a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice is revoked;

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

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

(8) Other information which may facilitate the administration of this compact, as determined by the rules of the commission.

(c) The coordinated database administrator shall promptly notify all compact states of any adverse action taken against,

or significant investigative information on, any licensee in a compact state.

(d) Compact states reporting information to the coordinated database may designate information that may not be shared with the public without the express permission of the compact state reporting the information.

(e) Any information submitted to the coordinated database that is subsequently required to be expunged by the law of the compact state reporting the information shall be removed from the coordinated database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

(a) The compact states hereby create and establish a joint public agency known as the psychology interjurisdictional compact commission; provided that:

(1) The commission is a body politic and an instrumentality of the compact states;

(2) Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The

commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings; and

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

(b) Membership, voting, and meetings:

(1) The commission shall consist of one voting representative appointed by each compact state who shall serve as that state's commissioner. The state psychology regulatory authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the compact state. This delegate shall be limited to:

(A) Executive director, executive secretary or similar executive;

(B) Current member of the state psychology regulatory authority of a compact state; or

(C) Designee empowered with the appropriate delegate authority to act on behalf of the compact state;

(2) Any commissioner may be removed or suspended from office as provided by the law of the state from which the commissioner is appointed. Any vacancy occurring

in the commission shall be filled in accordance with the laws of the compact state in which the vacancy exists;

(3) Each commissioner shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. A commissioner shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for commissioners' participation in meetings by telephone or other means of communication;

(4) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws;

(5) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in article XI;

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

(A) Non-compliance of a compact state with its obligations under the compact;

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

(C) Current, threatened, or reasonably anticipated litigation against the commission;

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

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

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

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

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

(I) Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the commission or other committee

charged with responsibility for investigation or determination of compliance issues pursuant to the compact; or

(J) Matters specifically exempted from disclosure by federal and state statute; and

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

(c) The commission shall, by a majority vote of the commissioners, prescribe bylaws or rules to govern its conduct

as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:

(1) Establishing the fiscal year of the commission;

(2) Providing reasonable standards and procedures:

(A) For the establishment and meetings of other committees; and

(B) Governing any general or specific delegation of any authority or function of the commission;

(3) Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the commission must make public a copy of

the vote to close the meeting revealing the vote of each commissioner with no proxy votes allowed;

(4) Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the commission;

(5) Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar law of any compact state, the bylaws shall exclusively govern the personnel policies and programs of the commission;

(6) Promulgating a code of ethics to address permissible and prohibited activities of commission members and employees;

(7) Providing a mechanism for concluding the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment or reserving of all of its debts and obligations;

(8) The commission shall publish its bylaws in a convenient form and file a copy thereof and a copy of

any amendment thereto, with the appropriate agency or officer in each of the compact states;

(9) The commission shall maintain its financial records in accordance with the bylaws; and

(10) The commission shall meet and take such actions as are consistent with the provision of this compact and the bylaws.

(d) The commission shall have the following powers:

(1) The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rule shall have the force and effect of law and shall be binding in all compact states;

(2) To bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state psychology regulatory authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;

(3) To purchase and maintain insurance and bonds;

(4) To borrow, accept or contract for services of personnel, including, but not limited to, employees of a compact state;

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

(6) To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the commission shall strive to avoid any appearance of impropriety or conflict of interest;

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

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

(9) To establish a budget and make expenditures;

(10) To borrow money;

(11) To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

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

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

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

(e) The elected officers shall serve as the executive board, which shall have the power to act on behalf of the commission according to the terms of this compact; provided that:

(1) The executive board shall comprise six members:

(A) Five voting members who are elected from the current membership of the commission by the commission; and

(B) One ex-officio, nonvoting member from the recognized membership organization composed of state and provincial psychology regulatory authorities;

(2) The ex-officio member must have served as staff or member on a state psychology regulatory authority and will be selected by its respective organization;

(3) The commission may remove any member of the executive board as provided in bylaws;

(4) The executive board shall meet at least annually; and

(5) The executive board shall have the following duties and responsibilities:

(A) Recommend to the entire commission changes to the rules or bylaws, changes to this compact legislation, fees paid by compact states such as annual dues, and any other applicable fees;

(B) Ensure compact administration services are appropriately provided, contractual or otherwise;

(C) Prepare and recommend the budget;

(D) Maintain financial records on behalf of the commission;

(E) Monitor compact compliance of member states and provide compliance reports to the commission;

(F) Establish additional committees as necessary; and

(G) Other duties as provided in rules or bylaws.

(f) Financing of the commission:

(1) The commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities;

(2) The commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials and services;

(3) The commission may levy on and collect an annual assessment from each compact state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a

formula to be determined by the commission which shall promulgate a rule binding upon all compact states;

(4) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the compact states, except by and with the authority of the compact state; and

(5) The commission shall keep accurate amounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the commission.

(g) Qualified immunity, defense, and indemnification:

(1) 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 claims 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;

(2) The commission shall defend any member, officer, executive director, employee or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities, 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 herein shall be construed to prohibit that person from retaining the person's own counsel; and provided further, that

the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct; and

(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities; provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

ARTICLE XI

RULEMAKING

(a) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(b) If a majority of the legislatures of the compact states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any compact state.

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

(d) Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) On the website of the commission; and

(2) On the website of each compact state's psychology regulatory authority or the publication in which each state would otherwise publish proposed rules.

(e) The notice of proposed rulemaking shall include:

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

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

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

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

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

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

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

(2) A governmental subdivision or agency; or

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

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

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five

business days before the scheduled data of the hearing;

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

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

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

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

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

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

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

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

(2) Prevent a loss of commission or compact state funds;

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

(4) Protect public health and safety.

(m) The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

(a) Oversight:

(1) The executive, legislative and judicial branches of state government in each compact state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law;

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a compact state pertaining to the subject matter of this compact which may affect the powers, responsibilities or actions of the commission; and

(3) The commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact or promulgated rules.

(b) Default, technical assistance, and termination:

(1) If the commission determines that a compact state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

(A) Provide written notice to the defaulting state and other compact states of the nature of the default, the proposed means of remedying the default or any other action to be taken by the commission; and

(B) Provide remedial training and specific technical assistance regarding the default;

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

(3) Termination of membership in the compact shall be imposed only after all other means of securing

compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the compact states;

(4) A compact state which has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations which extend beyond the effective date of termination;

(5) The commission shall not bear any costs incurred by the state which is found to be in default or which has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state; and

(6) The defaulting state may appeal the action of the commission by petitioning the United States District Court for the state of Georgia or the federal district where the compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

(c) Dispute resolution:

(1) Upon request by a compact state, the commission shall attempt to resolve disputes related to the compact which arise among compact states and between compact and non-compact states; and

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

(d) Enforcement:

(1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact;

(2) By majority vote, the commission may initiate legal action in the United States District Court for the state of Georgia or the federal district where the compact has its principal offices against a compact state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees; and

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

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGICAL INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

(a) The compact shall come into effect on the date on which the compact is enacted into law in the seventh compact state. The provisions which become effective at that time shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

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

(c) Any compact state may withdraw from this compact by enacting a statute repealing the same; provided that:

(1) A compact state's withdrawal shall not take effect until six months after enactment of the repealing statute; and

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's psychology regulatory authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

(d) Nothing contained in this compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a compact state and a non-compact state which does not conflict with the provisions of this compact.

(e) This compact may be amended by the compact states. No amendment to this compact shall become effective and binding upon any compact state until it is enacted into the law of all compact states.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

(a) This compact shall be liberally construed so as to effectuate the purposes thereof.

(b) If this compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining compact states.

§ -3 Rules. The department of commerce and consumer affairs shall adopt rules pursuant to chapter 91 for the purposes of implementing and administering this chapter."

SECTION 2. This Act does not affect rights and duties that matured, penalties that were incurred, and proceedings that were begun before its effective date.

SECTION 3. This Act shall take effect upon its approval.

INTRODUCED BY: _____

JAN 23 2026

H.B. NO. 1899

Report Title:
DCCA; Psychology Interjurisdictional Compact; Adoption; Rules

Description:
Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and the temporary in-person, face-to-face practice of psychologists when patients are located in compact states other than the state where the psychologist is licensed. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the compact.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

HOUSE OF REPRESENTATIVES
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

H.B. NO. 2066

A BILL FOR AN ACT

RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The Hawaii Revised Statutes is amended by adding a new chapter to be appropriately designated and to read as follows:

"CHAPTER

PSYCHOLOGY INTERJURISDICTIONAL COMPACT

§ -1 Short title. This chapter may be cited as the Psychology Interjurisdictional Compact.

§ -2 Terms and provisions of compact; authorization; governor. The governor may enter into a compact on behalf of the State of Hawaii with any other state legally joining therein, in the form substantially as follows:

PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

ARTICLE I

PURPOSE

Whereas, states license psychologists in order to protect the public through verification of education, training, and

experience and ensure accountability for professional practice; and

Whereas, this compact is intended to regulate the day-to-day practice of telepsychology (i.e., the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for thirty days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this compact is intended to authorize state psychology regulatory authorities to afford legal recognition, in a manner consistent with the terms of the compact, to psychologists licensed in another state; and

Whereas, this compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety; and

Whereas, this compact does not apply when a psychologist is licensed in both the home and receiving states; and

Whereas, this compact does not apply to permanent in-person, face-to-face practice, but it does allow for authorization of temporary psychological practice.

Consistent with these principles, 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 that 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.

ARTICLE II

DEFINITIONS

A. "Adverse action" means any action taken by a state psychology regulatory authority that finds a violation of a statute or regulation that is identified by the state psychology regulatory authority as discipline and is a matter of public record.

B. "Association of State and Provincial Psychology Boards" means the recognized membership organization composed of state and provincial psychology regulatory authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

C. "Authority to practice interjurisdictional telepsychology" means a licensed psychologist's authority to practice telepsychology, within the limits authorized under this compact, in another compact state.

D. "Bylaws" means those bylaws established by the psychology interjurisdictional compact commission pursuant to

article X for its governance, or for directing and controlling its actions and conduct.

E. "Client/patient" means the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.

F. "Commissioner" means the voting representative appointed by each state psychology regulatory authority pursuant to article X.

G. "Compact state" means a state, the District of Columbia, or United States territory that has enacted this compact legislation and that has not withdrawn pursuant to article XIII, section C, or been terminated pursuant to article XII, section B.

H. "Coordinated licensure information system", also referred to as "coordinated database", means an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of state and provincial psychology regulatory authorities.

I. "Confidentiality" means the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.

J. "Day" means any part of a day in which psychological work is performed.

K. "Distant state" means the compact state where a psychologist is physically present (not through the use of telecommunications technologies) to provide temporary in-person, face-to-face psychological services.

L. "E.passport" means a certificate issued by the Association of State and Provincial Psychology Boards that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

M. "Executive board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

N. "Home state" means a compact state where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one compact state and is practicing under

the authorization to practice interjurisdictional telepsychology, the home state is the compact state where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one compact state and is practicing under the temporary authorization to practice, the home state is any compact state where the psychologist is licensed.

O. "Identity history summary" means a summary of information retained by the Federal Bureau of Investigation, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

P. "In-person, face-to-face" means interactions in which the psychologist and the client/patient are in the same physical space and that does not include interactions that may occur through the use of telecommunication technologies.

Q. "Interjurisdictional practice certificate" means a certificate issued by the Association of State and Provincial Psychology Boards that grants temporary authority to practice based on notification to the state psychology regulatory

authority of intention to practice temporarily, and verification of one's qualifications for such practice.

R. "License" means authorization by a state psychology regulatory authority to engage in the independent practice of psychology that would be unlawful without the authorization.

S. "Non-compact state" means any state that is not at the time a compact state.

T. "Psychologist" means an individual licensed for the independent practice of psychology.

U. "Psychology interjurisdictional compact commission", also referred to as "commission", means the national administration of which all compact states are members.

V. "Receiving state" means a compact state where the client/patient is physically located when the telepsychological services are delivered.

W. "Rule" means a written statement by the psychology interjurisdictional compact commission promulgated pursuant to article XI of the compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the compact or an organizational, procedural, or practice requirement of the commission. A rule has the force and effect

of statutory law in a compact state and includes the amendment, repeal or suspension of an existing rule.

X. "Significant investigatory information" means:

1. Investigative information that a state psychology regulatory authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

2. Investigative information that indicates that the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified and/or had an opportunity to respond.

Y. "State" means a state, District of Columbia, commonwealth, territory, or possession of the United States.

Z . "State psychology regulatory authority" means the board, office, or other agency with the legislative mandate to license and regulate the practice of psychology.

AA. "Telepsychology" means the provision of psychological services using telecommunication technologies.

BB. "Temporary authorization to practice" means a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this compact, in another compact state.

CC. "Temporary in-person, face-to-face practice" means where a psychologist is physically present (not through the use of telecommunications technologies) in the distant state to provide for the practice of psychology for thirty days within a calendar year and based on notification to the distant state.

ARTICLE III

HOME STATE LICENSURE

A. The home state shall be a compact state where a psychologist is licensed to practice psychology.

B. A psychologist may hold one or more compact state licenses at a time. If the psychologist is licensed in more than one compact state, the home state is the compact state where the psychologist is physically present when the services are delivered as authorized by the authority to practice

interjurisdictional telepsychology under the terms of this compact.

C. Any compact state may require a psychologist not previously licensed in a compact state to obtain and retain a license to be authorized to practice in the compact state under circumstances not authorized by the authority to practice interjurisdictional telepsychology under the terms of this compact.

D. Any compact state may require a psychologist to obtain and retain a license to be authorized to practice in a compact state under circumstances not authorized by temporary authorization to practice under the terms of this compact.

E. A home state's license authorizes a psychologist to practice in a receiving state under the authority to practice interjurisdictional telepsychology only if the compact state:

1. Currently requires the psychologist to hold an active e.passport;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

3. Notifies the commission, in compliance with the terms herein, of any adverse action or significant

investigatory information regarding a licensed individual;

4. 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, or other designee with similar authority, no later than ten years after activation of the compact; and

5. Complies with the bylaws and rules of the commission.

F. A home state's license grants temporary authorization to practice to a psychologist in a distant state only if the compact state:

1. Currently requires the psychologist to hold an active interjurisdictional practice certificate;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

3. Notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;

4. 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, or other designee with similar authority, no later than ten years after activation of the compact; and

5. Complies with the bylaws and rules of the commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

A. Compact states shall recognize the right of a psychologist, licensed in a compact state in conformance with article III, to practice telepsychology in other compact states (receiving states) in which the psychologist is not licensed, under the authority to practice interjurisdictional telepsychology as provided in the compact.

B. To exercise the authority to practice interjurisdictional telepsychology under the terms and provisions of this compact, a psychologist licensed to practice in a compact state must:

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

   a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or

   b. A foreign college or university deemed to be equivalent to 1(a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services or by a recognized foreign credential evaluation service;

2. Hold a graduate degree in psychology that meets the following criteria:

   a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. The program must specify in pertinent institutional catalogues and

brochures its intent to educate and train professional psychologists;

b. The psychology program must stand as a recognizable, coherent organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for a doctoral degree and a minimum of one academic year of full-time graduate study for a master's degree; and

j. The program must include an acceptable residency as defined by the rules of the commission;

3. Possess a current, full and unrestricted license to practice psychology in a home state that is a compact state;

4. Have no history of adverse action that violates the rules of the commission;

5. Have no criminal record history reported on an identity history summary that violates the rules of the commission;

6. Possess a current, active e.passport;

7. Provide attestations in regard to areas of intended practice, conformity with standards of practice,

competence in telepsychology technology, criminal background, and knowledge and adherence to legal requirements in the home and receiving states; and provide a release of information to allow for primary source verification in a manner specified by the commission; and

8. Meet other criteria as defined by the rules of the commission.

C. The home state maintains authority over the license of any psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology.

D. A psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology will be subject to the receiving state's scope of practice. A receiving state may, in accordance with that state's due process law, limit or revoke a psychologist's authority to practice interjurisdictional telepsychology in the receiving state and may take any other necessary actions under the receiving state's applicable law to protect the health and safety of the receiving state's citizens. If a receiving state takes action, the state shall promptly notify the home state and the commission.

E. If a psychologist's license in any home state, another compact state, or any authority to practice interjurisdictional telepsychology in any receiving state, is restricted, suspended or otherwise limited, the e.passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a compact state under the authority to practice interjurisdictional telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

A. Compact states shall also recognize the right of a psychologist, licensed in a compact state in conformance with article III, to practice temporarily in other compact states (distant states) in which the psychologist is not licensed, as provided in the compact.

B. To exercise the temporary authorization to practice under the terms and provisions of this compact, a psychologist licensed to practice in a compact state must:

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

a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or

b. A foreign college or university deemed to be equivalent to 1(a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services or by a recognized foreign credential evaluation service; and

2. Hold a graduate degree in psychology that meets the following criteria:

a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. The program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

b. The psychology program must stand as a recognizable, coherent organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degrees; and

j. The program includes an acceptable residency as defined by the rules of the commission;

3. Possess a current, full, and unrestricted license to practice psychology in a home state that is a compact state;

4. Have no history of adverse action that violates the rules of the commission;

5. Have no criminal record history that violates the rules of the commission;

6. Possess a current, active interjurisdictional practice certificate;

7. Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the commission; and

8. Meet other criteria as defined by the rules of the commission.

C. A psychologist practicing into a distant state under the temporary authorization to practice shall practice within the scope of practice authorized by the distant state.

D. A psychologist practicing into a distant state under the temporary authorization to practice will be subject to the distant state's authority and law. A distant state may, in accordance with that state's due process law, limit or revoke a psychologist's temporary authorization to practice in the distant state and may take any other necessary actions under the distant state's applicable law to protect the health and safety of the distant state's citizens. If a distant state takes action, the state shall promptly notify the home state and the commission.

E. If a psychologist's license in any home state, another compact state, or any temporary authorization to practice in any distant state, is restricted, suspended or otherwise limited, the interjurisdictional practice certificate shall be revoked and therefore the psychologist shall not be eligible to practice

in a compact state under the temporary authorization to practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

A. A psychologist may practice in a receiving state under the authority to practice interjurisdictional telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate state psychology regulatory authority, as defined in the rules of the commission, and under the following circumstances:

1. The psychologist initiates a client/patient contact in a home state via telecommunications technologies with a client/patient in a receiving state; and

2. Other conditions regarding telepsychology as determined by rules promulgated by the commission.

ARTICLE VII

ADVERSE ACTIONS

A. A home state shall have the power to impose adverse action against a psychologist's license issued by the home state. A distant state shall have the power to take adverse

action on a psychologist's temporary authorization to practice within that distant state.

B. A receiving state may take adverse action on a psychologist's authority to practice interjurisdictional telepsychology within that receiving state. A home state may take adverse action against a psychologist based on an adverse action taken by a distant state regarding temporary in-person, face-to-face practice.

C. If a home state takes adverse action against a psychologist's license, that psychologist's authority to practice interjurisdictional telepsychology is terminated and the e.passport is revoked. Furthermore, that psychologist's temporary authorization to practice is terminated and the interjurisdictional practice certificate is revoked.

1. All home state disciplinary orders that impose adverse action shall be reported to the commission in accordance with the rules promulgated by the commission. A compact state shall report adverse actions in accordance with the rules of the commission;

2. In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the rules of the commission; and

3. Other actions may be imposed as determined by the rules promulgated by the commission.

D. A home state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee that occurred in a receiving state as it would if the conduct had been engaged in by a licensee within the home state. In such cases, the home state's law shall control in determining any adverse action against a psychologist's license.

E. A distant state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under temporary authorization to practice that occurred in that distant state as it would if the conduct had been engaged in by a licensee within the home state. In such cases, the distant

state's law shall control in determining any adverse action against a psychologist's temporary authorization to practice.

F. Nothing in this compact shall override a compact state's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the compact state's law. Compact states must require psychologists who enter any alternative programs to not provide telepsychology services under the authority to practice interjurisdictional telepsychology or provide temporary psychological services under the temporary authorization to practice in any other compact state during the term of the alternative program.

G. No other judicial or administrative remedies shall be available to a psychologist in the event a compact state imposes an adverse action pursuant to subsection C, above.

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

A. In addition to any other powers granted under state law, a compact state's psychology regulatory authority shall have the authority under this compact to:

1. Issue subpoenas, for both hearings and investigations, that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a compact state's psychology regulatory authority for the attendance and testimony of witnesses and/or the production of evidence from another compact state shall be enforced in the latter state by any court of competent jurisdiction according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state psychology regulatory authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located;

2. Issue cease and desist and/or injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology and/or temporary authorization to practice; and

3. During the course of any investigation, a psychologist may not change the psychologist's home state licensure. A home state psychology regulatory authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The home state psychology regulatory authority shall promptly report the conclusions of such investigations to the commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change the psychologist's home state licensure. The commission shall promptly notify the new home state of any such decisions as provided in the rules of the commission. All information provided to the commission or distributed by compact states pursuant to the psychologist shall be confidential, filed under seal, and used for investigatory or

disciplinary matters. The commission may create additional rules for mandated or discretionary sharing of information by compact states.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

A. The commission shall provide for the development and maintenance of a coordinated licensure information system (coordinated database) and reporting system containing licensure and disciplinary action information on all psychologists and individuals to whom this compact is applicable in all compact states as defined by the rules of the commission.

B. Notwithstanding any other provision of state law to the contrary, a compact state shall submit a uniform data set to the coordinated database on all licensees as required by the rules of the commission, including:

1. Identifying information;

2. Licensure data;

3. Significant investigatory information;

4. Adverse actions against a psychologist's license;

5. An indicator that a psychologist's authority to practice interjurisdictional telepsychology and/or temporary authorization to practice is revoked;

6. Non-confidential information related to alternative program participation information;

7. Any denial of application for licensure, and the reasons for such denial; and

8. Other information that may facilitate the administration of this compact, as determined by the rules of the commission.

C. The coordinated database administrator shall promptly notify all compact states of any adverse action taken against, or significant investigative information on, any licensee in a compact state.

D. Compact states reporting information to the coordinated database may designate information that may not be shared with the public without the express permission of the compact state reporting the information.

E. Any information submitted to the coordinated database that is subsequently required to be expunged by the law of the

compact state reporting the information shall be removed from the coordinated database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

A. The compact states hereby create and establish a joint public agency known as the psychology interjurisdictional compact commission.

1. The commission is a body politic and an instrumentality of the compact states;

2. Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings; and

3. Nothing in this compact shall be construed to be a waiver of sovereign immunity.

B. Membership, voting, and meetings:

1. The commission shall consist of one voting representative appointed by each compact state who shall serve as that state's commissioner. The state psychology regulatory authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the compact state. This delegate shall be limited to:

   a. Executive director, executive secretary, or similar executive;

   b. Current member of the state psychology regulatory authority of a compact state; or

   c. Designee empowered with the appropriate delegate authority to act on behalf of the compact state;

2. Any commissioner may be removed or suspended from office as provided by the law of the state from which the commissioner is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the compact state in which the vacancy exists;

3. Each commissioner shall be entitled to one vote with regard to the promulgation of rules and creation of

bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. A commissioner shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for commissioners' participation in meetings by telephone or other means of communication;

4. The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws;

5. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in article XI;

6. The commission may convene in a closed, non-public meeting if the commission must discuss:

   a. Non-compliance of a compact state with its obligations under the compact;

   b. The employment, compensation, discipline, or other personnel matters, practices, or procedures related to specific employees; or other matters

related to the commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation against the commission;

d. Negotiation of contracts for the purchase or sale of goods, services, or real estate;

e. Accusation against any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigatory records compiled for law enforcement purposes;

i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility for investigation or

determination of compliance issues pursuant to the compact; or

j. Matters specifically exempted from disclosure by federal and state statute; and

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

C. The commission shall, by a majority vote of the commissioners, prescribe bylaws and/or rules to govern its

conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:

1. Establishing the fiscal year of the commission;

2. Providing reasonable standards and procedures:

a. For the establishment and meetings of other committees; and

b. Governing any general or specific delegation of any authority or function of the commission;

3. Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the commission must make public a copy of

the vote to close the meeting revealing the vote of each commissioner with no proxy votes allowed;

4. Establishing the titles, duties, and authority and reasonable procedures for the election of the officers of the commission;

5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar law of any compact state, the bylaws shall exclusively govern the personnel policies and programs of the commission;

6. Promulgating a code of ethics to address permissible and prohibited activities of commission members and employees;

7. Providing a mechanism for concluding the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment and/or reserving of all of its debts and obligations;

8. The commission shall publish its bylaws in a convenient form and file a copy thereof and a copy of

any amendment thereto, with the appropriate agency or officer in each of the compact states;

9. The commission shall maintain its financial records in accordance with the bylaws; and

10. The commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.

D. The commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rule shall have the force and effect of law and shall be binding in all compact states;

2. To bring and prosecute legal proceedings or actions in the name of the commission; provided that the standing of any state psychology regulatory authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;

3. To purchase and maintain insurance and bonds;

4. To borrow, accept, or contract for services of personnel, including but not limited to employees of a compact state;

5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose of the same; provided that at all times the commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

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

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

9. To establish a budget and make expenditures;

10. To borrow money;

11. To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and other interested persons as may be designated in this compact and the bylaws;

12. To provide and receive information from, and to cooperate with, law enforcement agencies;

13. To adopt and use an official seal; and

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

E. The executive board:

The elected officers shall serve as the executive board, which shall have the power to act on behalf of the commission according to the terms of this compact.

1. The executive board shall be comprised of six members:
   a. Five voting members who are elected from the current membership of the commission by the commission; and
   b. One ex officio, nonvoting member from the recognized membership organization composed of state and provincial psychology regulatory authorities;
2. The ex officio member must have served as staff or member on a state psychology regulatory authority and will be selected by its respective organization;
3. The commission may remove any member of the executive board as provided in bylaws;
4. The executive board shall meet at least annually; and
5. The executive board shall have the following duties and responsibilities:
   a. Recommend to the entire commission changes to the rules or bylaws, changes to this compact

legislation, fees paid by compact states such as annual dues, and any other applicable fees;

b. Ensure compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the commission;

e. Monitor compact compliance of member states and provide compliance reports to the commission;

f. Establish additional committees as necessary; and

g. Other duties as provided in rules or bylaws.

F. Financing of the commission:

1. The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities;

2. The commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials, and services;

3. The commission may levy on and collect an annual assessment from each compact state or impose fees on other parties to cover the cost of the operations and

activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all compact states;

4. The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the compact states, except by and with the authority of the compact state; and

5. The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant

and the report of the audit shall be included in and become part of the annual report of the commission.

G. Qualified immunity, defense, and indemnification:

1. 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 and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person;

2. The commission shall defend any member, officer, executive director, employee, or representative of the commission in any civil action seeking to impose

liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, 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 herein shall be construed to prohibit that person from retaining that person's own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct; and

3. The commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or

responsibilities; provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

ARTICLE XI

RULEMAKING

A. The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

B. If a majority of the legislatures of the compact states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any compact state.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

D. Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

1. On the website of the commission; and

2. On the website of each compact state's psychology regulatory authority or the publication in which each state would otherwise publish proposed rules.

E. The notice of proposed rulemaking shall include:

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

2. The text of the proposed rule or amendment and the reason for the proposed rule;

3. A request for comments on the proposed rule from any interested person; and

4. The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

G. The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least twenty-five persons who submit comments independently of each other;

2. A governmental subdivision or agency; or

3. A duly appointed person in an association that has at least twenty-five members.

H. If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing;

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing;

3. No transcript of the hearing is required unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall

not preclude the commission from making a transcript or recording of the hearing if it so chooses; and

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

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.

J. The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

K. If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.

L. Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing; provided that

the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of commission or compact state funds;

3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

4. Protect public health and safety.

M. The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision

results in a material change to a rule. A challenge shall be made in writing and delivered to the Chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Oversight:

1. The executive, legislative, and judicial branches of state government in each compact state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law;

2. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a compact state pertaining to the subject matter of this compact that may affect the

powers, responsibilities, or actions of the commission; and

3. The commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

B. Default, technical assistance, and termination:

1. If the commission determines that a compact state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

a. Provide written notice to the defaulting state and other compact states of the nature of the default, the proposed means of remedying the default, and/or any other action to be taken by the commission; and

b. Provide remedial training and specific technical assistance regarding the default;

2. If a state in default fails to remedy the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the compact states, and all rights, privileges, and benefits conferred by this compact shall be terminated on the effective date of termination. A remedy of the default does not relieve the offending state of obligations or liabilities incurred during the period of default;

3. Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the compact states;

4. A compact state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination;

5. The commission shall not bear any costs incurred by the state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state; and

6. The defaulting state may appeal the action of the commission by petitioning the U.S. District Court for the state of Georgia or the federal district where the compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorneys' fees.

C. Dispute Resolution:

1. Upon request by a compact state, the commission shall attempt to resolve disputes related to the compact that arise among compact states and between compact and non-compact states; and

2. The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the commission.

D. Enforcement:

1. The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact;

2. By majority vote, the commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the compact has its principal offices against a compact state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorneys' fees; and

3. The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

A. The compact shall come into effect on the date on which the compact is enacted into law in the seventh compact state. The provisions that become effective at that time shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

B. Any state that joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule which has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.

C. Any compact state may withdraw from this compact by enacting a statute repealing the same.

1. A compact state's withdrawal shall not take effect until six months after enactment of the repealing statute; and

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's psychology regulatory authority to comply with the investigative and adverse action reporting requirements of this Act prior to the effective date of withdrawal.

D. Nothing contained in this compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a compact state and a non-compact state that does not conflict with the provisions of this compact.

E. This compact may be amended by the compact states. No amendment to this compact shall become effective and binding upon any compact state until it is enacted into the law of all compact states.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held

contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining compact states.

§ -3 Rules. The department of commerce and consumer affairs shall adopt rules pursuant to chapter 91 for the purposes of implementing and administering this chapter."

SECTION 2. This Act shall take effect upon its approval.

INTRODUCED BY: Nadine K. Nakamura

By Request

JAN 23 2026

H.B. NO. 2066

Report Title:
Hawaii State Association of Counties Package; Psychology Interjurisdictional Compact

Description:
Enacts, and authorizes the Governor to enter into, the Psychology Interjurisdictional Compact.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

HOUSE OF REPRESENTATIVES
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

H.B. NO. 1704

A BILL FOR AN ACT

RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that safeguarding, enhancing, and prioritizing the mental health of the people is essential not only for the well-being of individuals but also for the broader public interest. Protection of mental health contributes to a healthier, more resilient society, benefiting all members of the community.

The legislature recognizes that there is a growing demand for mental health care services, particularly on the neighbor islands and in rural and underserved areas. Despite this need, the current shortage of mental health professionals and services fails to meet the increasing demand, leaving countless individuals without the critical care they deserve. This lack of access disproportionately affects vulnerable populations, such as the elderly, those with mobility challenges, and youth who face identity-based harassment or rejection.

The legislature also finds reports of neighbor island communities experiencing a critical lack of access to care for

the mental and physical well-being of vulnerable members of the LGBTQ+ community, particularly youth, who face alarmingly high rates of suicide attempts. Accessing mental health care services provided by licensed psychologists is crucial to providing essential care and ultimately lowering the suicide rates within this vulnerable population.

The legislature further finds that over forty states have already joined the psychology interjurisdictional compact to address similar issues of access. Participating in this compact will enable vulnerable kamaaina to return home without risking the loss of critical relationships with long time therapists and counselors and help Hawaii meet the growing demand for mental health care needs by reducing barriers for mental health professionals to practice and providing residents with access to a broader pool of qualified mental health professionals through telepsychology and temporary in-person services.

Accordingly, the purpose of this Act is to adopt the Psychology Interjurisdictional Compact to:

(1) Regulate the day-to-day practice of telepsychology by psychologists across state boundaries in the

performance of their psychological practice as assigned by an appropriate authority;

(2) Regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for thirty days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

(3) Require the department of commerce and consumer affairs to adopt rules to implement and administer the compact.

SECTION 2. The Hawaii Revised Statutes is amended by adding a new chapter to be appropriately designated and to read as follows:

"**CHAPTER**

PSYCHOLOGY INTERJURISDICTIONAL COMPACT

§ **-1. Short title.** This chapter may be cited as the Psychology Interjurisdictional Compact.

§ **-2. Terms and provisions of compact; authorization; governor.** The legislature hereby authorizes the governor to enter into a compact on behalf of the State of Hawaii with any

other state legally joining therein, in the form substantially as follows:

PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

ARTICLE I

PURPOSE

Whereas, states license psychologists, in order to protect the public through verification of education, training and experience and ensure accountability for professional practice; and

Whereas, this Compact is intended to regulate the day to day practice of telepsychology (i.e., the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to authorize State Psychology Regulatory Authorities to afford legal recognition, in a manner consistent with the terms of the Compact, to psychologists licensed in another state; and

Whereas, this Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety; and

Whereas, this Compact does not apply when a psychologist is licensed in both the Home and Receiving States; and

Whereas, this Compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.

Consistent with these principles, 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.

ARTICLE II

DEFINITIONS

A. "Adverse Action" means: Any action taken by a State Psychology Regulatory Authority which finds a violation of a statute or regulation that is identified by the State Psychology Regulatory Authority as discipline and is a matter of public record.

B. "Association of State and Provincial Psychology Boards (ASPPB)" means: the recognized membership organization composed

of State and Provincial Psychology Regulatory Authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

C. "Authority to Practice Interjurisdictional Telepsychology" means: a licensed psychologist's authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State.

D. "Bylaws" means: those Bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Article X for its governance, or for directing and controlling its actions and conduct.

E. "Client/Patient" means: the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.

F. "Commissioner" means: the voting representative appointed by each State Psychology Regulatory Authority pursuant to Article X.

G. "Compact State" means: a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to

Article XIII, Section C or been terminated pursuant to Article XII, Section B.

H. "Coordinated Licensure Information System" also referred to as "Coordinated Database" means: an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.

I. "Confidentiality" means: the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.

J. "Day" means: any part of a day in which psychological work is performed.

K. "Distant State" means: the Compact State where a psychologist is physically present (not through the use of telecommunications technologies), to provide temporary in-person, face-to-face psychological services.

L. "E.Passport" means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of

interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

M. "Executive Board" means: a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

N. "Home State" means: a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.

O. "Identity History Summary" means: a summary of information retained by the FBI, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

P. "In-Person, Face-to-Face" means: interactions in which the psychologist and the client/patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies.

Q. "Interjurisdictional Practice Certificate (IPC)" means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that grants temporary authority to practice based on notification to the State Psychology Regulatory Authority of intention to practice temporarily, and verification of one's qualifications for such practice.

R. "License" means: authorization by a State Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

S. "Non-Compact State" means: any State which is not at the time a Compact State.

T. "Psychologist" means: an individual licensed for the independent practice of psychology.

U. "Psychology Interjurisdictional Compact Commission" also referred to as "Commission" means: the national administration of which all Compact States are members.

V. "Receiving State" means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.

W. "Rule" means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a Compact State, and includes the amendment, repeal or suspension of an existing rule.

X. "Significant Investigatory Information" means:

1. Investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

2. Investigative information that indicates that the psychologist represents an immediate threat to public

health and safety regardless of whether the psychologist has been notified and/or had an opportunity to respond.

Y. "State" means: a state, commonwealth, territory, or possession of the United States, the District of Columbia.

Z. "State Psychology Regulatory Authority" means: the Board, office or other agency with the legislative mandate to license and regulate the practice of psychology.

AA. "Telepsychology" means: the provision of psychological services using telecommunication technologies.

BB. "Temporary Authorization to Practice" means: a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another Compact State.

CC. "Temporary In-Person, Face-to-Face Practice" means: where a psychologist is physically present (not through the use of telecommunications technologies), in the Distant State to provide for the practice of psychology for 30 days within a calendar year and based on notification to the Distant State.

ARTICLE III

HOME STATE LICENSURE

A. The Home State shall be a Compact State where a psychologist is licensed to practice psychology.

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

C. Any Compact State may require a psychologist not previously licensed in a Compact State to obtain and retain a license to be authorized to practice in the Compact State under circumstances not authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.

D. Any Compact State may require a psychologist to obtain and retain a license to be authorized to practice in a Compact State under circumstances not authorized by Temporary Authorization to Practice under the terms of this Compact.

E. A Home State's license authorizes a psychologist to practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only if the Compact State:

1. Currently requires the psychologist to hold an active E.Passport;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

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

4. 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; and

5. Complies with the Bylaws and Rules of the Commission.

F. A Home State's license grants Temporary Authorization to Practice to a psychologist in a Distant State only if the Compact State:

1. Currently requires the psychologist to hold an active IPC;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

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

4. 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; and

5. Complies with the Bylaws and Rules of the Commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

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

B. To exercise the Authority to Practice Interjurisdictional Telepsychology under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

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

a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or

b. A foreign college or university deemed to be equivalent to 1(a) above by a foreign credential evaluation service that is a member of the

National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; and

2. Hold a graduate degree in psychology that meets the following criteria:

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

b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degree and a minimum of one academic year of full-time graduate study for master's degree; and

j. The program includes an acceptable residency as defined by the Rules of the Commission;

3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;

4. Have no history of adverse action that violate the Rules of the Commission;

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

6. Possess a current, active E.Passport;

7. Provide attestations in regard to areas of intended practice, conformity with standards of practice, competence in telepsychology technology; criminal background; and knowledge and adherence to legal requirements in the Home and Receiving States, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. The Home State maintains authority over the license of any psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology.

D. A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology

will be subject to the Receiving State's scope of practice. A Receiving State may, in accordance with that state's due process law, limit or revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions under the Receiving State's applicable law to protect the health and safety of the Receiving State's citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

A. Compact States shall also recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice temporarily in other Compact States

(Distant States) in which the psychologist is not licensed, as provided in the Compact.

B. To exercise the Temporary Authorization to Practice under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

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

a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or

b. A foreign college or university deemed to be equivalent to 1(a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; and

2. Hold a graduate degree in psychology that meets the following criteria:

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

b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degrees; and

j. The program includes an acceptable residency as defined by the Rules of the Commission;

3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;

4. Have no history of adverse action that violates the Rules of the Commission;

5. Have no criminal record history that violates the Rules of the Commission;

6. Possess a current, active IPC;

7. Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. A psychologist practicing into a Distant State under the Temporary Authorization to Practice shall practice within the scope of practice authorized by the Distant State.

D. A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's due process law, limit or revoke a psychologist's Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State's applicable law to protect the health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Temporary Authorization to Practice in any

Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

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

1. The psychologist initiates a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State; and
2. Other conditions regarding telepsychology as determined by Rules promulgated by the Commission.

ARTICLE VII

ADVERSE ACTIONS

A. A Home State shall have the power to impose adverse action against a psychologist's license issued by the Home

State. A Distant State shall have the power to take adverse action on a psychologist's Temporary Authorization to Practice within that Distant State.

B. A Receiving State may take adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State may take adverse action against a psychologist based on an adverse action taken by a Distant State regarding temporary in-person, face-to-face practice.

C. If a Home State takes adverse action against a psychologist's license, that psychologist's Authority to Practice Interjurisdictional Telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's Temporary Authorization to Practice is terminated and the IPC is revoked.

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

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

3. Other actions may be imposed as determined by the Rules promulgated by the Commission.

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

E. A Distant State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under Temporary Authorization to Practice which occurred in that Distant State as it would if such conduct had been engaged in by a licensee within the Home State. In such cases, the Distant

State's law shall control in determining any adverse action against a psychologist's Temporary Authorization to Practice.

F. Nothing in this Compact shall override a Compact State's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the Compact State's law. Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program.

G. No other judicial or administrative remedies shall be available to a psychologist in the event a Compact State imposes an adverse action pursuant to subsection C, above.

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

A. In addition to any other powers granted under state law, a Compact State's Psychology Regulatory Authority shall have the authority under this Compact to:

1. Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a Compact State's Psychology Regulatory Authority for the attendance and testimony of witnesses, and/or the production of evidence from another Compact State shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing State Psychology Regulatory Authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and

2. Issue cease and desist and/or injunctive relief orders to revoke a psychologist's Authority to Practice

Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.

3. During the course of any investigation, a psychologist may not change his/her Home State licensure. A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State Psychology Regulatory Authority shall promptly report the conclusions of such investigations to the Commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change his/her Home State licensure. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission. All information provided to the Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or disciplinary matters. The Commission may create additional rules for mandated or

discretionary sharing of information by Compact States.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

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

B. Notwithstanding any other provision of state law to the contrary, a Compact State shall submit a uniform data set to the Coordinated Database on all licensees as required by the Rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Significant investigatory information;

4. Adverse actions against a psychologist's license;

5. An indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice is revoked;

6. Non-confidential information related to alternative program participation information;

7. Any denial of application for licensure, and the reasons for such denial; and

8. Other information which may facilitate the administration of this Compact, as determined by the Rules of the Commission.

C. The Coordinated Database administrator shall promptly notify all Compact States of any adverse action taken against, or significant investigative information on, any licensee in a Compact State.

D. Compact States reporting information to the Coordinated Database may designate information that may not be shared with the public without the express permission of the Compact State reporting the information.

E. Any information submitted to the Coordinated Database that is subsequently required to be expunged by the law of the Compact State reporting the information shall be removed from the Coordinated Database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

A. The Compact States hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.

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

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

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings

1. The Commission shall consist of one voting representative appointed by each Compact State who shall serve as that state's Commissioner. The State Psychology Regulatory Authority shall appoint its

delegate. This delegate shall be empowered to act on behalf of the Compact State. This delegate shall be limited to:

a. Executive Director, Executive Secretary or similar executive;

b. Current member of the State Psychology Regulatory Authority of a Compact State; or

c. Designee empowered with the appropriate delegate authority to act on behalf of the Compact State.

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

3. Each Commissioner shall be entitled to one (1) vote with regard to the promulgation of Rules and creation of Bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A Commissioner shall vote in person or by such other means as provided in the Bylaws. The

Bylaws may provide for Commissioners' participation in meetings by telephone or other means of communication.

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

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

6. The Commission may convene in a closed, non-public meeting if the Commission must discuss:

a. Non-compliance of a Compact State with its obligations under the Compact;

b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation against the Commission;

d. Negotiation of contracts for the purchase or sale of goods, services or real estate;

e. Accusation against any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigatory records compiled for law enforcement purposes;

i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility for investigation or determination of compliance issues pursuant to the Compact; or

j. Matters specifically exempted from disclosure by federal and state statute.

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

C. The Commission shall, by a majority vote of the Commissioners, prescribe Bylaws and/or Rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the Compact, including but not limited to:

1. Establishing the fiscal year of the Commission;

2. Providing reasonable standards and procedures:

a. For the establishment and meetings of other committees; and

b. Governing any general or specific delegation of any authority or function of the Commission;

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

4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;

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

6. Promulgating a Code of Ethics to address permissible and prohibited activities of Commission members and employees;

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

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

9. The Commission shall maintain its financial records in accordance with the Bylaws; and

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

D. The Commission shall have the following powers:

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

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

3. To purchase and maintain insurance and bonds;

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

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

6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

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

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

9. To establish a budget and make expenditures;

10. To borrow money;

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

12. To provide and receive information from, and to cooperate with, law enforcement agencies;

13. To adopt and use an official seal; and

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

E. The Executive Board

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

1. The Executive Board shall be comprised of six members:

a. Five voting members who are elected from the current membership of the Commission by the Commission; and

b. One ex-officio, nonvoting member from the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.

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

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

4. The Executive Board shall meet at least annually.

5. The Executive Board shall have the following duties and responsibilities:

a. Recommend to the entire Commission changes to the Rules or Bylaws, changes to this Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees;

b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the Commission;

e. Monitor Compact compliance of member states and provide compliance reports to the Commission;

f. Establish additional committees as necessary; and

g. Other duties as provided in Rules or Bylaws.

F. Financing of the Commission

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

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

3. The Commission may levy on and collect an annual assessment from each Compact State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual

assessment amount shall be allocated based upon a formula to be determined by the Commission which shall promulgate a rule binding upon all Compact States.

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

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its Bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.

G. Qualified Immunity, Defense, and Indemnification

1. 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 and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.

2. The Commission shall defend any member, officer, Executive Director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, 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 herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.

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

ARTICLE XI

RULEMAKING

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

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

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

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

1. On the website of the Commission; and

2. On the website of each Compact State's Psychology Regulatory Authority or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

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

2. The text of the proposed rule or amendment and the reason for the proposed rule;

3. A request for comments on the proposed rule from any interested person; and

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

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

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

2. A governmental subdivision or agency; or

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

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the Executive Director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

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

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

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

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

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

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

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

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of Commission or Compact State funds;

3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

A. Oversight

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

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

3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void

as to the Commission, this Compact or promulgated rules.

B. Default, Technical Assistance, and Termination

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

a. Provide written notice to the defaulting state and other Compact States of the nature of the default, the proposed means of remedying the default and/or any other action to be taken by the Commission; and

b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to remedy the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the Compact States, and all rights, privileges and benefits conferred by this Compact shall be terminated on the effective date of termination. A remedy of the default does not relieve the offending state of

obligations or liabilities incurred during the period of default.

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

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

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

6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for

the state of Georgia or the federal district where the Compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

C. Dispute Resolution

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

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the Commission.

D. Enforcement

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

2. By majority vote, the Commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the Compact has its principal offices against a Compact State in default to enforce compliance with the

provisions of the Compact and its promulgated Rules and Bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

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

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

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

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

C. Any Compact State may withdraw from this Compact by enacting a statute repealing the same.

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

2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

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

E. This Compact may be amended by the Compact States. No amendment to this Compact shall become effective and binding upon any Compact State until it is enacted into the law of all Compact States.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the Compact shall remain in full force and effect as to the remaining Compact States.

§ -3. Rules. The department of commerce and consumer affairs shall adopt rules pursuant to chapter 91 for the purposes of implementing and administering this chapter."

SECTION 3. This Act shall take effect on January 1, 2027.

INTRODUCED BY: JAN 20 2026

H.B. NO. 1704

Report Title:
DCCA; Psychology Interjurisdictional Compact (PSYPACT); Adoption; Rules

Description:
Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact. Effective 1/1/2027.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

THE SENATE
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

S.B. NO. 2508

JAN 23 2026

A BILL FOR AN ACT

RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The Hawaii Revised Statutes is amended by adding a new chapter to be appropriately designated and to read as follows:

"CHAPTER

PSYCHOLOGY INTERJURISDICTIONAL COMPACT

§ -1 **Short title.** This chapter may be cited as the Psychology Interjurisdictional Compact.

§ -2 **Terms and provisions of compact; authorization; governor.** The governor may enter into a compact on behalf of the State of Hawaii with any other state legally joining therein, in the form substantially as follows:

PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

ARTICLE I

PURPOSE

Whereas, states license psychologists in order to protect the public through verification of education, training, and

experience and ensure accountability for professional practice; and

Whereas, this compact is intended to regulate the day-to-day practice of telepsychology (i.e., the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for thirty days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this compact is intended to authorize state psychology regulatory authorities to afford legal recognition, in a manner consistent with the terms of the compact, to psychologists licensed in another state; and

Whereas, this compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety; and

Whereas, this compact does not apply when a psychologist is licensed in both the home and receiving states; and

Whereas, this compact does not apply to permanent in-person, face-to-face practice, but it does allow for authorization of temporary psychological practice.

Consistent with these principles, 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 that 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.

ARTICLE II

DEFINITIONS

"Adverse action" means any action taken by a state psychology regulatory authority that finds a violation of a statute or regulation that is identified by the state psychology regulatory authority as discipline and is a matter of public record.

"Association of State and Provincial Psychology Boards" means the recognized membership organization composed of state and provincial psychology regulatory authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

"Authority to practice interjurisdictional telepsychology" means a licensed psychologist's authority to practice telepsychology, within the limits authorized under this compact, in another compact state.

"Bylaws" means those bylaws established by the psychology interjurisdictional compact commission pursuant to article X for

its governance, or for directing and controlling its actions and conduct.

"Client/patient" means the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.

"Commissioner" means the voting representative appointed by each state psychology regulatory authority pursuant to article X.

"Compact state" means a state, the District of Columbia, or United States territory that has enacted this compact legislation and that has not withdrawn pursuant to article XIII, section (c), or been terminated pursuant to article XII, section (b).

"Coordinated licensure information system", also referred to as "coordinated database", means an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of state and provincial psychology regulatory authorities.

"Confidentiality" means the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.

"Day" means any part of a day in which psychological work is performed.

"Distant state" means the compact state where a psychologist is physically present (not through the use of telecommunications technologies) to provide temporary in-person, face-to-face psychological services.

"E.passport" means a certificate issued by the Association of State and Provincial Psychology Boards that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

"Executive board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

"Home state" means a compact state where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one compact state and is practicing under

the authorization to practice interjurisdictional telepsychology, the home state is the compact state where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one compact state and is practicing under the temporary authorization to practice, the home state is any compact state where the psychologist is licensed.

"Identity history summary" means a summary of information retained by the Federal Bureau of Investigation, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

"In-person, face-to-face" means interactions in which the psychologist and the client/patient are in the same physical space and that does not include interactions that may occur through the use of telecommunication technologies.

"Interjurisdictional practice certificate" means a certificate issued by the Association of State and Provincial Psychology Boards that grants temporary authority to practice based on notification to the state psychology regulatory

authority of intention to practice temporarily, and verification of one's qualifications for such practice.

"License" means authorization by a state psychology regulatory authority to engage in the independent practice of psychology that would be unlawful without the authorization.

"Non-compact state" means any state that is not at the time a compact state.

"Psychologist" means an individual licensed for the independent practice of psychology.

"Psychology interjurisdictional compact commission", also referred to as "commission", means the national administration of which all compact states are members.

"Receiving state" means a compact state where the client/patient is physically located when the telepsychological services are delivered.

"Rule" means a written statement by the psychology interjurisdictional compact commission promulgated pursuant to article XI of the compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the compact or an organizational, procedural, or practice requirement of the commission. A rule has the force and effect

of statutory law in a compact state and includes the amendment, repeal or suspension of an existing rule.

"Significant investigatory information" means:

(1) Investigative information that a state psychology regulatory authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

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

"State" means a state, District of Columbia, commonwealth, territory, or possession of the United States.

"State psychology regulatory authority" means the board, office, or other agency with the legislative mandate to license and regulate the practice of psychology.

"Telepsychology" means the provision of psychological services using telecommunication technologies.

"Temporary authorization to practice" means a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this compact, in another compact state.

"Temporary in-person, face-to-face practice" means where a psychologist is physically present (not through the use of telecommunications technologies) in the distant state to provide for the practice of psychology for thirty days within a calendar year and based on notification to the distant state.

ARTICLE III

HOME STATE LICENSURE

(a) The home state shall be a compact state where a psychologist is licensed to practice psychology.

(b) A psychologist may hold one or more compact state licenses at a time. If the psychologist is licensed in more than one compact state, the home state is the compact state where the psychologist is physically present when the services are delivered as authorized by the authority to practice

interjurisdictional telepsychology under the terms of this compact.

(c) Any compact state may require a psychologist not previously licensed in a compact state to obtain and retain a license to be authorized to practice in the compact state under circumstances not authorized by the authority to practice interjurisdictional telepsychology under the terms of this compact.

(d) Any compact state may require a psychologist to obtain and retain a license to be authorized to practice in a compact state under circumstances not authorized by temporary authorization to practice under the terms of this compact.

(e) A home state's license authorizes a psychologist to practice in a receiving state under the authority to practice interjurisdictional telepsychology only if the compact state:

(1) Currently requires the psychologist to hold an active e.passport;

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

(3) Notifies the commission, in compliance with the terms herein, of any adverse action or significant

investigatory information regarding a licensed individual;

(4) 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, or other designee with similar authority, no later than ten years after activation of the compact; and

(5) Complies with the bylaws and rules of the commission.

(f) A home state's license grants temporary authorization to practice to a psychologist in a distant state only if the compact state:

(1) Currently requires the psychologist to hold an active interjurisdictional practice certificate;

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

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

(4) 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, or other designee with similar authority, no later than ten years after activation of the compact; and

(5) Complies with the bylaws and rules of the commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

(a) Compact states shall recognize the right of a psychologist, licensed in a compact state in conformance with article III, to practice telepsychology in other compact states (receiving states) in which the psychologist is not licensed, under the authority to practice interjurisdictional telepsychology as provided in the compact.

(b) To exercise the authority to practice interjurisdictional telepsychology under the terms and provisions of this compact, a psychologist licensed to practice in a compact state must:

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

(A) Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or

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

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

(A) The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. The program must specify in pertinent institutional catalogues and

brochures its intent to educate and train professional psychologists;

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

(C) There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(D) The program must consist of an integrated, organized sequence of study;

(E) There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

(F) The designated director of the program must be a psychologist and a member of the core faculty;

(G) The program must have an identifiable body of students who are matriculated in that program for a degree;

(H) The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

(I) The curriculum shall encompass a minimum of three academic years of full-time graduate study for a doctoral degree and a minimum of one academic year of full-time graduate study for a master's degree; and

(J) The program must include an acceptable residency as defined by the rules of the commission;

(3) Possess a current, full and unrestricted license to practice psychology in a home state that is a compact state;

(4) Have no history of adverse action that violates the rules of the commission;

(5) Have no criminal record history reported on an identity history summary that violates the rules of the commission;

(6) Possess a current, active e.passport;

(7) Provide attestations in regard to areas of intended practice, conformity with standards of practice,

competence in telepsychology technology, criminal background, and knowledge and adherence to legal requirements in the home and receiving states; and provide a release of information to allow for primary source verification in a manner specified by the commission; and

(8) Meet other criteria as defined by the rules of the commission.

(c) The home state maintains authority over the license of any psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology.

(d) A psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology will be subject to the receiving state's scope of practice. A receiving state, in accordance with that state's due process law, may limit or revoke a psychologist's authority to practice interjurisdictional telepsychology in the receiving state and may take any other necessary actions under the receiving state's applicable law to protect the health and safety of the receiving state's citizens. If a receiving state takes action, the state shall promptly notify the home state and the commission.

(e) If a psychologist's license in any home state, another compact state, or any authority to practice interjurisdictional telepsychology in any receiving state, is restricted, suspended or otherwise limited, the e.passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a compact state under the authority to practice interjurisdictional telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

(a) Compact states shall also recognize the right of a psychologist, licensed in a compact state in conformance with article III, to practice temporarily in other compact states (distant states) in which the psychologist is not licensed, as provided in the compact.

(b) To exercise the temporary authorization to practice under the terms and provisions of this compact, a psychologist licensed to practice in a compact state must:

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

(A) Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or

(B) A foreign college or university deemed to be equivalent to (1)(A) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services or by a recognized foreign credential evaluation service; and

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

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

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

(C) There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(D) The program must consist of an integrated, organized sequence of study;

(E) There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

(F) The designated director of the program must be a psychologist and a member of the core faculty;

(G) The program must have an identifiable body of students who are matriculated in that program for a degree;

(H) The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

(I) The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degrees; and

(J) The program includes an acceptable residency as defined by the rules of the commission;

(3) Possess a current, full, and unrestricted license to practice psychology in a home state that is a compact state;

(4) Have no history of adverse action that violates the rules of the commission;

(5) Have no criminal record history that violates the rules of the commission;

(6) Possess a current, active interjurisdictional practice certificate;

(7) Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the commission; and

(8) Meet other criteria as defined by the rules of the commission.

(c) A psychologist practicing into a distant state under the temporary authorization to practice shall practice within the scope of practice authorized by the distant state.

(d) A psychologist practicing into a distant state under the temporary authorization to practice will be subject to the distant state's authority and law. A distant state may, in accordance with that state's due process law, limit or revoke a psychologist's temporary authorization to practice in the distant state and may take any other necessary actions under the distant state's applicable law to protect the health and safety of the distant state's citizens. If a distant state takes action, the state shall promptly notify the home state and the commission.

(e) If a psychologist's license in any home state, another compact state, or any temporary authorization to practice in any distant state, is restricted, suspended or otherwise limited, the interjurisdictional practice certificate shall be revoked and therefore the psychologist shall not be eligible to practice

in a compact state under the temporary authorization to practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

(a) A psychologist may practice in a receiving state under the authority to practice interjurisdictional telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate state psychology regulatory authority, as defined in the rules of the commission, and under the following circumstances:

(1) The psychologist initiates a client/patient contact in a home state via telecommunications technologies with a client/patient in a receiving state; and

(2) Other conditions regarding telepsychology as determined by rules promulgated by the commission.

ARTICLE VII

ADVERSE ACTIONS

(a) A home state shall have the power to impose adverse action against a psychologist's license issued by the home state. A distant state shall have the power to take adverse

action on a psychologist's temporary authorization to practice within that distant state.

(b) A receiving state may take adverse action on a psychologist's authority to practice interjurisdictional telepsychology within that receiving state. A home state may take adverse action against a psychologist based on an adverse action taken by a distant state regarding temporary in-person, face-to-face practice.

(c) If a home state takes adverse action against a psychologist's license, that psychologist's authority to practice interjurisdictional telepsychology is terminated and the e.passport is revoked. Furthermore, that psychologist's temporary authorization to practice is terminated and the interjurisdictional practice certificate is revoked.

(1) All home state disciplinary orders that impose adverse action shall be reported to the commission in accordance with the rules promulgated by the commission. A compact state shall report adverse actions in accordance with the rules of the commission;

(2) In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the rules of the commission; and

(3) Other actions may be imposed as determined by the rules promulgated by the commission.

(d) A home state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee that occurred in a receiving state as it would if the conduct had been engaged in by a licensee within the home state. In such cases, the home state's law shall control in determining any adverse action against a psychologist's license.

(e) A distant state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under temporary authorization to practice that occurred in that distant state as it would if the conduct had been engaged in by a licensee within the home state. In such cases, the distant state's law shall control in determining any

adverse action against a psychologist's temporary authorization to practice.

(f) Nothing in this compact shall override a compact state's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the compact state's law. Compact states must require psychologists who enter any alternative programs to not provide telepsychology services under the authority to practice interjurisdictional telepsychology or provide temporary psychological services under the temporary authorization to practice in any other compact state during the term of the alternative program.

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

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

(a) In addition to any other powers granted under state law, a compact state's psychology regulatory authority shall have the authority under this compact to:

(1) Issue subpoenas, for both hearings and investigations, that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a compact state's psychology regulatory authority for the attendance and testimony of witnesses and/or the production of evidence from another compact state shall be enforced in the latter state by any court of competent jurisdiction according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state psychology regulatory authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located;

(2) Issue cease and desist and/or injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology and/or temporary authorization to practice; and

(3) During the course of any investigation, a psychologist may not change the psychologist's home state licensure. A home state psychology regulatory authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The home state psychology regulatory authority shall promptly report the conclusions of such investigations to the commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change the psychologist's home state licensure. The commission shall promptly notify the new home state of any such decisions as provided in the rules of the commission. All information provided to the commission or distributed by compact states pursuant to the psychologist shall be confidential, filed under seal, and used for investigatory or

disciplinary matters. The commission may create additional rules for mandated or discretionary sharing of information by compact states.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

(a) The commission shall provide for the development and maintenance of a coordinated licensure information system (coordinated database) and reporting system containing licensure and disciplinary action information on all psychologists and individuals to whom this compact is applicable in all compact states as defined by the rules of the commission.

(b) Notwithstanding any other provision of state law to the contrary, a compact state shall submit a uniform data set to the coordinated database on all licensees as required by the rules of the commission, including:

(1) Identifying information;

(2) Licensure data;

(3) Significant investigatory information;

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

(5) An indicator that a psychologist's authority to practice interjurisdictional telepsychology and/or temporary authorization to practice is revoked;

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

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

(8) Other information that may facilitate the administration of this compact, as determined by the rules of the commission.

(c) The coordinated database administrator shall promptly notify all compact states of any adverse action taken against, or significant investigative information on, any licensee in a compact state.

(d) Compact states reporting information to the coordinated database may designate information that may not be shared with the public without the express permission of the compact state reporting the information.

(e) Any information submitted to the coordinated database that is subsequently required to be expunged by the law of the

compact state reporting the information shall be removed from the coordinated database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

(a) The compact states hereby create and establish a joint public agency known as the psychology interjurisdictional compact commission.

(1) The commission is a body politic and an instrumentality of the compact states;

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

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

(b) Membership, voting, and meetings:

(1) The commission shall consist of one voting representative appointed by each compact state who shall serve as that state's commissioner. The state psychology regulatory authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the compact state. This delegate shall be limited to:

(A) Executive director, executive secretary, or similar executive;

(B) Current member of the state psychology regulatory authority of a compact state; or

(C) Designee empowered with the appropriate delegate authority to act on behalf of the compact state;

(2) Any commissioner may be removed or suspended from office as provided by the law of the state from which the commissioner is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the compact state in which the vacancy exists;

(3) Each commissioner shall be entitled to one vote with regard to the promulgation of rules and creation of

bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. A commissioner shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for commissioners' participation in meetings by telephone or other means of communication;

(4) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws;

(5) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in article XI;

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

(A) Non-compliance of a compact state with its obligations under the compact;

(B) The employment, compensation, discipline, or other personnel matters, practices, or procedures related to specific employees; or other matters

related to the commission's internal personnel practices and procedures;

(C) Current, threatened, or reasonably anticipated litigation against the commission;

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

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

(F) Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

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

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

(I) Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility for investigation or

determination of compliance issues pursuant to the compact; or

(J) Matters specifically exempted from disclosure by federal and state statute; and

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

(c) The commission shall, by a majority vote of the commissioners, prescribe bylaws and/or rules to govern its

conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:

(1) Establishing the fiscal year of the commission;

(2) Providing reasonable standards and procedures:

(A) For the establishment and meetings of other committees; and

(B) Governing any general or specific delegation of any authority or function of the commission;

(3) Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the commission must make public a copy of

the vote to close the meeting revealing the vote of each commissioner with no proxy votes allowed;

(4) Establishing the titles, duties, and authority and reasonable procedures for the election of the officers of the commission;

(5) Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar law of any compact state, the bylaws shall exclusively govern the personnel policies and programs of the commission;

(6) Promulgating a code of ethics to address permissible and prohibited activities of commission members and employees;

(7) Providing a mechanism for concluding the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment and/or reserving of all of its debts and obligations;

(8) The commission shall publish its bylaws in a convenient form and file a copy thereof and a copy of

any amendment thereto, with the appropriate agency or officer in each of the compact states;

(9) The commission shall maintain its financial records in accordance with the bylaws; and

(10) The commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.

(d) The commission shall have the following powers:

(1) The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rule shall have the force and effect of law and shall be binding in all compact states;

(2) To bring and prosecute legal proceedings or actions in the name of the commission; provided that the standing of any state psychology regulatory authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;

(3) To purchase and maintain insurance and bonds;

(4) To borrow, accept, or contract for services of personnel, including but not limited to employees of a compact state;

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

(6) To accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose of the same; provided that at all times the commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

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

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

(9) To establish a budget and make expenditures;

(10) To borrow money;

(11) To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and other interested persons as may be designated in this compact and the bylaws;

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

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

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

(e) The executive board:

The elected officers shall serve as the executive board, which shall have the power to act on behalf of the commission according to the terms of this compact.

(1) The executive board shall be comprised of six members:

(A) Five voting members who are elected from the current membership of the commission by the commission; and

(B) One ex officio, nonvoting member from the recognized membership organization composed of state and provincial psychology regulatory authorities;

(2) The ex officio member must have served as staff or member on a state psychology regulatory authority and will be selected by its respective organization;

(3) The commission may remove any member of the executive board as provided in bylaws;

(4) The executive board shall meet at least annually; and

(5) The executive board shall have the following duties and responsibilities:

(A) Recommend to the entire commission changes to the rules or bylaws, changes to this compact

legislation, fees paid by compact states such as annual dues, and any other applicable fees;

(B) Ensure compact administration services are appropriately provided, contractual or otherwise;

(C) Prepare and recommend the budget;

(D) Maintain financial records on behalf of the commission;

(E) Monitor compact compliance of member states and provide compliance reports to the commission;

(F) Establish additional committees as necessary; and

(G) Other duties as provided in rules or bylaws.

(f) Financing of the commission:

(1) The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities;

(2) The commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials, and services;

(3) The commission may levy on and collect an annual assessment from each compact state or impose fees on other parties to cover the cost of the operations and

activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all compact states;

(4) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the compact states, except by and with the authority of the compact state; and

(5) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant

and the report of the audit shall be included in and become part of the annual report of the commission.

(g) Qualified immunity, defense, and indemnification:

(1) 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 and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person;

(2) The commission shall defend any member, officer, executive director, employee, or representative of the commission in any civil action seeking to impose

liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, 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 herein shall be construed to prohibit that person from retaining that person's own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct; and

(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or

responsibilities; provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

ARTICLE XI

RULEMAKING

(a) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(b) If a majority of the legislatures of the compact states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any compact state.

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

(d) Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) On the website of the commission; and

(2) On the website of each compact state's psychology regulatory authority or the publication in which each state would otherwise publish proposed rules.

(e) The notice of proposed rulemaking shall include:

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

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

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

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

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

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

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

(2) A governmental subdivision or agency; or

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

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

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing;

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

(3) No transcript of the hearing is required unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall

not preclude the commission from making a transcript or recording of the hearing if it so chooses; and

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

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

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

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

(l) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing; provided that

the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

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

(2) Prevent a loss of commission or compact state funds;

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

(4) Protect public health and safety.

(m) The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision

results in a material change to a rule. A challenge shall be made in writing and delivered to the Chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

(a) Oversight:

(1) The executive, legislative, and judicial branches of state government in each compact state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law;

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a compact state pertaining to the subject matter of this compact that may affect the

powers, responsibilities, or actions of the commission; and

(3) The commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

(b) Default, technical assistance, and termination:

(1) If the commission determines that a compact state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

(A) Provide written notice to the defaulting state and other compact states of the nature of the default, the proposed means of remedying the default, and/or any other action to be taken by the commission; and

(B) Provide remedial training and specific technical assistance regarding the default;

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

(3) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the compact states;

(4) A compact state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination;

(5) The commission shall not bear any costs incurred by the state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state; and

(6) The defaulting state may appeal the action of the commission by petitioning the U.S. District Court for the state of Georgia or the federal district where the compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorneys' fees.

(c) Dispute Resolution:

(1) Upon request by a compact state, the commission shall attempt to resolve disputes related to the compact that arise among compact states and between compact and non-compact states; and

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

(d) Enforcement:

(1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact;

(2) By majority vote, the commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the compact has its principal offices against a compact state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorneys' fees; and

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

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

(a) The compact shall come into effect on the date on which the compact is enacted into law in the seventh compact state. The provisions that become effective at that time shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

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

(c) Any compact state may withdraw from this compact by enacting a statute repealing the same.

(1) A compact state's withdrawal shall not take effect until six months after enactment of the repealing statute; and

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's psychology regulatory authority to comply with the investigative and adverse action reporting requirements of this Act prior to the effective date of withdrawal.

(d) Nothing contained in this compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a compact state and a non-compact state that does not conflict with the provisions of this compact.

(e) This compact may be amended by the compact states. No amendment to this compact shall become effective and binding upon any compact state until it is enacted into the law of all compact states.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held

contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining compact states.

§ -3 **Rules.** The department of commerce and consumer affairs shall adopt rules pursuant to chapter 91 for the purposes of implementing and administering this chapter."

SECTION 2. This Act shall take effect upon its approval.

INTRODUCED BY: _____
By Request

S.B. NO. 2508

Report Title:
Hawaii State Association of Counties Package; Psychology Interjurisdictional Compact

Description:
Enacts, and authorizes the Governor to enter into, the Psychology Interjurisdictional Compact.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

THE SENATE
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

S.B. NO. 2242

JAN 2 1 2026

A BILL FOR AN ACT

RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The Hawaii Revised Statutes is amended by adding a new chapter to be appropriately designated and to read as follows:

"CHAPTER

PSYCHOLOGY INTERJURISDICTIONAL COMPACT

§ -1 Short title. This chapter may be cited as the Psychology Interjurisdictional Compact.

§ -2 Terms and provisions of compact; authorization; governor. The governor may enter into a compact on behalf of the State of Hawaii with any other state legally joining therein, in the form substantially as follows:

PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

ARTICLE I

PURPOSE

Whereas, states license psychologists in order to protect the public through verification of education, training, and

experience and ensure accountability for professional practice; and

Whereas, this compact is intended to regulate the day-to-day practice of telepsychology (i.e., the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for thirty days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this compact is intended to authorize state psychology regulatory authorities to afford legal recognition, in a manner consistent with the terms of the compact, to psychologists licensed in another state; and

Whereas, this compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety; and

Whereas, this compact does not apply when a psychologist is licensed in both the home and receiving states; and

Whereas, this compact does not apply to permanent in-person, face-to-face practice, but it does allow for authorization of temporary psychological practice.

Consistent with these principles, 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 that 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.

ARTICLE II

DEFINITIONS

"Adverse action" means any action taken by a state psychology regulatory authority that finds a violation of a statute or regulation that is identified by the state psychology regulatory authority as discipline and is a matter of public record.

"Association of State and Provincial Psychology Boards" means the recognized membership organization composed of state and provincial psychology regulatory authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

"Authority to practice interjurisdictional telepsychology" means a licensed psychologist's authority to practice telepsychology, within the limits authorized under this compact, in another compact state.

"Bylaws" means those bylaws established by the psychology interjurisdictional compact commission pursuant to article X for

its governance, or for directing and controlling its actions and conduct.

"Client/patient" means the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.

"Commissioner" means the voting representative appointed by each state psychology regulatory authority pursuant to article X.

"Compact state" means a state, the District of Columbia, or United States territory that has enacted this compact legislation and that has not withdrawn pursuant to article XIII, section (c), or been terminated pursuant to article XII, section (b).

"Coordinated licensure information system", also referred to as "coordinated database", means an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of state and provincial psychology regulatory authorities.

"Confidentiality" means the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.

"Day" means any part of a day in which psychological work is performed.

"Distant state" means the compact state where a psychologist is physically present (not through the use of telecommunications technologies) to provide temporary in-person, face-to-face psychological services.

"E.passport" means a certificate issued by the Association of State and Provincial Psychology Boards that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

"Executive board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

"Home state" means a compact state where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one compact state and is practicing under

the authorization to practice interjurisdictional telepsychology, the home state is the compact state where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one compact state and is practicing under the temporary authorization to practice, the home state is any compact state where the psychologist is licensed.

"Identity history summary" means a summary of information retained by the Federal Bureau of Investigation, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

"In-person, face-to-face" means interactions in which the psychologist and the client/patient are in the same physical space and that does not include interactions that may occur through the use of telecommunication technologies.

"Interjurisdictional practice certificate" means a certificate issued by the Association of State and Provincial Psychology Boards that grants temporary authority to practice based on notification to the state psychology regulatory

authority of intention to practice temporarily, and verification of one's qualifications for such practice.

"License" means authorization by a state psychology regulatory authority to engage in the independent practice of psychology that would be unlawful without the authorization.

"Non-compact state" means any state that is not at the time a compact state.

"Psychologist" means an individual licensed for the independent practice of psychology.

"Psychology interjurisdictional compact commission", also referred to as "commission", means the national administration of which all compact states are members.

"Receiving state" means a compact state where the client/patient is physically located when the telepsychological services are delivered.

"Rule" means a written statement by the psychology interjurisdictional compact commission promulgated pursuant to article XI of the compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the compact or an organizational, procedural, or practice requirement of the commission. A rule has the force and effect

of statutory law in a compact state and includes the amendment, repeal or suspension of an existing rule.

"Significant investigatory information" means:

(1) Investigative information that a state psychology regulatory authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

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

"State" means a state, District of Columbia, commonwealth, territory, or possession of the United States.

"State psychology regulatory authority" means the board, office, or other agency with the legislative mandate to license and regulate the practice of psychology.

"Telepsychology" means the provision of psychological services using telecommunication technologies.

"Temporary authorization to practice" means a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this compact, in another compact state.

"Temporary in-person, face-to-face practice" means where a psychologist is physically present (not through the use of telecommunications technologies) in the distant state to provide for the practice of psychology for thirty days within a calendar year and based on notification to the distant state.

ARTICLE III

HOME STATE LICENSURE

(a) The home state shall be a compact state where a psychologist is licensed to practice psychology.

(b) A psychologist may hold one or more compact state licenses at a time. If the psychologist is licensed in more than one compact state, the home state is the compact state where the psychologist is physically present when the services are delivered as authorized by the authority to practice

interjurisdictional telepsychology under the terms of this compact.

(c) Any compact state may require a psychologist not previously licensed in a compact state to obtain and retain a license to be authorized to practice in the compact state under circumstances not authorized by the authority to practice interjurisdictional telepsychology under the terms of this compact.

(d) Any compact state may require a psychologist to obtain and retain a license to be authorized to practice in a compact state under circumstances not authorized by temporary authorization to practice under the terms of this compact.

(e) A home state's license authorizes a psychologist to practice in a receiving state under the authority to practice interjurisdictional telepsychology only if the compact state:

(1) Currently requires the psychologist to hold an active e.passport;

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

(3) Notifies the commission, in compliance with the terms herein, of any adverse action or significant

investigatory information regarding a licensed individual;

(4) 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, or other designee with similar authority, no later than ten years after activation of the compact; and

(5) Complies with the bylaws and rules of the commission.

(f) A home state's license grants temporary authorization to practice to a psychologist in a distant state only if the compact state:

(1) Currently requires the psychologist to hold an active interjurisdictional practice certificate;

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

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

(4) 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, or other designee with similar authority, no later than ten years after activation of the compact; and

(5) Complies with the bylaws and rules of the commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

(a) Compact states shall recognize the right of a psychologist, licensed in a compact state in conformance with article III, to practice telepsychology in other compact states (receiving states) in which the psychologist is not licensed, under the authority to practice interjurisdictional telepsychology as provided in the compact.

(b) To exercise the authority to practice interjurisdictional telepsychology under the terms and provisions of this compact, a psychologist licensed to practice in a compact state must:

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

(A) Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or

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

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

(A) The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. The program must specify in pertinent institutional catalogues and

brochures its intent to educate and train professional psychologists;

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

(C) There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(D) The program must consist of an integrated, organized sequence of study;

(E) There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

(F) The designated director of the program must be a psychologist and a member of the core faculty;

(G) The program must have an identifiable body of students who are matriculated in that program for a degree;

(H) The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

(I) The curriculum shall encompass a minimum of three academic years of full-time graduate study for a doctoral degree and a minimum of one academic year of full-time graduate study for a master's degree; and

(J) The program must include an acceptable residency as defined by the rules of the commission;

(3) Possess a current, full and unrestricted license to practice psychology in a home state that is a compact state;

(4) Have no history of adverse action that violates the rules of the commission;

(5) Have no criminal record history reported on an identity history summary that violates the rules of the commission;

(6) Possess a current, active e.passport;

(7) Provide attestations in regard to areas of intended practice, conformity with standards of practice,

competence in telepsychology technology, criminal background, and knowledge and adherence to legal requirements in the home and receiving states; and provide a release of information to allow for primary source verification in a manner specified by the commission; and

(8) Meet other criteria as defined by the rules of the commission.

(c) The home state maintains authority over the license of any psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology.

(d) A psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology will be subject to the receiving state's scope of practice. A receiving state, in accordance with that state's due process law, may limit or revoke a psychologist's authority to practice interjurisdictional telepsychology in the receiving state and may take any other necessary actions under the receiving state's applicable law to protect the health and safety of the receiving state's citizens. If a receiving state takes action, the state shall promptly notify the home state and the commission.

(e) If a psychologist's license in any home state, another compact state, or any authority to practice interjurisdictional telepsychology in any receiving state, is restricted, suspended or otherwise limited, the e.passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a compact state under the authority to practice interjurisdictional telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

(a) Compact states shall also recognize the right of a psychologist, licensed in a compact state in conformance with article III, to practice temporarily in other compact states (distant states) in which the psychologist is not licensed, as provided in the compact.

(b) To exercise the temporary authorization to practice under the terms and provisions of this compact, a psychologist licensed to practice in a compact state must:

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

(A) Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or

(B) A foreign college or university deemed to be equivalent to (1)(A) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services or by a recognized foreign credential evaluation service; and

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

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

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

(C) There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(D) The program must consist of an integrated, organized sequence of study;

(E) There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

(F) The designated director of the program must be a psychologist and a member of the core faculty;

(G) The program must have an identifiable body of students who are matriculated in that program for a degree;

(H) The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

(I) The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degrees; and

(J) The program includes an acceptable residency as defined by the rules of the commission;

(3) Possess a current, full, and unrestricted license to practice psychology in a home state that is a compact state;

(4) Have no history of adverse action that violates the rules of the commission;

(5) Have no criminal record history that violates the rules of the commission;

(6) Possess a current, active interjurisdictional practice certificate;

(7) Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the commission; and

(8) Meet other criteria as defined by the rules of the commission.

(c) A psychologist practicing into a distant state under the temporary authorization to practice shall practice within the scope of practice authorized by the distant state.

(d) A psychologist practicing into a distant state under the temporary authorization to practice will be subject to the distant state's authority and law. A distant state may, in accordance with that state's due process law, limit or revoke a psychologist's temporary authorization to practice in the distant state and may take any other necessary actions under the distant state's applicable law to protect the health and safety of the distant state's citizens. If a distant state takes action, the state shall promptly notify the home state and the commission.

(e) If a psychologist's license in any home state, another compact state, or any temporary authorization to practice in any distant state, is restricted, suspended or otherwise limited, the interjurisdictional practice certificate shall be revoked and therefore the psychologist shall not be eligible to practice

in a compact state under the temporary authorization to practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

(a) A psychologist may practice in a receiving state under the authority to practice interjurisdictional telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate state psychology regulatory authority, as defined in the rules of the commission, and under the following circumstances:

(1) The psychologist initiates a client/patient contact in a home state via telecommunications technologies with a client/patient in a receiving state; and

(2) Other conditions regarding telepsychology as determined by rules promulgated by the commission.

ARTICLE VII

ADVERSE ACTIONS

(a) A home state shall have the power to impose adverse action against a psychologist's license issued by the home state. A distant state shall have the power to take adverse

action on a psychologist's temporary authorization to practice within that distant state.

(b) A receiving state may take adverse action on a psychologist's authority to practice interjurisdictional telepsychology within that receiving state. A home state may take adverse action against a psychologist based on an adverse action taken by a distant state regarding temporary in-person, face-to-face practice.

(c) If a home state takes adverse action against a psychologist's license, that psychologist's authority to practice interjurisdictional telepsychology is terminated and the e.passport is revoked. Furthermore, that psychologist's temporary authorization to practice is terminated and the interjurisdictional practice certificate is revoked.

(1) All home state disciplinary orders that impose adverse action shall be reported to the commission in accordance with the rules promulgated by the commission. A compact state shall report adverse actions in accordance with the rules of the commission;

(2) In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the rules of the commission; and

(3) Other actions may be imposed as determined by the rules promulgated by the commission.

(d) A home state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee that occurred in a receiving state as it would if the conduct had been engaged in by a licensee within the home state. In such cases, the home state's law shall control in determining any adverse action against a psychologist's license.

(e) A distant state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under temporary authorization to practice that occurred in that distant state as it would if the conduct had been engaged in by a licensee within the home state. In such cases, the distant state's law shall control in determining any

adverse action against a psychologist's temporary authorization to practice.

(f) Nothing in this compact shall override a compact state's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the compact state's law. Compact states must require psychologists who enter any alternative programs to not provide telepsychology services under the authority to practice interjurisdictional telepsychology or provide temporary psychological services under the temporary authorization to practice in any other compact state during the term of the alternative program.

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

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

(a) In addition to any other powers granted under state law, a compact state's psychology regulatory authority shall have the authority under this compact to:

(1) Issue subpoenas, for both hearings and investigations, that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a compact state's psychology regulatory authority for the attendance and testimony of witnesses and/or the production of evidence from another compact state shall be enforced in the latter state by any court of competent jurisdiction according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state psychology regulatory authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located;

(2) Issue cease and desist and/or injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology and/or temporary authorization to practice; and

(3) During the course of any investigation, a psychologist may not change the psychologist's home state licensure. A home state psychology regulatory authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The home state psychology regulatory authority shall promptly report the conclusions of such investigations to the commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change the psychologist's home state licensure. The commission shall promptly notify the new home state of any such decisions as provided in the rules of the commission. All information provided to the commission or distributed by compact states pursuant to the psychologist shall be confidential, filed under seal, and used for investigatory or

disciplinary matters. The commission may create additional rules for mandated or discretionary sharing of information by compact states.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

(a) The commission shall provide for the development and maintenance of a coordinated licensure information system (coordinated database) and reporting system containing licensure and disciplinary action information on all psychologists and individuals to whom this compact is applicable in all compact states as defined by the rules of the commission.

(b) Notwithstanding any other provision of state law to the contrary, a compact state shall submit a uniform data set to the coordinated database on all licensees as required by the rules of the commission, including:

(1) Identifying information;

(2) Licensure data;

(3) Significant investigatory information;

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

(5) An indicator that a psychologist's authority to practice interjurisdictional telepsychology and/or temporary authorization to practice is revoked;

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

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

(8) Other information that may facilitate the administration of this compact, as determined by the rules of the commission.

(c) The coordinated database administrator shall promptly notify all compact states of any adverse action taken against, or significant investigative information on, any licensee in a compact state.

(d) Compact states reporting information to the coordinated database may designate information that may not be shared with the public without the express permission of the compact state reporting the information.

(e) Any information submitted to the coordinated database that is subsequently required to be expunged by the law of the

compact state reporting the information shall be removed from the coordinated database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

(a) The compact states hereby create and establish a joint public agency known as the psychology interjurisdictional compact commission.

(1) The commission is a body politic and an instrumentality of the compact states;

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

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

(b) Membership, voting, and meetings:

(1) The commission shall consist of one voting representative appointed by each compact state who shall serve as that state's commissioner. The state psychology regulatory authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the compact state. This delegate shall be limited to:

(A) Executive director, executive secretary, or similar executive;

(B) Current member of the state psychology regulatory authority of a compact state; or

(C) Designee empowered with the appropriate delegate authority to act on behalf of the compact state;

(2) Any commissioner may be removed or suspended from office as provided by the law of the state from which the commissioner is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the compact state in which the vacancy exists;

(3) Each commissioner shall be entitled to one vote with regard to the promulgation of rules and creation of

bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. A commissioner shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for commissioners' participation in meetings by telephone or other means of communication;

(4) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws;

(5) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in article XI;

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

(A) Non-compliance of a compact state with its obligations under the compact;

(B) The employment, compensation, discipline, or other personnel matters, practices, or procedures related to specific employees; or other matters

related to the commission's internal personnel practices and procedures;

(C) Current, threatened, or reasonably anticipated litigation against the commission;

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

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

(F) Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

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

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

(I) Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility for investigation or

determination of compliance issues pursuant to the compact; or

(J) Matters specifically exempted from disclosure by federal and state statute; and

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

(c) The commission shall, by a majority vote of the commissioners, prescribe bylaws and/or rules to govern its

conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:

(1) Establishing the fiscal year of the commission;

(2) Providing reasonable standards and procedures:

(A) For the establishment and meetings of other committees; and

(B) Governing any general or specific delegation of any authority or function of the commission;

(3) Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the commission must make public a copy of

the vote to close the meeting revealing the vote of each commissioner with no proxy votes allowed;

(4) Establishing the titles, duties, and authority and reasonable procedures for the election of the officers of the commission;

(5) Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar law of any compact state, the bylaws shall exclusively govern the personnel policies and programs of the commission;

(6) Promulgating a code of ethics to address permissible and prohibited activities of commission members and employees;

(7) Providing a mechanism for concluding the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment and/or reserving of all of its debts and obligations;

(8) The commission shall publish its bylaws in a convenient form and file a copy thereof and a copy of

any amendment thereto, with the appropriate agency or officer in each of the compact states;

(9) The commission shall maintain its financial records in accordance with the bylaws; and

(10) The commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.

(d) The commission shall have the following powers:

(1) The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rule shall have the force and effect of law and shall be binding in all compact states;

(2) To bring and prosecute legal proceedings or actions in the name of the commission; provided that the standing of any state psychology regulatory authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;

(3) To purchase and maintain insurance and bonds;

(4) To borrow, accept, or contract for services of personnel, including but not limited to employees of a compact state;

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

(6) To accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose of the same; provided that at all times the commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

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

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

(9) To establish a budget and make expenditures;

(10) To borrow money;

(11) To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and other interested persons as may be designated in this compact and the bylaws;

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

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

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

(e) The executive board:

The elected officers shall serve as the executive board, which shall have the power to act on behalf of the commission according to the terms of this compact.

(1) The executive board shall be comprised of six members:

(A) Five voting members who are elected from the current membership of the commission by the commission; and

(B) One ex officio, nonvoting member from the recognized membership organization composed of state and provincial psychology regulatory authorities;

(2) The ex officio member must have served as staff or member on a state psychology regulatory authority and will be selected by its respective organization;

(3) The commission may remove any member of the executive board as provided in bylaws;

(4) The executive board shall meet at least annually; and

(5) The executive board shall have the following duties and responsibilities:

(A) Recommend to the entire commission changes to the rules or bylaws, changes to this compact

legislation, fees paid by compact states such as annual dues, and any other applicable fees;

(B) Ensure compact administration services are appropriately provided, contractual or otherwise;

(C) Prepare and recommend the budget;

(D) Maintain financial records on behalf of the commission;

(E) Monitor compact compliance of member states and provide compliance reports to the commission;

(F) Establish additional committees as necessary; and

(G) Other duties as provided in rules or bylaws.

(f) Financing of the commission:

(1) The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities;

(2) The commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials, and services;

(3) The commission may levy on and collect an annual assessment from each compact state or impose fees on other parties to cover the cost of the operations and

activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all compact states;

(4) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the compact states, except by and with the authority of the compact state; and

(5) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant

and the report of the audit shall be included in and become part of the annual report of the commission.

(g) Qualified immunity, defense, and indemnification:

(1) 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 and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person;

(2) The commission shall defend any member, officer, executive director, employee, or representative of the commission in any civil action seeking to impose

liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, 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 herein shall be construed to prohibit that person from retaining that person's own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct; and

(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or

responsibilities; provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

ARTICLE XI

RULEMAKING

(a) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(b) If a majority of the legislatures of the compact states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any compact state.

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

(d) Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) On the website of the commission; and

(2) On the website of each compact state's psychology regulatory authority or the publication in which each state would otherwise publish proposed rules.

(e) The notice of proposed rulemaking shall include:

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

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

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

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

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

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

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

(2) A governmental subdivision or agency; or

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

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

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing;

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

(3) No transcript of the hearing is required unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall

not preclude the commission from making a transcript or recording of the hearing if it so chooses; and

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

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

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

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

(l) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing; provided that

the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

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

(2) Prevent a loss of commission or compact state funds;

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

(4) Protect public health and safety.

(m) The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision

results in a material change to a rule. A challenge shall be made in writing and delivered to the Chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

(a) Oversight:

(1) The executive, legislative, and judicial branches of state government in each compact state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law;

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a compact state pertaining to the subject matter of this compact that may affect the

powers, responsibilities, or actions of the commission; and

(3) The commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

(b) Default, technical assistance, and termination:

(1) If the commission determines that a compact state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

(A) Provide written notice to the defaulting state and other compact states of the nature of the default, the proposed means of remedying the default, and/or any other action to be taken by the commission; and

(B) Provide remedial training and specific technical assistance regarding the default;

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

(3) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the compact states;

(4) A compact state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination;

(5) The commission shall not bear any costs incurred by the state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state; and

(6) The defaulting state may appeal the action of the commission by petitioning the U.S. District Court for the state of Georgia or the federal district where the compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorneys' fees.

(c) Dispute Resolution:

(1) Upon request by a compact state, the commission shall attempt to resolve disputes related to the compact that arise among compact states and between compact and non-compact states; and

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

(d) Enforcement:

(1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact;

(2) By majority vote, the commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the compact has its principal offices against a compact state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorneys' fees; and

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

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

(a) The compact shall come into effect on the date on which the compact is enacted into law in the seventh compact state. The provisions that become effective at that time shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

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

(c) Any compact state may withdraw from this compact by enacting a statute repealing the same.

(1) A compact state's withdrawal shall not take effect until six months after enactment of the repealing statute; and

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's psychology regulatory authority to comply with the investigative and adverse action reporting requirements of this Act prior to the effective date of withdrawal.

(d) Nothing contained in this compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a compact state and a non-compact state that does not conflict with the provisions of this compact.

(e) This compact may be amended by the compact states. No amendment to this compact shall become effective and binding upon any compact state until it is enacted into the law of all compact states.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held

contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining compact states.

§ **-3 Rules.** The department of commerce and consumer affairs shall adopt rules pursuant to chapter 91 for the purposes of implementing and administering this chapter."

SECTION 2. This Act shall take effect upon its approval.

INTRODUCED BY: _____
By Request

S.B. NO. 2242

Report Title:
Maui County Council Package; Psychology Interjurisdictional Compact

Description:
Enacts, and authorizes the Governor to enter into, the Psychology Interjurisdictional Compact.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

THE SENATE
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

S.B. NO. 2080

JAN 21 2026

A BILL FOR AN ACT

RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that safeguarding, enhancing, and prioritizing the mental health of the people is essential not only for the well-being of individuals but also for the broader public interest. Protection of mental health contributes to a healthier, more resilient society, benefiting all members of the community.

The legislature recognizes that there is a growing demand for mental health care services, particularly on the neighbor islands and in rural and underserved areas. Despite this need, the current shortage of mental health professionals and services fails to meet the increasing demand, leaving countless individuals without the critical care they deserve. This lack of access disproportionately affects vulnerable populations, such as the elderly, those with mobility challenges, and youth who face identity-based harassment or rejection.

The legislature also finds reports of neighbor island communities experiencing a critical lack of access to care for

the mental and physical well-being of vulnerable members of the LGBTQ+ community, particularly youth, who face alarmingly high rates of suicide attempts. Accessing mental health care services provided by licensed psychologists is crucial to providing essential care and ultimately lowering the suicide rates within this vulnerable population.

The legislature further finds that over forty states have already joined the psychology interjurisdictional compact to address similar issues of access. Participating in this compact will enable vulnerable kamaaina to return home without risking the loss of critical relationships with long time therapists and counselors and help Hawaii meet the growing demand for mental health care needs by reducing barriers for mental health professionals to practice and providing residents with access to a broader pool of qualified mental health professionals through telepsychology and temporary in-person services.

Accordingly, the purpose of this Act is to adopt the Psychology Interjurisdictional Compact to:

(1) Regulate the day-to-day practice of telepsychology by psychologists across state boundaries in the

performance of their psychological practice as assigned by an appropriate authority;

(2) Regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for thirty days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

(3) Require the department of commerce and consumer affairs to adopt rules to implement and administer the compact.

SECTION 2. The Hawaii Revised Statutes is amended by adding a new chapter to be appropriately designated and to read as follows:

"**CHAPTER**

PSYCHOLOGY INTERJURISDICTIONAL COMPACT

§ **-1. Short title.** This chapter may be cited as the Psychology Interjurisdictional Compact.

§ **-2. Terms and provisions of compact; authorization; governor.** The legislature hereby authorizes the governor to enter into a compact on behalf of the State of Hawaii with any

other state legally joining therein, in the form substantially as follows:

PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

ARTICLE I

PURPOSE

Whereas, states license psychologists, in order to protect the public through verification of education, training and experience and ensure accountability for professional practice; and

Whereas, this Compact is intended to regulate the day to day practice of telepsychology (i.e., the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to authorize State Psychology Regulatory Authorities to afford legal recognition, in a manner consistent with the terms of the Compact, to psychologists licensed in another state; and

Whereas, this Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety; and

Whereas, this Compact does not apply when a psychologist is licensed in both the Home and Receiving States; and

Whereas, this Compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.

Consistent with these principles, 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.

ARTICLE II

DEFINITIONS

A. "Adverse Action" means: Any action taken by a State Psychology Regulatory Authority which finds a violation of a statute or regulation that is identified by the State Psychology Regulatory Authority as discipline and is a matter of public record.

B. "Association of State and Provincial Psychology Boards (ASPPB)" means: the recognized membership organization composed

of State and Provincial Psychology Regulatory Authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

C. "Authority to Practice Interjurisdictional Telepsychology" means: a licensed psychologist's authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State.

D. "Bylaws" means: those Bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Article X for its governance, or for directing and controlling its actions and conduct.

E. "Client/Patient" means: the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.

F. "Commissioner" means: the voting representative appointed by each State Psychology Regulatory Authority pursuant to Article X.

G. "Compact State" means: a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to

Article XIII, Section C or been terminated pursuant to Article XII, Section B.

H. "Coordinated Licensure Information System" also referred to as "Coordinated Database" means: an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.

I. "Confidentiality" means: the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.

J. "Day" means: any part of a day in which psychological work is performed.

K. "Distant State" means: the Compact State where a psychologist is physically present (not through the use of telecommunications technologies), to provide temporary in-person, face-to-face psychological services.

L. "E.Passport" means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of

interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

M. "Executive Board" means: a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

N. "Home State" means: a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.

O. "Identity History Summary" means: a summary of information retained by the FBI, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

P. "In-Person, Face-to-Face" means: interactions in which the psychologist and the client/patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies.

Q. "Interjurisdictional Practice Certificate (IPC)" means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that grants temporary authority to practice based on notification to the State Psychology Regulatory Authority of intention to practice temporarily, and verification of one's qualifications for such practice.

R. "License" means: authorization by a State Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

S. "Non-Compact State" means: any State which is not at the time a Compact State.

T. "Psychologist" means: an individual licensed for the independent practice of psychology.

U. "Psychology Interjurisdictional Compact Commission" also referred to as "Commission" means: the national administration of which all Compact States are members.

V. "Receiving State" means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.

W. "Rule" means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a Compact State, and includes the amendment, repeal or suspension of an existing rule.

X. "Significant Investigatory Information" means:

1. Investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

2. Investigative information that indicates that the psychologist represents an immediate threat to public

health and safety regardless of whether the psychologist has been notified and/or had an opportunity to respond.

Y. "State" means: a state, commonwealth, territory, or possession of the United States, the District of Columbia.

Z. "State Psychology Regulatory Authority" means: the Board, office or other agency with the legislative mandate to license and regulate the practice of psychology.

AA. "Telepsychology" means: the provision of psychological services using telecommunication technologies.

BB. "Temporary Authorization to Practice" means: a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another Compact State.

CC. "Temporary In-Person, Face-to-Face Practice" means: where a psychologist is physically present (not through the use of telecommunications technologies), in the Distant State to provide for the practice of psychology for 30 days within a calendar year and based on notification to the Distant State.

ARTICLE III

HOME STATE LICENSURE

A. The Home State shall be a Compact State where a psychologist is licensed to practice psychology.

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

C. Any Compact State may require a psychologist not previously licensed in a Compact State to obtain and retain a license to be authorized to practice in the Compact State under circumstances not authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.

D. Any Compact State may require a psychologist to obtain and retain a license to be authorized to practice in a Compact State under circumstances not authorized by Temporary Authorization to Practice under the terms of this Compact.

E. A Home State's license authorizes a psychologist to practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only if the Compact State:

1. Currently requires the psychologist to hold an active E.Passport;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

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

4. 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; and

5. Complies with the Bylaws and Rules of the Commission.

F. A Home State's license grants Temporary Authorization to Practice to a psychologist in a Distant State only if the Compact State:

1. Currently requires the psychologist to hold an active IPC;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

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

4. 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; and

5. Complies with the Bylaws and Rules of the Commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

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

B. To exercise the Authority to Practice Interjurisdictional Telepsychology under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

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

a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or

b. A foreign college or university deemed to be equivalent to 1(a) above by a foreign credential evaluation service that is a member of the

National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; and

2. Hold a graduate degree in psychology that meets the following criteria:

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

b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degree and a minimum of one academic year of full-time graduate study for master's degree; and

j. The program includes an acceptable residency as defined by the Rules of the Commission;

3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;

4. Have no history of adverse action that violate the Rules of the Commission;

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

6. Possess a current, active E.Passport;

7. Provide attestations in regard to areas of intended practice, conformity with standards of practice, competence in telepsychology technology; criminal background; and knowledge and adherence to legal requirements in the Home and Receiving States, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. The Home State maintains authority over the license of any psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology.

D. A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology

will be subject to the Receiving State's scope of practice. A Receiving State may, in accordance with that state's due process law, limit or revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions under the Receiving State's applicable law to protect the health and safety of the Receiving State's citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

A. Compact States shall also recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice temporarily in other Compact States

(Distant States) in which the psychologist is not licensed, as provided in the Compact.

B. To exercise the Temporary Authorization to Practice under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

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

   a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or

   b. A foreign college or university deemed to be equivalent to 1(a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; and

2. Hold a graduate degree in psychology that meets the following criteria:

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

b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degrees; and

j. The program includes an acceptable residency as defined by the Rules of the Commission;

3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;

4. Have no history of adverse action that violates the Rules of the Commission;

5. Have no criminal record history that violates the Rules of the Commission;

6. Possess a current, active IPC;

7. Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. A psychologist practicing into a Distant State under the Temporary Authorization to Practice shall practice within the scope of practice authorized by the Distant State.

D. A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's due process law, limit or revoke a psychologist's Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State's applicable law to protect the health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Temporary Authorization to Practice in any

Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

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

1. The psychologist initiates a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State; and
2. Other conditions regarding telepsychology as determined by Rules promulgated by the Commission.

ARTICLE VII

ADVERSE ACTIONS

A. A Home State shall have the power to impose adverse action against a psychologist's license issued by the Home

State. A Distant State shall have the power to take adverse action on a psychologist's Temporary Authorization to Practice within that Distant State.

B. A Receiving State may take adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State may take adverse action against a psychologist based on an adverse action taken by a Distant State regarding temporary in-person, face-to-face practice.

C. If a Home State takes adverse action against a psychologist's license, that psychologist's Authority to Practice Interjurisdictional Telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's Temporary Authorization to Practice is terminated and the IPC is revoked.

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

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

3. Other actions may be imposed as determined by the Rules promulgated by the Commission.

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

E. A Distant State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under Temporary Authorization to Practice which occurred in that Distant State as it would if such conduct had been engaged in by a licensee within the Home State. In such cases, the Distant

State's law shall control in determining any adverse action against a psychologist's Temporary Authorization to Practice.

F. Nothing in this Compact shall override a Compact State's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the Compact State's law. Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program.

G. No other judicial or administrative remedies shall be available to a psychologist in the event a Compact State imposes an adverse action pursuant to subsection C, above.

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

A. In addition to any other powers granted under state law, a Compact State's Psychology Regulatory Authority shall have the authority under this Compact to:

1. Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a Compact State's Psychology Regulatory Authority for the attendance and testimony of witnesses, and/or the production of evidence from another Compact State shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing State Psychology Regulatory Authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and

2. Issue cease and desist and/or injunctive relief orders to revoke a psychologist's Authority to Practice

Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.

3. During the course of any investigation, a psychologist may not change his/her Home State licensure. A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State Psychology Regulatory Authority shall promptly report the conclusions of such investigations to the Commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change his/her Home State licensure. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission. All information provided to the Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or disciplinary matters. The Commission may create additional rules for mandated or

discretionary sharing of information by Compact States.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

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

B. Notwithstanding any other provision of state law to the contrary, a Compact State shall submit a uniform data set to the Coordinated Database on all licensees as required by the Rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Significant investigatory information;

4. Adverse actions against a psychologist's license;

5. An indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice is revoked;

6. Non-confidential information related to alternative program participation information;

7. Any denial of application for licensure, and the reasons for such denial; and

8. Other information which may facilitate the administration of this Compact, as determined by the Rules of the Commission.

C. The Coordinated Database administrator shall promptly notify all Compact States of any adverse action taken against, or significant investigative information on, any licensee in a Compact State.

D. Compact States reporting information to the Coordinated Database may designate information that may not be shared with the public without the express permission of the Compact State reporting the information.

E. Any information submitted to the Coordinated Database that is subsequently required to be expunged by the law of the Compact State reporting the information shall be removed from the Coordinated Database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

A. The Compact States hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.

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

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

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings

1. The Commission shall consist of one voting representative appointed by each Compact State who shall serve as that state's Commissioner. The State Psychology Regulatory Authority shall appoint its

delegate. This delegate shall be empowered to act on behalf of the Compact State. This delegate shall be limited to:

a. Executive Director, Executive Secretary or similar executive;

b. Current member of the State Psychology Regulatory Authority of a Compact State; or

c. Designee empowered with the appropriate delegate authority to act on behalf of the Compact State.

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

3. Each Commissioner shall be entitled to one (1) vote with regard to the promulgation of Rules and creation of Bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A Commissioner shall vote in person or by such other means as provided in the Bylaws. The

Bylaws may provide for Commissioners' participation in meetings by telephone or other means of communication.

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

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

6. The Commission may convene in a closed, non-public meeting if the Commission must discuss:

   a. Non-compliance of a Compact State with its obligations under the Compact;

   b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

   c. Current, threatened, or reasonably anticipated litigation against the Commission;

d. Negotiation of contracts for the purchase or sale of goods, services or real estate;

e. Accusation against any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigatory records compiled for law enforcement purposes;

i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility for investigation or determination of compliance issues pursuant to the Compact; or

j. Matters specifically exempted from disclosure by federal and state statute.

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

C. The Commission shall, by a majority vote of the Commissioners, prescribe Bylaws and/or Rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the Compact, including but not limited to:

1. Establishing the fiscal year of the Commission;

2. Providing reasonable standards and procedures:

a. For the establishment and meetings of other committees; and

b. Governing any general or specific delegation of any authority or function of the Commission;

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

4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;

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

6. Promulgating a Code of Ethics to address permissible and prohibited activities of Commission members and employees;

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

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

9. The Commission shall maintain its financial records in accordance with the Bylaws; and

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

D. The Commission shall have the following powers:

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

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

3. To purchase and maintain insurance and bonds;

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

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

6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

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

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

9. To establish a budget and make expenditures;

10. To borrow money;

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

12. To provide and receive information from, and to cooperate with, law enforcement agencies;

13. To adopt and use an official seal; and

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

E. The Executive Board

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

1. The Executive Board shall be comprised of six members:

a. Five voting members who are elected from the current membership of the Commission by the Commission; and

b. One ex-officio, nonvoting member from the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.

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

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

4. The Executive Board shall meet at least annually.

5. The Executive Board shall have the following duties and responsibilities:

a. Recommend to the entire Commission changes to the Rules or Bylaws, changes to this Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees;

b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the Commission;

e. Monitor Compact compliance of member states and provide compliance reports to the Commission;

f. Establish additional committees as necessary; and

g. Other duties as provided in Rules or Bylaws.

F. Financing of the Commission

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

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

3. The Commission may levy on and collect an annual assessment from each Compact State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual

assessment amount shall be allocated based upon a formula to be determined by the Commission which shall promulgate a rule binding upon all Compact States.

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

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its Bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.

G. Qualified Immunity, Defense, and Indemnification

1. 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 and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.

2. The Commission shall defend any member, officer, Executive Director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, 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 herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.

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

ARTICLE XI

RULEMAKING

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

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

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

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

1. On the website of the Commission; and

2. On the website of each Compact State's Psychology Regulatory Authority or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

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

2. The text of the proposed rule or amendment and the reason for the proposed rule;

3. A request for comments on the proposed rule from any interested person; and

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

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

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

2. A governmental subdivision or agency; or

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

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the Executive Director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

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

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

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

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

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

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

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

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of Commission or Compact State funds;

3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

A. Oversight

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

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

3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void

as to the Commission, this Compact or promulgated rules.

B. Default, Technical Assistance, and Termination

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

a. Provide written notice to the defaulting state and other Compact States of the nature of the default, the proposed means of remedying the default and/or any other action to be taken by the Commission; and

b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to remedy the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the Compact States, and all rights, privileges and benefits conferred by this Compact shall be terminated on the effective date of termination. A remedy of the default does not relieve the offending state of

obligations or liabilities incurred during the period of default.

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

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

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

6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for

the state of Georgia or the federal district where the Compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

C. Dispute Resolution

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

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the Commission.

D. Enforcement

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

2. By majority vote, the Commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the Compact has its principal offices against a Compact State in default to enforce compliance with the

provisions of the Compact and its promulgated Rules and Bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

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

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

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

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

C. Any Compact State may withdraw from this Compact by enacting a statute repealing the same.

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

2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

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

E. This Compact may be amended by the Compact States. No amendment to this Compact shall become effective and binding upon any Compact State until it is enacted into the law of all Compact States.

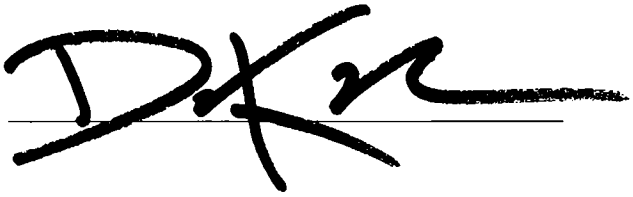
ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the Compact shall remain in full force and effect as to the remaining Compact States.

§ **-3. Rules.** The department of commerce and consumer affairs shall adopt rules pursuant to chapter 91 for the purposes of implementing and administering this chapter."

SECTION 3. This Act shall take effect on January 1, 2027.

INTRODUCED BY: 

S.B. NO. 2080

Report Title:
DCCA; Psychology Interjurisdictional Compact (PSYPACT); Adoption; Rules

Description:
Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact. Effective 1/1/2027.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

THE SENATE
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

S.B. NO. 2225

JAN 21 2026

A BILL FOR AN ACT

RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The Hawaii Revised Statutes is amended by adding a new chapter to be appropriately designated and to read as follows:

"CHAPTER

PSYCHOLOGY INTERJURISDICTIONAL COMPACT

§ **-1 Short title.** This chapter may be cited as the Psychology Interjurisdictional Compact.

§ **-2 Terms and provisions of compact; authorization; governor.** The legislature hereby authorizes the governor to enter into a compact on behalf of the State of Hawaii with any other state legally joining therein, in the form substantially as follows:

PSYCHOLOGY INTERJURISDICTIONAL COMPACT

ARTICLE I

Whereas, states license psychologists in order to protect the public through verification of education, training and

experience and ensure accountability for professional practice; and

Whereas, this compact is intended to regulate the day to day practice of telepsychology (i.e., the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for thirty days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this compact is intended to authorize the state psychology regulatory authorities to afford legal recognition, in a manner consistent with the terms of the compact, to psychologists licensed in another state; and

Whereas, this compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety; and

Whereas, this compact does not apply when a psychologist is licensed in both the home and receiving states; and

Whereas, this compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.

Consistent with these principles, 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 and patient safety;

(3) Encourage the cooperation of compact states in the areas of psychological 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.

ARTICLE II

DEFINITIONS

(a) "Adverse action" means any action taken by a state psychology regulatory authority which finds a violation of a statute or regulation that is identified by the state psychology regulatory authority as discipline and is a matter of public record.

(b) "Association of State and Provincial Psychology Boards" means the recognized membership organization composed of state and provincial psychology regulatory authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

(c) "Authority to practice interjurisdictional telepsychology" means a licensed psychologist's authority to practice telepsychology, within the limits authorized under this compact, in another compact state.

(d) "Bylaws" means those bylaws established by the psychology interjurisdictional compact commission pursuant to

article X for its governance, or for directing and controlling its actions and conduct.

(e) "Client" or "patient" means the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, or consulting services.

(f) "Commissioner" means the voting representative appointed by each state psychology regulatory authority pursuant to article X.

(g) "Compact state" means a state, the District of Columbia, or United States territory that has enacted this compact legislation and which has not withdrawn pursuant to article XIII, section (c) or been terminated pursuant to article XII, section (b).

(h) "Coordinated licensure information system" also referred to as "coordinated database" means an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of state and provincial psychology regulatory authorities.

(i) "Confidentiality" means the principle that data or information is not made available or disclosed to unauthorized persons or processes.

(j) "Day" means any part of a day in which psychological work is performed.

(k) "Distant state" means the compact state where a psychologist is physically present (not through the use of telecommunications technologies), to provide temporary in-person, face-to-face psychological services.

(l) "E.Passport" means a certificate issued by the Association of State and Provincial Psychology Boards that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

(m) "Executive board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

(n) "Home state" means a compact state where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one compact state and is practicing under the authorization to practice

interjurisdictional telepsychology, the home state is the compact state where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one compact state and is practicing under the temporary authorization to practice, the home state is any compact state where the psychologist is licensed.

(o) "Identity history summary" means a summary of information retained by the Federal Bureau of Investigation, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

(p) "In-person, face-to-face" means interactions in which the psychologist and the client or patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies.

(q) "Interjurisdictional practice certificate" means a certificate issued by the Association of State and Provincial Psychology Boards that grants temporary authority to practice based on notifications to the state psychology regulatory authority of intention to practice temporarily, and verification of one's qualifications for such practice.

(r) "License" means authorization by a state psychology regulatory authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

(s) "Non-compact state" means any state which is not at the time a compact state.

(t) "Psychologist" means an individual licensed for the independent practice of psychology.

(u) "Psychology interjurisdictional compact commission" or "commission" means the national administration of which all compact states are members.

(v) "Receiving state" means a compact state where the client or patient is physically located when the telepsychological services are delivered.

(w) "Rule" means a written statement by the psychology interjurisdictional compact commission promulgated pursuant to article XI of the compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the compact, or an organizational, procedural, or practice requirement of the commission and has the force and effect of statutory law in a compact state, and includes the amendment, repeal or suspension of an existing rule.

(x) "Significant investigatory information" means:

(1) Investigative information that a state psychology regulatory authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than a minor infraction; or

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

(y) "State" means a state, commonwealth, territory, or possession of the United States, or the District of Columbia.

(z) "State psychology regulatory authority" means the board, office, or other agency with the legislative mandate to license and regulate the practice of psychology.

(aa) "Telepsychology" means the provision of psychological services using telecommunication technologies.

(bb) "Temporary authorization to practice" means a licensed psychologist's authority to conduct temporary

in-person, face-to-face practice, within the limits authorized under this compact, in another compact state.

(cc) "Temporary in-person, face-to-face practice" means where a psychologist is physically present (not through the use of telecommunications technologies) in the distant state to provide for the practice of psychology for thirty days within a calendar year and based on notification to the distant state.

ARTICLE III

HOME STATE LICENSURE

(a) The home state shall be a compact state where a psychologist is licensed to practice psychology.

(b) A psychologist may hold one or more compact state licenses at a time. If the psychologist is licensed in more than one compact state, the home state is the compact state where the psychologist is physically present when the services are delivered as authorized by the authority to practice interjurisdictional telepsychology under the terms of this compact.

(c) Any compact state may require a psychologist not previously licensed in a compact state to obtain and retain a license to be authorized to practice in the compact state under circumstances not authorized by the authority to practice

interjurisdictional telepsychology under the terms of this compact.

(d) Any compact state may require a psychologist to obtain and retain a license to be authorized to practice in a compact state under circumstances not authorized by temporary authorization to practice under the terms of this compact.

(e) A home state's license authorizes the psychologist to practice in a receiving state under the authority to practice interjurisdictional telepsychology only if the compact state:

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

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

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

(4) Requires an identity history summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks complaint with the requirements of the Federal Bureau of Investigation, or other designee with similar

authority, no later than ten years after the activation of this compact; and

(5) Complies with the bylaws and rules of the commission.

(f) A home state's license grants temporary authorization to practice to a psychologist in a distant state only if the compact state:

(1) Currently requires the psychologist to hold an active interjurisdictional practice certificate;

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

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

(4) 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, or other designee with similar authority, no later than ten years after activation of the compact; and

(5) Complies with the bylaws and rules of the commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

(a) Compact states shall recognize the right of a psychologist, licensed in a compact state in conformance with article III, to practice telepsychology in other compact states (receiving states) in which the psychologist is not licensed, under the authority to practice interjurisdictional telepsychology as provided in the compact.

(b) To exercise the authority to practice interjurisdictional telepsychology under the terms and provisions of this compact, a psychologist licensed to practice in a compact state must:

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

(A) Regionally accredited by an accrediting body recognized by the United States Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or

(B) A foreign college or university deemed to be equivalent to (1)(A) above by a foreign

credential evaluation service that is a member of the National Association of Credential Evaluation Services or by a recognized foreign credential evaluation service;

(2) Holds a graduate degree in psychology that meets the following criteria:

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

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

(C) There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(D) The program must consist of an integrated, organized sequence of study;

(E) There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

(F) The designated director of the program must be a psychologist and a member of the core faculty;

(G) The program must have an identifiable body of students who are matriculated in that program for a degree;

(H) The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

(I) The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degrees; and

(J) The program includes an acceptable residency as defined by the rules of the commission;

(3) Possess a current, full and unrestricted license to practice psychology in a home state which is a compact state;

(4) Have no history of adverse action that violates the rules of the commission;

(5) Have no criminal record history reported on an identity history summary that violates the rules of the commission;

(6) Posses a current, active E.Passport;

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

(8) Meet other criteria as defined by the rules of the commission.

(c) The home state maintains authority over the license of any psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology.

(d) A psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology will be subject to the receiving state's scope of practice. A

receiving state may, in accordance with that state's due process law, limit or revoke a psychologist's authority to practice interjurisdictional psychology in the receiving state and may take any other necessary actions under the receiving state's applicable law to protect the health and safety of the receiving state's citizens. If a receiving state takes action, the state shall promptly notify the home state and the commission.

(e) If a psychologist's license in any home state, another compact state, or any authority to practice interjurisdictional telepsychology in any receiving state, is restricted, suspended, or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a compact state under the authority to practice interjurisdictional telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

(a) Compact states shall also recognize the right of a psychologist, licensed in a compact state in conformance with article III, to practice temporarily in other compact states (distant states) in which the psychologist is not licensed, as provided in the compact.

(b) To exercise the temporary authorization to practice under the terms and provisions of this compact, a psychologist licensed to practice in a compact state must:

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

(A) Regionally accredited by an accrediting body recognized by the United States Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or

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

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

(A) The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must

specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

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

(C) There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(D) The program must consist of an integrated, organized sequence of study;

(E) There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

(F) The designated director of the program must be a psychologist and a member of the core faculty;

(G) The program must have an identifiable body of students who are matriculated in that program for a degree;

(H) The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

(I) The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degrees; and

(J) The program includes an acceptable residency as defined by the rules of the commission;

(3) Possess a current, full and unrestricted license to practice psychology in a home state which is a compact state;

(4) Have no history of adverse action that violates the rules of the commission;

(5) Have no criminal record history that violates the rules of the commission;

(6) Possess a current, active interjurisdictional practice certificate;

(7) Provide attestations in regard to areas of intended practice and work experience and provide a release of

information to allow for primary source verification in a manner specified by the commission; and

(8) Meet other criteria as defined by the rules of the commission.

(c) A psychologist practicing into a distant state under the temporary authorization to practice shall practice within the scope of practice authorized by the distant state.

(d) A psychologist practicing into a distant state under the temporary authorization to practice will be subject to the distant state's authority and law. A distant state may, in accordance with that state's due process law, limit or revoke a psychologist's temporary authorization to practice in the distant state and may take any other necessary actions under the distant state's applicable law to protect the health and safety of the distant state's citizens. If a distant state takes action, the state shall promptly notify the home state and the commission.

(e) If a psychologist's license in any home state, another compact state, or any temporary authorization to practice in any distant state, is restricted, suspended or otherwise limited, the interjurisdictional practice certificate shall be revoked and therefore the psychologist shall not be eligible to practice

in a compact state under the temporary authorization to practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

(a) A psychologist may practice in a receiving state under the authority to practice interjurisdictional telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate state psychology regulatory authority, as defined in the rules of the commission, and under the following circumstances:

(1) The psychologist initiates a client and patient contact in a home state via telecommunications technologies with a client or patient in a receiving state; and

(2) Other conditions regarding telepsychology as determined by rules promulgated by the commission.

ARTICLE VII

ADVERSE ACTIONS

(a) A home state shall have the power to impose adverse action against a psychologist's license issued by the home state. A distant state shall have the power to take adverse

action on a psychologist's temporary authorization to practice within that distant state.

(b) A receiving state may take adverse action on a psychologist's authority to practice interjurisdictional telepsychology within that receiving state. A home state may take adverse action against a psychologist based on an adverse action taken by a distant state regarding temporary in-person, face-to-face practice.

(c) If a home state takes adverse action against a psychologist's license, that psychologist's authority to practice interjurisdictional telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's temporary authorization to practice is terminated and the interjurisdictional practice certificate is revoked. In addition:

(1) All home state disciplinary orders that impose adverse action shall be reported to the commission in accordance with the rules promulgated by the commission. A compact state shall report adverse actions in accordance with the rules of the commission;

(2) In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the rules of the commission; and

(3) Other actions may be imposed as determined by the rules promulgated by the commission.

(d) A home state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a receiving state as it would if such conduct had been engaged in by a licensee within the home state. In such cases, the home state's law shall control in determining any adverse action against a psychologist's license.

(e) A distant state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under temporary authorization to practice which occurred in that distant state as it would if such conduct had been engaged in by a licensee within the home state. In such cases, the distant state's law shall control in determining any

adverse action against a psychologist's temporary authorization to practice.

(f) Nothing in this compact shall override a compact state's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the compact state's law. Compact states must require psychologists who enter any alternative programs to not provide telepsychology services under the authority to practice interjurisdictional telepsychology or provide temporary psychological services under the temporary authorization to practice in any other compact state during the term of the alternative program.

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

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

(a) In addition to any other powers granted under state law, a compact state's psychology regulatory authority shall have the authority under this compact to:

(1) Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a compact state's psychology regulatory authority for the attendance and testimony of witnesses, or the production of evidence from another compact state shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state psychology regulatory authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses or evidence are located;

(2) Issue cease and desist or injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice; and

(3) During the course of any investigation, a psychologist may not change the psychologist's home state licensure. A home state psychology regulatory authority is authorized to complete any pending

investigations of a psychologist and to take any actions appropriate under its law. The home state psychology regulatory authority shall promptly report the conclusions of such investigations to the commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change the psychologist's home state licensure. The commission shall promptly notify the new home state of any such decisions as provided in the rules of the commission. All information provided to the commission or distributed by compact states pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or disciplinary matters. The commission may create additional rules for mandated or discretionary sharing of information by compact states.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

(a) The commission shall provide for the development and maintenance of a coordinated licensure information system (coordinated database) and reporting system containing licensure and disciplinary action information on all psychologists and

individuals to whom this compact is applicable in all compact states as defined by the rules of the commission.

(b) Notwithstanding any other provision of state law to the contrary, a compact state shall submit a uniform data set to the coordinated database on all licensees as required by the rules of the commission, including:

(1) Identifying information;

(2) Licensure data;

(3) Significant investigatory information;

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

(5) An indicator that a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice is revoked;

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

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

(8) Other information which may facilitate the administration of this compact, as determined by the rules of the commission.

(c) The coordinated database administrator shall promptly notify all compact states of any adverse action taken against,

or significant investigative information on, any licensee in a compact state.

(d) Compact states reporting information to the coordinated database may designate information that may not be shared with the public without the express permission of the compact state reporting the information.

(e) Any information submitted to the coordinated database that is subsequently required to be expunged by the law of the compact state reporting the information shall be removed from the coordinated database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

(a) The compact states hereby create and establish a joint public agency known as the psychology interjurisdictional compact commission; provided that:

(1) The commission is a body politic and an instrumentality of the compact states;

(2) Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The

commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings; and

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

(b) Membership, voting, and meetings:

(1) The commission shall consist of one voting representative appointed by each compact state who shall serve as that state's commissioner. The state psychology regulatory authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the compact state. This delegate shall be limited to:

(A) Executive director, executive secretary or similar executive;

(B) Current member of the state psychology regulatory authority of a compact state; or

(C) Designee empowered with the appropriate delegate authority to act on behalf of the compact state;

(2) Any commissioner may be removed or suspended from office as provided by the law of the state from which the commissioner is appointed. Any vacancy occurring

in the commission shall be filled in accordance with the laws of the compact state in which the vacancy exists;

(3) Each commissioner shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. A commissioner shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for commissioners' participation in meetings by telephone or other means of communication;

(4) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws;

(5) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in article XI;

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

(A) Non-compliance of a compact state with its obligations under the compact;

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

(C) Current, threatened, or reasonably anticipated litigation against the commission;

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

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

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

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

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

(I) Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the commission or other committee

charged with responsibility for investigation or determination of compliance issues pursuant to the compact; or

(J) Matters specifically exempted from disclosure by federal and state statute; and

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

(c) The commission shall, by a majority vote of the commissioners, prescribe bylaws or rules to govern its conduct

as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:

(1) Establishing the fiscal year of the commission;

(2) Providing reasonable standards and procedures:

(A) For the establishment and meetings of other committees; and

(B) Governing any general or specific delegation of any authority or function of the commission;

(3) Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the commission must make public a copy of

the vote to close the meeting revealing the vote of each commissioner with no proxy votes allowed;

(4) Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the commission;

(5) Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar law of any compact state, the bylaws shall exclusively govern the personnel policies and programs of the commission;

(6) Promulgating a code of ethics to address permissible and prohibited activities of commission members and employees;

(7) Providing a mechanism for concluding the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment or reserving of all of its debts and obligations;

(8) The commission shall publish its bylaws in a convenient form and file a copy thereof and a copy of

any amendment thereto, with the appropriate agency or officer in each of the compact states;

(9) The commission shall maintain its financial records in accordance with the bylaws; and

(10) The commission shall meet and take such actions as are consistent with the provision of this compact and the bylaws.

(d) The commission shall have the following powers:

(1) The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rule shall have the force and effect of law and shall be binding in all compact states;

(2) To bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state psychology regulatory authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;

(3) To purchase and maintain insurance and bonds;

(4) To borrow, accept or contract for services of personnel, including, but not limited to, employees of a compact state;

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

(6) To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the commission shall strive to avoid any appearance of impropriety or conflict of interest;

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

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

(9) To establish a budget and make expenditures;

(10) To borrow money;

(11) To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

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

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

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

(e) The elected officers shall serve as the executive board, which shall have the power to act on behalf of the commission according to the terms of this compact; provided that:

(1) The executive board shall comprise six members:

(A) Five voting members who are elected from the current membership of the commission by the commission; and

(B) One ex-officio, nonvoting member from the recognized membership organization composed of state and provincial psychology regulatory authorities;

(2) The ex-officio member must have served as staff or member on a state psychology regulatory authority and will be selected by its respective organization;

(3) The commission may remove any member of the executive board as provided in bylaws;

(4) The executive board shall meet at least annually; and

(5) The executive board shall have the following duties and responsibilities:

(A) Recommend to the entire commission changes to the rules or bylaws, changes to this compact legislation, fees paid by compact states such as annual dues, and any other applicable fees;

(B) Ensure compact administration services are appropriately provided, contractual or otherwise;

(C) Prepare and recommend the budget;

(D) Maintain financial records on behalf of the commission;

(E) Monitor compact compliance of member states and provide compliance reports to the commission;

(F) Establish additional committees as necessary; and

(G) Other duties as provided in rules or bylaws.

(f) Financing of the commission:

(1) The commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities;

(2) The commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials and services;

(3) The commission may levy on and collect an annual assessment from each compact state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a

formula to be determined by the commission which shall promulgate a rule binding upon all compact states;

(4) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the compact states, except by and with the authority of the compact state; and

(5) The commission shall keep accurate amounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the commission.

(g) Qualified immunity, defense, and indemnification:

(1) 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 claims 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;

(2) The commission shall defend any member, officer, executive director, employee or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities, 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 herein shall be construed to prohibit that person from retaining the person's own counsel; and provided further, that

the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct; and

(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities; provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

ARTICLE XI

RULEMAKING

(a) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(b) If a majority of the legislatures of the compact states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any compact state.

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

(d) Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) On the website of the commission; and

(2) On the website of each compact state's psychology regulatory authority or the publication in which each state would otherwise publish proposed rules.

(e) The notice of proposed rulemaking shall include:

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

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

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

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

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

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

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

(2) A governmental subdivision or agency; or

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

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

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five

business days before the scheduled data of the hearing;

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

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

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

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

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

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

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

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

(2) Prevent a loss of commission or compact state funds;

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

(4) Protect public health and safety.

(m) The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

(a) Oversight:

(1) The executive, legislative and judicial branches of state government in each compact state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law;

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a compact state pertaining to the subject matter of this compact which may affect the powers, responsibilities or actions of the commission; and

(3) The commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact or promulgated rules.

(b) Default, technical assistance, and termination:

(1) If the commission determines that a compact state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

(A) Provide written notice to the defaulting state and other compact states of the nature of the default, the proposed means of remedying the default or any other action to be taken by the commission; and

(B) Provide remedial training and specific technical assistance regarding the default;

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

(3) Termination of membership in the compact shall be imposed only after all other means of securing

compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the compact states;

(4) A compact state which has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations which extend beyond the effective date of termination;

(5) The commission shall not bear any costs incurred by the state which is found to be in default or which has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state; and

(6) The defaulting state may appeal the action of the commission by petitioning the United States District Court for the state of Georgia or the federal district where the compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

(c) Dispute resolution:

(1) Upon request by a compact state, the commission shall attempt to resolve disputes related to the compact which arise among compact states and between compact and non-compact states; and

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

(d) Enforcement:

(1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact;

(2) By majority vote, the commission may initiate legal action in the United States District Court for the state of Georgia or the federal district where the compact has its principal offices against a compact state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees; and

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

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGICAL INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

(a) The compact shall come into effect on the date on which the compact is enacted into law in the seventh compact state. The provisions which become effective at that time shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

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

(c) Any compact state may withdraw from this compact by enacting a statute repealing the same; provided that:

(1) A compact state's withdrawal shall not take effect until six months after enactment of the repealing statute; and

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's psychology regulatory authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

(d) Nothing contained in this compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a compact state and a non-compact state which does not conflict with the provisions of this compact.

(e) This compact may be amended by the compact states. No amendment to this compact shall become effective and binding upon any compact state until it is enacted into the law of all compact states.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

(a) This compact shall be liberally construed so as to effectuate the purposes thereof.

(b) If this compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining compact states.

§ **-3 Rules.** The department of commerce and consumer affairs shall adopt rules pursuant to chapter 91 for the purposes of implementing and administering this chapter."

SECTION 2. This Act does not affect rights and duties that matured, penalties that were incurred, and proceedings that were begun before its effective date.

SECTION 3. This Act shall take effect upon its approval.

INTRODUCED BY: _____

S.B. NO. 2225

Report Title:
DCCA; Psychology Interjurisdictional Compact; Adoption; Rules

Description:
Adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and the temporary in-person, face-to-face practice of psychologists when patients are located in compact states other than the state where the psychologist is licensed. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the compact.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

THE SENATE
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAII

S.B. NO. 847

JAN 17 2025

A BILL FOR AN ACT

RELATING TO PSYCHOLOGISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that there is limited access to mental health care treatment services for residents across the State. The delivery of comprehensive, accessible, and affordable mental health care has been demonstrably enhanced by collaborative practice among licensed clinical psychologists with prescriptive authority and medical doctors in federal facilities and programs and in states that have authorized prescriptive authority for psychologists. The legislature finds that providing limited prescriptive authority to qualified, licensed clinical psychologists, subject to supervision by a licensed medical doctor, could help make comprehensive mental health care more accessible to medically underserved residents of the State. The legislature acknowledges that the Health Resources and Services Administration of the United States Department of Health and Human Services has officially designated much of the State, including isolated rural locations and urban areas with high population densities, as a mental

health professional shortage area. This designation highlights the critical need for expansion of available mental health services and development of a corps of mental health professionals to serve the currently unmet needs of Hawai'i's population.

The legislature has previously authorized prescription privileges for advanced practice registered nurses, optometrists, dentists, podiatrists, and physician assistants. These practitioners have been granted prescriptive authority based on demonstration of specific training, education, and practical competency. Education and training criteria, such as passage of national board examinations and degree and minimum experience requirements, have worked well to assure quality of services. Limitations on authority including the use of approved formularies, limited practice areas, and prohibitions on accepting or distributing drug samples have served to deter abuses in the system and to prevent the inappropriate practice of general medicine. Prescriptive authority for non-physician practitioners with varying types of limitations and supervision requirements has proven manageable and has expanded access to important health care services for patients across the State.

Clinical psychologists with appropriate training have been allowed to prescribe medications to active duty military personnel and their families in federal facilities and the federal Indian health service program for years. In recent years, Colorado, Idaho, Illinois, Iowa, Louisiana, New Mexico, and Utah have adopted legislation authorizing prescriptive authority for appropriately trained psychologists without regard to the service setting.

Since 2000, psychologists in Hawai'i have received psychopharmacological training through the Tripler Army Medical Center psychology training program. These psychologists have actively collaborated with primary care physicians to provide combined therapy and psychopharmacological care to medically underserved patient populations at eleven federally qualified health centers: Bay Clinic, Hana, Moloka'i, Kaua'i, Wai'anae, Kalihi-Palama, Waimānalo, Ko'olauloa, West Hawai'i, Kōkua Kalihi Valley, and Waikiki, as well as a native Hawaiian health care system clinic located in a federally designated medically underserved area on Moloka'i.

The American Psychological Association has developed a model curriculum for a master's degree in psychopharmacology for

the education and training of prescribing psychologists. Independent evaluations of the United States Department of Defense psychopharmacological demonstration project by the United States General Accounting Office, now known as the Government Accountability Office, and the American College of Neuropsychopharmacology, as well as the experiences of Idaho, Illinois, Iowa, Louisiana, and New Mexico, have demonstrated that appropriately trained clinical psychologists can prescribe psychotropic medications safely and effectively.

Accordingly, the purpose of this Act is to allow qualified psychologists to prescribe psychotropic medications for the treatment of mental illness to patients under the psychologist's care in certain circumstances.

SECTION 2. Chapter 465, Hawaii Revised Statutes, is amended by adding a new part to be appropriately designated and to read as follows:

"**PART . PRESCRIPTION CERTIFICATION**

§465- Definitions. As used in this part:

"Board" means the board of psychology established under section 465-4.

"Clinical experience" means a period of supervised clinical training and practice involving clinical diagnoses and interventions that are conducted and supervised as part of a training program.

"Laboratory test" means any laboratory blood or urine drug screen test necessary to monitor the general health of a patient receiving psychotropic medication.

"Narcotics" means natural and synthetic opioid analgesics, and their derivatives, used to relieve pain.

"Prescription" means an order for a drug, laboratory test, or medicine, device, or treatment, as defined by state law.

"Prescriptive authority" means the authority to prescribe, administer, discontinue, or distribute without charge, drugs or controlled substances recognized in or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional, or behavioral disorders, or other procedures directly related thereto within the scope of practice of psychology in accordance with rules adopted by the board.

"Psychiatrist" means a medical doctor licensed to practice medicine pursuant to chapter 453 who has completed and

successfully passed a specialized four-year residency program in the practice of psychiatry.

"Psychologist certified to prescribe" means a licensed, doctoral-level clinical psychologist who has:

(1) Completed specialized education and training in preparation for prescriptive practice;

(2) Passed the Psychopharmacological Examination for Psychologists or an equivalent national examination accepted by the board relevant to establishing competence for prescribing; and

(3) Received from the board a current certificate granting prescriptive authority that has not been revoked or suspended.

"Psychopharmacology" means the use of psychoactive drugs in the treatment or control of mental disorders or psychiatric disease.

"Psychotropic medication" means only those agents related to the diagnosis and treatment of mental and emotional disorders including controlled substances but not including narcotics.

"Supervising physician" means a medically trained and licensed physician or psychiatrist who accepts professional

responsibility for the provision of psychopharmacology by a psychologist certified to prescribe.

§465- Conditional prescription certificate; application. (a) A psychologist who applies for a conditional prescription certificate shall demonstrate all of the following by official transcript or other official evidence satisfactory to the board:

(1) A current clinical license in good standing to practice psychology in the State;

(2) Consistent with established policies of the American Psychological Association for educating and training psychologists in preparation for prescriptive authority:

(A) A master's degree in psychopharmacology that reflects an organized sequence of study in an organized program offering intensive didactic and practical education, and includes the following core areas of instruction: basic life sciences, neurosciences, clinical and research pharmacology and psychopharmacology, clinical medicine and pathophysiology, physical assessment and laboratory examinations, clinical

pharmacotherapeutics, research, and professional, ethical and legal issues; and

(B) Relevant clinical experience sufficient to attain competency in the psychopharmacological treatment of a diverse patient population under the direction of a supervising physician that consists of not less than two years and involves at least four hundred hours treating a diverse population of not fewer than one hundred patients with mental disorders including at least two hours of weekly on-site supervision per year by a supervising physician who is not employed by the psychologist being directed or supervised;

(3) Successful completion of the Psychopharmacological Examination for Psychologists or an equivalent national examination relevant to establishing competence for prescribing as approved by the board;

(4) A federal Drug Enforcement Administration registration number for limited use as restricted by state law;

(5) Malpractice insurance sufficient to satisfy the rules adopted by the board, which covers the applicant

during the period the conditional prescription certificate is in effect;

(6) Completion of all other requirements, as determined by rules adopted by the board pursuant to chapter 91, for obtaining a conditional prescription certificate; and

(7) Employment, including by contract, and an intent to practice the prescriptive authority at a federally qualified health center as defined in title 42 United States Code section 1396d.

(b) The board shall issue a conditional prescription certificate if it finds that the applicant has met all of the requirements of subsection (a).

(c) The conditional prescription certificate shall be immediately relinquished by the psychologist if the psychologist no longer meets the requirements of subsection (a).

§465- Conditional prescription certificate; powers, duties, and responsibilities. (a) A psychologist holding a conditional prescription certificate shall:

(1) Hold a current license to practice psychology in the State and maintain malpractice insurance;

(2) Complete the first year of practice under a conditional prescription certificate under the direction of a supervising physician who is not employed by the psychologist being directed or supervised; provided that supervision pursuant to this paragraph shall include training in diagnostic laboratory tests, diagnostic imaging, and electroencephalogram tests;

(3) Inform the board of the name of the supervising physician under whose supervision the psychologist will prescribe psychotropic medication; provided that the psychologist shall promptly inform the board of any change of the supervising physician; and

(4) Maintain an ongoing collaborative relationship pursuant to subsection (c) with the doctors of medicine who oversee the general medical care of the psychologist's patients.

(b) A psychologist holding a conditional prescription certificate shall be authorized to prescribe, administer, discontinue, or distribute without charge, drugs or controlled substances recognized in or customarily used in the diagnosis,

treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional, or behavioral disorders and relevant to the practice of psychology, or other procedures directly related thereto within the scope of practice of psychology in accordance with rules adopted by the board. The authorization to prescribe shall be limited to prescriptions for patients under the care of the psychologist at federally qualified health centers as defined in title 42 United States Code section 1396d and identified to the board as the psychologist's practice location.

(c) When prescribing psychotropic medication for a patient, a psychologist holding a conditional prescription certificate shall maintain an ongoing collaborative relationship with the doctors of medicine who oversee the general medical care of the psychologist's patients to ensure that:

(1) Necessary medical examinations are conducted;

(2) The psychotropic medication is appropriate for the patient's medical condition; and

(3) Significant changes in the patient's medical or psychological condition are discussed.

(d) A prescription for psychotropic medication written by a psychologist holding a conditional prescription certificate shall:

(1) Comply with applicable state and federal laws;

(2) Be identified as issued by a "psychologist certified to prescribe"; and

(3) Include the psychologist's board number or the identification number assigned by the department of commerce and consumer affairs.

(e) A psychologist holding a conditional prescription certificate shall not delegate prescriptive authority to any person. Records of all prescriptions shall be maintained in the prescribing psychologist's patient records.

§465- Prescription certificate. (a) A psychologist who applies for a prescription certificate shall demonstrate all of the following by official transcript or other official evidence satisfactory to the board:

(1) A conditional prescription certificate, which includes successful completion of two years of prescribing psychotropic medication as certified by a supervising physician;

(2) A current license in good standing to practice psychology in the State;

(3) Malpractice insurance sufficient to satisfy the rules adopted by the board, that will cover the applicant as a prescribing psychologist; and

(4) Completion of all other requirements, as determined by rules adopted by the board pursuant to chapter 91, for obtaining a prescription certificate.

(b) The board shall issue a prescription certificate if it finds that the applicant has met all of the requirements of subsection (a).

(c) A psychologist with a prescription certificate may prescribe psychotropic medication to any patient under the psychologist's care for whom psychotropic medication is clinically indicated if the psychologist:

(1) Holds a current license to practice psychology in the State and maintains malpractice insurance;

(2) Annually satisfies the continuing education requirements for prescribing psychologists recommended by the American Psychological Association, which shall be not less than twenty hours each year, at least half

of which shall be in pharmacology or psychopharmacology; and

(3) Maintains an ongoing collaborative relationship directly or by telecommunication with the doctors of medicine who oversee the general medical care of the psychologist's patients to ensure that:

(A) Necessary medical examinations are conducted;

(B) Psychotropic medication prescribed is appropriate for the patient's medical condition;

(C) Significant changes in the patient's medical or psychological condition are discussed; and

(D) The psychologist prescribes only psychotropic medications to patients under the care of the psychologist at a federally qualified health center that is identified to the board as the psychologist's practice location.

(d) The prescription certificate shall be immediately relinquished by the psychologist if the psychologist no longer meets the requirements of subsection (c).

§465- Administration. (a) The board may adopt rules pursuant to chapter 91 to further implement the procedures set

forth in this part to obtain a conditional prescription certificate or a prescription certificate and to renew a conditional prescription certificate or prescription certificate. The board may set reasonable application and renewal fees.

(b) The board shall adopt rules pursuant to chapter 91 establishing the grounds for denial, suspension, or revocation of conditional prescription certificates and prescription certificates, including provisions for suspension or revocation of a license to practice psychology upon suspension or revocation of a conditional prescription certificate or prescription certificate. Actions of denial, suspension, or revocation of a conditional prescription certificate or a prescription certificate shall be in accordance with this chapter.

(c) The board shall maintain current records on every prescribing psychologist, including federal Drug Enforcement Administration registration numbers.

(d) The board shall provide to the board of pharmacy an annual list of psychologists holding a conditional prescription certificate or prescription certificate that contains the

information agreed upon between the board and the board of pharmacy. The board shall promptly provide the board of pharmacy with the names of any psychologists who are added to or deleted from the list.

§465- Narcotics and controlled substance samples prohibited. Notwithstanding any other provision of this chapter to the contrary, a psychologist holding a conditional prescription certificate or prescription certificate shall not administer or prescribe any narcotic and shall not request, receive, or sign for professional controlled substance samples."

SECTION 3. Section 329-1, Hawaii Revised Statutes, is amended to read as follows:

1. By adding a new definition to be appropriately inserted and to read:

""Psychologist certified to prescribe" means a person licensed under part of chapter 465, who is registered under this chapter to administer or prescribe psychotropic medication to patients under the person's care at a federally qualified health center, but who is not authorized to request, receive, or sign for professional controlled substance samples."

2. By amending the definition of "practitioner" to read:

""Practitioner" means:

(1) A physician, dentist, veterinarian, scientific investigator, or other person licensed and registered under section 329-32 to distribute, dispense, or conduct research with respect to a controlled substance in the course of professional practice or research in this State;

(2) An advanced practice registered nurse with prescriptive authority licensed and registered under section 329-32 to prescribe and administer controlled substances in the course of professional practice in this State; [~~and~~]

(3) A psychologist certified to prescribe who is licensed and registered under section 329-32 to prescribe and dispense controlled substances in accordance with the requirements and limitations of part of chapter 465; and

[~~(3)~~] (4) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to

or to administer a controlled substance in the course of professional practice or research in this State."

SECTION 4. Chapter 465, Hawaii Revised Statutes, is amended by designating sections 465-1 to 465-15 as part I, and inserting a title before section 465-1 to read as follows:

"**PART I. GENERAL PROVISIONS.**"

SECTION 5. Section 465-3, Hawaii Revised Statutes, is amended to read as follows:

"**§465-3 Exemptions.** (a) This chapter shall not apply to:

(1) Any person teaching, lecturing, consulting, or engaging in research in psychology insofar as the activities are performed as part of or are dependent upon employment in a college or university; provided that the person shall not engage in the practice of psychology outside the responsibilities of the person's employment;

(2) Any person who performs any, or any combination of the professional services defined as the practice of psychology under the direction of a licensed psychologist in accordance with rules adopted by the board; provided that the person may use the term

"psychological assistant", but shall not identify the person's self as a psychologist or imply that the person is licensed to practice psychology;

(3) Any person employed by a local, state, or federal government agency in a school psychologist or psychological examiner position, or a position that does not involve diagnostic or treatment services, but only at those times when that person is carrying out the functions of such government employment;

(4) Any person who is a student of psychology, a psychological intern, or a resident in psychology preparing for the profession of psychology under supervision in a training institution or facility and who is designated by a title as "psychology trainee", "psychology student", "psychology intern", or "psychology resident", that indicates the person's training status; provided that the person shall not identify the person's self as a psychologist or imply that the person is licensed to practice psychology;

(5) Any person who is a member of another profession licensed under the laws of this jurisdiction to render

or advertise services, including psychotherapy, within the scope of practice as defined in the statutes or rules regulating the person's professional practice; provided that, notwithstanding section 465-1, the person does not represent the person's self to be a psychologist or does not represent that the person is licensed to practice psychology;

(6) Any person who is a member of a mental health profession not requiring licensure; provided that the person functions only within the person's professional capacities; and provided further that the person does not represent the person to be a psychologist, or the person's services as psychological;

(7) Any person who is a duly recognized member of the clergy; provided that the person functions only within the person's capacities as a member of the clergy; and provided further that the person does not represent the person to be a psychologist, or the person's services as psychological;

(8) Any psychologist employed by the United States Department of Defense, while engaged in the discharge

of the psychologist's official duty and providing direct telehealth support or services, as defined in section 431:10A-116.3, to neighbor island beneficiaries within a Hawaii National Guard armory on the island of Kauai, Hawaii, Molokai, or Maui; provided that the psychologist employed by the United States Department of Defense is credentialed by Tripler Army Medical Center; or

(9) Any supervisee of a licensed psychologist as defined in section 465D-7.

(b) Nothing in this chapter shall in any way restrict any person from carrying on any of the psychological activities as defined in section 465-1; provided that [~~such~~] the person does not offer psychological services as defined in this chapter except as [~~such~~] the activities are incidental to the person's lawful occupational purpose.

(c) A person may use the title of industrial/organizational psychologist, provided that the person registers with the board, and:

(1) Is professionally competent in the practice of industrial/organizational psychology; [~~and~~]

(2) Holds a doctoral degree from an accredited institution of higher education with training and education in industrial/organizational psychology, satisfactory to the board; and

(3) Provides psychological service or consultation to organizations [~~which~~] that does not involve the delivery or supervision of direct psychological services to individuals or groups of individuals, without regard to the source or extent of payment for services rendered.

(d) Nothing in this chapter shall prevent the provision of expert testimony by a psychologist who is otherwise exempted by this chapter.

[~~(e) Nothing in this chapter shall be construed as permitting the administration or prescription of drugs, or in any way engaging in the practice of medicine as defined in the laws of the State.~~]"

SECTION 6. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 7. This Act shall take effect upon its approval.

INTRODUCED BY: _____

S.B. NO. 847

Report Title:
Prescriptive Authority; Psychologists

Description:
Allows qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist in certain circumstances.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

HOUSE OF REPRESENTATIVES
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

H.B. NO. 2169

A BILL FOR AN ACT

RELATING TO PSYCHOLOGISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that the State needs more mental health professionals having prescriptive authority to provide its residents with access to care. The State is experiencing a critical shortage of psychiatrists and primary care physicians. This is especially true on the neighbor islands, where shortages of psychiatrists reach as high as seventy-five per cent. These shortages are leaving significant mental health needs unmet.

The legislature further finds that the State currently authorizes prescription privileges for advanced practice registered nurses, optometrists, dentists, podiatrists, and physician assistants, based on demonstration of specific training, education, and practical competency. Although clinical psychologists in Hawaii currently lack prescriptive authority, psychologists in other states have been given this privilege. Colorado, Idaho, Illinois, Iowa, Louisiana, and New Mexico have granted prescriptive authority for advanced trained

psychologists. The United States Department of Defense and the Indian Health Service also authorize specially trained psychologists to prescribe psychotropic medications. The American Psychological Association has developed a model curriculum for psychologists to earn a master's degree in psychopharmacology.

The legislature recognizes that allowing specially trained psychologists to prescribe certain psychotropic medications would provide more residents with access to needed mental health care.

Accordingly, the purpose of this Act is to authorize and appropriate funds for the board of psychology to grant prescriptive authority to clinical psychologists who meet specific education, training, and registration requirements.

SECTION 2. Chapter 465, Hawaii Revised Statutes, is amended by adding a new part to be appropriately designated and to read as follows:

"**PART . PRESCRIBING PSYCHOLOGISTS**

§465- Definitions. As used in this part:

"Advanced practice registered nurse with prescriptive authority" means an advanced practice registered nurse, as

defined in section 457-2, with prescriptive authority granted pursuant to section 457-8.6.

"Clinical experience" means a period of supervised clinical training and practice during which clinical diagnoses and interventions can be completed and supervised as part of, or subsequent to, earning a post-doctoral master of science degree in clinical psychopharmacology.

"Controlled substance" has the same meaning as defined in section 329-1.

"Forensically encumbered" means a person who has been detained by a state court for forensic examination or committed to a psychiatric facility under the care and custody of the director of health for appropriate placement by any court, has been placed on conditional release or released on conditions by a judge on a state court, or is involved in mental health court or a jail diversion program.

"Narcotic drug" has the same meaning as defined in section 329-1.

"Opiate" has the same meaning as defined in section 329-1.

"Prescribing psychologist" means a clinical psychologist who has undergone specialized training in clinical

psychopharmacology, passed a national proficiency examination in psychopharmacology approved by the board, and been granted a prescriptive authority privilege by the board.

"Prescription" means an order for a psychotropic medication or any device or test directly related to the diagnosis and treatment of mental and emotional disorders pursuant to the practice of psychology.

"Prescriptive authority privilege" means the authority granted by the board to prescribe and administer psychotropic medication and other directly related procedures within the scope of the practice of psychology in accordance with rules adopted by the board.

"Primary care provider" means a physician or osteopathic physician licensed or exempt from licensure pursuant to section 453-2 or an advanced practice registered nurse with prescriptive authority.

"Psychotropic medication" means only those agents related to the diagnosis and treatment of mental and emotional disorders pursuant to the practice of psychology, except drugs classified as schedule I, II, or III pursuant to chapter 329, opiates, or narcotic drugs; provided that psychotropic medication shall

include stimulants for the treatment of attention deficit hyperactivity disorder regardless of the stimulants' schedule classification.

"Serious mental illness" means bipolar I disorder, bipolar II disorder, delusional disorder, major depressive disorder with psychotic features, psychosis secondary to substance use, schizophrenia, schizophreniform disorder, and schizoaffective disorder, as defined by the most current version of the Diagnostic and Statistical Manual of Mental Disorders.

§465- Administration. (a) The board shall prescribe forms and fees for the application for and renewal of prescriptive authority privilege by psychologists pursuant to this part.

(b) The board shall develop and implement procedures for reviewing the educational and training credentials of a psychologist applying for or renewing prescriptive authority privilege pursuant to this part, in accordance with current standards of professional practice.

(c) The board shall develop the exclusionary formulary for prescribing psychologists. The board may form an advisory panel

for developing the exclusionary formulary and establishing rules.

(d) The board shall adopt rules pursuant to chapter 91 as necessary to implement this part, including rules that:

(1) Establish the grounds for denial, suspension, or revocation of prescriptive authority privilege, including provisions for suspension or revocation of a license to practice psychology upon suspension or revocation of prescriptive authority privilege; provided that rules governing actions of denial, suspension, or revocation of prescriptive authority privilege shall be in accordance with this chapter; and

(2) Require a prescribing psychologist to collaborate with the patient's primary health care provider.

(e) The board shall maintain current records on each prescribing psychologist in the State, including the psychologist's federal Drug Enforcement Administration registration numbers, if applicable.

(f) The board shall provide to the board of pharmacy an annual list of prescribing psychologists that contains the

information agreed upon between the board and the board of pharmacy. The board shall promptly provide the board of pharmacy with the names of any psychologists who are added to or deleted from the list of prescribing psychologists.

(g) The board shall have all other powers necessary to carry out the purposes of this part.

§465- Prescriptive authority privilege; requirements. Beginning on July 1, 2027, the board shall accept applications for prescriptive authority privilege under this part. Each applicant for prescriptive authority privilege shall submit evidence, in a form and manner prescribed by the board, satisfying the board that the applicant:

(1) Has clinical experience that includes:

(A) A minimum of eight hundred hours completed in a clinical prescribing practicum, including geriatric, pediatric, and pregnant patients, completed in no fewer than twelve months and not more than fifty-six months;

(B) The supervision of a minimum of one hundred patients, including geriatric, pediatric, and pregnant patients;

(C) A minimum of eighty hours completed in a physical assessment practicum in a primary care, family practice, community, or internal medicine setting;

(D) A minimum of one hundred hours of community service working with populations who are low-income, homeless, or veterans; and

(E) A minimum of two hours per week of supervision by a primary care provider or prescribing psychologist; and

(2) Has demonstrated competency in neuroscience; nervous system pathology; physiology and pathophysiology; biopsychosocial and pharmacologic assessment and monitoring; differential diagnosis; pharmacology; clinical psychopharmacology; research; and in integrating clinical psychopharmacology with the practice of psychology and other diverse factors including professional, legal, ethical, and interprofessional concerns, by successfully passing the nationally recognized Psychopharmacology Examination for Psychologists, as determined by:

(A) The American Psychological Association Practice Organization, if the examination was taken prior to 2017;

(B) The Association of State and Provincial Psychology Boards, if the examination was taken after 2018; or

(C) Any successor organization;

(3) A current license in good standing to practice psychology in the State;

(4) Malpractice insurance sufficient to satisfy the rules adopted by the board, that will cover the applicant as a prescribing psychologist; and

(5) Completion of all other requirements, as determined by rules adopted by the board pursuant to chapter 91, for obtaining prescriptive authority privilege.

(b) The board shall grant prescriptive authority privilege if it finds that the applicant has met all of the requirements of subsection (a).

(c) Any psychologist who no longer meets the requirements of subsection (a) shall immediately relinquish their prescriptive authority privilege.

§465- Prescriptive authority privilege; renewal. (a) The board shall develop and implement processes for renewing prescriptive authority privilege in conjunction with the renewal of a license under section 465-11.

(b) To qualify for the renewal of prescriptive authority privilege, a prescribing psychologist shall present evidence satisfactory to the board that the prescribing psychologist has completed at least eighteen hours biennially of acceptable continuing education, as determined by the board, relevant to the pharmacological treatment of mental and emotional disorders; provided that the continuing education requirement shall not apply to a prescribing psychologist who is applying for the psychologist's first prescriptive authority renewal.

(c) The continuing education required pursuant to subsection (b) shall be in addition to the continuing education requirement in section 465-11.

(d) The board may conduct random audits of prescribing psychologists to determine compliance with the continuing education required by subsection (b). The board shall provide written notice of an audit to each randomly selected prescribing psychologist. Within ninety days of notification, the

prescribing psychologist shall provide the board with documentation verifying compliance with the continuing education requirement established by subsection (b).

(e) The board shall grant prescriptive authority privilege, without examination, to a psychologist who:

(1) Has been licensed or otherwise authorized to prescribe for five or more years in a state that authorizes prescriptive authority for psychologists;

(2) Is authorized to prescribe by any branch of the United States armed forces;

(3) Is authorized to prescribe by the United States Department of Health and Human Services; or

(4) Is authorized to prescribe by the Indian Health Service.

§465- Prescriptive authority privilege; prescribing practices. (a) It shall be unlawful for any psychologist not granted prescriptive authority privilege pursuant to this part to prescribe, offer to prescribe, administer, or offer to prescribe or administer any medication; or to communicate, represent, or imply in any manner, including through the use of

any sign, card, or device, that the psychologist is authorized to prescribe or administer medication.

(b) A valid prescription issued by a prescribing psychologist shall be legibly written and shall include:

(1) Date of issuance;

(2) Original signature of the prescribing psychologist;

(3) Name and business address of the prescribing psychologist;

(4) Name, strength, dosage form, quantity, route of administration, and specific instructions for use of the psychotropic medication prescribed;

(5) Name and address of the patient for whom the prescription is issued;

(6) Room number or other information identifying the location of the patient, if the patient is receiving care in an institutional facility; and

(7) Number of allowable refills, if applicable.

(c) A prescribing psychologist shall comply with all applicable state and federal laws and rules relating to the prescription and administration of psychotropic medication.

(d) A prescribing psychologist shall:

(1) Except as provided in paragraph (3), prescribe and administer psychotropic medication only in consultation with and pursuant to a written and signed collaborative agreement with the patient's primary care provider;

(2) Make any changes to a medication treatment plan, including dosage adjustments, additions of medications, or discontinuations of medications, only in consultation and collaboration with the patient's primary care provider;

(3) Prescribe and administer psychotropic medication for a patient who is forensically encumbered or who has a diagnosis of a serious mental illness and is subject to the jurisdiction of the department of health, only:

(A) After entering into a written and signed collaborative agreement with the department of health;

(B) In accordance with a treatment protocol agreed to by the prescribing psychologist and the treating psychologist at the department of health; and

(C) After providing notification to all other health care providers who are treating the patient; and

(4) Document all consultations in the patient's medical record.

(e) A prescribing psychologist shall not prescribe or administer a psychotropic medication to any patient who does not have a primary care provider.

(f) A prescribing psychologist shall not delegate prescriptive authority privilege to any other person.

§465- Prescriptive authority privilege; exclusionary formulary. (a) A prescribing psychologist shall only prescribe and administer medications for the treatment of mental health disorders as defined by the most current version of the Diagnostic and Statistical Manual of Mental Disorders.

(b) The exclusionary formulary for prescribing psychologists shall consist of drugs or categories of drugs adopted by the board.

(c) The exclusionary formulary and any revised formularies shall be made available to licensed pharmacies at the request of the pharmacy and at no cost.

(d) Under the exclusionary formulary, prescribing psychologists shall not prescribe or administer:

(1) Schedule I controlled substances pursuant to section 329-14;

(2) Schedule II controlled substances pursuant to section 329-16;

(3) Schedule III controlled substances pursuant to section 329-18, including any narcotic drugs or opiates; and

(4) For indications other than those stated in labeling approved by the United States Food and Drug Administration if the patient is seventeen years of age or younger;

provided that a prescribing psychologist may prescribe and administer stimulants for the treatment of attention deficit hyperactivity disorder, regardless of the stimulants' schedule classification and buprenorphine for the treatment of opioid use disorder.

§465- Violation; penalties. Any person who violates this part shall be guilty of a misdemeanor and, upon conviction, subject to penalties as provided in section 465-15(b). Any

person who violates this part may also be subject to disciplinary action by the board."

SECTION 3. Section 329-1, Hawaii Revised Statutes, is amended as follows:

1. By adding two new definitions to be appropriately inserted and to read:

""Prescribing psychologist" means a clinical psychologist licensed under chapter 465 who has:

(1) Undergone specialized training in clinical psychopharmacology;

(2) Passed a national proficiency examination in psychopharmacology, as approved by the board of psychology; and

(3) Been granted prescriptive authority privilege by the board of psychology.

"Psychotropic medication" means only those agents related to the diagnosis and treatment of mental and emotional disorders pursuant to the practice of psychology, as that term is defined in section 465-1, except:

(1) Drugs classified into schedule I, II, or III pursuant to this chapter;

(2) Opiates; or

(3) Narcotics;

provided that "psychotropic medication" includes stimulants for the treatment of attention deficit hyperactivity disorder, regardless of the stimulants' schedule classification and buprenorphine for the treatment of opioid use disorder."

2. By amending the definition of "practitioner" to read:

""Practitioner" means:

(1) A physician, dentist, veterinarian, scientific investigator, or other person licensed and registered under section 329-32 to distribute, dispense, or conduct research with respect to a controlled substance in the course of professional practice or research in this State;

(2) An advanced practice registered nurse with prescriptive authority licensed and registered under section 329-32 to prescribe and administer controlled substances in the course of professional practice in this State;

(3) A licensed midwife practicing as a certified midwife registered under section 329-32 to prescribe and

administer controlled substances in the course of professional practice in this State; [~~and~~]

(4) A prescribing psychologist licensed and registered under section 329-32 to prescribe and administer psychotropic medication in the course of professional practice in this State; and

[~~(4)~~] (5) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this State."

SECTION 4. Section 329-38, Hawaii Revised Statutes, is amended by amending subsection (h) to read as follows:

"[~~+~~](h)[~~+~~] Prescriptions for controlled substances shall be issued only as follows:

(1) All prescriptions for controlled substances shall originate from within the State and be dated as of, and signed on, the day when the prescriptions were issued and shall contain:

(A) The first and last name and address of the patient; and

(B) The drug name, strength, dosage form, quantity prescribed, and directions for use. Where a prescription is for gamma hydroxybutyric acid, methadone, or buprenorphine, the practitioner shall record as part of the directions for use, the medical need of the patient for the prescription.

Except for electronic prescriptions, controlled substance prescriptions shall be no larger than eight and one-half inches by eleven inches and no smaller than three inches by four inches. A practitioner may sign a prescription in the same manner as the practitioner would sign a check or legal document (e.g., J.H. Smith or John H. Smith) and shall use both words and figures (e.g., alphabetically and numerically as indications of quantity, such as five (5)), to indicate the amount of controlled substance to be dispensed. Where an oral order or electronic prescription is not permitted, prescriptions shall be written with ink or indelible pencil or typed, shall be manually signed by the practitioner, and shall

include the name, address, telephone number, and registration number of the practitioner. The prescriptions may be prepared by a secretary or agent for the signature of the practitioner, but the prescribing practitioner shall be responsible in case the prescription does not conform in all essential respects to this chapter and any rules adopted pursuant to this chapter. In receiving an oral prescription from a practitioner, a pharmacist shall promptly reduce the oral prescription to writing, which shall include the following information: the drug name, strength, dosage form, quantity prescribed in figures only, and directions for use; the date the oral prescription was received; the full name, Drug Enforcement Administration registration number, and oral code number of the practitioner; and the name and address of the person for whom the controlled substance was prescribed or the name of the owner of the animal for which the controlled substance was prescribed.

A corresponding liability shall rest upon a pharmacist who fills a prescription not prepared in the form prescribed by this section. A pharmacist may add a patient's missing address or change a patient's address on all controlled substance prescriptions after verifying the patient's identification and noting the identification number on the back of the prescription document on file. The pharmacist shall not make changes to the patient's name, the controlled substance being prescribed, the quantity of the prescription, the practitioner's Drug Enforcement Administration number, the practitioner's name, the practitioner's electronic signature, or the practitioner's signature;

(2) An intern, resident, or foreign-trained physician, or a physician on the staff of a Department of Veterans Affairs facility or other facility serving veterans, exempted from registration under this chapter, shall include on all prescriptions issued by the physician:

(A) The registration number of the hospital or other institution; and

(B) The special internal code number assigned to the physician by the hospital or other institution in lieu of the registration number of the practitioner required by this section.

The hospital or other institution shall forward a copy of this special internal code number list to the department as often as necessary to update the department with any additions or deletions. Failure to comply with this paragraph shall result in the suspension of that facility's privilege to fill controlled substance prescriptions at pharmacies outside of the hospital or other institution. Each written prescription shall have the name of the physician stamped, typed, or hand-printed on it, as well as the signature of the physician;

(3) An official exempted from registration shall include on all prescriptions issued by the official:

(A) The official's branch of service or agency (e.g., "U.S. Army" or "Public Health Service"); and

(B) The official's service identification number, in lieu of the registration number of the

practitioner required by this section. The service identification number for a Public Health Service employee shall be the employee's social security or other government issued identification number.

Each prescription shall have the name of the officer stamped, typed, or [~~handprinted~~] hand-printed on it, as well as the signature of the officer; [~~and~~]

(4) A physician assistant registered to prescribe controlled substances under the authorization of a supervising physician shall include on all controlled substance prescriptions issued:

(A) The Drug Enforcement Administration registration number of the supervising physician; and

(B) The Drug Enforcement Administration registration number of the physician assistant.

Each written controlled substance prescription issued shall include the printed, stamped, typed, or hand-printed name, address, and phone number of both the supervising physician and physician assistant, and shall be signed by the physician assistant[~~.~~]; and

(5) A psychologist authorized to prescribe and administer psychotropic medication in consultation and collaboration with a primary care provider pursuant to part of chapter 465 shall include on all prescriptions issued by the psychologist:

(A) The Drug Enforcement Administration registration number of the primary care provider;

(B) The printed, stamped, typed, or hand-printed name, address, and phone number of both the licensed primary care provider and the psychologist; and

(C) The signature of the psychologist."

SECTION 5. Section 329-39, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) Whenever a pharmacist sells or dispenses any controlled substance on a prescription issued by a physician, dentist, podiatrist, [~~or~~] veterinarian, or psychologist, the pharmacist shall affix to the bottle or other container in which the drug is sold or dispensed:

(1) The pharmacy's name and business address;

(2) The serial number of the prescription;

(3) The name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal;

(4) The name of the physician, dentist, podiatrist, psychologist, or veterinarian by whom the prescription is written; and

(5) [~~Such~~] The directions as may be stated on the prescription.

(c) No person shall alter, deface, or remove any label affixed to a package, bottle, or other container in which a drug is sold or dispensed, except for the purpose of replacing the label with the person's own lawful authorized label."

SECTION 6. Section 346-59.9, Hawaii Revised Statutes, is amended by amending subsection (h) to read as follows:

"(h) All psychotropic medications covered by this section shall be prescribed by a psychiatrist, a psychologist with prescriptive authority privilege under part of chapter 465, a physician, or an advanced practice registered nurse with prescriptive authority under chapter 457 and duly licensed in the State."

SECTION 7. Chapter 465, Hawaii Revised Statutes, is amended by designating sections 465-1 to 465-15 as part I and inserting a title before section 465-1 to read as follows:

"**PART I. GENERAL PROVISIONS**"

SECTION 8. Section 465-3, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) [~~Nothing~~] Except as provided in part , nothing in this chapter shall be construed as permitting the administration or prescription of drugs, or in any way engaging in the practice of medicine as defined in the laws of the State."

SECTION 9. (a) The board of psychology shall submit a report and any proposed legislation, to the legislature no later than twenty days prior to the convening of the regular session of 2027, on the authorization of prescriptive authority privilege to psychologists who meet specific education, training, and registration requirements pursuant to this Act.

(b) The board of psychology shall collaborate with the department of health when preparing report data regarding the treatment of patients who are forensically encumbered or who have a diagnosis of serious mental illness and are subject to the department's jurisdiction.

SECTION 10. There is appropriated out of the general revenues of the State of Hawaii the sum of $ or so much thereof as may be necessary for fiscal year 2026-2027 for the board of psychology to implement prescriptive authority privilege for certain psychologists pursuant to this Act, including for the hiring of any necessary staff.

The sum appropriated shall be expended by the department of commerce and consumer affairs for the purposes of this Act.

SECTION 11. This Act does not affect rights and duties that matured, penalties that were incurred, and proceedings that were begun before its effective date.

SECTION 12. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 13. This Act shall take effect on July 1, 2026.

INTRODUCED BY: _____

JAN 2 6 2026

H.B. NO. 2169

Report Title:
Board of Psychology; Clinical Psychologists; Prescriptive Authority Privilege; Report; Appropriation

Description:
Authorizes and appropriates moneys for the Board of Psychology to grant prescriptive authority privilege to clinical psychologists who meet specific education, training, and registration requirements. Requires the Board of Psychology to accept applications for prescriptive authority privilege beginning 7/1/2027. Requires reports to the Legislature.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

THE SENATE
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAII

S.B. NO. 708

JAN 17 2025

A BILL FOR AN ACT

RELATING TO PRESCRIPTIVE AUTHORITY FOR CLINICAL PSYCHOLOGISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that Hawaii needs more mental health professionals having prescriptive authority to provide the State's residents with access to care. The State is experiencing a critical shortage of psychiatrists and primary care physicians. This is especially true on the neighbor islands, which experience shortages of psychiatrists of up to seventy-five per cent. These shortages are leaving significant mental health needs unmet.

Untreated or undertreated mental illnesses and substance abuse disorders contribute to chronic homelessness in Hawaii and are factors in approximately sixty per cent of all arrests on the island of Oahu. Mentally ill persons who receive inadequate or no treatment may also be at higher risk of attempting suicide. According to the department of health, suicide is the number one cause of death among Hawaii residents between fifteen to twenty-four years of age. However, when identified and

treated, many mental health conditions respond well to therapy and medication.

Although clinical psychologists in Hawaii currently lack prescriptive authority, psychologists in other states have been given this privilege. Colorado, Idaho, Illinois, Iowa, Louisiana, and New Mexico have authorized prescriptive authority for advanced trained psychologists. The Department of Defense and Indian Health Service also authorize specially trained psychologists to prescribe psychotropic medications. The American Psychological Association has developed a model curriculum for psychologists to earn a master's degree in psychopharmacology.

The legislature recognizes that allowing specially trained psychologists to prescribe certain psychotropic medications would provide more residents with access to needed mental health care.

Accordingly, the purpose of this Act is to authorize and appropriate funds for the board of psychology to grant prescriptive authority to clinical psychologists who meet specific education, training, and registration requirements.

SECTION 2. Chapter 465, Hawaii Revised Statutes, is amended by adding a new part to be appropriately designated and to read as follows:

"**PART . PRESCRIBING PSYCHOLOGISTS**

§465- Definitions. As used in this part unless the context otherwise requires:

"Advanced practice registered nurse with prescriptive authority" means an advanced practice registered nurse, as defined in section 457-2, with prescriptive authority granted pursuant to section 457-8.6.

"Clinical experience" means a period of supervised clinical training and practice during which clinical diagnoses and interventions can be completed and supervised as part of, or subsequent to, earning a post-doctoral master of science degree in clinical psychopharmacology.

"Controlled substance" has the same meaning as in section 329-1.

"Forensically encumbered" means a person who has been detained by a Hawaii court for forensic examination or committed to a psychiatric facility under the care and custody of the director of health for appropriate placement by any court, has

been placed on conditional release or released on conditions by a judge on a Hawaii court, or is involved in mental health court or a jail diversion program.

"Narcotic drug" has the same meaning as in section 329-1.

"Opiate" has the same meaning as in section 329-1.

"Prescribing psychologist" means a clinical psychologist who has undergone specialized training in clinical psychopharmacology, passed a national proficiency examination in psychopharmacology approved by the board, and been granted a prescriptive authority privilege by the board.

"Prescription" means an order for a psychotropic medication or any device or test directly related to the diagnosis and treatment of mental and emotional disorders pursuant to the practice of psychology.

"Prescriptive authority privilege" means the authority granted by the board to prescribe and administer psychotropic medication and other directly related procedures within the scope of the practice of psychology in accordance with rules adopted by the board.

"Primary care provider" means a physician or osteopathic physician licensed or exempt from licensure pursuant to

section 453-2 or an advanced practice registered nurse with prescriptive authority.

"Psychotropic medication" means only those agents related to the diagnosis and treatment of mental and emotional disorders pursuant to the practice of psychology, except drugs classified as schedule I, II, or III pursuant to chapter 329, opiates, or narcotic drugs; provided that psychotropic medication shall include stimulants for the treatment of attention deficit hyperactivity disorder regardless of the stimulants' schedule classification.

"Serious mental illness" means bipolar I disorder, bipolar II disorder, delusional disorder, major depressive disorder with psychotic features, psychosis secondary to substance use, schizophrenia, schizophreniform disorder, and schizoaffective disorder, as defined by the most current version of the Diagnostic and Statistical Manual of Mental Disorders.

§465- Administration. (a) The board shall prescribe forms and fees for the application for and renewal of prescriptive authority privilege pursuant to this part.

(b) The board shall develop and implement procedures for reviewing the educational and training credentials of a

psychologist applying for or renewing prescriptive authority privilege pursuant to this part, in accordance with current standards of professional practice.

(c) The board shall develop the exclusionary formulary for prescribing psychologists. The board may form an advisory panel for developing the exclusionary formulary and establishing rules.

(d) The board shall adopt rules pursuant to chapter 91 as necessary to implement this part; provided that the board shall establish a rule that, except as otherwise provided in this part, a prescribing psychologist shall collaborate with the patient's primary health care provider.

(e) The board shall have all other powers necessary to carry out the purposes of this part.

§465- Prescriptive authority privilege; requirements. Beginning on July 1, 2026, the board shall accept applications for prescriptive authority privilege. Each applicant for prescriptive authority privilege shall submit evidence, in a form and manner prescribed by the board, satisfying the board that the applicant:

(1) Has clinical experience that includes:

(A) A minimum of eight hundred hours completed in a clinical prescribing practicum, including geriatric, pediatric, and pregnant patients, completed in no fewer than twelve months and not more than fifty-six months;

(B) The supervision of a minimum of one hundred patients, including geriatric, pediatric, and pregnant patients;

(C) A minimum of eighty hours completed in a physical assessment practicum in a primary care, family practice, community, or internal medicine setting;

(D) A minimum of one hundred hours of community service working with populations who are low-income, homeless, or veterans; and

(E) A minimum of two hours per week of supervision by a primary care provider or prescribing psychologist; and

(2) Has demonstrated competency in neuroscience; nervous system pathology; physiology and pathophysiology; biopsychosocial and pharmacologic assessment and

monitoring; differential diagnosis; pharmacology; clinical psychopharmacology; research; and in integrating clinical psychopharmacology with the practice of psychology and other diverse factors including professional, legal, ethical, and interprofessional concerns, by successfully passing the nationally recognized Psychopharmacology Examination for Psychologists, as determined by:

(A) The American Psychological Association Practice Organization, if the examination was taken prior to 2017;

(B) The Association of State and Provincial Psychology Boards, if the examination was taken after 2018; or

(C) Any successor organization.

§465- Prescriptive authority privilege; renewal. (a) The board shall develop and implement processes for renewing prescriptive authority privilege in conjunction with the renewal of a license under section 465-11.

(b) To qualify for the renewal of prescriptive authority privilege, a prescribing psychologist shall present evidence

satisfactory to the board that the prescribing psychologist has completed at least eighteen hours biennially of acceptable continuing education, as determined by the board, relevant to the pharmacological treatment of mental and emotional disorders; provided that the continuing education requirement shall not apply to a prescribing psychologist who is applying for the psychologist's first prescriptive authority renewal.

(c) The continuing education required pursuant to subsection (b) shall be in addition to the continuing education requirement in section 465-11.

(d) The board may conduct random audits of licensees to determine compliance with the continuing education required by subsection (b). The board shall provide written notice of an audit to each randomly selected licensee. Within ninety days of notification, the licensee shall provide the board with documentation verifying compliance with the continuing education requirement established by subsection (b).

(e) The board shall grant prescriptive authority, without examination, to a psychologist who:

(1) Has been licensed to prescribe for five or more years in a state that authorizes prescriptive authority for psychologists;

(2) Is authorized to prescribe by any branch of the United States Armed Services;

(3) Is authorized to prescribe by the United States Department of Health; or

(4) Is authorized to prescribe by the Indian Health Service.

§465- Prescriptive authority privilege; prescribing practices. (a) It shall be unlawful for any psychologist not granted prescriptive authority privilege pursuant to this part to prescribe, offer to prescribe, administer, or offer to administer any medication; or to use any sign, card, or device to indicate that the psychologist is authorized to prescribe or administer medication.

(b) A valid prescription issued by a prescribing psychologist shall be legibly written and shall include the:

(1) Date of issuance;

(2) Original signature of the prescribing psychologist;

(3) Prescribing psychologist's name and business address;

(4) Name, strength, quantity, and specific instructions for the psychotropic medication to be dispensed;

(5) Name and address of the person for whom the prescription was written;

(6) Room number and route of administration if the patient is in an institutional facility; and

(7) Number of allowable refills, if applicable.

(c) A prescribing psychologist shall comply with all applicable state and federal laws and rules relating to the prescription and administration of psychotropic medication.

(d) A prescribing psychologist shall:

(1) Except as provided in paragraph (3), prescribe and administer psychotropic medication only in consultation with and pursuant to a written and signed collaborative agreement with the patient's primary care provider;

(2) Make any changes to a medication treatment plan, including dosage adjustments, additions of medications, or discontinuations of medications, only in consultation and collaboration with the patient's primary care provider;

(3) Prescribe and administer psychotropic medication for a patient who is forensically encumbered or who has a diagnosis of a serious mental illness and is subject to the jurisdiction of the department of health, only:

(A) After entering into a written and signed collaborative agreement with the department of health;

(B) In accordance with a treatment protocol agreed to by the prescribing psychologist and the treating psychologist at the department of health; and

(C) After providing notification to all other health care providers who are treating the patient; and

(4) Document all consultations in the patient's medical record.

(e) A prescribing psychologist shall not prescribe or administer a psychotropic medication to any patient who does not have a primary care provider.

(f) A prescribing psychologist shall not delegate prescriptive authority to any other person.

§465- Prescriptive authority privilege; exclusionary formulary. (a) A prescribing psychologist shall only prescribe

and administer medications for the treatment of mental health disorders as defined by the most current version of the Diagnostic and Statistical Manual of Mental Disorders.

(b) The exclusionary formulary for prescribing psychologists shall consist of drugs or categories of drugs adopted by the board.

(c) The exclusionary formulary and any revised formularies shall be made available to licensed pharmacies at the request of the pharmacy and at no cost.

(d) Under the exclusionary formulary, prescribing psychologists shall not prescribe or administer:

(1) Schedule I controlled substances pursuant to section 329-14;

(2) Schedule II controlled substances pursuant to section 329-16;

(3) Schedule III controlled substances pursuant to section 329-18, including any narcotic drugs or opiates; and

(4) For indications other than those stated in labeling approved by the United States Food and Drug

Administration if the patient is seventeen years of age or younger;

provided that a prescribing psychologist may prescribe and administer stimulants for the treatment of attention deficit hyperactivity disorder, regardless of the stimulants' schedule classification and buprenorphine for the treatment of opioid use disorder.

§465- Violation; penalties. Any person who violates this part shall be guilty of a misdemeanor and, upon conviction, subject to penalties as provided in section 465-15(b). Any person who violates this part may also be subject to disciplinary action by the board."

SECTION 3. Section 329-1, Hawaii Revised Statutes, is amended as follows:

1. By adding two new definitions to be appropriately inserted and to read:

""Prescribing psychologist" means a clinical psychologist licensed under chapter 465 who has:

(1) Undergone specialized training in clinical psychopharmacology;

(2) Passed a national proficiency examination in psychopharmacology, as approved by the board of psychology; and

(3) Been granted prescriptive authority privilege by the board of psychology.

"Psychotropic medication" means only those agents related to the diagnosis and treatment of mental and emotional disorders pursuant to the practice of psychology, as that term is defined in section 465-1, except:

(1) Drugs classified into schedule I, II, or III pursuant to this chapter;

(2) Opiates; or

(3) Narcotics;

provided that psychotropic medication shall include stimulants for the treatment of attention deficit hyperactivity disorder, regardless of the stimulants' schedule classification and buprenorphine for the treatment of opioid use disorder."

2. By amending the definition of "practitioner" to read:

""Practitioner" means:

(1) A physician, dentist, veterinarian, scientific investigator, or other person licensed and registered

under section 329-32 to distribute, dispense, or conduct research with respect to a controlled substance in the course of professional practice or research in this State;

(2) An advanced practice registered nurse with prescriptive authority licensed and registered under section 329-32 to prescribe and administer controlled substances in the course of professional practice in this State; [~~and~~]

(3) A prescribing psychologist licensed and registered under section 329-32 to prescribe and administer psychotropic medication in the course of professional practice in this State; and

[~~(3)~~] (4) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this State."

SECTION 4. Section 329-38, Hawaii Revised Statutes, is amended by amending subsection (h) to read as follows:

"[+](h)[+] Prescriptions for controlled substances shall be issued only as follows:

(1) All prescriptions for controlled substances shall originate from within the State and be dated as of, and signed on, the day when the prescriptions were issued and shall contain:

(A) The first and last name and address of the patient; and

(B) The drug name, strength, dosage form, quantity prescribed, and directions for use. Where a prescription is for gamma hydroxybutyric acid, methadone, or buprenorphine, the practitioner shall record as part of the directions for use, the medical need of the patient for the prescription.

Except for electronic prescriptions, controlled substance prescriptions shall be no larger than eight and one-half inches by eleven inches and no smaller than three inches by four inches. A practitioner may sign a prescription in the same manner as the practitioner would sign a check or legal document

(e.g., J.H. Smith or John H. Smith) and shall use both words and figures (e.g., alphabetically and numerically as indications of quantity, such as five (5)), to indicate the amount of controlled substance to be dispensed. Where an oral order or electronic prescription is not permitted, prescriptions shall be written with ink or indelible pencil or typed, shall be manually signed by the practitioner, and shall include the name, address, telephone number, and registration number of the practitioner. The prescriptions may be prepared by a secretary or agent for the signature of the practitioner, but the prescribing practitioner shall be responsible in case the prescription does not conform in all essential respects to this chapter and any rules adopted pursuant to this chapter. In receiving an oral prescription from a practitioner, a pharmacist shall promptly reduce the oral prescription to writing, which shall include the following information: the drug name, strength, dosage form, quantity prescribed in figures only, and directions for use; the date the

oral prescription was received; the full name, Drug Enforcement Administration registration number, and oral code number of the practitioner; and the name and address of the person for whom the controlled substance was prescribed or the name of the owner of the animal for which the controlled substance was prescribed.

A corresponding liability shall rest upon a pharmacist who fills a prescription not prepared in the form prescribed by this section. A pharmacist may add a patient's missing address or change a patient's address on all controlled substance prescriptions after verifying the patient's identification and noting the identification number on the back of the prescription document on file. The pharmacist shall not make changes to the patient's name, the controlled substance being prescribed, the quantity of the prescription, the practitioner's Drug Enforcement Administration number, the practitioner's name, the practitioner's electronic signature, or the practitioner's signature;

(2) An intern, resident, or foreign-trained physician, or a physician on the staff of a Department of Veterans Affairs facility or other facility serving veterans, exempted from registration under this chapter, shall include on all prescriptions issued by the physician:

(A) The registration number of the hospital or other institution; and

(B) The special internal code number assigned to the physician by the hospital or other institution in lieu of the registration number of the practitioner required by this section.

The hospital or other institution shall forward a copy of this special internal code number list to the department as often as necessary to update the department with any additions or deletions. Failure to comply with this paragraph shall result in the suspension of that facility's privilege to fill controlled substance prescriptions at pharmacies outside of the hospital or other institution. Each written prescription shall have the name of the

physician stamped, typed, or hand-printed on it, as well as the signature of the physician;

(3) An official exempted from registration shall include on all prescriptions issued by the official:

(A) The official's branch of service or agency (e.g., "U.S. Army" or "Public Health Service"); and

(B) The official's service identification number, in lieu of the registration number of the practitioner required by this section. The service identification number for a Public Health Service employee shall be the employee's social security or other government issued identification number.

Each prescription shall have the name of the officer stamped, typed, or handprinted on it, as well as the signature of the officer; [~~and~~]

(4) A physician assistant registered to prescribe controlled substances under the authorization of a supervising physician shall include on all controlled substance prescriptions issued:

(A) The Drug Enforcement Administration registration number of the supervising physician; and

(B) The Drug Enforcement Administration registration number of the physician assistant.

Each written controlled substance prescription issued shall include the printed, stamped, typed, or hand-printed name, address, and phone number of both the supervising physician and physician assistant, and shall be signed by the physician assistant[.]; and

(5) A prescribing psychologist authorized to prescribe and administer psychotropic medication in consultation and collaboration with a primary care provider pursuant to part of chapter 465 shall include on all psychotropic medication prescriptions issued:

(A) The Drug Enforcement Administration registration number of the primary care provider;

(B) The printed, stamped, typed, or hand-printed name, address, and phone number of both the licensed primary care provider and the prescribing psychologist; and

(C) The signature of the prescribing psychologist."

SECTION 5. Section 329-39, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) Whenever a pharmacist sells or dispenses any controlled substance on a prescription issued by a physician, dentist, podiatrist, or veterinarian, or any psychotropic medication on a prescription issued by a prescribing psychologist, the pharmacist shall affix to the bottle or other container in which the drug is sold or dispensed:

(1) The pharmacy's name and business address;

(2) The serial number of the prescription;

(3) The name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal;

(4) The name of the physician, dentist, podiatrist, prescribing psychologist, or veterinarian by whom the prescription is written; and

(5) [~~Such~~] The directions as may be stated on the prescription."

SECTION 6. Section 346-59.9, Hawaii Revised Statutes, is amended by amending subsection (h) to read as follows:

"(h) All psychotropic medications covered by this section shall be prescribed by a psychiatrist, a prescribing psychologist with prescriptive authority under part of chapter 465, a physician, or an advanced practice registered nurse with prescriptive authority under chapter 457 and duly licensed in the State."

SECTION 7. Chapter 465, Hawaii Revised Statutes, is amended by designating sections 465-1 to 465-15 as part I and inserting a title before section 465-1 to read as follows:

"**PART I. GENERAL PROVISIONS**"

SECTION 8. Section 465-3, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) [~~Nothing~~] Except as provided in part , nothing in this chapter shall be construed as permitting the administration or prescription of drugs, or in any way engaging in the practice of medicine as defined in the laws of the State."

SECTION 9. (a) The board of psychology shall submit a report and any proposed legislation, to the legislature no later than twenty days prior to the convening of the regular session of 2026, on the authorization of prescriptive authority to

prescribing psychologists who meet specific education, training, and registration requirements pursuant to this Act.

(b) The board of psychology shall collaborate with the department of health when preparing report data regarding the treatment of patients who are forensically encumbered or who have a diagnosis of serious mental illness and are subject to the department's jurisdiction."

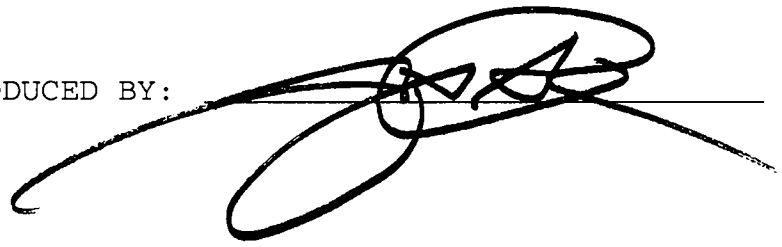
SECTION 10. There is appropriated out of the general revenues of the State of Hawaii the sum of $ or so much thereof as may be necessary for fiscal year 2025-2026 and the same sum or so much thereof as may be necessary for fiscal year 2026-2027 for the board of psychology to implement prescriptive authority privilege for certain psychologists pursuant to this Act, including for the hiring of any necessary staff.

The sums appropriated shall be expended by the department of commerce and consumer affairs for the purposes of this Act.

SECTION 11. This Act does not affect rights and duties that matured, penalties that were incurred, and proceedings that were begun before its effective date.

SECTION 12. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 13. This Act shall take effect on July 1, 2025.

INTRODUCED BY: 

S.B. NO. 708

Report Title:
Board of Psychology; Clinical Psychologists; Prescriptive Authority Privilege; Report; Appropriation

Description:
Authorizes and appropriates moneys for the Board of Psychology to grant prescriptive authority to clinical psychologists who meet specific education, training, and registration requirements. Requires the Board of Psychology to accept applications for prescriptive authority privilege beginning 7/1/2026. Requires the Board of Psychology to report to the Legislature.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

HOUSE OF REPRESENTATIVES
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAII

H.B. NO. 624 H.D. 1 S.D. 1

A BILL FOR AN ACT

RELATING TO SCHOOL PSYCHOLOGISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that properly licensed school psychologists provide effective services to help children and youth succeed academically, socially, behaviorally, and emotionally by providing direct educational and mental health services, as well as working with parents, educators, and other professionals to create supportive learning and social environments for all children.

The legislature further finds that Hawaii is the only state without certification or licensure for school psychologists. A dialogue on how to create a pathway for the licensure of school psychologists is needed to ensure that functioning school psychologists are properly qualified and delivering appropriate services.

Accordingly, the purpose of this Act is to create a school psychologists working group within the department of education to recommend actionable steps or propose legislation to the

legislature on an immediate pathway to licensure for school psychologists in 2026.

SECTION 2. (a) There is established within the department of education a school psychologists working group to recommend actionable steps for, or propose legislation on, an immediate pathway to licensure for school psychologists that can be acted upon in 2026.

(b) The working group shall consist of:

(1) The superintendent of education, or the superintendent's designee;

(2) The director of commerce and consumer affairs, or the director's designee; and

(3) The attorney general, or the attorney general's designee.

(c) The working group shall select a chairperson from among the members listed in subsection (b).

(d) The chairperson shall invite the following individuals to become members of the working group:

(1) A representative from the Hawaii Association of School Psychologists;

(2) A representative from the National Association of School Psychologists;

(3) A representative from the Board of Psychology;

(4) A representative from the Hawaii Psychological Association; and

(5) Any other individuals, including representatives from state agencies, stakeholders, or advocates, as recommended by a majority of the working group.

(e) Members of the working group shall serve without compensation but shall be reimbursed for expenses, including travel expenses, necessary for the performance of their duties.

(f) The working group shall submit a report of its findings, recommendations, and any proposed legislation to the legislature no later than twenty days prior to the convening of the regular session of 2026.

(g) The working group shall cease to exist on July 31, 2026.

SECTION 3. This Act shall take effect on July 1, 2050.

H.B. NO. 624 H.D. 1 S.D. 1

Report Title:
DOE; School Psychologists; Working Group; Report

Description:
Creates a School Psychologists Working Group within the Department of Education to recommend actionable steps or propose legislation for an immediate pathway to licensure for school psychologists that can be acted upon in 2026. Requires a report to the Legislature. Takes effect 7/1/2050. (SD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

HOUSE OF REPRESENTATIVES
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

H.B. NO. 1889

A BILL FOR AN ACT

RELATING TO SCHOOL PSYCHOLOGISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that properly licensed school psychologists provide effective services to help children and youth succeed academically, socially, behaviorally, and emotionally by providing direct educational and mental health services, as well as working with parents, educators, and other professionals to create supportive learning and social environments for all children.

The legislature further finds that Hawaii is the only state without certification or licensure for school psychologists. A dialogue on how to create a pathway for the licensure of school psychologists is needed to ensure that functioning school psychologists are properly qualified and delivering appropriate services.

Accordingly, the purpose of this Act is to create a school psychologists working group within the department of education to recommend actionable steps or propose legislation to the

legislature on an immediate pathway to licensure for school psychologists in 2027.

SECTION 2. (a) There is established within the department of education a school psychologists working group to recommend actionable steps for, or propose legislation on, an immediate pathway to licensure for school psychologists that can be acted upon in 2027.

(b) The working group shall consist of the following persons or their designee:

(1) The superintendent of education;

(2) The director of commerce and consumer affairs; and

(3) The attorney general.

(c) The working group shall select a chairperson from among the members listed in subsection (b).

(d) The chairperson shall invite the following individuals to become members of the working group:

(1) A representative from the Hawaii Association of School Psychologists;

(2) The Hawaii delegate for the National Association of School Psychologists;

(3) A representative from the Board of Psychology; and

(4) Any other individuals, including representatives from state agencies, stakeholders, or advocates, as recommended by a majority of the working group.

(e) Members of the working group shall serve without compensation but shall be reimbursed for expenses, including travel expenses, necessary for the performance of their duties.

(f) The working group shall submit a report of its findings, recommendations, and any proposed legislation to the legislature no later than twenty days prior to the convening of the regular session of 2027.

(g) The working group shall cease to exist on July 31, 2027.

SECTION 3. This Act shall take effect on July 1, 2026.

INTRODUCED BY: _____

JAN 23 2026

H.B. NO. 1889

Report Title:
DOE; School Psychologists; Working Group; Report

Description:
Creates a School Psychologists Working Group within the Department of Education to recommend actionable steps or propose legislation for an immediate pathway to licensure for school psychologists that can be acted upon in 2027. Requires a report to the Legislature.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

HOUSE OF REPRESENTATIVES
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAII

H.B. NO. 625 H.D. 1

A BILL FOR AN ACT

RELATING TO EDUCATION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. Chapter 302A, Hawaii Revised Statutes, is amended by adding a new section to part III, subpart C, to be appropriately designated and to read as follows:

"**§302A- Nationally certified school psychologist; incentive program.** (a) There is established within the department a nationally certified school psychologist incentive program to recognize and support exemplary educational practice by offering incentive payments to school psychologists who earn the Nationally Certified School Psychologist credential from the National Association of School Psychologists. The nationally certified school psychologist incentive program shall provide:

(1) A $ bonus per year to each nationally certified school psychologist who maintains a current national certification;

(2) Up to $, depending on the certification fee structure, upon completing all components of the Nationally Certified School Psychologist credential;

(3) A reimbursement of the remainder of the national certification application fee upon achievement of the Nationally Certified School Psychologist credential; and

(4) An additional $ bonus per year to each school psychologist employed by the department who maintains a current Nationally Certified School Psychologist certificate and provides school psychology services to children in a hard-to-fill area as defined by the department.

(b) The department may adopt rules pursuant to chapter 91 necessary to carry out the purposes of this section."

SECTION 2. There is appropriated out of the general revenues of the State of Hawaii the sum of $ or so much thereof as may be necessary for fiscal year 2025-2026 and the same sum or so much thereof as may be necessary for fiscal year 2026-2027 to offer incentive pay for the nationally certified school psychologist incentive program established pursuant to section 1 of this Act.

The sums appropriated shall be expended by the department of education for the purposes of this Act.

SECTION 3. New statutory material is underscored.

SECTION 4. This Act shall take effect on July 1, 3000.

H.B. NO. 625 H.D. 1

Report Title:
Department of Education; School Psychologists; Nationally Certified School Psychologist Incentive Program; Appropriation

Description:
Establishes a nationally certified school psychologist incentive program. Appropriates funds for the incentive program. Effective 7/1/3000. (HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

THE SENATE
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAII

S.B. NO. 1635

JAN 2 3 2025

A BILL FOR AN ACT

RELATING TO LICENSURE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. Section 451J-7, Hawaii Revised Statutes, is amended to read as follows:

"**§451J-7 Application for licensure.** Any person who files an application with the department after December 31, 1998, shall be issued a license by the department if the applicant provides satisfactory evidence to the department that the applicant is qualified for licensure pursuant to the requirements of this chapter and meets the following qualifications:

(1) Has completed a master's degree or doctoral degree from an accredited educational institution in marriage and family therapy or in an allied field related to the practice of mental health counseling which includes or is supplemented by graduate level course work comprising a minimum of [~~thirty-three~~] thirty-six semester, or [~~forty-four~~] forty-eight quarter hours in the following course areas:

(A) Marriage and family studies--nine semester or twelve quarter hours;

(B) Marriage and family therapy studies--nine semester or twelve quarter hours;

(C) Human development--nine semester or twelve quarter hours;

(D) Ethical and professional studies--three semester or four quarter hours; [~~and~~]

(E) Research--three semester or four quarter hours; and

(F) Courses related to domestic violence--three semester or four quarter hours;

(2) Has one year practicum with three hundred hours supervised client contact;

(3) Completes one thousand hours of direct marriage and family therapy, and two hundred hours clinical supervision in not less than twenty-four months; and

(4) Has passed the National Marriage and Family Therapy Exam in accordance with section 451J-8.

An individual who is a clinical member of the association shall be deemed to have met the educational and clinical experience requirements of this section."

SECTION 2. Section 451J-10, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) Beginning with the renewal for the licensing triennium commencing on January 1, 2017, through December 31, 2019, and prior to every triennial renewal thereafter, each licensee shall:

(1) Pay all required fees; and

(2) Complete a minimum of forty-five credit hours of continuing education courses within the three-year period preceding the renewal date; provided that a minimum of six credit hours shall be in ethics courses[~~.~~]; provided further that a minimum of two credit hours shall be in courses related to domestic violence."

SECTION 3. Section 453D-7, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) An applicant shall be issued a license by the department if the applicant provides satisfactory evidence to

the department that the applicant is qualified for licensure pursuant to the requirements of this chapter and meets the following qualifications:

(1) Receipt of a master's degree or doctoral degree from an accredited educational institution in counseling or in an allied field related to the practice of mental health counseling that includes, or is supplemented by, graduate level course work in counseling comprising a minimum of forty-eight semester hours or seventy-two quarter hours in the following course areas, with a minimum of three semester hours or five quarter hours in each course area as indicated below:

(A) Human growth and development, including but not limited to the study of life span development, strategies to facilitate that development and transitions, theories of learning and personality development, and human behavior to include crisis, disabilities, addictive behavior, and environmental factors;

(B) Social and cultural foundations, including but not limited to the study of issues and trends in

a multicultural and diverse society, including characteristics of diverse groups that may include but are not limited to age, race, religious or sexual preference, physical disability, ethnicity and culture, gender, socioeconomics, intellectual ability, and individual, family, and group strategies with diverse populations;

(C) Counseling theories and applications, including but not limited to counseling and consultation, including both individual and systems perspectives, interviewing, assessment, and counseling skills, as well as applying principles, methods, and theories of counseling, treatment and counseling of mental and emotional disorders, and educational techniques aimed at preventing these disorders with individuals and families;

(D) Group theory and practice, including but not limited to principles of group dynamics, group process, group leadership styles, theories and

methods of group counseling, and the application of theory to the group processes;

(E) Career and lifestyle development, including but not limited to the study of vocational development theories and decision-making models, assessment instruments, and techniques, types, sources, and uses of occupational and educational information systems, career development applications, and career counseling processes, techniques, and resources;

(F) Appraisal of human behavior, including but not limited to assessment and diagnosis of disorders with an emphasis on DSM categories and an understanding of these disorders relative to the counseling context;

(G) Tests and measurements, including but not limited to theoretical and historical bases for assessment techniques, and assessment methods, including analysis of various types of tests to select, administer, interpret, and use assessment

and evaluation instruments and techniques in counseling;

(H) Research and program evaluation, including but not limited to research design and methods, statistical analysis, principles, practices, and application of needs assessment, and program evaluation;

(I) Professional orientation and ethics, including but not limited to the history of the helping profession, professional roles and functions, ethical standards, confidentiality, professional organizations, and the public policy process, including advocacy on behalf of the profession and its clientele; [~~and~~]

(J) At least two academic terms of supervised mental health practicum intern experience for graduate credit of at least six semester hours or ten quarter hours in a mental health counseling setting, with a total of three hundred hours of supervised client contact. The practicum experience shall be completed under the clinical

supervision of a person who is licensed as a mental health counselor, psychologist, clinical social worker, advanced practice registered nurse with a specialty in mental health, marriage and family therapist, or physician with a specialty in psychiatry; and

(K) Courses related to domestic violence;

(2) Completion of not less than three thousand hours of post-graduate experience in the practice of mental health counseling, with one hundred hours of face-to-face clinical supervision that shall be completed in no less than two years and in no more than four years, under the clinical supervision of a person who is a licensed mental health counselor, psychologist, clinical social worker, advanced practice registered nurse with a specialty in mental health, marriage and family therapist, or physician with a specialty in psychiatry. In collaboration with the supervisor, the applicant may elect to fulfill some or all of the supervision requirements through face-to-face supervision that is conducted electronically through a

videoconference service that complies with all federal and state privacy, security, and confidentiality laws, including the Health Insurance Portability and Accountability Act of 1996; provided that the applicant shall review the laws and rules of other jurisdictions to determine the impact, if any, that electronic supervision may have on licensure by endorsement or reciprocity in other states prior to electing electronic supervision; and

(3) Passage of the National Counselor Examination for Licensure and Certification."

SECTION 4. Section 453D-11, Hawaii Revised Statutes, is amended to read as follows:

"**[~~[~~]§453D-11[~~]~~] Renewal of license; fees[~~.~~]; continuing education requirement.** (a) Licenses shall be renewed, upon the payment of a renewal fee, triennially not earlier than ninety days before June 30, with the first renewal deadline occurring on June 30, 2008. Failure to renew a license shall result in a forfeiture of the license. Licenses that have been forfeited may be restored within one year of the expiration date upon payment of renewal and restoration fees. Failure to restore a

forfeited license within one year of the date of its expiration shall result in the automatic termination of the license and the person may be required to reapply for licensure as a new applicant. All renewal and restoration fees shall be determined by the department.

(b) Prior to every triennial renewal, each licensee shall complete a minimum of two credit hours of continuing education within every licensing triennium in courses related to domestic violence.

(c) A first-time licensee shall not be subject to the continuing education requirement established under subsection (b) for the first license renewal.

(d) Each licensee shall be responsible for maintaining the licensee's continuing education records. At the time of renewal, each licensee shall certify under oath that the licensee has complied with the continuing education requirement of this section. The director may require a licensee to submit evidence satisfactory to the director that demonstrates compliance with the continuing education requirement of this section.

(e) A licensee seeking renewal of a license without full compliance with the continuing education requirement shall submit the renewal application, required fee, a notarized affidavit setting forth the facts explaining the reasons for noncompliance, and a request for an extension on the basis of the facts; provided that the licensee shall complete at least ninety hours of continuing education, including at least twelve hours in ethics courses, prior to the next licensing triennium. The director shall consider each case on an individual basis and may grant an extension of the continuing education requirement based upon:

(1) Practice in an isolated geographical area with an absence of opportunities for continuing education by taped programs or otherwise; or

(2) Inability to devote sufficient hours to continuing education because of incapacity, undue hardship, or any other serious extenuating circumstances.

(f) The director may conduct random audits of licensees to determine compliance with the continuing education requirement. The director shall provide written notice of an audit to a licensee randomly selected for audit. Within sixty days of

notification, the licensee shall provide the director with documentation verifying compliance with the continuing education requirement established by this section."

SECTION 5. Section 465-7, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Every applicant for a license as a psychologist shall submit evidence satisfactory to the board that the applicant meets the following requirements:

(1) The applicant for licensure shall possess a doctoral degree from:

(A) An American Psychological Association approved program in clinical psychology, counseling psychology, school psychology, or programs offering combinations of two or more of these areas; or

(B) A professional psychology training program, awarded by an institution of higher education, or from a regionally accredited institution;

provided that the applicant for licensure shall have completed a minimum of three semester hours of graduate-level courses related to domestic violence;

(2) The applicant for licensure shall demonstrate that the applicant has completed one year of post doctoral supervised experience in health service in psychology, and:

(A) An internship approved by the American Psychological Association; or

(B) One year of supervised experience in health service in psychology, in an internship or residency program in an organized health service training program; and

(3) The applicant for licensure has passed an examination as may be prescribed by the board."

SECTION 6. Section 465-11, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Beginning with the July 1, 2016, through June 30, 2018, biennium period and prior to every biennial renewal thereafter, each licensee shall:

(1) Pay all required fees; and

(2) Complete a minimum of eighteen credit hours of continuing education within every licensing biennium[~~.~~]; provided that a minimum of two credit

hours shall be in courses related to domestic violence."

SECTION 7. Section 467E-7, Hawaii Revised Statutes, is amended to read as follows:

"**§467E-7 Licensing requirements.** Every applicant for a license as a social worker shall submit evidence satisfactory to the director that the applicant meets the following requirements:

(1) For the licensed bachelor social worker, the applicant:

(A) Holds a bachelor's degree from a college or university in a social work program accredited by or deemed to be equivalent to a program accredited by the Council on Social Work Education; and

(B) Has passed the basic level national examination given by the Association of Social Work Boards;

(2) For the licensed social worker, the applicant:

(A) Holds a master's degree from a college or university in a social work program accredited by or deemed to be equivalent to an accredited

program by the Council on Social Work Education or a doctoral degree from a doctoral degree program in social work accredited by the Western Association of Schools and Colleges or a comparable regional accreditation body; and

(B) Has passed the intermediate or higher level national examination given by the Association of Social Work Boards; and

(3) For the licensed clinical social worker, the applicant:

(A) Has met the educational requirements in paragraph (2) [~~,~~] and completed a minimum of three semester hours of graduate-level courses related to domestic violence;

(B) Has passed the clinical level national examination given by the Association of Social Work Boards;

(C) Has provided evidence of successful completion of at least three thousand hours of post masters clinical social work experience under supervision completed within no fewer than two years, but

within no more than five years. Clinical social work experience shall include a minimum of two thousand hours of assessment, clinical diagnosis, and psychotherapy; no more than a maximum of nine hundred hours of client-centered advocacy, consultation, and evaluation; and at least one hundred hours of supervision as follows:

(i) At least sixty of the one hundred hours of direct face-to-face supervision shall have been individualized supervision; and

(ii) Not more than forty hours of direct face-to-face supervision may have been under small group (up to six supervisees) supervision.

An applicant who submits evidence of certification as a qualified clinical social worker or diplomate in clinical social work by the National Association of Social Workers or as a board certified diplomate by the American Board of Examiners shall be deemed to have satisfied the experience requirements of this subparagraph;

(D) For the purposes of subparagraph (C), shall have had clinical supervision as follows:

(i) The supervisor shall have been a licensed clinical social worker with at least four thousand five hundred hours of post masters clinical social work experience;

(ii) For the first five years after July 1, 2004, the following individuals shall be deemed to have satisfied the requirements of a supervisor: a person with a master's degree in social work with at least four thousand five hundred hours post masters clinical social work experience; an individual who holds a diplomate in clinical social work or a board certified diplomate certification; or a board certified psychiatrist, psychologist, advanced practice registered nurse who has a minimum of four thousand five hundred hours of post masters clinical experience in assessment, clinical diagnosis, and psychotherapy; and

(iii) Supervision shall have included review of assessment, clinical diagnosis, and psychotherapy; and

(E) In collaboration with the supervisor, may elect to fulfill some or all of the supervision requirements set forth in subparagraph (C) through face-to-face supervision that is conducted electronically through a video conference service that is compliant with all federal and state privacy, security, and confidentiality laws, including the Health Insurance Portability and Accountability Act of 1996. Prior to making such an election, it is incumbent upon the applicant to review the laws and rules of other jurisdictions to determine the impact, if any, that electronic supervision may have on license by endorsement in other states."

SECTION 8. Section 467E-11, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Beginning with the renewal for the licensing triennium commencing on July 1, 2016, through June 30, 2019, and

prior to every triennial renewal thereafter, each licensee shall:

(1) Pay all required fees; and

(2) Complete a minimum of forty-five credit hours of continuing education courses within the three-year period preceding the renewal date; provided that a minimum of three credit hours shall be in ethic courses[~~.~~] and a minimum of two credit hours shall be in courses related to domestic violence."

SECTION 9. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 10. This Act shall take effect upon its approval.

INTRODUCED BY: _____

S.B. NO. 1635

Report Title:
Licensure Requirement; Renewal; Continuing Education Requirement; Domestic Violence; Marriage and Family Therapists; Mental Health Counselors; Psychologists; Clinical Social Workers

Description:
Requires marriage and family therapists, mental health counselors, psychologists, and clinical social workers to complete courses related to domestic violence for licensure and renewals.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

THE SENATE
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

S.B. NO. 2111

JAN 21 2026

A BILL FOR AN ACT

RELATING TO LICENSURE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. Section 451J-7, Hawaii Revised Statutes, is amended to read as follows:

"**§451J-7 Application for licensure.** Any person who files an application with the department after December 31, 1998, shall be issued a license by the department if the applicant provides satisfactory evidence to the department that the applicant is qualified for licensure pursuant to the requirements of this chapter and meets the following qualifications:

(1) Has completed a master's degree or doctoral degree from an accredited educational institution in marriage and family therapy or in an allied field related to the practice of mental health counseling [~~which~~] that includes or is supplemented by graduate level course work comprising a minimum of [~~thirty-three~~] thirty-six semester, or [~~forty-four~~] forty-eight quarter hours in the following course areas:

(A) Marriage and family studies--nine semester or twelve quarter hours;

(B) Marriage and family therapy studies--nine semester or twelve quarter hours;

(C) Human development--nine semester or twelve quarter hours;

(D) Ethical and professional studies--three semester or four quarter hours; [~~and~~]

(E) Research--three semester or four quarter hours; and

(F) Courses related to domestic violence--three semester or four quarter hours;

(2) Has one year practicum with three hundred hours supervised client contact;

(3) Completes one thousand hours of direct marriage and family therapy, and two hundred hours clinical supervision in not less than twenty-four months; and

(4) Has passed the National Marriage and Family Therapy Exam in accordance with section 451J-8.

An individual who is a clinical member of the association shall be deemed to have met the educational and clinical experience requirements of this section."

SECTION 2. Section 451J-10, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) Beginning with the renewal for the licensing triennium commencing on January 1, 2017, through December 31, 2019, and prior to every triennial renewal thereafter, each licensee shall:

(1) Pay all required fees; and

(2) Complete a minimum of forty-five credit hours of continuing education courses within the three-year period preceding the renewal date; provided that a minimum of six credit hours shall be in ethics courses[~~.~~]; provided further that a minimum of two credit hours shall be in courses related to domestic violence."

SECTION 3. Section 453D-7, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) An applicant shall be issued a license by the department if the applicant provides satisfactory evidence to

the department that the applicant is qualified for licensure pursuant to the requirements of this chapter and meets the following qualifications:

(1) Receipt of a master's degree or doctoral degree from an accredited educational institution in counseling or in an allied field related to the practice of mental health counseling that includes, or is supplemented by, graduate level course work in counseling comprising a minimum of forty-eight semester hours or seventy-two quarter hours in the following course areas, with a minimum of three semester hours or five quarter hours in each course area as indicated below:

(A) Human growth and development, including but not limited to the study of life span development, strategies to facilitate that development and transitions, theories of learning and personality development, and human behavior to include crisis, disabilities, addictive behavior, and environmental factors;

(B) Social and cultural foundations, including but not limited to the study of issues and trends in

a multicultural and diverse society, including characteristics of diverse groups that may include but are not limited to age, race, religious or sexual preference, physical disability, ethnicity and culture, gender, socioeconomics, intellectual ability, and individual, family, and group strategies with diverse populations;

(C) Counseling theories and applications, including but not limited to counseling and consultation, including both individual and systems perspectives, interviewing, assessment, and counseling skills, as well as applying principles, methods, and theories of counseling, treatment and counseling of mental and emotional disorders, and educational techniques aimed at preventing these disorders with individuals and families;

(D) Group theory and practice, including but not limited to principles of group dynamics, group process, group leadership styles, theories and

methods of group counseling, and the application of theory to the group processes;

(E) Career and lifestyle development, including but not limited to the study of vocational development theories and decision-making models, assessment instruments, and techniques, types, sources, and uses of occupational and educational information systems, career development applications, and career counseling processes, techniques, and resources;

(F) Appraisal of human behavior, including but not limited to assessment and diagnosis of disorders with an emphasis on DSM categories and an understanding of these disorders relative to the counseling context;

(G) Tests and measurements, including but not limited to theoretical and historical bases for assessment techniques, and assessment methods, including analysis of various types of tests to select, administer, interpret, and use assessment

and evaluation instruments and techniques in counseling;

(H) Research and program evaluation, including but not limited to research design and methods, statistical analysis, principles, practices, and application of needs assessment, and program evaluation;

(I) Professional orientation and ethics, including but not limited to the history of the helping profession, professional roles and functions, ethical standards, confidentiality, professional organizations, and the public policy process, including advocacy on behalf of the profession and its clientele; [~~and~~]

(J) At least two academic terms of supervised mental health practicum intern experience for graduate credit of at least six semester hours or ten quarter hours in a mental health counseling setting, with a total of three hundred hours of supervised client contact. The practicum experience shall be completed under the clinical

supervision of a person who is licensed as a mental health counselor, psychologist, clinical social worker, advanced practice registered nurse with a specialty in mental health, marriage and family therapist, or physician with a specialty in psychiatry; and

(K) Courses related to domestic violence;

(2) Completion of not less than three thousand hours of post-graduate experience in the practice of mental health counseling, with one hundred hours of face-to-face clinical supervision that shall be completed in [~~no~~] not less than two years and in [~~no~~] not more than four years, under the clinical supervision of a person who is a licensed mental health counselor, psychologist, clinical social worker, advanced practice registered nurse with a specialty in mental health, marriage and family therapist, or physician with a specialty in psychiatry. In collaboration with the supervisor, the applicant may elect to fulfill some or all of the supervision requirements through face-to-face

supervision that is conducted electronically through a videoconference service that complies with all federal and state privacy, security, and confidentiality laws, including the Health Insurance Portability and Accountability Act of 1996; provided that the applicant shall review the laws and rules of other jurisdictions to determine the impact, if any, that electronic supervision may have on licensure by endorsement or reciprocity in other states [~~prior to~~] before electing electronic supervision; and

(3) Passage of the National Counselor Examination for Licensure and Certification."

SECTION 4. Section 453D-11, Hawaii Revised Statutes, is amended to read as follows:

"**[~~+~~]§453D-11[~~+~~] Renewal of license; fees[~~.~~]; continuing education requirement.** (a) Except as otherwise provided in section 453D-7.5, licenses shall be renewed, upon the payment of a renewal fee, triennially not earlier than ninety days before June 30, with the first renewal deadline occurring on June 30, 2008. Failure to renew a license shall result in a forfeiture of the license. Licenses that have been forfeited may be

restored within one year of the expiration date upon payment of renewal and restoration fees. Failure to restore a forfeited license within one year of the date of its expiration shall result in the automatic termination of the license and the person may be required to reapply for licensure as a new applicant. All renewal and restoration fees shall be determined by the department.

(b) Before every triennial renewal, each licensee shall complete a minimum of two credit hours of continuing education within every licensing triennium in courses related to domestic violence.

(c) A first-time licensee shall not be subject to the continuing education requirement established under subsection (b) for the first license renewal.

(d) Each licensee shall be responsible for maintaining the licensee's continuing education records. At the time of renewal, each licensee shall certify under oath that the licensee has complied with the continuing education requirement of this section. The director may require a licensee to submit evidence satisfactory to the director that demonstrates

compliance with the continuing education requirement of this section.

(e) A licensee seeking renewal of a license without full compliance with the continuing education requirement shall submit the renewal application, required fee, a notarized affidavit setting forth the facts explaining the reasons for noncompliance, and a request for an extension on the basis of the facts; provided that the licensee shall complete at least ninety hours of continuing education, including at least twelve hours in ethics courses, before the next licensing triennium. The director shall consider each case on an individual basis and may grant an extension of the continuing education requirement based upon:

(1) Practice in an isolated geographical area with an absence of opportunities for continuing education by taped programs or otherwise; or

(2) Inability to devote sufficient hours to continuing education because of incapacity, undue hardship, or any other serious extenuating circumstances.

(f) The director may conduct random audits of licensees to determine compliance with the continuing education requirement.

The director shall provide written notice of an audit to a licensee randomly selected for audit. Within sixty days of notification, the licensee shall provide the director with documentation verifying compliance with the continuing education requirement established by this section."

SECTION 5. Section 465-7, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Every applicant for a license as a psychologist shall submit evidence satisfactory to the board that the applicant meets the following requirements:

(1) The applicant for licensure shall possess a doctoral degree from:

(A) An American Psychological Association approved program in clinical psychology, counseling psychology, school psychology, or programs offering combinations of two or more of these areas; or

(B) A professional psychology training program, awarded by an institution of higher education, or from a regionally accredited institution; provided that the applicant for licensure shall

have completed a minimum of three semester hours of graduate-level courses related to domestic violence;

(2) The applicant for licensure shall demonstrate that the applicant has completed one year of post doctoral supervised experience in health service in psychology, and:

(A) An internship approved by the American Psychological Association; or

(B) One year of supervised experience in health service in psychology, in an internship or residency program in an organized health service training program; and

(3) The applicant for licensure has passed an examination as may be prescribed by the board; provided that applicants issued an associate psychologist provisional license pursuant to section 465-7.2 shall be authorized to take the examination upon the issuance of the license; provided further that the authorization to take the examination shall terminate

on the date the provisional license expires or if disciplinary action is taken on the license."

SECTION 6. Section 465-11, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Beginning with the July 1, 2016, through June 30, 2018, biennium period and prior to every biennial renewal thereafter, each licensee shall:

(1) Pay all required fees; and

(2) Complete a minimum of eighteen credit hours of continuing education within every licensing biennium[~~.~~]; provided that a minimum of two credit hours shall be in courses related to domestic violence."

SECTION 7. Section 467E-7, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Every applicant for a license as a social worker shall submit evidence satisfactory to the director that the applicant meets the following requirements:

(1) For the licensed bachelor social worker, the applicant:

(A) Holds a bachelor's degree from a college or university in a social work program accredited by or deemed to be equivalent to a program accredited by the Council on Social Work Education; and

(B) Has passed the basic level national examination given by the Association of Social Work Boards;

(2) For the licensed social worker, the applicant:

(A) Holds a master's degree from a college or university in a social work program accredited by or deemed to be equivalent to an accredited program by the Council on Social Work Education or a doctoral degree from a doctoral degree program in social work accredited by the Western Association of Schools and Colleges or a comparable regional accreditation body; and

(B) Has passed the intermediate or higher level national examination given by the Association of Social Work Boards; and

(3) For the licensed clinical social worker, the applicant:

(A) Has met the educational requirements in paragraph (2) [~~f~~] and completed a minimum of three semester hours of graduate-level courses related to domestic violence;

(B) Has passed the clinical level national examination given by the Association of Social Work Boards;

(C) Has provided evidence of successful completion of at least three thousand hours of post masters clinical social work experience under supervision completed within no fewer than two years, but within no more than five years. Clinical social work experience shall include a minimum of two thousand hours of assessment, clinical diagnosis, and psychotherapy; no more than a maximum of nine hundred hours of client-centered advocacy, consultation, and evaluation; and at least one hundred hours of supervision as follows:

(i) At least sixty of the one hundred hours of direct face-to-face supervision shall have been individualized supervision; and

(ii) Not more than forty hours of direct face-to-face supervision may have been under small group (up to six supervisees) supervision.

An applicant who submits evidence of certification as a qualified clinical social worker or diplomate in clinical social work by the National Association of Social Workers or as a board certified diplomate by the American Board of Examiners shall be deemed to have satisfied the experience requirements of this subparagraph;

(D) For the purposes of subparagraph (C), shall have had clinical supervision as follows:

(i) The supervisor shall have been a licensed clinical social worker with at least four thousand five hundred hours of post masters clinical social work experience;

(ii) For the first five years after July 1, 2004, the following individuals shall be deemed to have satisfied the requirements of a supervisor: a person with a master's degree in social work with at least four thousand

five hundred hours post masters clinical social work experience; an individual who holds a diplomate in clinical social work or a board certified diplomate certification; or a board certified psychiatrist, psychologist, advanced practice registered nurse who has a minimum of four thousand five hundred hours of post masters clinical experience in assessment, clinical diagnosis, and psychotherapy; and

(iii) Supervision shall have included review of assessment, clinical diagnosis, and psychotherapy; and

(E) In collaboration with the supervisor, may elect to fulfill some or all of the supervision requirements set forth in subparagraph (C) through face-to-face supervision that is conducted electronically through a video conference service that is compliant with all federal and state privacy, security, and confidentiality laws, including the Health

Insurance Portability and Accountability Act of 1996. [~~Prior to~~] Before making the election, it [~~is~~] shall be incumbent upon the applicant to review the laws and rules of other jurisdictions to determine the impact, if any, that electronic supervision may have on license by endorsement in other states."

SECTION 8. Section 467E-11, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Beginning with the renewal for the licensing triennium commencing on July 1, 2016, through June 30, 2019, and prior to every triennial renewal thereafter, each licensee shall:

(1) Pay all required fees; and

(2) Complete a minimum of forty-five credit hours of continuing education courses within the three-year period preceding the renewal date; provided that a minimum of three credit hours shall be in ethic courses[~~.~~] and a minimum of two credit hours shall be in courses related to domestic violence."

SECTION 9. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 10. This Act shall take effect on July 1, 2026.

INTRODUCED BY: Mike Gabbard

S.B. NO. 2111

Report Title:
Licensure Requirements; Renewals; Continuing Education Requirements; Domestic Violence; Marriage and Family Therapists; Mental Health Counselors; Psychologists; Clinical Social Workers

Description:
Requires marriage and family therapists, mental health counselors, psychologists, and clinical social workers to complete courses related to domestic violence for licensure and renewals.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

THE SENATE
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAII

S.B. NO. 474 S.D. 1

A BILL FOR AN ACT

RELATING TO PSYCHOLOGISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. Section 465-7.6, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) A psychologist employed in a civil service clinical psychologist position in this State after January 1, 1988, shall be licensed subject to:

(1) Meeting the requirements of section 465-7; and

(2) Obtaining licensure within two years from the date of employment[~~.~~]; provided that a psychologist employed by the department of corrections and rehabilitation shall obtain licensure within five years from the date of employment."

SECTION 2. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 3. This Act shall take effect on July 1, 2077; provided that the amendments made to section 465-7.6, Hawaii Revised Statutes, by section 1 of this Act shall not be repealed when that section is amended on July 1, 2026, pursuant to

section 27 of Act 93, Session Laws of Hawaii 2024; provided further that on July 1, 2030, this Act shall be repealed and section 465-7.6, Hawaii Revised Statutes, shall be reenacted in the form in which it read on July 1, 2077.

S.B. NO. 474 S.D. 1

Report Title:
DCR; Psychologists; Licensing

Description:
Requires clinical psychologists employed by the Department of Corrections and Rehabilitation to obtain licensure within five years from the date of employment. Sunsets on 7/1/2030. Effective 7/1/2077. (SD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

HOUSE OF REPRESENTATIVES
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAII

H.B. NO. 876

A BILL FOR AN ACT

RELATING TO HEALTHCARE PRECEPTORS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that there is a shortage of health care providers in the State, particularly primary care providers, which will be exacerbated by the projected retirement of current physicians, advanced practice registered nurses, pharmacists, and other health care workers. Although students are interested in pursuing careers in Hawaii's health care service industry, in-state educational institutions are constrained by the lack of clinical education sites in the State and the limited supply of qualified preceptors. One way to encourage the participation of preceptors is to offer an income tax credit for health care professionals who serve as preceptors.

The purpose of the existing healthcare preceptor income tax credit is to incentivize volunteer preceptors to offer professional instruction, training, and supervision to students and residents seeking careers as health care providers in the State. During the implementation of the tax credit, many

providers trained eligible students, but only a small subset met the eligibility requirements due to the primary care qualifying criterion for the preceptor.

The legislature recognizes that programs training physicians, advanced practice registered nurses, pharmacists, and physician assistants in primary care also require training from specialty preceptors. The legislature further recognizes that the health care workforce has shortages in professions beyond those included in the tax credit and whose workforce expansion is also limited by available preceptors, including psychologists, physician assistants, marriage and family therapists, mental health counselors, clinical social workers, rehabilitation counselors, and school counselors. As such, the healthcare preceptor tax credit should not be limited to physicians, advanced practice registered nurses, and pharmacists and should be expanded.

Therefore, the purpose of this Act is to:

(1) Include psychology, physician assistant, marriage and family therapist, mental health counselor, clinical social worker, rehabilitation counselor, and school

counselor students in the definition of "eligible student"; and

(2) Amend the definition of "preceptor", including adding psychologists, physician assistants, marriage and family therapists, mental health counselors, clinical social workers, rehabilitation counselors, and school counselors to the list of preceptors eligible to receive a tax credit.

SECTION 2. Section 235-110.25, Hawaii Revised Statutes, is amended by amending subsection (g) to read as follows:

"(g) For the purposes of this section:

"Academic program" means an academic degree granting program or graduate medical education program that:

(1) Holds either its principal accreditation or a physical location in Hawaii; and

(2) Provides education to students, of whom more than fifty per cent are residents of Hawaii.

"Advanced practice registered nurse student" means an individual participating in a nationally accredited academic program that is for the education of advanced practice

registered nurses and recognized by the state board of nursing pursuant to chapter 457.

"Clinical social worker student" means an individual participating in a nationally accredited academic program for the training of individuals to become licensed clinical social workers pursuant to chapter 467E.

"Eligible professional degree or training certificate" means a degree or certificate that fulfills a requirement to be a marriage and family therapist, pursuant to chapter 451J; a physician [~~or~~], osteopathic physician, or physician assistant, pursuant to chapter 453[~~,~~]; a mental health counselor, pursuant to chapter 453D; an advanced practice registered nurse, pursuant to chapter 457[~~, or~~]; a pharmacist, pursuant to chapter 461[~~,~~]; a psychologist, pursuant to chapter 465; a clinical social worker, pursuant to chapter 467E; a rehabilitation counselor; or school counselor.

"Eligible student" means an advanced practice registered nurse student, marriage and family therapy student, medical student, mental health counselor student, [~~or~~] pharmacy student, physician assistant student, psychology student, clinical social worker student, rehabilitation counselor student, or school

counselor student, who is enrolled in [~~an~~] a nationally accredited academic program.

"Marriage and family therapy student" means an individual participating in a nationally accredited academic program for the training of individuals to become licensed marriage and family therapists pursuant to chapter 451J.

"Medical student" means an individual participating in a nationally accredited academic program leading to the medical doctor or doctor of osteopathy degree. "Medical student" includes graduates from nationally accredited academic programs who have continued their training, in the role of resident or fellow, to obtain the additional qualifications needed for medical licensure, pursuant to chapter 453, or specialty certification.

"Mental health counselor student" means an individual participating in a nationally accredited academic program for the training of individuals to become licensed mental health counselors pursuant to chapter 453D.

"Nationally accredited" means holding an institutional accreditation by name to offer post-secondary medical primary care education. Accreditation for medical students shall be

offered by the Liaison Committee on Medical Education or American Osteopathic Association Commission on Osteopathic College Accreditation. Accreditation for advanced practice registered nurse students shall be offered by the Commission on Collegiate Nursing Education. Accreditation for pharmacy students shall be offered by the Accreditation Council for Pharmacy Education. Accreditation for physician assistant students shall be offered by the Accreditation Review Commission on Education for the Physician Assistant, Inc. Accreditation for clinical social worker students shall be offered by the Council on Social Work Education. Accreditation for psychology students shall be offered by the . Accreditation for marriage and family therapy students shall be offered by the . Accreditation for mental health counselor students shall be offered by the . Accreditation for rehabilitation counselor students shall be offered by the . Accreditation for school counselor students shall be offered by the .

"Pharmacy student" means an individual participating in [~~an~~] a nationally accredited academic program [~~that is~~

~~nationally accredited~~] for the training of individuals to become registered pharmacists pursuant to chapter 461.

"Physician assistant student" means an individual participating in a nationally accredited academic program for the education of physician assistants to become a nationally certified and licensed physician assistant pursuant to section 453-5.3.

"Preceptor" means a marriage and family therapist, licensed pursuant to chapter 451J; a physician [~~or~~], osteopathic physician, or physician assistant licensed pursuant to chapter 453[~~,~~]; a mental health counselor, licensed pursuant to chapter 453D; an advanced practice registered nurse, licensed pursuant to chapter 457[~~, or~~] a pharmacist, licensed pursuant to chapter 461[~~,~~]; a psychologist, licensed pursuant to chapter 465; or a clinical social worker, licensed pursuant to chapter 467E, who is a resident of Hawaii [~~and who~~], maintains a professional primary care practice in [~~this~~] the State[~~.~~], and whose specialty supports the development and training of an eligible student in primary care.

"Primary care" means the principal point of continuing care for patients provided by a [~~healthcare~~] health care provider,

including health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses, and coordination of other specialist care that the patient may need.

"Psychology student" means an individual participating in a nationally accredited academic program leading to a doctoral degree in psychology and recognized by the state board of psychology pursuant to chapter 465.

"Rehabilitation counselor student" means an individual participating in a nationally accredited academic program for the training of individuals to become certified rehabilitation counselors.

"School counselor student" means an individual participating in a nationally accredited academic program for the training of individuals to become nationally certified school counselors.

"Volunteer-based supervised clinical training rotation" means an uncompensated period of supervised clinical training of an eligible student that totals at least eighty hours of supervisory time annually, in which a preceptor provides personalized instruction, training, and supervision to an

eligible student to enable the eligible student to obtain an eligible professional degree or training certificate."

SECTION 3. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 4. This Act, upon its approval, shall apply to taxable years beginning after December 31, 2025.

INTRODUCED BY: _____

JAN 2 1 2025

H.B. NO. 876

Report Title:
Healthcare Preceptor Tax Credit; Marriage and Family Therapists; Mental Health Counselors; Physician Assistants; Psychologists; Clinical Social Worker; Rehabilitation Counselors; School Counselors

Description:
Adds psychology, physician assistant, marriage and family therapist, mental health counselor, clinical social worker, rehabilitation counselor, and school counselor students to the definition of "eligible student" under the qualifications for the healthcare preceptor tax credit. Amends the definition of "preceptor" by adding psychologists, physician assistants, marriage and family therapists, mental health counselors, clinical social workers, rehabilitation counselors, and school counselors to the list of preceptors eligible to receive the tax credit. Applies to taxable years beginning after 12/31/2025.

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HOUSE OF REPRESENTATIVES
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAII

H.B. NO. 1197

A BILL FOR AN ACT

RELATING TO CLINICAL PSYCHOLOGY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that a 2019 ACLU report showed that five thousand one hundred people are incarcerated in Hawaii's prisons and jails. Alarmingly, the current system is only meant to house about three thousand five hundred people resulting in severe overcrowding. In 2019, Hawaii admitted an average of more than one thousand thirty-seven prisoners per month to the state correctional system. It is estimated that the cost of incarceration per adult prisoner is nearly eighty thousand dollars per year. These figures illustrate a strain upon the State's resources as many of those inmates suffer from mental illnesses and require specialized care that the current facilities are not structured to support. The legislature finds that Hawaii's prison system is in dire need of reform particularly in its delivery of mental health care services to inmates across facilities statewide.

In a report to the legislature, the department of corrections and rehabilitation outlined a plan in partnership

with the University of Hawaii John A. Burns School of Medicine (JABSOM) and the Queen's Health Systems (QHS), to provide opportunities for JABSOM residents to complete clinical rotations in psychiatry at the Oahu Community Correctional Center. In particular, the report highlighted the need for additional funding to match JABSOM and QHS cost increases in order to continue these contractual agreements. Further, the department is subject to increased costs associated with participation in the Hawaii Psychology Internship Consortium (HIPIC). Additional resource requirements are also needed to expand APA accredited clinical psychology internship opportunities within the correctional facilities. The legislature finds that by facilitating these student education partnerships through various funding mechanisms as determined by the department, the State may begin to see necessary prison reform.

The purpose of this Act is to:

(1) Authorize the department of corrections and rehabilitation the ability to prioritize the utilization of student education partnerships to

expand clinical psychologists in correctional facilities throughout the State; and

(2) Provide additional long-term funding to the department to expand its clinical psychology training programs.

SECTION 2. Section 353-13.3, Hawaii Revised Statutes, is amended to read as follows:

"**[§353-13.3] Mental health care.** The department shall be responsible for providing mental health services in community correctional centers and shall utilize student education partnerships to expand clinical psychologists and mental health care providers in correctional facilities throughout the State."

SECTION 3. There is appropriated out of the general revenues of the State of Hawaii the sum of $ or so much thereof as may be necessary for fiscal year 2025-2026 and the same sum or so much thereof as may be necessary for fiscal year 2026-2027 for supporting and expanding clinical psychology training programs within the department.

The sums appropriated shall be expended by the department of corrections and rehabilitation for the purposes of this Act.

SECTION 4. New statutory material is underscored.

SECTION 5. This Act shall take effect upon approval.

H.B. NO. 1197

INTRODUCED BY: James M. Shimizu

JAN 2 2 2025

H.B. NO. 1197

Report Title:
DC&R; Clinical Psychologists; Student Education Partnerships

Description:
Authorizes the Department of Corrections and Rehabilitation to utilize student education partnerships to increase the amount of mental health care providers in correctional facilities across the State. Appropriates funds.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

THE SENATE
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAII

S.B. NO. 64

JAN 15 2025

A BILL FOR AN ACT

RELATING TO EDUCATION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. Chapter 302A, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**§302A- Mental health professionals; minimum required per school.** (a) Beginning with the 2027-2028 school year, each department school in the State, from kindergarten through grade twelve, shall employ, or retain under contract, at least one mental health professional for every two hundred fifty students enrolled in the department school; provided that, if a department school has fewer than two hundred fifty students enrolled, that department school shall employ, or retain under contract, at least one mental health professional.

(b) Other state agencies shall cooperate with the department as appropriate to implement this section.

(c) As used in this section, "mental health professional" means:

(1) A licensed mental health counselor, as defined in section 453D-1;

(2) A psychologist licensed to practice psychology under chapter 465;

(3) A person employed as a school psychologist pursuant to section 465-3(a)(3);

(4) A social worker, as defined in section 467E-1; or

(5) A social worker exempt from licensure pursuant to section 467E-6(2)."

SECTION 2. Chapter 302D, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**§302D- Mental health professionals; minimum required per school.** (a) Beginning with the 2027-2028 school year, each public charter school in the State, from kindergarten through grade twelve, shall employ, or retain under contract, at least one mental health professional for every two hundred fifty students enrolled in the public charter school; provided that, if a public charter school has fewer than two hundred fifty students enrolled, that public charter school shall employ, or retain under contract, at least one mental health professional.

(b) Other state agencies shall cooperate with the department as appropriate to implement this section.

(c) As used in this section, "mental health professional" means:

(1) A licensed mental health counselor, as defined in section 453D-1;

(2) A psychologist licensed to practice psychology under chapter 465;

(3) A person employed as a school psychologist pursuant to section 465-3(a)(3);

(4) A social worker, as defined in section 467E-1; or

(5) A social worker exempt from licensure pursuant to section 467E-6(2)."

SECTION 3. The department shall submit a progress report to the legislature no later than twenty days prior to the convening of the regular session of 2026, detailing the progress made toward meeting the benchmark requiring each department school and public charter school in the State, from kindergarten through grade twelve, to employ, or retain under contract, the number of mental health professionals required by sections 1 and 2 of this Act.

SECTION 4. There is appropriated out of the general revenues of the State of Hawaii the sum of $ or so much thereof as may be necessary for fiscal year 2025-2026 and the same sum or so much thereof as may be necessary for fiscal year 2026-2027 to establish full-time equivalent (.0 FTE) mental health professional positions within the department of education or otherwise satisfy the requirements established by sections 1 and 2 of this Act.

The sums appropriated shall be expended by the department of education for the purposes of this Act.

SECTION 5. In accordance with section 9 of article VII, of the Constitution of the State of Hawaii and sections 37-91 and 37-93, Hawaii Revised Statutes, the legislature has determined that the appropriations contained in this Act will cause the state general fund expenditure ceiling for fiscal year 2025-2026 to be exceeded by $, or per cent. The reasons for exceeding the general fund expenditure ceiling are that the appropriations made in this Act are necessary to serve the public interest and to meet the needs provided for by this Act.

SECTION 6. New statutory material is underscored.

SECTION 7. This Act shall take effect on July 1, 2025.

INTRODUCED BY: _____

S.B. NO. 64

Report Title:
DOE; Public Schools; Public Charter Schools; K-12; Mental Health Professionals; School Counselors; Psychologists; School Psychologists; Social Workers; Report to Legislature; Appropriations; General Fund Expenditure Ceiling Exceeded

Description:
Beginning with the 2027-2028 school year, requires each public school in the State, including charter schools, to employ, or retain under contract, at least 1 mental health professional for every 250 students enrolled, subject to certain conditions. Requires the Department of Education to submit a progress report to the Legislature no later than 20 days prior to the convening of the Regular Session of 2026. Appropriates moneys for the Department of Education to contract for mental health professionals and to establish an unspecified number of full-time equivalent mental health professional positions within the Department of Education. Declares that the general fund expenditure ceiling is exceeded.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

HOUSE OF REPRESENTATIVES
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

H.B. NO. 1857 H.D. 1

A BILL FOR AN ACT

RELATING TO HEALTH CARE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

PART I

SECTION 1. The legislature finds that the Hawaii state center for nursing's healthcare provider barriers to practice law review task group, comprised of interprofessional health care providers, agreed to form in 2022 to review health care-related provisions of the Hawaii Revised Statutes as compared to each profession's scope of practice established in state law. The task group met between 2022 and 2024 and found widespread inconsistencies in statutory terminology related to health care providers. The task group also identified numerous areas of statute with restrictive language that prevent licensed health care providers from engaging in services they are qualified and trained to provide as defined in the practice acts of each respective profession.

The legislature further finds that the task group recommended the adoption of a standard definition of "qualified health care provider" that broadly encompasses all present and

future health care providers with licenses or certifications under titles 19 (health) and 25 (professions and vocations), Hawaii Revised Statutes. The benefits of having a standard definition with broad applicability include:

(1) Ensuring all newly established license categories are automatically included within the definition of a "qualified health care provider", which would avoid the laborious process of determining whether a new license category is inadvertently restricted from certain practices and having to return to the legislature each time with a request to amend statute;

(2) Enabling non-licensing departments like the department of education to focus on its purviews, such as school-based health, without concern of inadvertently omitting professions or committing undue resources to their own statute review; and

(3) Establishing a state commitment to enforce scope of practice, as established in each profession's practice act, across the State's full landscape of laws.

Accordingly, the purpose of this Act is to remove existing scope of practice barriers within professional practice acts and

support expanded access to care throughout the State, while also maintaining patient safety, by:

(1) Establishing a broad definition of "qualified health care provider" in numerous areas of existing law;

(2) In areas of existing law where a broad definition is not appropriate, clarifying and standardizing references to specific health care providers, while updating outdated language to reflect correct terminology;

(3) Amending numerous statutory sections to support these changes, including but not limited to chapters related to health, education, insurance, professions and occupations, the pain patient's bill of rights, the Uniform Probate Code, minors, the Child Protective Act, and the Penal Code; and

(4) Repealing the obsolete Hawaii health corps.

PART II

SECTION 2. Chapter 325, Hawaii Revised Statutes, is amended by adding a new section to part I be appropriately designated and to read as follows:

"**§325- Definitions.** For purposes of this chapter, unless the context otherwise requires, "qualified health care provider" means any person with a current, active license or certification issued under title 19 or title 25 whose scope of practice, as defined by any applicable law and rules adopted thereunder, authorizes the person to provide the health care services described in this chapter."

PART III

SECTION 3. Chapter 88, Hawaii Revised Statutes, is amended by adding a new section to part I to be appropriately designated and to read as follows:

"**§88- Definitions.** For purposes of this chapter, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 4. Chapter 321, Hawaii Revised Statutes, is amended by adding a new section to part I to be appropriately designated and to read as follows:

"**321- Definitions.** For purposes of this chapter, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 5. Chapter 324, Hawaii Revised Statutes, is amended by adding a new section to part III to be appropriately designated and to read as follows:

"**324- Definitions.** For purposes of this part, "qualified health care provider" has the same meaning as in section 325- ."

PART IV

SECTION 6. Section 11-117, Hawaii Revised Statutes, is amended to read as follows:

"**§11-117 Withdrawal of candidates; disqualification; death; notice.** (a) Any candidate may withdraw in writing not later than 4:30 p.m. on the day immediately following the close of filing for any reason and may withdraw after the close of filing up to 4:30 p.m. on the fiftieth day prior to an election for reasons of ill health. When a candidate withdraws for ill health, the candidate shall give notice in writing to the chief election officer if the candidate was seeking a congressional or state office, or the candidate shall give notice in writing to the county clerk if the candidate was seeking a county office. The notice shall be accompanied by a statement from a [~~licensed physician or physician assistant~~] qualified health care provider

indicating that such ill health may endanger the candidate's life.

A candidate who withdraws the candidate's own nomination papers prior to the close of filing shall not be considered to have caused a vacancy that may be filled by a party under section 11-118.

(b) On receipt of the notice of death, withdrawal, or upon determination of disqualification, the chief election officer or the clerk shall inform the chairperson of the political party of which the person deceased, withdrawing, or disqualified was a candidate. When a candidate dies, withdraws, or is disqualified after the close of filing and the ballots have been printed, the chief election officer or the clerk may order the candidate's name stricken from the ballot or order that a notice of the death, withdrawal, or disqualification be prominently posted at the appropriate voter service centers on election day.

(c) In no case shall the filing fee be refunded after filing.

(d) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 7. Section 88-4, Hawaii Revised Statutes, is amended to read as follows:

"**§88-4 Medical aid, etc., when free.** Every recipient of any retirement allowance or pension payable by the State or by any county or by any other governmental body or agency created by or under the laws of the State who is actually and solely dependent upon the recipient's retirement allowance or pension for the recipient's maintenance and support or whose total income in whatever form or from whatever source received, including but not limited to, the recipient's retirement allowance or pension and any income of the recipient's spouse or reciprocal beneficiary is less than $2,400 a year shall, for the recipient and the recipient's spouse or reciprocal beneficiary, be entitled to free medical treatment from any [~~government physician~~] qualified health care provider employed by the State or any county and to free hospitalization at any state hospital or at a hospital where county patients are treated at county expense in the county wherein the recipient resides.

Whenever a retirant or pensioner having a spouse or reciprocal beneficiary dies, then the spouse or reciprocal beneficiary, as long as the spouse or reciprocal beneficiary

remains unmarried and does not enter into a reciprocal beneficiary relationship, shall be eligible for benefits under this section."

SECTION 8. Section 88-5, Hawaii Revised Statutes, is amended to read as follows:

"**§88-5 List of pensioners, who shall provide.** The proper department of each county shall determine who is entitled to benefits under section 88-4 and shall provide to any [~~government physician~~] qualified health care provider employed by the State or any county, and any county hospital or a hospital where county patients are treated at county expense in the county wherein the pensioner or beneficiary resides, a current list of pensioners and their [~~,~~]spouses[~~,~~] or reciprocal beneficiaries who are entitled to benefits under section 88-4. Upon request, the state retirement system shall provide to the proper departments of each county such information as may be required to administer section 88-4."

SECTION 9. Section 132D-21, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) As used in this section[~~, "health care facilities"~~]:

"Health care facilities" includes any outpatient clinic, emergency room, or [~~physician's~~] qualified health care provider's office, private or public, whether organized for profit or not, used, operated, or designed to provide medical diagnosis, treatment, nursing, rehabilitative, or preventive care to any person or persons. "Health care facilities" includes but is not limited to health care facilities that are commonly referred to as hospitals, extended care and rehabilitation centers, nursing homes, skilled nursing facilities, intermediate care facilities, hospices for the terminally ill that require licensure or certification by the department of health, kidney disease treatment centers, including freestanding hemodialysis units, outpatient clinics, organized ambulatory health care facilities, emergency care facilities and centers, home health agencies, health maintenance organizations, and others providing similarly organized services regardless of nomenclature.

"Qualified health care provider" has the same meaning as in section 325- ."

SECTION 10. Section 134-18, Hawaii Revised Statutes, is amended to read as follows:

"§134-18 **Qualified immunity for [~~physicians, psychologists, psychiatrists, physician assistants, or advanced practice registered nurses~~] qualified health care providers who provide information on permit or license applicants.** (a) There shall be no civil liability for any [~~physician, psychologist, psychiatrist, physician assistant, or advanced practice registered nurse~~] qualified health care provider who provides information or renders an opinion in response to an inquiry made for purposes of issuing a firearm permit under section 134-2, issuing or renewing a license under section 134-9, or investigating the continuing mental health of the holder of a valid firearm permit or license; provided that the [~~physician, psychologist, psychiatrist, physician assistant, or advanced practice registered nurse~~] qualified health care provider acted without malice.

(b) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 11. Section 209E-2, Hawaii Revised Statutes, is amended as follows:

1. By adding a new definition to be appropriately inserted and to read:

""Qualified health care provider" has the same meaning as in section 325- ."

2. By amending the definition of "disease management services" to read:

""Disease management services" means patient self-management education services, which may include primary prevention, behavioral modification, compliance/surveillance, and routine reporting and feedback including communication with patients, [~~physicians,~~] qualified health care providers, health plans, or ancillary providers."

SECTION 12. Section 235-1, Hawaii Revised Statutes, is amended as follows:

1. By adding a new definition to be appropriately inserted and to read:

""Qualified health care provider" has the same meaning as in section 325- ."

2. By amending the definition of "person totally disabled" to read:

""Person totally disabled" means a person who is totally and permanently disabled, either physically or mentally, which

results in the person's inability to engage in any substantial gainful business or occupation.

The disability shall be certified to by a:

(1) [~~Physician or osteopathic physician licensed under chapter 453;~~] Qualified health care provider;

(2) [~~Qualified out-of-state physician~~] Out-of-state qualified health care provider who is currently licensed to practice in the state in which the [~~physician~~] out-of-state qualified health care provider resides; or

(3) Commissioned medical officer in the United States Army, Navy, Marine Corps, or Public Health Service, engaged in the discharge of the officer's official duty.

Certification shall be on forms prescribed by the department of taxation."

SECTION 13. Section 291C-14, Hawaii Revised Statutes, is amended to read as follows:

"**§291C-14 Duty to give information and render aid.** (a) The driver of any vehicle involved in a collision resulting in injury to or death of any person or damage to any vehicle or

other property that is driven or attended by any person shall give the driver's name, address, and the registration number of the vehicle the driver is driving, and shall upon request and if available exhibit the driver's license or permit to drive to any person injured in the collision or to the driver or occupant of or person attending any vehicle or other property damaged in the collision and shall give the information and upon request exhibit the license or permit to any police officer at the scene of the collision or who is investigating the collision and shall render to any person injured in the collision reasonable assistance, including the carrying, or the making of arrangements for the carrying, of the person to a physician, surgeon, qualified health care provider, or hospital for medical or surgical treatment if it is apparent that treatment is necessary, or if the carrying is requested by the injured person; provided that if the vehicle involved in the collision is a bicycle, the driver of the bicycle need not exhibit a license or permit to drive.

(b) In the event that none of the persons specified is in condition to receive the information to which they otherwise would be entitled under subsection (a), and no police officer is

present, the driver of any vehicle involved in the collision after fulfilling all other requirements of section 291C-12, 291C-12.5, or 291C-12.6, and subsection (a), insofar as possible on the driver's part to be performed, shall forthwith report the collision to the nearest police officer and submit thereto the information specified in subsection (a).

(c) For any violation under this section, a surcharge of up to $100 may be imposed, in addition to other penalties, which shall be deposited into the trauma system special fund.

(d) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 14. Section 291E-1, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 15. Section 291E-12, Hawaii Revised Statutes, is amended to read as follows:

"**§291E-12 Persons qualified to take blood specimen.** No person, other than a [~~physician, physician assistant, registered nurse,~~] qualified health care provider or phlebotomist deemed

qualified by the director of a clinical laboratory that is licensed by the State, or person licensed in a clinical laboratory occupation under section 321-13, may withdraw blood for the purpose of determining the alcohol concentration or drug content therein. This limitation shall not apply to the taking of a breath or urine specimen."

SECTION 16. Section 291E-13, Hawaii Revised Statutes, is amended to read as follows:

"**§291E-13 Additional tests.** The person tested may choose any [~~physician, physician assistant, registered nurse,~~] qualified health care provider or person licensed in a clinical laboratory occupation under section 321-13 to withdraw blood and also may choose any qualified person to administer a test or tests in addition to any administered at the direction of a law enforcement officer. The result of the test or tests may be used as provided in section 291E-3. The failure or inability to obtain an additional test by a person shall not preclude the admission of the test or tests administered at the direction of a law enforcement officer. Upon the request of the person who is tested, full information concerning the test or tests administered shall be made available to that person."

SECTION 17. Section 302A-101, Hawaii Revised Statutes, is amended as follows:

1. By adding a new definition to be appropriately inserted and to read:

""Qualified health care provider" has the same meaning as in section 325- ."

2. By amending the definition of "exceptional children" to read:

""Exceptional children" includes:

(1) Persons under twenty-two years of age who deviate from the so-called normal person in physical, mental, social, or emotional characteristics or abilities to such an extent that specialized training, techniques, and equipment are required to enable these persons to attain the maximum of their abilities or capacities; provided that "exceptional children" shall not include "gifted and talented children";

(2) Persons under twenty-two years of age who by reason of physical defects cannot attend the regular public school classes with normal children; and

(3) Persons under twenty-two years of age who are certified by a [~~licensed physician eligible for membership in the state medical society~~] qualified health care provider as being emotionally maladjusted or intellectually incapable of profiting from ordinary instructional methods."

SECTION 18. Section 302A-1132, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Unless excluded from school or excepted from attendance, all children who will have arrived at the age of at least five years on or before July 31 of the school year, and who will not have arrived at the age of eighteen years, by January 1 of any school year, shall attend either a public or private school for, and during, the school year, and any parent, guardian, or other person having the responsibility for, or care of, a child whose attendance at school is obligatory shall send the child to either a public or private school. Attendance at a public or private school shall not be compulsory in the following cases:

(1) Where the child is physically or mentally unable to attend school (deafness and blindness excepted), of

which fact the certificate of a [~~duly licensed physician~~] qualified health care provider shall be sufficient evidence;

(2) Where the child, who has reached the fifteenth anniversary of birth, is suitably employed and has been excused from school attendance by the superintendent or the superintendent's authorized representative, or by a family court judge;

(3) Where, upon investigation by the family court, it has been shown that for any other reason the child may properly remain away from school;

(4) Where the child has graduated from high school;

(5) Where the child is enrolled in an appropriate alternative educational program as approved by the superintendent or the superintendent's authorized representative in accordance with the plans and policies of the department, or notification of intent to home school has been submitted to the principal of the public school that the child would otherwise be required to attend in accordance with department rules adopted to achieve this result; or

(6) Where:

(A) The child has attained the age of sixteen years;

(B) The principal has determined that:

(i) The child has engaged in behavior which is disruptive to other students, teachers, or staff; or

(ii) The child's non-attendance is chronic and has become a significant factor that hinders the child's learning; and

(C) The principal of the child's school, and the child's teacher or counselor, in consultation with the child and the child's parent, guardian, or other adult having legal responsibility for or care of the child, develops an alternative educational plan for the child. The alternative educational plan shall include a process that shall permit the child to resume school.

The principal of the child's school shall file the plan made pursuant to subparagraph (C) with the child's school record. If the adult having legal responsibility for or care of the child disagrees with

the plan, then the adult shall be responsible for obtaining appropriate educational services for the child."

SECTION 19. Section 302A-1155, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) A child may attend school provisionally upon submitting written documentation from a [~~licensed physician, physician assistant, advanced practice registered nurse,~~] qualified health care provider or an authorized representative of the department of health stating that the child is in the process of receiving the required immunizations. Further documentation showing that the required immunizations have been completed shall be submitted to the appropriate school official no later than three months after the child first attends the school. If all of the required immunizations cannot be completed within three months due to the length of the minimum intervals between doses of a particular vaccine required by the department of health, provisional attendance may be extended so long as the child's parent or guardian provides documentation that appointments for required immunizations have been made and

that progress toward completing the immunizations continues in accordance with the requirements of the department of health."

SECTION 20. Section 302A-1158, Hawaii Revised Statutes, is amended to read as follows:

"**§302A-1158 Immunization of indigent children.** The department of health shall provide all immunizations and tuberculin tests to comply with sections 302A-1154 to 302A-1163, as far as public funds will permit, to each child whose parents, guardians, or custodians cannot afford to have the child immunized or tested for tuberculosis, and who have not been exempted under section 302A-1156. Nothing in this section shall preclude the department of health from distributing immunizations and vaccines to [~~physicians, advanced practice registered nurses,~~] qualified health care providers or other authorized persons as required by law or by the rules of the department of health."

SECTION 21. Section 302A-1160, Hawaii Revised Statutes, is amended to read as follows:

"**§302A-1160 Student's health record.** The department of education shall provide student health record forms for immunization and physical examination to the schools, [~~private~~

~~physicians, advanced practice registered nurses,~~] qualified health care providers, and authorized personnel of the department of health."

SECTION 22. Section 321-1.5, Hawaii Revised Statutes, is amended to read as follows:

"[~~†~~]**§321-1.5[~~†~~] Primary health care incentive program; establishment.** There is established within the department of health a primary health care incentive program. The program shall:

(1) Utilize existing personnel and resources to focus on primary health care;

(2) Study the adequacy, accessibility, and availability of primary health care with regard to medically underserved persons in the State of Hawaii;

(3) Convene and provide staff support for a volunteer primary health care roundtable composed of knowledgeable health care [~~professionals,~~] providers, consumers, and other interested persons whose advisory purpose shall be to:

(A) Investigate and analyze the extent, location, and characteristics of medically underserved areas,

and the numbers, location, and characteristics of medically underserved persons in Hawaii, with particular attention given to shortages of health care [~~professionals~~] providers available to provide care to these areas and persons;

(B) Assess the feasibility of family practice clerkships, preceptor programs, residency programs, and placement programs for medical school students and graduates as a means of increasing the number of family practitioners available to serve medically underserved areas and populations;

(C) Investigate and make recommendations regarding incentives, such as tuition exemptions, to increase the pool of primary health care [~~practitioners,~~] providers, including family [~~practitioners,~~] health care providers, other physicians in related specialties, [~~nurse practitioners, nurse midwives, and~~] advanced practice registered nurses, physician assistants, and other qualified health care providers, [~~that~~]

who are available to serve medically underserved areas and populations;

(D) Develop a strategy for meeting the health needs of medically underserved areas and populations based upon the findings that result from its investigations; and

(E) Maintain an ongoing forum for the discussion of data collection regarding primary health care gaps, incentives to promote primary health care, and the development of cooperative interdisciplinary efforts among primary health care [~~professionals;~~] providers;

(4) Develop a strategy to provide appropriate and adequate access to primary health care in underserved areas;

(5) Promote and develop community and consumer involvement in maintaining, rebuilding, and diversifying primary health care services in medically underserved areas;

(6) Produce and distribute minutes of volunteer primary health care roundtable's discussions, and submit annual reports to the legislature on recommended incentives and strategies, as well as a plan for

implementation, with the first report to be submitted to the legislature no later than twenty days prior to the convening of the 1993 regular session; and

(7) Facilitate communication and coordination among providers, health care educators, communities, cultural groups, and consumers of primary health care."

SECTION 23. Section 321-12.2, Hawaii Revised Statutes, is amended by amending subsection (d) to read as follows:

"(d) This section shall not apply to any [~~physician duly licensed to practice medicine~~] qualified health care provider who uses, in the practice of medicine, medical diagnostic and therapeutic equipment that emits ultraviolet radiation or to any person who owns tanning equipment exclusively for personal, noncommercial use."

SECTION 24. Section 321-32, Hawaii Revised Statutes, is amended to read as follows:

"**§321-32 Epidemiological specialists.** Notwithstanding any other law to the contrary, epidemiological specialists may perform blood collection by venipuncture or capillary puncture and other methods of specimen collection, excluding

catheterization, when employed by or acting as an agent of the department and when done under the direct or indirect supervision of a [~~physician or osteopathic physician licensed pursuant to chapter 453.~~] qualified health care provider."

SECTION 25. Section 321-42, Hawaii Revised Statutes, is amended to read as follows:

"**§321-42 Tumor clinics.** (a) The department of health may assist in the operation of tumor clinics which are now established or may be established in the State. This assistance may consist of furnishing statistical information on the incidence or prevalence of tumors of various kinds in the State. Other assistance, such as clerical or stenographic help, may be furnished as needed. In all activities under this section, the department may consult and cooperate with the Hawaii State Medical Association and the Hawaii Cancer Society.

(b) Insofar as is needed the department may assist tumor clinics or [~~private physicians~~] qualified health care providers in the follow-up of tumor cases for the purpose of determining the progress of the disease or for further treatment. This part of the program shall be limited to those cases on which follow-up is requested by the [~~attending physicians,~~] qualified health

care providers, and it shall also be limited by the funds which are provided for this purpose."

SECTION 26. Section 321-46, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Beginning January 1, 2014, every health care facility in which a mammography examination is performed shall provide a mammography report and notification to each patient who is categorized by the facility as having dense breast tissue. The notification shall include in the summary of the mammography report sent to the patient, the following information, pursuant to the federal Mammography Quality Standards Act:

"Your mammogram shows that your breast tissue is dense. Dense breast tissue is very common and is not abnormal. However, dense breast tissue can make it harder to find cancer on a mammogram and may also be associated with an increased risk of breast cancer. This information about the result of your mammogram is given to you to raise your awareness. Use this information to talk to your [~~physician~~] qualified health care provider as to whether, based on your risk, more screening tests might be useful.

A report of your results was sent to your [~~physician.~~] qualified health care provider.""

SECTION 27. Section 321-374, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) [~~Physicians or osteopathic physicians~~] Qualified health care providers holding a valid unrevoked license under [~~chapter 453~~] title 25 are exempt from the requirements of this part."

SECTION 28. Section 322-6, Hawaii Revised Statutes, is amended to read as follows:

"**§322-6 Who to report nuisances.** (a) The sheriff, all police officers [~~of police~~], and [~~physicians~~] qualified health care providers shall report to the department of health, or its nearest authorized agent, the existence of any nuisance injurious to the public health, of which any of them may be cognizant, as soon as possible after it comes to their knowledge. Any individual may report to the department of health, or its nearest authorized agent, the existence of any nuisance injurious to the public health as soon as possible after the individual learns of the existence of the nuisance.

(b) For the purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 29. Section 324-22, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) The material collected under this part shall be used or published only for the purpose of advancing medical research, medical education, or education of the public in the interest of reducing morbidity or mortality; provided that the Hawaii Tumor Registry may reveal all relevant information to a patient's [~~attending physician.~~] qualified health care provider."

SECTION 30. Section 324-43, Hawaii Revised Statutes, is amended to read as follows:

"**§324-43 Use of collected information.** (a) The information collected under this part shall be used by the department of health or researchers only for the purpose of advancing medical and public health research, medical education, or education of the public and health care providers in the interest of reducing morbidity or mortality or increasing [~~physicians'~~] qualified health care providers' knowledge of resources available for families of persons with birth defects,

and only as approved or exempted by an institutional review board.

(b) The identity of, or any information [~~which~~] that alone or in combination with other reasonably available information that may be used to identify, any person whose condition or treatment has been studied under this part shall be confidential.

(c) If the birth defects program or researchers intend to collect additional information directly from a patient or patient's relative for research studies approved by an institutional review board, the researcher shall first obtain approval for the request from the patient's primary care qualified health care provider. If the patient's current [~~physician~~] qualified health care provider is not known, the patient may be contacted directly using a method approved by an institutional review board. The use of the additional information obtained by researchers shall be governed by subsection (a).

(d) For purposes of this part, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 31. Section 325-5, Hawaii Revised Statutes, is amended to read as follows:

"**§325-5 Antitoxins, antiserums, vaccines, biologics, and drugs.** The department of health shall purchase from time to time out of moneys which may be available to it therefor, and keep on hand and available for administration under this section in the several counties to persons unable to pay for them, antitoxins, antiserums, vaccines, and other biologics and drugs of types and in a supply sufficient for the public health, welfare, and safety.

The antitoxins, antiserums, vaccines, biologics, and drugs shall by any [~~physician of~~] qualified health care provider with prescriptive authority employed by the department or of any such county be administered free of charge to any person who is in need of them and is unable to pay for them or shall be furnished free of charge to the [~~attending physician~~] qualified health care provider with prescriptive authority of the person for use in the treatment of the person; provided that the person so benefited, or the person's estate, or personal representatives, if subsequently able to do so, may be required by the department to pay for any such antitoxin, antiserum, vaccine, biologic, or

drug furnished free of charge to or for the person under this chapter."

SECTION 32. Section 325-16, Hawaii Revised Statutes, is amended as follows:

1. By amending subsection (c) to read:

"(c) Consent to testing is not required for any of the following:

(1) A health care provider or organ donor center that procures, processes, distributes, or uses human body parts donated for scientific purposes, without obtaining consent, may test for the presence of human immunodeficiency virus to assure medical acceptability of the gift for the purpose intended;

(2) The department of health, laboratories and research facilities, health care providers, blood banks, plasma centers, and educational institutions may subject any body fluids or tissue to be used in research to a test for human immunodeficiency virus infection if the test is performed in a manner by which the identity of the test subject is not known and may not be retrieved by the researcher;

(3) Anonymous testing carried out at human immunodeficiency virus test sites established by the department of health; provided that informed oral consent is obtained;

(4) Testing of body fluids or tissue ordered by a third party, so long as that third party, including an insurance company, employer, or school, obtains the informed written consent of the person to be tested authorizing the release of the test results to the third party, and transmits a signed copy of the written informed consent to the health care provider prior to any release of the requested test results to the third party. The health care provider shall provide all positive and indeterminate human immunodeficiency virus test results and offer post-test counseling to those individuals with positive and indeterminate human immunodeficiency virus test results;

(5) Informed consent is not required where the patient is unable to give consent and it is determined by the patient's treating [~~physician~~] qualified health care

provider that the patient's human immunodeficiency virus status is necessary to make a diagnosis or determine an appropriate course of treatment for the patient. The patient shall be informed in a timely manner that a test for the presence of human immunodeficiency virus has been performed pursuant to this paragraph, and the qualified health care provider shall provide all positive and indeterminate human immunodeficiency virus test results and offer appropriate post-test counseling to those individuals with positive and indeterminate human immunodeficiency virus test results;

(6) A treating [~~physician~~] qualified health care provider may order a human immunodeficiency virus test without the patient's informed consent if the [~~physician~~] qualified health care provider has determined that the patient is incapable of giving consent prior to the rendering of treatment and when there is reason to believe that the safety of a health care worker may be affected due to exposure to the blood or bodily fluids of a patient suspected of possible human

immunodeficiency virus infection. The availability and quality of health care services shall not be compromised based on the findings and testing performed pursuant to this paragraph. The costs of any testing performed shall be borne by the health care provider and may not be claimed against the patient or the patient's health care insurer. The patient and the health care worker shall be informed in a timely manner that a test for the presence of human immunodeficiency virus has been performed pursuant to the provisions of this paragraph. The health care provider shall provide all positive and indeterminate human immunodeficiency virus test results and offer appropriate post-test counseling to the individual being tested and afford the health care worker the opportunity to obtain the test results and appropriate post-test counseling;

(7) A person who has been charged, or a juvenile who has been charged, pursuant to section 707-730, 707-731, 707-732(1)(a), 707-733.6, or 707-741 shall be tested to determine the person's human immunodeficiency virus

status upon court order issued pursuant to section 325-16.5. The test shall be performed according to the protocols set forth in section 325-17; and

(8) A person who has been convicted, or a juvenile who has been adjudicated, pursuant to section 707-730, 707-731, 707-732(1)(a), 707-733.6, or 707-741 shall be tested to determine the person's human immunodeficiency virus status upon court order issued pursuant to section 325-16.5. The test shall be performed according to the protocols set forth in section 325-17."

2. By amending subsection (h) to read:

"(h) As used in this section, "health care provider" means a [~~physician or surgeon licensed under chapter 453, a podiatrist licensed under chapter 463E,~~] qualified health care provider, a health care facility as defined in section 323D-2, and their employees. "Health care provider" shall not mean any nursing institution or nursing service conducted by and for those who rely upon treatment by spiritual means through prayer alone, or employees of such an institution or service."

SECTION 33. Section 330-8, Hawaii Revised Statutes, is amended to read as follows:

"**§330-8 Use of certain chemical substances as inhalants unlawful.** (a) It shall be unlawful for any person to use as an inhalant any substance, not a "food" as defined in section 328-1, which substance includes in its composition volatile organic solvents including amylacetate, trichloroethylene, and acetone or any other chemical substance, capable of producing upon inhalation any degree of intoxication; provided that this section shall not apply to any person using as an inhalant any such chemical substance pursuant to the direction of a [~~physician.~~] qualified health care provider with prescriptive authority."

(b) For the purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 34. Section 346-59.9, Hawaii Revised Statutes, is amended by amending subsections (h) and (i) to read as follows:

"(h) All psychotropic medications covered by this section shall be prescribed by a [~~psychiatrist, a physician, or an advanced practice registered nurse with prescriptive authority~~

~~under chapter 457 and duly licensed in the State.~~] qualified health care provider with prescriptive authority.

(i) As used in this section:

"Anti-anxiety medication" means those medications included in the United States Pharmacopeia's anxiolytic therapeutic category.

"Antidepressant medication" means those medications included in the United States Pharmacopeia's antidepressant therapeutic category.

"Antipsychotic medication" means those medications included in the United States Pharmacopeia's antipsychotic therapeutic category.

"Psychotropic medication" means only antipsychotic, antidepressant, or anti-anxiety medications approved by the United States Food and Drug Administration for the treatment of mental or emotional disorders.

"Qualified health care provider" has the same meaning as in section 325- ."

SECTION 35. Section 346C-1, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 36. Section 346C-8, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) An individual qualifying for long-term care services under the program shall have written certification from a [~~physician or osteopathic physician licensed under chapter 453 or an advanced practice registered nurse licensed under section 457-8.5,~~] qualified health care provider assigned by the board of trustees certifying that the individual requires one or more long-term care services for the period of time during which the individual receives the benefits under the program. The written certification shall specify that the individual:

(1) Is unable to perform, without substantial assistance from another individual, at least two of six activities of daily living for a period of at least ninety days due to a loss of functional capacity; or

(2) Requires substantial supervision to protect the individual from threats to health and safety to self or others due to severe cognitive impairment."

SECTION 37. Section 348-2, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 38. Section 348-7, Hawaii Revised Statutes, is amended to read as follows:

"**§348-7 Cooperative arrangements, etc.** Pursuant to the general policies of the department of human services, the department is authorized:

(1) To cooperate with and utilize the services of the state agency administering the public assistance program, the Social Security Administration, and other federal, state, city and county, and local public agencies providing services relating to vocational rehabilitation, and with the state system of public employment offices in the State, and shall make maximum feasible utilization of the job placement and employment counseling services and other services and facilities of the offices;

(2) To cooperate with political subdivisions and other public and nonprofit organizations and agencies, in their establishment of workshops and rehabilitation facilities and, to the extent feasible in providing vocational rehabilitation services, shall utilize all the facilities meeting the standards established by the department;

(3) To enter into contractual arrangements with the Social Security Administration, with respect to certifications of disability and performance of other services, and with other authorized public agencies for performance of services related to vocational rehabilitation, for the agencies; and

(4) To contract with schools, hospitals, and other agencies, and with doctors, nurses, technicians, qualified health care providers, and other persons, for training, physical restoration, transportation, and other vocational rehabilitation services."

SECTION 39. Section 350-1, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 40. Section 350-1.5, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Any qualified health [~~professional~~] care provider or paraprofessional, physician licensed or authorized to practice medicine in this State, registered nurse or licensed practical nurse, hospital or similar institution's personnel engaged in the admission, examination, care, or treatment of patients, and any medical examiner, coroner, social worker, or police officer, who has before the person a child the person reasonably believes has been harmed, shall make every good faith effort to take or cause to be taken color photographs of the areas of trauma visible on the child. If medically indicated, such person may take or cause to be taken x-rays of the child or cause a radiological or other diagnostic examination to be performed on the child."

SECTION 41. Section 351-2, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 42. Section 351-15, Hawaii Revised Statutes, is amended to read as follows:

"**§351-15 Medical examination.** The commission may appoint an impartial [~~licensed physician or licensed psychologist~~] qualified health care provider to examine any person making application under this chapter, and the fees for the examination shall be paid from funds appropriated for expenses of administration."

SECTION 43. Section 353-121, Hawaii Revised Statutes, is amended as follows:

1. By adding a new definition to be appropriately inserted and to read:

""Qualified health care provider" has the same meaning as in section 325- ."

2. By amending the definition of "postpartum recovery" to read:

""Postpartum recovery" means:

(1) The entire period a female is in a hospital, birthing center, or clinic after giving birth; and

(2) An additional time period, if any, a treating [~~physician~~] qualified health care provider determines is necessary for healing after the female leaves the hospital, birthing center, or clinic."

SECTION 44. Section 353-122, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) If the [~~doctor, nurse, or other health professional~~] qualified health care provider treating the pregnant female requests that restraints not be used, the corrections officer accompanying the pregnant female shall immediately remove all restraints."

SECTION 45. Section 353-123, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) The director shall provide notice of the requirements of this part to any female offender who is pregnant or in postpartum recovery at the time that the department assumes custody of the female offender. Additional notice shall be posted in conspicuous locations in any appropriate correctional facility, including the locations in which medical care is provided within the facility. Any treating [~~physician, midwife, or nurse~~] qualified health care provider of a female offender

who is pregnant or in postpartum recovery shall be informed of the requirements of this part."

SECTION 46. Section 378-32, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) It shall be unlawful for an employer or a labor organization to bar or discharge from employment, withhold pay from, or demote an employee because the employee uses accrued and available sick leave; provided that:

(1) After an employee uses three or more consecutive days of sick leave, an employer or labor organization may require the employee to provide written verification from a [~~physician~~] qualified health care provider indicating that the employee was ill when the sick leave was used; provided that for purposes of this paragraph, "qualified health care provider" has the same meaning as in section 325- ;

(2) This subsection shall apply only to employers who:

(A) Have a collective bargaining agreement with their employees; and

(B) Employ one hundred or more employees; and

(3) Nothing in this subsection shall be construed to supersede any provision of any collective bargaining agreement or employment benefits program or plan that provides greater employee benefits or rights."

SECTION 47. Section 396-7, Hawaii Revised Statutes, is amended to read as follows:

"**[~~[~~]§396-7[~~]~~] Toxic materials.** (a) The department shall issue regulations requiring employers to maintain accurate records of employee exposures to potentially toxic materials or harmful physical agents which are required to be monitored or measured as prescribed under the rules and regulations.

(b) All employers shall prominently post information regarding hazards in the employer's workplace including information about suitable precautions, relevant symptoms, and emergency treatment in case of exposure, and where appropriate, medical examination at no cost to employees with the results of such medical examinations being furnished only to appropriate state officials, and if the employee so requests, to the employee's own [~~physician.~~] qualified health care provider. Where possible, said information shall additionally be posted or labeled on or near said hazard. Where suitable protective

equipment is available, all employers shall provide information concerning their availability and use to the affected employees including control or technological procedures with respect to such hazards including monitoring or measuring exposure.

(c) No employee shall be permitted regular exposure to any substance which may materially impair the employee's health or functional capacity.

(d) All employers shall provide prompt information to employees when they have been or are being exposed to toxic materials and harmful physical agents in concentrations or at levels in excess of those prescribed in the applicable safety and health standards. This information may be fulfilled by:

(1) Observation by employees of the monitoring or measuring of such materials or agents;

(2) Employee access to the records of such monitoring or measuring after notice of exposure, and explanation of said monitoring or measuring procedures where necessary;

(3) In addition to the above, information shall be provided to the employees of corrective action being taken.

(e) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 48. Section 436H-7, Hawaii Revised Statutes, is amended to read as follows:

"[~~†~~]§436H-7[~~†~~] **Duties of treating physician[~~,~~] or qualified health care provider.** (a) A treating physician or qualified health care provider shall provide direction to an athletic trainer by verbal order when in the presence of the athletic trainer or by written order or written athletic training service plans or protocols when a treating physician or qualified health care provider is not present with the athletic trainer.

(b) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 49. Section 440-1, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 50. Section 440E-1, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 51. Section 440E-5, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) No mixed martial arts event shall take place unless the director has granted a permit for the proposed event. In addition, the director shall not allow any mixed martial arts contest unless:

(1) The contest consists of not more than five rounds of a duration of not more than five minutes each with an interval of at least one minute between each round and the succeeding round;

(2) Each contestant is not disqualified from competing in a similar mixed martial arts contest in another jurisdiction at the time of the contest and does not use stimulants or banned substances before or during the contest;

(3) Each mixed martial arts contestant is examined within six hours of the contest by at least one [~~physician or osteopathic physician licensed under chapter 453~~] qualified health care provider who shall certify in writing to the referee of the contest that the contestant is physically fit to engage [~~therein;~~] in the contest;

(4) Each contestant furnishes to the director:

(A) A medical report of a medical examination completed not less than six months before the contest, including the results of HIV and hepatitis testing; and

(B) Previous fight records that establish the contestant's fitness to compete in the contest;

(5) The contest is under the control of a licensed referee in the ring who has at least one year of experience in refereeing a match or exhibition involving mixed martial arts and who has passed a physical examination by a [~~physician or osteopathic physician licensed under chapter 453,~~] qualified health care provider,

including an eye examination, within two years prior to the contest;

(6) The promoter has complied with sections 440E-6 and 440E-7; and

(7) All licensees have complied with the requirements of this chapter and rules adopted in accordance with chapter 91, including any rules or requirements that protect the safety of the contestants to the extent feasible."

SECTION 52. Section 440E-16, Hawaii Revised Statutes, is amended to read as follows:

"**§440E-16 [~~Physician or osteopathic physician;~~] Qualified health care provider; duties.** Every promoter holding a license to conduct, hold, or give mixed martial arts contests shall have in attendance at every contest at least two [~~physicians licensed to practice medicine or osteopathic medicine in the State under chapter 453~~] qualified health care providers who shall observe the physical condition of the mixed martial arts contestants and advise the referee with regard thereto and, one hour before each contestant enters the ring, certify in writing as to the physical condition of the contestant to engage in the contest.

A report of the medical examination shall be filed with the director not later than forty-eight hours after the conclusion of the contest. If a contestant is knocked down or severely injured during a contest, or for any other reason as provided in rules adopted by the director pursuant to chapter 91, at least one [~~physician~~] qualified health care provider shall immediately examine the contestant and file a written medical opinion with the director within forty-eight hours of the contest."

SECTION 53. Section 448-1, Hawaii Revised Statutes, is amended to read as follows:

"**§448-1 Dentistry defined; exempted practices.** (a) A person practices dentistry, within the meaning of this chapter, who represents oneself as being able to diagnose, treat, operate or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the human teeth, alveolar process, gums, or jaw, or who offers or undertakes by any means or methods to diagnose, treat, operate or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the same, or to take impressions of the teeth or jaws; or who owns, maintains, or operates an office for the practice of dentistry; or who engages in any of the practices

included in the curricula of recognized and approved dental schools or colleges. Dentistry includes that part of health care concerned with the diagnosis, prevention, and treatment of diseases of the teeth, oral cavity, and associated structures including the restoration of defective or missing teeth. The fact that a person uses any dental degree, or designation, or any card, device, directory, poster, sign, or other media whereby one represents oneself to be a dentist, shall be prima facie evidence that the person is engaged in the practice of dentistry.

(b) The following practices, acts, and operations[~~, however,~~] are exempt from the operation of this chapter:

(1) The rendering of dental relief in emergency cases in the practice of one's profession by a physician or surgeon, licensed as such and registered under the laws of this State, or other qualified health care provider, unless one undertakes to reproduce or reproduces lost parts of the human teeth in the mouth or to restore or replace in the human mouth lost or missing teeth;

(2) The practice of dentistry in the discharge of their official duties by dentists in the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service, or the United States Department of Veterans Affairs;

(3) The practice of dentistry by licensed dentists of other states or countries at meetings of the Hawaii Dental Association or component parts thereof, alumni meetings of dental colleges, or any other like dental organizations, while appearing as clinicians;

(4) The use of roentgen and other rays for making radiograms or similar records of dental or oral tissues;

(5) The making of artificial restorations, substitutes, appliances, or materials for the correction of disease, loss, deformity, malposition, dislocation, fracture, injury to the jaws, teeth, lips, gums, cheeks, palate, or associated tissues, or parts, upon orders, prescription, casts, models, or from impressions furnished by a Hawaii licensed dentist; and

(6) The ownership and management of a dental practice by the executor or administrator of a dentist's estate or the legal guardian or authorized representative of a dentist, where the licensed dentist has died or is incapacitated, for the purpose of winding down, transferring, or selling the practice, for a period not to exceed one year from the time of death or from the date the dentist is declared incapacitated; provided that all other aspects of the practice of dentistry are performed by one or more licensed dentists.

(c) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 54. Section 451A-1, Hawaii Revised Statutes, is amended as follows:

1. By adding a new definition to be appropriately inserted and to read:

""Qualified health care provider" has the same meaning as in section 325- ."

2. By amending the definition of "practice of dealing and fitting of hearing aids" to read:

""Practice of dealing and fitting of hearing aids" means the measurement of human hearing by an audiometer or by any other means solely for the purpose of making selections, adaptations, or sales of hearing aids or the manufacture of impressions for earmolds, and, at the request of a [~~physician~~] qualified health care provider or a member of a profession related to the practice of medicine and surgery, the administration of audiograms for use in consultation with the hard-of-hearing."

SECTION 55. Section 451A-18, Hawaii Revised Statutes, is amended to read as follows:

"**§451A-18 Persons and practices not affected.** This chapter is not intended to:

(1) Prohibit any person from engaging in the practice of measuring human hearing for the purpose of selection of hearing aids; provided that the person or the organization employing the person does not sell hearing aids or accessories;

(2) Prohibit a person in maintaining an established business address from engaging in the business of selling or offering for sale hearing aids at retail

without a license; provided that it employs persons licensed under this chapter responsible for the fitting and direct sale of such products;

(3) Apply to a person who is a [~~physician licensed to practice in Hawaii; or~~] qualified health care provider; provided that the person shall not use any designation that would imply that the person is licensed under this chapter to engage in the sale or practice of dealing and fitting of hearing aids; or

(4) Apply to a person who is licensed as an audiologist pursuant to chapter 468E."

SECTION 56. Section 456-19, Hawaii Revised Statutes, is amended to read as follows:

"**§456-19 Notary public signing for disabled person.** (a) A notary public may sign the name of a person physically unable to sign or to make a mark on a document presented for notarization; provided that the notary public is satisfied that the person has voluntarily given consent for the notary public to sign on the person's behalf, if the notary public writes, in the presence of the person: "Signature affixed by notary public pursuant to section 456-19, Hawaii Revised Statutes." beneath

the signature, and if a [~~doctor's~~] qualified health care provider's written certificate is provided to the notary public certifying that the person is unable to physically sign or make a mark because of the disability, and that the person is capable of communicating the person's intentions. The certificate shall be attached to the document.

(b) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 57. Section 457-9.2, Hawaii Revised Statutes, is amended to read as follows:

"**[~~†~~]§457-9.2[~~†~~] Continuing competency requirements; exemptions; extensions; records retention; audit.** (a) Beginning July 1, 2017, with the renewal of the licensing biennium, and every biennial renewal thereafter, each registered nurse and practical nurse licensee shall have completed one of the learning activity options recognized by the board within the two-year period preceding the renewal date, in addition to the requirements of section 457-9.

(b) The following nurses shall be exempt from the continuing competency requirements:

(1) Registered nurses licensed in this State who also maintain active advanced practice registered nurse licenses in accordance with this chapter and have a current national certification approved by the board;

(2) Registered nurses and practical nurses licensed in this State who also maintain current national certification, approved by the board, in their practice role; or

(3) A licensee who graduated or completed pre-licensure requirements from an accredited nursing program recognized by the board within twelve months prior to the renewal date of the licensee's first license renewal period.

If a licensee graduated or completed pre-licensure requirements from an accredited nursing program more than twelve months but less than two years prior to the renewal date, the registered nurse or practical nurse licensee shall be required to obtain fifteen contact hours of continuing education, one semester credit of post-licensure academic education related to nursing practice from an accredited nursing program, completion of a board-recognized nurse residency program, or other learning

activity options from an approved provider recognized by the board prior to the first renewal period.

(c) The board may extend the deadline for compliance with the continuing competency requirements and shall consider each case on an individual basis. Prior to the expiration of the license, a nurse licensee may submit a written request for an extension and any documentation requested by the board to substantiate the reason for the extension of the deadline for compliance with the continuing competency requirements of this section, based on the following circumstances:

(1) Illness, as certified by a [~~physician or osteopathic physician licensed under chapter 453 or advanced practice registered nurse licensed under chapter 457~~] qualified health care provider licensed in the State or in the jurisdiction in which the licensee was treated; or

(2) Military service under extended active duty with the armed forces of the United States.

(d) Each licensee shall maintain copies of the licensee's continuing competency records for the past four years or two previous bienniums.

(e) Upon application for license renewal, restoration, or reinstatement, each licensee shall have complied with and attest to completion of one of the learning activity options recognized by the board pursuant to subsection (a) during the two years preceding the application for license renewal, restoration, or reinstatement and shall be prepared to submit evidence of completion if requested by the board.

(f) The board may conduct an audit to determine compliance with the continuing competency requirement. The board shall provide written notice of an audit to all licensees selected for audit. Within sixty days of notification, the licensee shall provide the board with documentation verifying compliance with continuing competency requirements.

(g) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 58. Section 457B-3.2, Hawaii Revised Statutes, is amended to read as follows:

"**§457B-3.2 Grounds for refusal to renew, reinstate, or restore, and for revocation, suspension, denial, or condition of licenses.** (a) The director may refuse to renew, reinstate, or restore, or may revoke, suspend, deny, or condition in any

manner, any license for any one or more of the following acts or conditions on the part of the licensee or the applicant:

(1) Altering in any way the [~~physician's~~] qualified health care provider's order for any patient's or resident's medical or therapeutic care unless the orders are clearly hazardous to the patient or resident, in which case the [~~physician~~] qualified health care provider shall be immediately notified;

(2) Defrauding any federal, state, county, or social agency, business, or individual in the operation of a nursing home;

(3) Engaging in false, fraudulent, or deceptive advertising, or making false or improbable statements regarding the services of the nursing home; and

(4) Submitting or filing with the board any notice, statement, or other document required under this chapter which is false or which contains any material misstatement of fact.

(b) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 59. Section 459-1, Hawaii Revised Statutes, is amended by amending subsections (b) and (c) to read as follows:

"(b) Any person who engages in the prescribing of visual training, with or without the use of scientific instruments to train the visual system or other abnormal condition of the eyes, or claims to be able to do so, shall be deemed to be engaged in the practice of optometry and shall first secure and hold an unrevoked and unsuspended license as provided in this chapter; provided that an orthoptist may give visual training, including exercises, under the supervision of a [~~physician~~] qualified health care provider or optometrist. The use and prescription of pharmaceutical agents and the removal of superficial foreign bodies from the human eye and eyelid shall be granted to an optometrist licensed under this chapter who has met the requirements under sections 459-7 and 459-7.4.

(c) If while examining or treating a patient, a licensed optometrist finds, by history or examination, any ocular abnormality or any evidence of systemic disease requiring further diagnosis and possible treatment beyond the scope of practice as defined in this section, the optometrist shall refer

that patient to an appropriate [~~licensed physician.~~] qualified health care provider."

SECTION 60. Section 459-1.5, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 61. Section 459-9, Hawaii Revised Statutes, is amended to read as follows:

"**§459-9 Refusal to permit examination or issue license; revocation and suspension of license; grounds for.** In addition to any other actions authorized by law, the Hawaii board of optometry may refuse to admit persons to its examinations or to issue a license or may revoke or suspend, for the period of time as may be determined by the board, a license previously issued, or may impose a penalty as shall be established by the board, for any cause authorized by law, including but not limited to the following:

(1) Presentation to the board of any certificate or testimony or information [~~which~~] that was untrue in any material respect or illegally or fraudulently

obtained, or when fraud or deceit has been practiced in obtaining any license under this chapter or in passing an examination;

(2) Conduct of a character likely to deceive or defraud the public, or habits of intemperance or drug addiction calculated to destroy the accuracy of the work of an optometrist, or professional misconduct, or gross carelessness or negligence, or manifest incapacity in the practice of optometry;

(3) Advertising by means of false and deceptive statements or by statements [~~which~~] that tend to deceive or defraud;

(4) Directly or indirectly accepting or offering employment to practice optometry from, or to any person not having a valid, unrevoked and unsuspended license or from any company or corporation;

(5) Soliciting or receiving, directly or indirectly, any price differential, rebate, refund, discount, commission, credit, kickback, or other allowance, whether in the form of money or otherwise, from a dispensing optician for or on account of referring or

sending to the dispensing optician of any intended or prospective wearer or user of any article or appliance prepared or furnished by a dispensing optician, or for or on account of any service or article furnished by the dispensing optician to any intended or prospective wearer or user;

(6) Using any name in connection with the licensee's practice other than the name under which the licensee is licensed to practice, or using any advertising [~~which~~] that fails to clearly identify the individual licensee or [~~which~~] that is ambiguous or misleading as to the licensee's identity;

(7) Employing or utilizing any unlicensed individual to perform optometric services in connection with refraction or visual training without directly and personally supervising the individuals in the performances of the services;

(8) Violating this chapter or the rules adopted by the board;

(9) Utilizing pharmaceutical agents for purposes other than those specified in section 459-1; or

(10) Failure to refer a patient to an appropriate [~~licensed physician~~] qualified health care provider upon discovery, by history or examination, that the patient evidences an ocular abnormality or symptoms of systemic disease requiring further diagnosis and possible treatment by a [~~licensed physician.~~] qualified health care provider."

SECTION 62. Section 461-1, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 63. Section 461-8, Hawaii Revised Statutes, is amended by amending subsection (d) to read as follows:

"(d) Beginning with the renewal for the licensing biennium commencing on January 1, 2008, and every biennial renewal thereafter, each licensee shall have completed thirty credit hours in continuing education courses within the two-year period preceding the renewal date, regardless of the licensee's initial date of licensure; provided that a licensee who has graduated from an accredited pharmacy school within one year of the

licensee's first license renewal period shall not be subject to the continuing education requirement for the first license renewal. The board may extend the deadline for compliance with the continuing education requirement based on any of the following:

(1) Illness, as certified by a [~~physician or osteopathic physician licensed under chapter 453~~] qualified health care provider licensed in the State or licensed in the jurisdiction in which the licensee was treated;

(2) Military service under extended active duty with the armed forces of the United States;

(3) Lack of access to continuing education courses due to the practice of pharmacy in geographically isolated areas; and

(4) Inability to undertake continuing education due to incapacity, undue hardship, or other extenuating circumstances."

SECTION 64. Section 461-11.4, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) For the purposes of this section, "medical home" means the primary care physician or other qualified health care

provider providing primary care who, working in collaboration with the family, oversees the acute, chronic, and preventive health needs of the patient in a comprehensive, coordinated, and continuous fashion."

SECTION 65. Section 461-15, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) It shall be unlawful:

(1) For any person to sell or offer for sale at public auction, or to sell or offer for sale at private sale in a place where public auctions are conducted, any prescription drugs without first obtaining a permit from the board of pharmacy to do so;

(2) For any person to distribute or dispense samples of any prescription drugs without first obtaining a permit from the board to do so; provided that nothing in this paragraph shall interfere with the furnishing of samples or drugs directly to [~~physicians, druggists, dentists, veterinarians, and optometrists~~] qualified health care providers with prescriptive authority for use in their professional practice;

(3) For wholesalers to sell, distribute, or dispense any prescription drug, except to a [~~pharmacist, physician, dentist, veterinarian, or optometrist~~] qualified health care provider who is allowed to use pharmaceutical agents under chapter 459 or to a generally recognized industrial, agricultural, manufacturing, or scientific user of drugs for professional or business purposes; provided that it shall be unlawful for wholesalers to sell, distribute, or dispense any prescription pharmaceutical agent that is not approved by the Hawaii board of optometry;

(4) For any wholesale prescription drug distributor to sell or distribute medical oxygen except to a:

(A) Licensed practitioner with prescriptive authority;

(B) Pharmacist;

(C) Medical oxygen distributor;

(D) Patient or a patient's agent pursuant to a prescription; or

(E) Emergency medical services for administration by trained personnel for oxygen deficiency and resuscitation;

(5) For any medical oxygen distributor to supply medical oxygen pursuant to a prescription order, to a patient or a patient's agent, without first obtaining a permit from the board to do so;

(6) For any person, as principal or agent, to conduct or engage in the business of preparing, manufacturing, compounding, packing, or repacking any drug without first obtaining a permit from the board to do so; and

(7) For any out-of-state pharmacy or entity engaging in the practice of pharmacy, in any manner to distribute, ship, mail, or deliver prescription drugs or devices into the State without first obtaining a permit from the board; provided that the applicant shall:

(A) Provide the location, names, and titles of all principal corporate officers;

(B) Attest that the applicant or any personnel of the applicant has not been found in violation of any

state or federal drug laws, including the illegal use of drugs or improper distribution of drugs;

(C) Submit verification of a valid unexpired license, permit, or registration in good standing to conduct the pharmacy in compliance with the laws of the home state and agree to maintain in good standing the license, permit, or registration; and

(D) Have in its employ a registered pharmacist whose registration is current and in good standing."

SECTION 66. Section 461J-1, Hawaii Revised Statutes, is amended as follows:

1. By adding a new definition to be appropriately inserted and to read:

""Qualified health care provider" has the same meaning as in section 325- ."

2. By amending the definition of "physical therapy" or "physical therapy services" to read as follows:

""Physical therapy" or "physical therapy services" means the examination, treatment, and instruction of human beings to detect, assess, prevent, correct, alleviate, and limit physical

disability, bodily malfunction, pain from injury, disease, and any other physical or mental condition as performed by a physical therapist appropriately licensed under this chapter. [~~It~~] "Physical therapy" or "physical therapy services" includes but is not limited to:

(1) Administration, evaluation, modification of treatment, and instruction involving the use of physical measures, activities, and devices, for preventive and therapeutic purposes; provided that should the care or treatment given by a physical therapist or physical therapist assistant contravene treatment diagnosed or prescribed by a [~~medical doctor, osteopath,~~] physician, osteopathic physician, physician assistant, or advanced practice registered nurse or as determined by the board, the physical therapist shall confer with the professional regarding the manner or course of treatment in conflict and take appropriate action in the best interest of the patient; and

(2) The provision of consultative, educational, and other advisory services for the purpose of reducing the

incidence and severity of physical disability, bodily malfunction, or pain."

SECTION 67. Section 461J-10.14, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) The request for an exemption shall include the following information:

(1) Evidence that, during the two-year period prior to the expiration of the license, the licensee was residing in another country for one year or longer, reasonably preventing completion of the continuing competence requirements;

(2) Evidence that, during the two-year period prior to the expiration of the license, the licensee was ill or disabled for one year or longer as documented by a [~~licensed physician, surgeon, or clinical psychologist,~~] qualified health care provider, preventing completion of the continuing competence requirements; or

(3) Evidence that, during the two-year period prior to the expiration of the license, a dependent family member of the licensee was ill or disabled for one year or

longer as documented by a [~~licensed physician, surgeon, or clinical psychologist,~~] qualified health care provider, preventing completion of the continuing competence requirements."

SECTION 68. Section 463E-1, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 69. Section 463E-15, Hawaii Revised Statutes, is amended to read as follows:

"**[~~†~~]§463E-15[~~†~~] Use of podiatrist; public programs.** Whenever medical or surgical services within the scope of activities of a podiatrist licensed under this chapter are included in any program financed by public funds or administered by any public agency for aid to the indigent, the aged, the legally blind, or any other group or class, the recipient of such aid shall be entitled to choose whether the services are to be performed by a [~~duly licensed physician or by a duly licensed podiatrist.~~] qualified health care provider."

SECTION 70. Section 464-1, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 71. Section 464-9, Hawaii Revised Statutes, is amended by amending subsection (d) to read as follows:

"(d) The board shall require continuing education to renew a license for architects effective as of the renewal date for a license expiring on April 30, 2008, and for every biennial renewal period thereafter. All continuing education courses shall be relevant to public protection subjects and shall be approved by the board as provided in the board's rules; provided that:

(1) Architects initially licensed in the first year of the biennium shall have completed eight continuing education credit hours;

(2) Architects initially licensed in the second year of the biennium shall not be required to complete any continuing education credit hours;

(3) All other architects shall have completed sixteen continuing education credit hours;

(4) The board shall randomly audit an architect's continuing education courses, and shall establish guidelines for random audits in rules adopted in accordance with chapter 91;

(5) An architect whose license is not renewed because of failure to comply with the continuing education requirement shall have two years from the expiration date of the license to restore the license by complying with all applicable continuing professional education requirements and paying the appropriate renewal and penalty fees. After the two-year restoration period, the licensee shall be required to apply as a new applicant, and meet the requirements in effect at that time; and

(6) An architect licensee shall not be subject to the continuing education requirement if the architect otherwise meets all other renewal requirements and:

(A) Is a member of the armed forces, National Guard, or a reserve component on active duty and

deployed during a state or national crisis as "state or national crisis" is defined in chapter 436B;

(B) Is ill or disabled for a significant period of time as documented by a [~~licensed physician,~~] qualified health care provider, and is unable to meet the continuing education requirements of this subsection;

(C) Can demonstrate undue hardship that prevented the licensee from meeting the continuing education requirements of this subsection; or

(D) Is retired from the practice of architecture and is no longer performing or providing architectural services;

provided that any exemption from the continuing education requirements shall be subject to the board's approval."

SECTION 72. Section 466D-7, Hawaii Revised Statutes, is amended to read as follows:

"**[~~§~~]§466D-7[~~]~~] Exemptions.** This chapter is not intended to restrict the practice of other licensed or credentialed

[~~healthcare~~] health care practitioners practicing within their own recognized scopes of practice and shall not apply to:

(1) A person working within the scope of practice or duties of another licensed profession that overlaps with the practice of respiratory care; provided that the person does not purport to be a respiratory therapist;

(2) A person working as, or training to become, a sleep technologist or person who is enrolled in a Commission on Accreditation of Allied Health Education Programs, Accredited Sleep Technologist Education Program, or a program approved by the American Association of Sleep Technologists to become a sleep technologist; provided that[~~,~~] as used in this paragraph, [~~a~~] "sleep technologist" [~~is defined as~~] means a person trained in sleep technology and relevant aspects of sleep medicine, evaluation, and follow-up care of patients with sleep disorders;

(3) A person enrolled as a student in an accredited respiratory therapy program where the performance of

duties that are regulated by this chapter is an integral part of the student's program of study;

(4) A person employed by a durable medical equipment provider who engages in the delivery, assembly, setup, testing, and demonstration of oxygen and aerosol equipment upon the order of a [~~physician;~~] qualified health care provider; provided that no person providing those services shall be authorized to assess patients, develop care plans, instruct patients in taking treatment, or discuss the hazards, administration, or side effects of medication with patients; provided further that for purposes of this paragraph, "qualified health care provider" has the same meaning as in section 325- ;

(5) A person rendering services in the case of an emergency or in the domestic administration of family remedies; or

(6) A person employed by a federal, state, or county government agency in a respiratory therapist position, but only in the course of carrying out the duties and responsibilities of government employment."

SECTION 73. Section 486N-1, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 74. Section 486N-2, Hawaii Revised Statutes, is amended to read as follows:

"**[~~§~~]§486N-2[~~]~~] Exemptions.** This chapter shall not apply to:

(1) Any nonprofit organization;

(2) Any person operating a business primarily for the purpose of teaching a form of self-defense or dance as an art;

(3) Any private club owned and operated by its members;

(4) Any medically related service performed by a [~~doctor~~] qualified health care provider legally authorized to practice [~~medicine or osteopathy~~] in the State, in a private office, clinic, or hospital;

(5) The State or any of its political subdivisions;

(6) Any health club [~~which~~] that began offering health club contracts or any other contracts in the State prior to December 31, 1969; or

(7) Any club whose function as a health club is only incidental to its overall function and purpose, and whose covered floor space devoted to the maintenance or development of physical fitness or well-being through physical exercise comprises less than thirty-five per cent of the total covered floor space of the club available to members."

SECTION 75. Section 486N-7, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) "Disability", as used in this section, means a condition [~~which~~] that has existed for more than thirty days, which precludes the buyer from using the facilities or services of the health club, and the condition is verified by a [~~doctor~~] qualified health care provider legally authorized to practice [~~medicine or osteopathy~~] in the State."

SECTION 76. Section 571-44, Hawaii Revised Statutes, is amended to read as follows:

"§571-44 **Physical or mental examination and treatment.** (a) The court may order that a child or minor for whom a petition has been filed, be examined by a physician, surgeon, psychiatrist, [~~or~~] psychologist, or other qualified health care provider. The court may order treatment by a physician, surgeon, psychiatrist, [~~or~~] psychologist, or other qualified health care provider of a child or minor who has been adjudicated by the court. For either the examination or treatment, the court may place the child or minor in a hospital or other suitable facility. After a hearing, the court may order an examination by a physician, surgeon, psychiatrist, [~~or~~] psychologist, or other qualified health care provider of a parent or guardian whose ability to care for a child before the court is at issue.

(b) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 77. Section 587A-4, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 78. Section 587A-9, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Upon the request of the department and without regard to parental consent, any [~~physician~~] qualified health care provider licensed [~~or authorized to practice medicine~~] in the State shall perform an examination to determine the nature and extent of harm or threatened harm to the child under the department's temporary foster custody."

SECTION 79. Section 612-6, Hawaii Revised Statutes, is amended to read as follows:

"**§612-6 Exempt when.** (a) A person may claim exemption from service as a juror if the person is:

(1) An elected official while the legislature is in session, or a judge of the United States, State, or county;

(2) An actively practicing [~~physician or dentist;~~] qualified health care provider;

(3) A member of the armed forces or militia when on active service and deployed out-of-state;

(4) An active member of a police or fire department;

(5) A person who has served as a juror, either in a court of this State or the United States District Court for the District of Hawaii, within one year preceding the time of filling out the juror qualification form;

(6) An active member of an emergency medical services agency;

(7) A person living more than seventy miles from the court for which jury service is required;

(8) A person eighty years of age or older; or

(9) A woman who is breastfeeding a child or expressing breast milk for a period of two years from the birth of the child.

(b) For purposes of this section[~~, "emergency medical services agency"~~]:

"Emergency medical services agency" means any government agency, private agency, or company that provides ambulance services, emergency medical services, or disaster medical services.

"Qualified health care provider" has the same meaning as in section 325- ."

SECTION 80. Section 622-51, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 81. Section 703-309, Hawaii Revised Statutes, is amended to read as follows:

"**§703-309 Use of force by persons with special responsibility for care, discipline, or safety of others.** The use of force upon or toward the person of another is justifiable under the following circumstances:

(1) The actor is the parent, guardian, or other person similarly responsible for the general care and supervision of a minor, or a person acting at the request of the parent, guardian, or other responsible person, and:

(a) The force is employed with due regard for the age and size of the minor and is reasonably related to the purpose of safeguarding or promoting the welfare of the minor, including the prevention or punishment of the minor's misconduct; provided

that there shall be a rebuttable presumption that the following types of force are not justifiable for purposes of this [~~+~~]paragraph[~~+~~]: throwing, kicking, burning, biting, cutting, striking with a closed fist, shaking a minor under three years of age, interfering with breathing, or threatening with a deadly weapon; and

(b) The force used does not intentionally, knowingly, recklessly, or negligently create a risk of causing substantial bodily injury, disfigurement, extreme pain or mental distress, or neurological damage.

(2) The actor is a principal, the principal's agent, a teacher, or a person otherwise entrusted with the care or supervision for a special purpose of a minor, and:

(a) The actor believes that the force used is necessary to further that special purpose, including maintenance of reasonable discipline in a school, class, other group, or at activities supervised by the department of education held on

or off school property and that the use of force is consistent with the welfare of the minor; and

(b) The degree of force, if it had been used by the parent or guardian of the minor, would not be unjustifiable under paragraph (1).

(3) The actor is the guardian or other person similarly responsible for the general care and supervision of an incompetent person, and:

(a) The force is employed with due regard for the age and size of the incompetent person and is reasonably related to the purpose of safeguarding or promoting the welfare of the incompetent person, including the prevention of the incompetent person's misconduct, or, when such incompetent person is in a hospital or other institution for the incompetent person's care and custody, for the maintenance of reasonable discipline in the institution; and

(b) The force used is not designed to cause or known to create a risk of causing substantial bodily

injury, disfigurement, extreme pain or mental distress, or neurological damage.

(4) The actor is a [~~doctor or other therapist~~] qualified health care provider or a person assisting the [~~doctor or therapist~~] qualified health care provider at the [~~doctor's or therapist's~~] qualified health care provider's direction, and:

(a) The force is used for the purpose of administering a recognized form of treatment which the actor believes to be adapted to promoting the physical or mental health of the patient; and

(b) The treatment is administered with the consent of the patient, or, if the patient is a minor or an incompetent person, with the consent of the minor's or incompetent person's parent or guardian or other person legally competent to consent in the minor's or incompetent person's behalf, or the treatment is administered in an emergency when the actor believes that no one competent to consent can be consulted and that a

reasonable person, wishing to safeguard the welfare of the patient, would consent.

For purposes of this subsection, "qualified health care provider" has the same meaning as in section 325- .

(5) The actor is a warden or other authorized official of a correctional institution, and:

(a) The actor believes that the force used is necessary for the purpose of enforcing the lawful rules or procedures of the institution;

(b) The nature or degree of force used is not forbidden by other provisions of the law governing the conduct of correctional institutions; and

(c) If deadly force is used, its use is otherwise justifiable under this chapter.

(6) The actor is a person responsible for the safety of a vessel or an aircraft or a person acting at the direction of the person responsible for the safety of a vessel or an aircraft, and:

(a) The actor believes that the force used is necessary to prevent interference with the operation of the vessel or aircraft or obstruction of the execution of a lawful order, unless the actor's belief in the lawfulness of the order is erroneous and the actor's error is due to ignorance or mistake as to the law defining authority; and

(b) If deadly force is used, its use is otherwise justifiable under this chapter.

(7) The actor is a person who is authorized or required by law to maintain order or decorum in a vehicle, train, or other carrier, or in a place where others are assembled, and:

(a) The actor believes that the force used is necessary for that purpose; and

(b) The force used is not designed to cause or known to create a substantial risk of causing death, bodily injury or extreme mental distress."

SECTION 82. Section 706-624, Hawaii Revised Statutes, is amended by amending subsection (2) to read as follows:

"(2) Discretionary conditions. The court may provide, as further conditions of a sentence of probation, to the extent that the conditions are reasonably related to the factors set forth in section 706-606 and to the extent that the conditions involve only deprivations of liberty or property as are reasonably necessary for the purposes indicated in section 706-606(2), that the defendant:

(a) Serve a term of imprisonment to be determined by the court at sentencing in class A felony cases under section 707-702, not exceeding two years in class A felony cases under part IV of chapter 712, not exceeding eighteen months in class B felony cases, not exceeding one year in class C felony cases, not exceeding six months in misdemeanor cases, and not exceeding five days in petty misdemeanor cases; provided that notwithstanding any other provision of law, any order of imprisonment under this subsection that provides for prison work release shall require the defendant to pay thirty per cent of the defendant's gross pay earned during the prison work release period to satisfy any restitution order. The

payment shall be handled by the adult probation division and shall be paid to the victim on a monthly basis;

(b) Perform a specified number of hours of services to the community as described in section 706-605(1)(d);

(c) Support the defendant's dependents and meet other family responsibilities;

(d) Pay a fine imposed pursuant to section 706-605(1)(b);

(e) Work conscientiously at suitable employment or pursue conscientiously a course of study or vocational training that will equip the defendant for suitable employment;

(f) Refrain from engaging in a specified occupation, business, or profession bearing a reasonably direct relationship to the conduct constituting the crime or engage in the specified occupation, business, or profession only to a stated degree or under stated circumstances;

(g) Refrain from frequenting specified kinds of places or from associating unnecessarily with specified persons, including the victim of the crime, any witnesses,

regardless of whether they actually testified in the prosecution, law enforcement officers, co-defendants, or other individuals with whom contact may adversely affect the rehabilitation or reformation of the person convicted;

(h) Refrain from use of alcohol or any use of narcotic drugs or controlled substances without a prescription;

(i) Refrain from possessing a firearm, ammunition, destructive device, or other dangerous weapon;

(j) Undergo available medical or mental health assessment and treatment, including assessment and treatment for substance abuse dependency, and remain in a specified facility if required for that purpose;

(k) Reside in a specified place or area or refrain from residing in a specified place or area;

(l) Submit to periodic urinalysis or other similar testing procedure;

(m) Refrain from entering specified geographical areas without the court's permission;

(n) Refrain from leaving the person's dwelling place except to go to and from the person's place of

employment, the office of the person's [~~physician or dentist,~~] qualified health care provider, the probation office, or any other location as may be approved by the person's probation officer pursuant to court order. As used in this paragraph[~~, "dwelling place"~~]:

"Dwelling place" includes the person's yard or, in the case of condominiums, the common elements;

"Qualified health care provider" has the same meaning as in section 325- .

(o) Comply with a specified curfew;

(p) Submit to monitoring by an electronic monitoring device;

(q) Submit to a search by any probation officer, with or without a warrant, of the defendant's person, residence, vehicle, or other sites or property under the defendant's control, based upon the probation officer's reasonable suspicion that illicit substances or contraband may be found on the person or in the place to be searched;

(r) Sign a waiver of extradition and pay extradition costs as determined and ordered by the court;

(s) Comply with a service plan developed using current assessment tools; and

(t) Satisfy other reasonable conditions as the court may impose."

SECTION 83. Section 708-880, Hawaii Revised Statutes, is amended by amending subsection (2) to read as follows:

"(2) In this section:

"Agent" means:

(a) An agent or employee of another;

(b) A trustee, guardian, or other fiduciary;

(c) A lawyer, [~~physician,~~] qualified health care provider, accountant, appraiser, or other professional adviser or informant;

(d) An officer, director, partner, manager, or other participant in the direction of the affairs of an incorporated or unincorporated association; or

(e) An arbitrator or other purportedly disinterested adjudicator or referee.

"Agent in charge of employment" does not include any person conducting a private employment agency licensed and operating in accordance with law.

"Appraiser" means a person who holds oneself out to the public as being engaged in the business of making disinterested selection, appraisal, or criticism of commodities or services.

"Qualified health care provider" has the same meaning as in section 325- ."

SECTION 84. Section 709-903.5, Hawaii Revised Statutes, is amended by amending subsection (1) to read as follows:

"(1) Except as provided in subsection (2), a person commits the offense of endangering the welfare of a minor in the first degree if, having care or custody of a minor, the person:

(a) Intentionally or knowingly allows another person to inflict serious or substantial bodily injury on the minor; or

(b) Intentionally or knowingly causes or permits the minor to inject, ingest, inhale, or otherwise introduce into the minor's body any controlled substance listed in sections 329-14, 329-16, 329-18, and 329-20 that has not been prescribed by a [~~physician~~] qualified health

care provider for the minor, except as permitted under section 329-122. For purposes of this paragraph, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 85. Section 709-904, Hawaii Revised Statutes, is amended by amending subsection (1) to read as follows:

"(1) Except as provided in section 709-903.5(2), a person commits the offense of endangering the welfare of a minor in the second degree if, having care or custody of a minor, the person:

(a) Recklessly allows another person to inflict serious or substantial bodily injury on the minor; or

(b) Recklessly causes or permits the minor to inject, ingest, inhale, or otherwise introduce into the minor's body any controlled substance listed in sections 329-14, 329-16, 329-18, and 329-20 that has not been prescribed by a [~~physician~~] qualified health care provider for the minor, except as permitted under section 329-122. This subsection shall not apply to nursing mothers who may cause the ingestion or introduction of detectable amounts of any controlled substance listed in sections 329-14, 329-16, 329-18,

and 329-20 to their minor children through breastfeeding. For purposes of this paragraph, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 86. Section 712-1250.5, Hawaii Revised Statutes, is amended by amending subsection (2) to read as follows:

"(2) It is a defense to a prosecution for promoting intoxicating liquor to a person under the age of twenty-one that:

(a) The intoxicating liquor provided to the person under the age of twenty-one was an ingredient in a medicine prescribed by a [~~licensed physician~~] qualified health care provider for medical treatment of the person under the age of twenty-one[~~,~~]. For purposes of this paragraph, "qualified health care provider" has the same meaning as in section 325- ;

(b) The intoxicating liquor was provided to the person under the age of twenty-one as part of a ceremony of a recognized religion;

(c) The defendant provided the intoxicating liquor to the person under the age of twenty-one with the belief,

which was reasonable under the circumstances, that the person under the age of twenty-one had attained the age of twenty-one;

(d) The defendant provided the intoxicating liquor to the person under the age of twenty-one with the express consent of the parent or legal guardian and with the belief, which was reasonable under the circumstances, that the person under the age of twenty-one would not consume any portion of the substance;

(e) The defendant provided the intoxicating liquor to the person under the age of twenty-one with the express consent of the parent or legal guardian and with the belief, which was reasonable under the circumstances, that the person under the age of twenty-one would consume the substance only in the presence of the parent or legal guardian; or

(f) The intoxicating liquor was possessed by the person under the age of twenty-one to be sold or served as allowed by law."

SECTION 87. Section 806-73, Hawaii Revised Statutes, is amended to read as follows:

"§806-73 **Duties and powers of probation officers; adult probation records.** (a) A probation officer shall investigate any case referred to the probation officer for investigation by the court in which the probation officer is serving and report thereon to the court. The probation officer shall instruct each defendant placed on probation under the probation officer's supervision of the terms and conditions of the defendant's probation. The probation officer shall keep informed concerning the conduct and condition of the defendant and report thereon to the court, and shall use all suitable methods to aid the defendant and bring about an improvement in the defendant's conduct and condition. The probation officer shall keep these records and perform other duties as the court may direct. No probation officer shall be subject to civil liability or criminal culpability for any disclosure or nondisclosure, under this section, if the probation officer acts in good faith and upon reasonable belief.

(b) All adult probation records shall be confidential and shall not be deemed to be public records. As used in this section, [~~the term~~] "records" includes but is not limited to all records made by any adult probation officer in the course of

performing the probation officer's official duties. The records, or the content of the records, shall be divulged only as follows:

(1) A copy of any adult probation case record or of a portion of it, or the case record itself, upon request, may be provided to:

(A) An adult probation officer, court officer, social worker of a Hawaii state adult probation unit, or a family court officer who is preparing a report for the courts; or

(B) A state or federal criminal justice agency, or state or federal court program that:

(i) Is providing supervision of a defendant or offender convicted and sentenced by the courts of Hawaii; or

(ii) Is responsible for the preparation of a report for a court;

(2) The residence address, work address, home telephone number, or work telephone number of a current or former defendant shall be provided only to:

(A) A law enforcement officer as defined in section 710-1000 to locate the probationer for the purpose of serving a summons or bench warrant in a civil, criminal, or deportation hearing, or for the purpose of a criminal investigation; or

(B) A collection agency or licensed attorney contracted by the judiciary to collect any delinquent court-ordered penalties, fines, restitution, sanctions, and court costs pursuant to section 601-17.5;

(3) A copy of a presentence report or investigative report shall be provided only to:

(A) The persons or entities named in section 706-604;

(B) The Hawaii paroling authority;

(C) Any psychiatrist, psychologist, or other treatment practitioner who is treating the defendant pursuant to a court order or parole order for that treatment;

(D) The intake service centers;

(E) In accordance with applicable law, persons or entities doing research; and

(F) Any Hawaii state adult probation officer or adult probation officer of another state or federal jurisdiction who:

(i) Is engaged in the supervision of a defendant or offender convicted and sentenced in the courts of Hawaii; or

(ii) Is engaged in the preparation of a report for a court regarding a defendant or offender convicted and sentenced in the courts of Hawaii;

(4) Access to adult probation records by a victim, as defined in section 706-646 to enforce an order filed pursuant to section 706-647, shall be limited to the:

(A) Name and contact information of the defendant's adult probation officer;

(B) Compliance record of the defendant with court-ordered payments;

(C) Amounts paid by the defendant;

(D) Dates of the payments made by the defendant;

(E) Payee of payments made by the defendant; and

(F) Remaining unpaid balance,

without the assessment of a filing fee or surcharge;

(5) Upon written request, the victim, or the parent or guardian of a minor victim or incapacitated victim, of a defendant who has been placed on probation for an offense under section 580-10(d)(1), 586-4(e), 586-11(a), or 709-906 may be notified by the defendant's probation officer when the probation officer has any information relating to the safety and welfare of the victim;

(6) Notwithstanding paragraph (3) and upon notice to the defendant, records and information relating to the defendant's risk assessment and need for treatment services; information related to the defendant's past treatment and assessments, with the prior written consent of the defendant for information from a treatment service provider; provided that for any substance abuse records such release shall be subject to title 42 Code of Federal Regulations part 2, relating to the confidentiality of alcohol and drug abuse patient records; and information that has

therapeutic or rehabilitative benefit, may be provided to:

(A) A case management, assessment, or treatment service provider assigned by adult probation to service the defendant; provided that such information shall be given only upon the acceptance or admittance of the defendant into a treatment program;

(B) Correctional case manager, correctional unit manager, and parole officers involved with the defendant's treatment or supervision; and

(C) In accordance with applicable law, persons or entities doing research;

(7) Probation drug test results may be released with prior written consent of a defendant to the defendant's treating [~~physician~~] qualified health care provider when test results indicate substance use [~~which~~] that may be compromising the defendant's medical care or treatment;

(8) Records obtained pursuant to section 704-404(9) may be made available as provided in that section;

(9) Any person, agency, or entity receiving records, or contents of records, pursuant to this subsection shall be subject to the same restrictions on disclosure of the records as Hawaii state adult probation offices; and

(10) Any person who uses the information covered by this subsection for purposes inconsistent with the intent of this subsection or outside of the scope of the person's official duties shall be fined no more than $500.

(c) Every probation officer, within the scope of the probation officer's duties, shall have the powers of a police officer.

(d) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 88. Section 841-3, Hawaii Revised Statutes, is amended to read as follows:

"**§841-3 Duties.** [~~,~~](a)[~~,~~] As soon as any coroner or deputy coroner has notice of the death of any person within the coroner's or deputy coroner's jurisdiction as the result of violence, [~~or~~] as the result of any accident, [~~or~~] by suicide,

[~~or~~] suddenly when in apparent health, [~~or~~] when unattended by a [~~physician,~~] qualified health care provider, [~~or~~] in prison, [~~or~~] in a suspicious or unusual manner, or within twenty-four hours after admission to a hospital or institution, the coroner or deputy coroner shall [~~forthwith~~] inquire into and make a complete investigation of the cause of the death.

[~~+~~] (b) [~~+~~] Any person who becomes aware of the death of any person under any of the circumstances set forth [~~above~~] in subsection (a) shall immediately notify the coroner or deputy coroner of the known facts concerning the time, place, manner, and circumstances of the death.

[~~+~~] (c) [~~+~~] Any person who fails to report the death of a person under circumstances covered [~~herein~~] in this section shall be subject to a fine of not more than $100.

(d) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

PART V

SECTION 89. Section 134-61, Hawaii Revised Statutes, is amended by amending the definition of "medical professional" to read as follows:

""Medical professional" means a licensed physician, physician assistant, advanced practice registered nurse, psychologist, or psychiatrist who has examined the respondent."

SECTION 90. Section 302A-493, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) An educational representative may be appointed if a student lacks decisional capacity to provide informed consent. A determination that the adult student lacks capacity, or that another condition exists that affects the adult student's instruction shall be made by a qualified licensed professional, such as the student's primary physician, psychologist, psychiatrist, physician assistant, advanced practice registered nurse, or the department of health developmental disabilities division."

SECTION 91. Section 321-2.5, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) This section shall apply to all volunteer medical assistance personnel, including[~~:~~] but not limited to:

(1) Physicians;

(2) Psychologists;

(3) Nurses;

(4) Emergency medical technicians;

(5) Social workers;

(6) Mobile intensive care technicians;

(7) Physician assistants; and

(8) Pharmacists,

licensed or certified in this State, or employed by a health care facility, while providing volunteer medical assistance services."

SECTION 92. Section 321-15.61, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Adult residential care homes may admit an individual who has been living immediately prior to admission in the individual's own home, a hospital, or other care setting, and who has been either:

(1) Admitted to a medicaid waiver program and determined by the department of human services to require nursing facility level care to manage the individual's physical, mental, and social functions; or

(2) A private-paying individual certified by a physician, a physician assistant, or an advanced practice

registered nurse as needing a nursing facility level of care."

SECTION 93. Section 321-15.62, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) The director of health shall adopt rules regarding expanded adult residential care homes in accordance with chapter 91 that shall implement a social model of health care designed to:

(1) Protect the health, safety, civil rights, and rights of choice of residents in a nursing facility or in home- or community-based care;

(2) Provide for the licensing of expanded adult residential care homes for persons who are certified by the department of human services, a physician, a physician assistant, an advanced practice registered nurse, or a registered nurse case manager as requiring skilled nursing facility level or intermediate care facility level of care who have no financial relationship with the home care operator or facility staff; provided that the rules shall allow group living in the following two categories of expanded

adult residential care homes as licensed by the department of health:

(A) A type I home shall consist of five or fewer residents with no more than two nursing facility level residents; provided that more nursing facility level residents may be allowed at the discretion of the department; [~~and~~] provided further that up to six residents may be allowed at the discretion of the department to live in a type I home; provided that the primary caregiver or home operator is a certified nurse aide who has completed a state-approved training program and other training as required by the department; and

(B) A type II home shall consist of six or more residents, with no more than twenty per cent of the home's licensed capacity as nursing facility level residents; provided that more nursing facility level residents may be allowed at the discretion of the department;

provided further that the department shall exercise its discretion for a resident presently residing in a type I or type II home, to allow the resident to remain as an additional nursing facility level resident based upon the best interests of the resident. The best interests of the resident shall be determined by the department after consultation with the resident[~~,~~]; the resident's family[~~,~~]; primary physician, physician assistant, advanced practice registered nurse, or registered nurse; case manager[~~,~~]; primary caregiver[~~,~~]; and home operator;

(3) Comply with applicable federal laws and regulations of title XVI of the Social Security Act, as amended; and

(4) Provide penalties for the failure to comply with any rule."

SECTION 94. Section 321-23.3, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) All volunteer emergency medical disaster response personnel including[~~:~~] but not limited to:

(1) Physicians;

(2) Psychologists;

(3) Nurses;

(4) Emergency medical technicians;

(5) Social workers;

(6) Mobile intensive care technicians;

(7) Physician assistants; and

(8) Pharmacists,

licensed in the State, or employed by a health care facility, while engaged in the emergency response to a mass casualty event or disaster condition, including participation during periods of mass casualty and disaster management training, shall be deemed state employees or county employees, as the case may be, and shall have the powers, duties, rights, and privileges of such in the performance of their duties as prescribed by or under the authority of the governor or a county."

SECTION 95. Section 321-23.6, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) The department shall adopt rules for emergency medical services that shall include:

(1) Uniform methods of rapidly identifying an adult person who has certified, or for whom has been certified, in a written "comfort care only" document that the person

or, consistent with chapter 327E, the person's guardian, agent, or surrogate directs emergency medical services personnel, first responder personnel, and health care providers not to administer chest compressions, rescue breathing, electric shocks, or medication, or all of these, given to restart the heart if the person's breathing or heart stops, and directs that the person is to receive care for comfort only, including oxygen, airway suctioning, splinting of fractures, pain medicine, and other measures required for comfort;

(2) The written document containing the certification shall be signed by the patient or, consistent with chapter 327E, the person's guardian, agent, or surrogate and by any two other adult persons who personally know the patient; and

(3) The original document containing the certification and all three signatures shall be maintained by the patient, the patient's:

(A) Physician[~~,~~], physician assistant, or advanced practice registered nurse;

(B) Attorney;

(C) Guardian;

(D) Surrogate; or

(E) Any other person who may lawfully act on the patient's behalf.

Two copies of the document shall be given to the patient, or the patient's guardian, agent, or surrogate.

(b) The rules shall provide for the following:

(1) The patient, or the patient's guardian, agent, or surrogate, may verbally revoke the "comfort care only" document at any time, including during the emergency situation;

(2) An anonymous tracking system shall be developed to assess the success or failure of the procedures and to ensure that abuse is not occurring; and

(3) If an emergency medical services person, first responder, or any other health care provider believes in good faith that the provider's safety, the safety of the family or immediate bystanders, or the provider's own conscience requires the patient be

resuscitated despite the presence of a "comfort care only" document, then that provider may attempt to resuscitate that patient, and neither the provider, the ambulance service, nor any other person or entity shall be liable for attempting to resuscitate the patient against the patient's will."

SECTION 96. Section 321-313, Hawaii Revised Statutes, is amended to read as follows:

"**§321-313 Definition of health care professional.** [~~A health care professional means a physician or osteopathic physician as licensed under chapter 453.~~] For purposes of this part, "health care professional" has the same meaning as in section 451D-2."

SECTION 97. Section 321-331, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) The department of health may:

(1) Provide educational resources to all women in the State before and early in pregnancy about the availability of prenatal tests, including non-directive counseling and impartial information on the benefits, risks, and limitations of prenatal tests;

(2) Make available prenatal screening and diagnosis tests to all pregnant women in this State who choose to be so screened;

(3) Specify the diseases which may be screened for;

(4) Determine screening and diagnostic test methodologies;

(5) Establish laboratory quality control standards for performance of designated tests;

(6) Provide technical assistance to laboratories, hospitals, physicians, physician assistants, advanced practice registered nurses, and other health care providers;

(7) Maintain a confidential registry and collect appropriate statistical data for the purposes of research and evaluation;

(8) Collect fees for program services; and

(9) Maintain confidentiality of records of women and their families participating in the program."

SECTION 98. Section 323D-54, Hawaii Revised Statutes, is amended to read as follows:

"§323D-54 **Exemptions from certificate of need requirements.** Nothing in this part or rules with respect to the requirement for certificates of need applies to:

(1) Offices of physicians, dentists, or other [~~practitioners of the healing arts~~] health care providers in private practice as distinguished from organized ambulatory health care facilities, except in any case of purchase or acquisition of equipment attendant to the delivery of health care service and the instruction or supervision for any private office or clinic involving a total expenditure in excess of the expenditure minimum;

(2) Laboratories, as defined in section 321-11(12), except in any case of purchase or acquisition of equipment attendant to the delivery of health care service and the instruction or supervision for any laboratory involving a total expenditure in excess of the expenditure minimum;

(3) Dispensaries and first aid stations located within business or industrial establishments and maintained solely for the use of employees; provided such

facilities do not regularly provide inpatient or resident beds for patients or employees on a daily twenty-four-hour basis;

(4) Dispensaries or infirmaries in correctional or educational facilities;

(5) Dwelling establishments, such as hotels, motels, and rooming or boarding houses that do not regularly provide health care facilities or health care services;

(6) Any home or institution conducted only for those who, pursuant to the teachings, faith, or belief of any group, depend for healing upon prayer or other spiritual means;

(7) Dental clinics;

(8) Nonpatient areas of care facilities such as parking garages and administrative offices;

(9) Bed changes that involve ten per cent or ten beds of existing licensed bed types, whichever is less, of a facility's total existing licensed beds within a two-year period;

(10) Projects that are wholly dedicated to meeting the State's obligations under court orders, including consent decrees, that have already determined that need for the projects exists;

(11) Replacement of existing equipment with its modern-day equivalent;

(12) Primary care clinics under the expenditure thresholds referenced in section 323D-2;

(13) Equipment and services related to that equipment, that are primarily invented and used for research purposes as opposed to usual and customary diagnostic and therapeutic care;

(14) Capital expenditures that are required:

(A) To eliminate or prevent imminent safety hazards as defined by federal, state, or county fire, building, or life safety codes or regulations;

(B) To comply with state licensure standards;

(C) To comply with accreditation standards, compliance with which is required to receive reimbursements under Title XVIII of the Social Security Act or payments under a state plan for

medical assistance approved under Title XIX of such Act;

(15) Extended care adult residential care homes and assisted living facilities; or

(16) Other facilities or services that the agency through the statewide council chooses to exempt, by rules pursuant to section 323D-62."

SECTION 99. Section 325-54, Hawaii Revised Statutes, is amended to read as follows:

"**§325-54 Reports confidential; penalty.** Any information secured from the tests or the reports in this part required to be made by persons having access to such tests or reports shall be used only in connection with their professional duties or within the scope and course of their employment, but not otherwise, and except to the extent required in connection with enforcement of the laws and ordinances of the State, and its political subdivisions, and valid rules and regulations adopted thereunder, which are for the protection of the public health, shall not be divulged to others than the [~~doctor~~] physician and other person permitted by law to attend and attending a pregnant woman, laboratory technicians, or the department of health and

its duly authorized representatives. Any person violating this section shall be fined $500, or imprisoned not more than ninety days, or both."

SECTION 100. Section 325-101, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) The records of any person that indicate that a person has a human immunodeficiency virus (HIV) infection, AIDS related complex (ARC), or acquired immune deficiency syndrome (AIDS), which are held or maintained by any state agency, health care provider or facility, physician, [~~osteopathic physician,~~] physician assistant, advanced practice registered nurse, laboratory, clinic, blood bank, third party payor, or any other agency, individual, or organization in the State shall be strictly confidential. For the purposes of this part, [~~the term~~] "records" shall be broadly construed to include all communication that identifies any individual who has HIV infection, ARC, or AIDS. This information shall not be released or made public upon subpoena or any other method of discovery. Notwithstanding any other provision to the contrary, release of the records protected under this part shall be permitted under the following circumstances:

(1) Release is made to the department of health in order that it may comply with federal reporting requirements imposed on the State. The department shall ensure that personal identifying information from these records is protected from public disclosure;

(2) Release is made of the records, or of specific medical or epidemiological information contained [~~therein,~~] in the records, with the prior written consent of the person or persons to whom the records pertain;

(3) Release is made to medical personnel in a medical emergency only to the extent necessary to protect the health, life, or well-being of the named party;

(4) Release is made from a physician [~~or osteopathic physician~~] licensed pursuant to chapter 453, a physician assistant licensed pursuant to chapter 453, or an advanced practice registered nurse licensed pursuant to chapter 457 to the department of health to inform the sexual or needle sharing contact of an HIV seropositive patient where:

(A) There is reason for the physician [~~or osteopathic physician~~], physician assistant, or advanced

practice registered nurse to believe that the contact is or has been at risk of HIV transmission as a result of the index patient having engaged in conduct [~~which~~] that is likely to transmit HIV; and

(B) The index patient has first been counseled by the physician [~~or osteopathic physician~~], physician assistant, or advanced practice registered nurse of the need for disclosure and the patient is unwilling to inform the contact directly or is unwilling to consent to the disclosure of the index patient's HIV status by the physician, [~~the osteopathic physician,~~] physician assistant, advanced practice registered nurse, or [~~the~~] department of health; provided that the identity of the index patient is not disclosed; [~~and~~] provided further that there is no obligation to identify or locate any contact. Any determination by a physician [~~or osteopathic physician~~], physician assistant, or advanced practice registered nurse to disclose or withhold

disclosure of an index patient's sexual contacts to the department of health pursuant to this subsection [~~which~~] that is made in good faith shall not be subject to penalties under this part or otherwise subject to civil or criminal liability for damages under the laws of the State;

(5) Release is made by the department of health of medical or epidemiological information from the records to medical personnel, appropriate county and state agencies, blood banks, plasma centers, organ and tissue banks, schools, preschools, day care centers, or county or district courts to enforce this part and to enforce rules adopted by the department concerning the control and treatment of HIV infection, ARC, and AIDS, or to the sexual or needle sharing contacts of an HIV seropositive index patient for purposes of contact notification as provided in paragraph (4); provided that the identity of the index patient, if known, shall not be disclosed; provided further that release of information under this paragraph shall only

be made by confidential communication to a designated individual charged with compliance with this part;

(6) Release of a child's records is made to the department of human services for the purpose of enforcing chapters 350 and 587A;

(7) Release of a child's records is made within the department of human services and to child protective services team consultants under contract to the department of human services for the purpose of enforcing and administering chapters 350 and 587A on a [~~need-to-know~~] need-to-know basis pursuant to a written protocol to be established and implemented, in consultation with the director of health, by the director of human services;

(8) Release of a child's records is made by employees of the department of human services authorized to do so by the protocol established in paragraph (7) to a natural parent of a child who is the subject of the case when the natural parent is a client in the case, the guardian ad litem of the child, the court, each party to the court proceedings, and also to an

adoptive or a prospective adoptive parent, an individual or an agency with whom the child is placed for twenty-four hour residential care, and medical personnel responsible for the care or treatment of the child. When a release is made to a natural parent of the child, it shall be with appropriate counseling as required by section 325-16. In no event shall proceedings be initiated against a child's natural parents for claims of child abuse under chapter 350 or harm to a child or to affect parental rights under chapter 587A solely on the basis of the HIV seropositivity of a child or the child's natural parents;

(9) Release is made to the patient's health care insurer to obtain reimbursement for services rendered to the patient; provided that release shall not be made if, after being informed that a claim will be made to an insurer, the patient is afforded the opportunity to make the reimbursement directly and actually makes the reimbursement;

(10) Release is made by the patient's health care provider to another health care provider for the purpose of continued care or treatment of the patient;

(11) Release is made pursuant to a court order, after an in camera review of the records, upon a showing of good cause by the party seeking release of the records;

(12) Disclosure by a physician [~~or osteopathic physician,~~], a physician assistant, or an advanced practice registered nurse, on a confidential basis, of the identity of a person who is HIV seropositive and who also shows evidence of tuberculosis infection, to a person within the department of health as designated by the director of health for purposes of evaluating the need for or the monitoring of tuberculosis chemotherapy for the person and the person's contacts who are at risk of developing tuberculosis; or

(13) Release is made for the purpose of complying with sections 325-16.5 and 801D-4(b). Nothing in this section shall be construed to prohibit a victim to whom information is released pursuant to section 325-16.5 from requesting the release of information by a

physician, [~~osteopathic physician,~~] a physician assistant, an advanced practice registered nurse, or an HIV counselor to a person with whom the victim shares a privileged relationship recognized by chapter 626; provided that prior to such release, the person to whom the information is to be released shall be required to sign a notice of HIV status disclosure advising them of the confidentiality provisions regarding HIV test results and the penalties for unlawful disclosure to any person other than a designated physician, [~~osteopathic physician,~~] physician assistant, advanced practice registered nurse, or HIV counselor.

As used in this [~~part,~~] subsection, unless the context requires otherwise:

"Medical emergency" means any disease-related situation that threatens life or limb.

"Medical personnel" means any health care provider in the State, as provided in section 323D-2, who deals directly or indirectly with the identified patient or the patient's contacts, and includes hospital emergency room personnel, the

staff of the communicable disease division of the department of health, and any other department personnel as designated by the director."

SECTION 101. Section 327C-1, Hawaii Revised Statutes, is amended to read as follows:

"**§327C-1 Determination of death.** (a) Except as provided in subsection (b), a person shall be considered dead if, in the announced opinion of a physician [~~or osteopathic physician~~] licensed under part I of chapter 453, physician [~~or osteopathic physician~~] excepted from licensure by section 453-2(b)(3), physician assistant licensed under chapter 453, advanced practice registered nurse licensed under chapter 457, or registered nurse licensed under chapter 457, based on ordinary standards of current medical practice, the person has experienced irreversible cessation of spontaneous respiratory and circulatory functions. Death will have occurred at the time when the irreversible cessation of the functions first coincided.

(b) In the event that artificial means of support preclude a determination that respiratory and circulatory functions have ceased, a person shall be considered dead if, in the opinion of

[~~an attending physician or osteopathic physician licensed under part I of chapter 453, or attending physician or osteopathic physician excepted from licensure by section 453-2(b)(3),~~] a health care provider, and of a consulting [~~physician or osteopathic physician licensed under part I of chapter 453, or consulting physician or osteopathic physician excepted from licensure by section 453-2(b)(3),~~] health care provider, based on ordinary standards of current medical practice, the person has experienced irreversible cessation of all functions of the entire brain, including the brain stem. The opinions of the [~~physicians or osteopathic physicians~~] health care providers shall be evidenced by signed statements. Death will have occurred at the time when the irreversible cessation of all functions of the entire brain, including the brain stem, first occurred. Death shall be pronounced before artificial means of support are withdrawn and before any vital organ is removed for purposes of transplantation.

(c) When a part of a donor is used for direct organ transplantation under chapter 327, and the donor's death is established by determining that the donor experienced irreversible cessation of all functions of the entire brain,

including the brain stem, the determination shall only be made under subsection (b). The determination of death in all other cases shall be made under subsection (a). The [~~physicians or osteopathic physicians~~] health care providers making the determination of death shall not participate in the procedures for removing or transplanting a part, or in the care of any recipient.

(d) All death determinations in the State shall be made pursuant to this section and shall apply to all purposes, including but not limited to civil and criminal actions, any laws to the contrary notwithstanding; provided that presumptive deaths under the Uniform Probate Code shall not be affected by this section.

(e) The director of health may convene in every odd-numbered year, a committee [~~which~~] that shall be composed of representatives of appropriate general and specialized medical professional organizations, licensed attorneys, and members of the public. The committee shall review medical practice, legal developments, and other appropriate matters to determine the continuing viability of this section, and shall submit a report of its findings and recommendations to the legislature, prior to

the convening of the regular session held in each even-numbered year.

(f) For purposes of this section, "health care provider" means a physician or osteopathic physician licensed under chapter 453, a physician or osteopathic physician excepted from licensure by section 453-2(b)(3), a physician assistant licensed under chapter 453, or an advanced practice registered nurse licensed under chapter 457."

SECTION 102. Section 328-1, Hawaii Revised Statutes, is amended by amending the definition of "out-of-state practitioner" to read as follows:

""Out-of-state practitioner" means a physician, surgeon, osteopathic physician [~~and~~] or surgeon, physician assistant, advanced practice registered nurse, pharmacist, dentist, podiatrist, or veterinarian authorized to prescribe drugs to patients under the applicable laws of any state of the United States except the State of Hawaii, or a physician, surgeon, osteopathic physician [~~and~~] or surgeon, physician assistant, advanced practice registered nurse, pharmacist, dentist, podiatrist, or veterinarian authorized to prescribe drugs under

the applicable laws of Hawaii, but practicing in a state other than Hawaii."

SECTION 103. Section 328-97, Hawaii Revised Statutes, is amended to read as follows:

"**§328-97 Posting requirements.** Every pharmacy shall prominently display, in clear and unobstructed public view, a sign in block letters that shall read:

"HAWAII LAW REQUIRES THAT LESS EXPENSIVE GENERICALLY EQUIVALENT DRUG PRODUCTS AND INTERCHANGEABLE BIOLOGICAL PRODUCTS BE OFFERED TO THE CONSUMER. CONSULT YOUR [~~PHYSICIAN~~] HEALTH CARE PROVIDER AND PHARMACIST CONCERNING THE AVAILABILITY OF THE LEAST EXPENSIVE DRUG PRODUCT FOR YOUR USE."

The letters must be at least one inch in height."

SECTION 104. Section 328-112, Hawaii Revised Statutes, is amended by amending the definition of "wholesale distributor" to read as follows:

""Wholesale distributor" means any person or entity engaged in wholesale distribution of prescription drugs, including[~~,~~] but not limited to[~~,~~] manufacturers; repackers; own-label

distributors; jobbers; private label distributors; brokers; warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; prescription drug repackagers; physicians; dentists; veterinarians; other practitioners; birth control and other clinics; individuals; hospitals; nursing homes and their providers; health maintenance organizations and other health care providers; and retail and hospital pharmacies that conduct wholesale distributions. [~~The term "wholesale distributor" shall~~] "Wholesale distributor" does not include any carrier for hire or person or entity hired solely to transport prescription drugs."

SECTION 105. Section 329-125.5, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) For the purposes of medical care, including organ transplants, a registered qualifying patient's use of cannabis in compliance with this part shall be considered the equivalent of the use of any other medication under the direction of a physician, advanced practice registered nurse, or other authorized health care provider and shall not constitute the use

of an illicit substance or otherwise disqualify a registered qualifying patient from medical care."

SECTION 106. Section 334B-2, Hawaii Revised Statutes, is amended as follows:

1. By adding three new definitions to be appropriately inserted and to read:

""Advanced practice registered nurse" means a person licensed pursuant to section 457-8.5.

"Pharmacist" means a person licensed pursuant to chapter 461.

"Physician assistant" means a person licensed pursuant to section 453-5.3."

2. By amending the definition of "health care provider" to read:

""Health care provider" means any person, corporation, facility, or institution licensed by this State to provide health care services, including but not limited to a physician, physician assistant, hospital or other health care facility, advanced practice registered nurse, psychologist, pharmacist, or substance abuse counselor, and officer, employee, or agent of

such provider acting in the course and scope of employment or agency related to health care services."

SECTION 107. Section 338-10, Hawaii Revised Statutes, is amended to read as follows:

"**§338-10 Late determination of the cause of death.** If the cause of death cannot be determined within three days, the certification of its cause may be filed after the prescribed period, but the attending physician, physician assistant, advanced practice registered nurse, or coroner's physician shall notify in writing the local agent of the department of health of the district in which the death occurred of the reason for late filing, in order that a permit for the disposition of the body may be issued.

As used in this section, "late" means more than three days after the date of death."

SECTION 108. Section 338-17.7, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) The department of health shall establish, in the following circumstances, a new certificate of birth for a person born in this State who already has a birth certificate filed

with the department and who is referred to below as the "birth registrant":

(1) Upon receipt of an affidavit of paternity, a court order establishing paternity, or a certificate of marriage establishing the marriage of the natural parents to each other, together with a request from the birth registrant, or the birth registrant's parent or other person having legal custody of the birth registrant, that a new birth certificate be prepared because previously recorded information has been altered pursuant to law;

(2) Upon receipt of a certified copy of a final order, judgment, or decree of a court of competent jurisdiction that determined the nonexistence of a parent and child relationship between a person identified as a parent on the birth certificate on file and the birth registrant;

(3) Upon receipt of a certified copy of a final adoption decree, or of an abstract of the decree, pursuant to sections 338-20 and 578-14;

(4) Upon receipt of an affidavit from a United States licensed physician [~~or~~], physician assistant, or advanced practice registered nurse attesting that:

(A) The physician [~~or~~], physician assistant, or advanced practice registered nurse has a bona fide provider-patient relationship with the birth registrant;

(B) The physician [~~or~~], physician assistant, or advanced practice registered nurse has treated and evaluated the birth registrant and has reviewed and evaluated the birth registrant's medical history;

(C) The birth registrant has had appropriate clinical treatment for gender transition to the new gender and has completed the transition to the new gender; and

(D) The new gender does not align with the sex designation on the birth registrant's birth certificate; or

(5) Upon request of a law enforcement agency certifying that a new birth certificate showing different

information would provide for the safety of the birth registrant; provided that the new birth certificate shall contain information requested by the law enforcement agency, shall be assigned a new number and filed accordingly, and shall not substitute for the birth registrant's original birth certificate, which shall remain in place."

SECTION 109. Section 342D-21, Hawaii Revised Statutes, is amended as follows:

1. By amending subsection (a) to read:

"(a) Beginning January 1, 2021, it shall be unlawful to sell, offer for sale, or distribute for sale in the State any sunscreen that contains oxybenzone or octinoxate, or both, without a prescription issued by a licensed [~~healthcare~~] health care provider."

2. By amending subsection (c) to read:

"(c) For purposes of this section:

[~~"Licensed healthcare provider"~~] "Licensed health care provider" means a physician or an osteopathic physician licensed pursuant to chapter 453, a physician assistant licensed pursuant

to chapter 453, or an advanced practice registered nurse licensed pursuant to chapter 457.

"Octinoxate" refers to the chemical (RS)-2-Ethylhexyl (2E)-3-(4-methoxyphenyl)prop-2-enoate under the International Union of Pure and Applied Chemistry chemical nomenclature registry; that has a chemical abstract service registry number 5466-77-3; the synonyms of which include but are not limited to ethylhexyl methoxycinnamate, octyl methoxycinnamate, Eusolex 2292, Neo Heliopan AV, NSC 26466, Parsol MOX, Parsol MCX, and Uvinul MC80; and is intended to be used as protection against ultraviolet light radiation with a spectrum wavelength from 370 nanometers to 220 nanometers in a sunscreen.

"Oxybenzone" refers to the chemical (2-Hydroxy-4-methoxyphenyl)-phenylmethanone under the International Union of Pure and Applied Chemistry chemical nomenclature registry; that has a chemical abstract service registry number 131-57-7; the synonyms of which include but are not limited to benzophenone-3, Escalol 567, Eusolex 4360, KAHSCREEN BZ-3, Uvasorb MET/C, Syntase 62, UV 9, Uvinul 9, Uvinul M-40, Uvistat 24, USAF Cy-9, Uniphenone-3U, 4-methoxy-2-hydroxybenzophenone and Milestab 9; and is intended to be used as protection against ultraviolet

light radiation with a spectrum wavelength from 370 nanometers to 220 nanometers in a sunscreen.

"Prescription" means an order for medication, that is dispensed to or for an ultimate user. "Prescription" shall not include an order for medication that is dispensed for immediate administration to the ultimate user, such as a chart order to dispense a drug to a bed patient for immediate administration in a hospital. "Prescription" includes an order for a sunscreen.

"Sunscreen" means a product marketed or intended for topical use to prevent sunburn. Sunscreen does not include products marketed or intended for use as a cosmetic, as defined in section 328-1, for the face."

SECTION 110. Section 346-1, Hawaii Revised Statutes, is amended by amending the definition of "other work eligible household" to read as follows:

""Other work eligible household" means a household in which there is no work eligible individual and at least one adult member is an adult receiving assistance under the temporary assistance for needy families program, or a non-recipient parent, who is:

(1) Unable to engage in full-time employment as defined by the work participation requirements of the Social Security Act, title 42 United States Code section 607, at a job for which the non-recipient parent is equipped by education, training, or experience, for a period of more than thirty days from the onset of an illness, incapacity, or disability due to a physical or mental impairment or substance abuse, as determined by a licensed physician, physician assistant, advanced practice registered nurse, or psychologist;

(2) A domestic violence victim or any other adult in the assistance unit who meets the criteria established by the department; or

(3) An adult sixty-five years of age or older."

SECTION 111. Section 346-53.64, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Services eligible for prospective payment system reimbursement are those services that are furnished by a federally qualified health center or rural health clinic that are:

(1) Within the legal authority of a federally qualified health center to deliver, as defined in section 1905 of the Social Security Act;

(2) Actually provided by the federally qualified health center, either directly or under arrangements;

(3) Covered benefits under the medicaid program, as defined in section 4231 of the State Medicaid Manual and the Hawaii medicaid state plan;

(4) Provided to a recipient eligible for medicaid benefits;

(5) Delivered exclusively by health care professionals, including physicians, [~~physician's~~] physician assistants, [~~nurse practitioners, nurse midwives,~~] advanced practice registered nurses, clinical social workers, clinical psychologists, pharmacists, and other persons acting within the lawful scope of their license or certificate to provide services;

(6) Provided at the federally qualified health center's practice site, a hospital emergency room, in an inpatient setting, at the patient's place of

residence, including [~~long term~~] long-term care facilities, or at another medical facility; and

(7) Within the scope of services provided by the State under its fee-for-service medicaid program and its medicaid managed care program, on and after August 1994, and as amended from time to time."

SECTION 112. Section 346-59, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) Rates of payment to providers of medical care who are individual practitioners, including [~~doctors of medicine,~~] physicians or osteopathic physicians, dentists, podiatrists, psychologists, [~~osteopaths,~~] optometrists, pharmacists, advanced practice registered nurses, physician assistants, and other individuals providing services, shall be based upon the Hawaii medicaid fee schedule. The amounts paid shall not exceed the maximum permitted to be paid individual practitioners or other individuals under federal law and regulation, the medicare fee schedule for the current year, the state limits as provided in the appropriation act, or the provider's billed amount.

The appropriation act shall indicate the percentage of the medicare fee schedule for the year 2000 to be used as the basis

for establishing the Hawaii medicaid fee schedule. For any subsequent adjustments to the fee schedule, the legislature shall specify the extent of the adjustment in the appropriation act."

SECTION 113. Section 346-59.1, Hawaii Revised Statutes, is amended by amending subsection (g) to read as follows:

"(g) For the purposes of this section:

"Distant site" means the location of the health care provider delivering services through telehealth at the time the services are provided.

"Health care provider" means a provider of services, as defined in title 42 United States Code section 1395x(u), a provider of medical and other health services, as defined in title 42 United States Code section 1395x(s), other practitioners licensed by the State and working within their scope of practice, and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business, including but not limited to primary care providers, mental health providers, oral health providers, physicians and osteopathic physicians licensed under chapter 453, physician assistants licensed under chapter 453, advanced

practice registered nurses licensed under chapter 457, psychologists licensed under chapter 465, and dentists licensed under chapter 448.

"Interactive telecommunications system" has the same meaning as the term is defined in title 42 Code of Federal Regulations section 410.78(a).

"Originating site" means the location where the patient is located, whether accompanied or not by a health care provider, at the time services are provided by a health care provider through telehealth, including but not limited to a health care provider's office, hospital, critical access hospital, rural health clinic, federally qualified health center, a patient's home, and other nonmedical environments such as school-based health centers, university-based health centers, or the work location of a patient.

"Telehealth" means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication,

and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Except as provided through an interactive telecommunications system, standard telephone contacts, facsimile transmissions, or e-mail text, in combination or alone, do not constitute telehealth services."

SECTION 114. Section 346-71, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) A person between eighteen and sixty-five years of age with a disability shall be eligible for general assistance to households without minor dependents if the person:

(1) Is determined to be needy in accordance with standards established by this chapter and the rules adopted under subsection (e);

(2) Is unable to meet the disability requirements established by the federal supplemental security income program or its successor agency; and

(3) Is unable to engage in any substantial gainful employment because of a determined and certified physical, mental, or combination of physical and mental disability. Upon application, the department shall ask the person whether the person has a physical or mental disability, or both. If the person claims to have both a physical and mental disability, the department shall ask the person to choose whether the person's primary disability is physical or mental. Determination and certification of the disability shall be as follows:

(A) A determination and certification of physical disability shall be made by a board of licensed physicians, physician assistants, advanced practice registered nurses, or other licensed health care providers designated and paid by the department. Meetings of this board shall not be subject to part I of chapter 92;

(B) A determination and certification of mental disability shall be made by a board of licensed psychologists [~~or~~], licensed physicians,

physician assistants, advanced practice registered nurses, or other licensed health care providers whose specialty is in psychiatry. This board shall be designated and paid by the department. Meetings of this board shall not be subject to part I of chapter 92;

(C) If a determination and certification is made that the applicant does not have a physical, mental, or combination of a physical and mental disability, prior to a denial of any claim, the department shall provide the applicant with an initial denial notice that gives the applicant at least ten calendar days to provide additional medical evidence. The notice shall refer the applicant to free legal services for assistance and permit the applicant to request extensions of time, if necessary;

(D) If a determination of physical, mental, or combination of a physical and mental disability is made, the person shall accept and pursue appropriate medical treatment from a provider of

the person's choice. The department shall promptly provide the person with a complete and legible copy of the recommended appropriate treatment;

(E) Any person, to continue to be certified as mentally disabled, physically disabled, or both mentally and physically disabled, shall be reevaluated annually, as provided by this section, and more frequently, as required by the department; and

(F) Failure to pursue appropriate medical treatment shall result in a loss of eligibility, unless the failure is due to good cause. Good cause shall include but not be limited to:

(i) Treatment is unavailable;

(ii) Personal emergencies; and

(iii) Circumstances that threaten the safety of the patient.

The department shall adopt rules in accordance with chapter 91 to define "good cause", as used in subparagraph (F), in order to determine when treatment is unavailable, what constitutes a

personal emergency, what circumstances may threaten the safety of a patient, and other factors that may constitute good cause.

As used in this subsection:

"Substantial gainful employment" means at least thirty hours of work per week.

"With a disability" or "having a disability" means a disability that extends for a period of over sixty days.

Any person determined to be eligible under this subsection may be referred to any appropriate state agency for vocational rehabilitation services and shall be required to accept the services as a further condition of eligibility for the receipt of general assistance to households without minor dependents under this section. An assistance unit shall be determined ineligible for general assistance to households without minor dependents if any adult member of the assistance unit fails to cooperate with any appropriate state agency for vocational rehabilitation services after being referred for services. Any person found eligible under this subsection may also be required to seek employment and participate in public work projects, as described in section 346-31, and in public employment projects, as described in section 346-102."

SECTION 115. Section 346-240, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) If facts sufficient to sustain the petition are established in court, or are stipulated to by all parties, the court shall enter an order finding that the vulnerable adult has incurred abuse or is in danger of abuse if immediate action is not taken and shall state the grounds for the finding. The court shall also make a finding concerning the capacity of the vulnerable adult to effectively make decisions concerning personal needs or property. If the capacity of the vulnerable adult is at issue, the court shall require that the vulnerable adult be examined by a psychiatrist or other physician, physician assistant, advanced practice registered nurse, or psychologist who is skilled in evaluating the particular area in which the vulnerable adult is alleged to lack capacity before making any finding that the vulnerable adult lacks capacity. If there is no finding that the vulnerable adult lacks capacity to make decisions regarding personal needs or property and if the vulnerable adult does not give consent, the court shall not have authority to proceed further and the court shall dismiss the case."

SECTION 116. Section 353-10, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) There shall be within the department of corrections and rehabilitation, an intake service center for adults in each of the counties to screen, evaluate, and classify the admission of persons to community correctional centers. Each center shall be directed and managed by a manager and shall be staffed by a team of psychiatrists, social workers, advanced practice registered nurses with a nationally accredited board certification in psychiatric mental health, physician assistants, pharmacists, psychologists, technicians, and other personnel as may be necessary. The director of corrections and rehabilitation may appoint full-time or part-time professional and clerical staff or contract for professional services."

SECTION 117. Section 353-13.5, Hawaii Revised Statutes, is amended to read as follows:

"[~~[~~]§353-13.5[~~]~~] **Election of private medical or psychological care by prisoners.** The director shall permit prisoners to retain any private licensed [~~medical doctor~~] physician or osteopathic physician, physician assistant, advanced practice registered nurse, or psychologist for their

own medical or psychological care at the correctional facility in addition to [~~such~~] care [~~as~~] that may be provided by the department; provided that any fees or other costs charged by a private [~~medical doctor~~] physician or osteopathic physician, physician assistant, advanced practice registered nurse, or psychologist for [~~such~~] the care shall be the sole responsibility of the prisoner [~~and that such care~~]; shall not put the correctional facility to any hazard; and [~~that such care~~] shall conform to the department's rules and established practices, including any requirements concerning advance notice of visits with the prisoner. [~~Medical doctors~~] Physicians or osteopathic physicians, physician assistants, advanced practice registered nurses, or psychologists who provide [~~such~~] care shall provide timely reports to the department as to the physical or psychological progress of the prisoner. If the private care is discontinued, the department shall be notified immediately by the private [~~medical doctor~~] physician or osteopathic physician, physician assistant, advanced practice registered nurse, or psychologist. In no event shall the department or the State incur any civil liability whatsoever as

a result of any private medical or psychological care administered under this section."

SECTION 118. Section 353-13.7, Hawaii Revised Statutes, is amended to read as follows:

"**§353-13.7 Initiation of proceeding for involuntary medical treatment.** (a) The director, or the director's designee, may file a petition for involuntary medical treatment alleging that a person in the custody of the department meets the criteria for involuntary medical treatment under section 353-13.6. The petition shall be executed subject to the penalties of perjury but need not be sworn to before a notary public and shall be filed in the circuit court of the circuit wherein the person who is the subject of the petition is in custody. The attorney general, the attorney general's deputy, special deputy, or appointee designated to present the case shall assist the petitioner to state the substance of the petition in plain and simple language. The petition may be accompanied by an affidavit or declaration of the licensed [~~physician or psychologist~~] health care provider who has examined the person within five days prior to submission of the petition, unless the person whose treatment is sought has

refused to submit to a medical or psychological examination, in which case the fact of refusal shall be alleged in the petition. The affidavit or declaration shall set forth the signs and symptoms relied upon by the [~~physician or psychologist~~] health care provider to determine whether the person is in need of treatment, whether the person is capable of realizing and making a rational decision with respect to the person's need for treatment, and the recommended treatment. If the petitioner believes that further evaluation is necessary before treatment, the petitioner may request such further evaluation.

(b) If the person has been given an examination, evaluation, or treatment in a psychiatric facility or by the department within five days before the filing of the petition, and treatment is recommended by the staff of the facility or the department, the petition may be accompanied by an affidavit or declaration of the department's medical director or the mental health administrator in lieu of a [~~physician's or psychologist's~~] health care provider's affidavit or declaration.

(c) For purposes of this section, "health care provider" means a physician or an osteopathic physician licensed pursuant to chapter 453, a physician assistant licensed pursuant to

chapter 453, an advanced practice registered nurse licensed pursuant to chapter 457, or a psychologist licensed pursuant to chapter 465."

SECTION 119. Section 353-13.9, Hawaii Revised Statutes, is amended by amending subsection (g) to read as follows:

"(g) No person who is the subject of the petition shall be found to require care or treatment unless at least one [~~physician or psychologist~~] health care provider who has personally examined or attempted to examine the person testifies in person at the hearing. This testimony may be waived by the person. If the subject has refused to be examined by a licensed [~~physician or psychologist,~~] health care provider, the person may be examined by a court-appointed licensed [~~physician or psychologist.~~] health care provider. If the person refuses and there is sufficient evidence to believe that the allegations of the petition are true, the person's refusal shall be treated as a denial that the person is in need of involuntary medical treatment. Nothing in this section shall limit the person's privilege against self-incrimination.

For purposes of this section, "health care provider" means a physician or an osteopathic physician licensed pursuant to

chapter 453, a physician assistant licensed pursuant to chapter 453, an advanced practice registered nurse licensed pursuant to chapter 457, or a psychologist licensed pursuant to chapter 465."

SECTION 120. Section 451D-5, Hawaii Revised Statutes, is amended to read as follows:

"[~~†~~]**§451D-5[~~†~~] Filing of electronic mail address.** Every individual applying for or renewing a license as a physician under chapter 453, osteopathic physician under chapter 453, physician assistant under chapter 453, advanced practice registered nurse under chapter 457, [~~or~~] naturopathic physician under chapter 455, pharmacist under chapter 461, or psychologist under chapter 465 shall, at the time of applying for licensure or renewal, provide the licensing authority with a current electronic mail address in the form and manner prescribed by the licensing authority; provided that an applicant or a licensee has an established electronic mail address. It shall be the licensee's duty to provide notice to the licensing authority of any change of current electronic mail address within thirty days of the change. The electronic mail addresses may be shared by the licensing authority only with other state or federal

agencies, upon request, for purposes of public health and safety and may be used by the licensing authority for any purpose related to the license. Nothing [~~herein~~] in this section shall be construed to modify the method by which the licensing authority provides notice of any matter required by law to be provided to the applicant or licensee."

SECTION 121. Section 451K-5, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Nothing in this chapter shall be construed to prevent a physician or physician assistant licensed to practice medicine in this State or an intern, fellow, or resident from performing genetic counseling within the person's scope of practice as long as the person is not in any manner held out to the public as a "genetic counselor" or "licensed genetic counselor"."

SECTION 122. Section 453J-1, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) For purposes of this section:

"Advertise" means a communication made by or on behalf of a person who is licensed to provide professional counseling, made for the purpose of inducing or promoting a professional counseling relationship in which conversion therapy will be

undertaken on a person under the age of eighteen. "Advertise" includes oral, written, graphic, or pictorial statements or representations, including those made through any electronic or print medium.

"Conversion therapy" means any practices or treatments that seek to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender.

"Conversion therapy" shall not include counseling that provides assistance to a person undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity.

"Person who is licensed to provide professional counseling" means a person who performs counseling as part of the person's professional training, including a physician, especially one

practicing psychiatry, licensed pursuant to chapter 453; physician assistant licensed pursuant to chapter 453; psychologist licensed pursuant to chapter 465; nurse licensed pursuant to chapter 457; social worker licensed pursuant to chapter 467E; licensed mental health counselor licensed pursuant to chapter 453D; or licensed marriage and family therapist licensed pursuant to chapter 451J."

SECTION 123. Section 481B-11, Hawaii Revised Statutes, is amended to read as follows:

"**§481B-11 Sensitivity-awareness group seminars.** (a) Any person who deposits any money to attend a sensitivity-awareness group seminar and before the first day of the seminar, requests to cancel [~~his or her~~] the person's right to attend and requests a refund of moneys deposited or paid, shall be refunded in full, less identifiable nonrecoverable costs not to exceed the lesser of $50 or twenty per cent of the price of the course, by the sensitivity-awareness group. Any person, who while attending or after completing a sensitivity-awareness seminar, deposits any money to attend subsequent seminars of a sensitivity-awareness group and within five days of making the deposit or before the first day of the subsequent seminar, whichever occurs later,

requests to cancel [~~his or her~~] the person's right to attend and requests a refund of moneys deposited or paid, shall be refunded in full, less identifiable nonrecoverable costs not to exceed the lesser of $50 or twenty per cent of the price of the course, by the sensitivity-awareness group. Any offering of a sensitivity-awareness group seminar by a representative of the sensitivity-awareness group sponsoring the sensitivity-awareness group seminar shall disclose to the offeree these rights of refund.

(b) For purposes of this section[~~, "sensitivity-awareness groups"~~]:

"Sensitivity-awareness groups" includes any individual, associated group of persons, or organizations [~~which~~] that advertise or assert that attendance by persons at seminars, meetings, training sessions, therapy sessions, or the like sponsored by the individual, group, or organization, will help the persons attending have greater self-awareness or awareness of others, greater self-understanding or understanding of others, or greater capacity for life adjustment or success in life; provided that psychological or psychotherapeutic techniques are used as part of the individual's, group's, or

organization's methodology at the seminars, meetings, training sessions, therapy sessions, or the like. [~~The term "sensitivity-awareness groups"~~] "Sensitivity-awareness groups" does not include licensed psychologists, or psychologists with a temporary permit, in accordance with chapter 465[~~, or~~]; a psychiatrist licensed in accordance with chapter 453[~~,~~]; or any other health care providers with a certification in psychiatric mental health who are licensed pursuant to the relevant chapter under title 25, who teach, direct, administer, conduct, preside over, or are similarly involved in seminars, meetings, training sessions, therapy sessions, or the like.

"Sensitivity-awareness group seminars" means any seminar, meeting, training session, therapy session, or the like sponsored by a sensitivity-awareness group for which monetary compensation is required from persons to attend."

SECTION 124. Section 571-6, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) For each family court the judge or senior judge where there is more than one shall appoint necessary probation officers, social workers, and marital counselors and may appoint, or make arrangements for the services of physicians,

psychologists, psychiatrists, physician assistants, advanced practice registered nurses, and other professionally competent persons, to carry on the work of the court."

SECTION 125. Section 571-46.4, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Subject to subsection (c), a person may be appointed as a child custody evaluator for purposes of section 571-46 if the person is actively licensed as a:

(1) Marriage and family therapist under chapter 451J;

(2) Physician under chapter 453 and is a board certified psychiatrist or has completed a residency in psychiatry;

(3) Physician assistant under chapter 453 who practices under the supervision of a physician who meets the requirements of paragraph (2);

(4) Advanced practice registered nurse under chapter 457 with a nationally accredited board certification in psychiatric mental health;

[~~(3)~~] (5) Psychologist under chapter 465; or

[~~(4)~~] (6) Clinical social worker under section 467E-7(a)(3)."

SECTION 126. Section 577-28, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Except for children placed under the custody of the department of human services, pursuant to proceedings under chapter 587A, a caregiver who possesses and presents a notarized affidavit of caregiver consent for a minor's health care under subsection (b) may consent on behalf of a minor to primary and preventive medical and dental care and diagnostic testing, and other medically necessary health care and treatment. Examination and treatment shall be prescribed by or under the supervision of a physician, physician assistant, advanced practice registered nurse, dentist, or mental health professional licensed to practice in the State."

SECTION 127. Section 577-29, Hawaii Revised Statutes, is amended by amending subsection (h) to read as follows:

"(h) For the purposes of this section:

"Covered entity" has the same meaning as in title 45 Code of Federal Regulations section 160.103.

"Licensed mental health professional" means a person who provides counseling as part of the following professions:

(1) A licensed mental health counselor licensed pursuant to chapter 453D;

(2) A licensed marriage and family therapist licensed pursuant to chapter 451J;

(3) A licensed clinical social worker licensed pursuant to chapter 467E;

(4) A licensed psychologist licensed pursuant to chapter 465;

(5) A physician licensed pursuant to chapter 453, who is board certified, or board eligible, in psychiatry; [~~or~~]

(6) A physician assistant licensed pursuant to chapter 453 who practices under the supervision of a physician who meets the requirements of paragraph (5); or

[~~(6)~~] (7) An advanced practice registered nurse licensed pursuant to chapter 457 who holds [~~an~~] a nationally accredited [~~national~~] board certification in an [~~advanced practice registered nurse~~] psychiatric [~~specialization.~~] mental health.

"Mental health professional" means a person who is working under the supervision of a licensed mental health professional and:

(1) Is enrolled in an accredited training program; or

(2) Has completed all licensing requirements except the hours of supervised post-degree experience or examination required for state licensure as a licensed mental health counselor pursuant to chapter 453D; licensed marriage and family therapist pursuant to chapter 451J; licensed clinical social worker pursuant to chapter 467E; licensed psychologist pursuant to chapter 465; licensed physician assistant pursuant to chapter 453; or advanced practice registered nurse licensed pursuant to chapter 457.

"Mental health treatment or counseling services" means the provision of outpatient mental health treatment or counseling by a licensed mental health professional or mental health professional."

SECTION 128. Section 577A-1, Hawaii Revised Statutes, is amended by amending the definition of "licensed health care provider" to read as follows:

""Licensed health care provider" means a physician or an osteopathic physician licensed under chapter 453, a physician assistant licensed under chapter 453, [~~or~~] an advanced practice registered nurse licensed under chapter 457[~~.~~], or a pharmacist licensed under chapter 461."

SECTION 129. Section 577D-1, Hawaii Revised Statutes, is amended by amending the definition of "licensed health care practitioner" to read as follows:

""Licensed health care practitioner" includes dentists licensed under chapter 448, physicians licensed under chapter 453, physician assistants licensed under chapter 453, [~~and~~] advanced practice registered nurses licensed under chapter 457[~~.~~], and pharmacists licensed under chapter 461."

SECTION 130. Section 577D-2, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) A licensed health care practitioner may provide primary medical care and services to a minor who consents to the primary medical care and services if the [~~physician~~] licensed health care practitioner reasonably believes that:

(1) The minor understands the significant benefits and risks of the proposed primary medical care and services and can communicate an informed consent;

(2) The primary medical care and services are for the minor's benefit; and

(3) The minor is a "minor without support", as defined in section 577D-1."

SECTION 131. Section 587A-15, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) If an authorized agency has foster custody, it has the following duties and rights:

(1) Determining where and with whom the child shall be placed in foster care; provided that the child shall not be placed in foster care outside the State without prior order of the court;

(2) Permitting the child to return to the family from which the child was removed, unless otherwise ordered by the court. The child's return may occur only if no party objects to such placement and prior written notice is given to the court and to all parties stating that there is no objection of any party to the

child's return. Upon the child's return to the family, temporary foster custody or foster custody shall be automatically revoked, and the child and the child's family members who are parties shall be placed under temporary family supervision or the family supervision of the authorized agency;

(3) Ensuring that the child is provided with adequate food, clothing, shelter, psychological care, physical care, medical care, supervision, and other necessities in a timely manner;

(4) Monitoring whether the child is being provided with an appropriate education;

(5) Providing required consents for the child's physical or psychological health or welfare, including ordinary medical, dental, psychiatric, psychological, educational, employment, recreational, or social needs;

(6) Providing consents for any other medical or psychological care or treatment, including surgery, if the persons who are otherwise authorized to provide consent are unable or unwilling to consent. Before

being provided to the child, this care or treatment shall be deemed necessary for the child's physical or psychological health or welfare by any combination of two of the following: physicians, physician assistants, or advanced practice registered nurses or two psychologists, as appropriate, who are licensed or authorized to practice in the State;

(7) Providing consent for the child's application for a driver's instructional permit, provisional driver's license, or driver's license;

(8) Providing consent to the recording of a statement pursuant to section 587A-21; and

(9) Providing the court with information concerning the child.

The court, in its discretion, may vest foster custody of a child in any authorized agency or subsequently authorized agencies, if the court finds that it is in the child's best interests to do so. The rights and duties that are so assumed by an authorized agency shall supersede the rights and duties of any legal or permanent custodian of the child."

SECTION 132. Section 587A-28, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) If the court finds that the child's physical or psychological health or welfare has been harmed or is subject to threatened harm by the acts or omissions of the child's family, the court:

(1) Shall enter a finding that the court has jurisdiction pursuant to section 587A-5;

(2) Shall enter a finding regarding whether, before the child was placed in foster care, the department made reasonable efforts to prevent or eliminate the need to remove the child from the child's family home;

(3) Shall enter orders:

(A) That the child be placed in foster custody if the court finds that the child's remaining in the family home is contrary to the welfare of the child and the child's parents are not willing and able to provide a safe family home for the child, even with the assistance of a service plan; or

(B) That the child be placed in family supervision if the court finds that the child's parents are

willing and able to provide the child with a safe family home with the assistance of a service plan;

(4) Shall determine whether aggravated circumstances are present.

(A) If aggravated circumstances are present, the court shall:

(i) Conduct a permanency hearing within thirty days, and the department shall not be required to provide the child's parents with an interim service plan or interim visitation; and

(ii) Order the department to file, within sixty days after the court's finding that aggravated circumstances are present, a motion to terminate parental rights unless the department has documented in the safe family home factors or other written report submitted to the court a compelling reason why it is not in the best interest of the child to file a motion.

(B) If aggravated circumstances are not present or there is a compelling reason why it is not in the best interest of the child to file a motion to terminate parental rights, the court shall order that the department make reasonable efforts to reunify the child with the child's parents and order an appropriate service plan;

(5) Shall order reasonable supervised or unsupervised visits for the child and the child's family, including with the child's siblings, unless such visits are determined to be unsafe or detrimental to, and not in the best interests of, the child;

(6) Shall order each of the child's birth parents to complete the medical information forms and release the medical information required under section 578-14.5, to the department. If the child's birth parents refuse to complete the forms or to release the information, the court may order the release of the information over the parents' objections;

(7) Shall determine whether each party understands that unless the family is willing and able to provide the

child with a safe family home, even with the assistance of a service plan, within the reasonable period of time specified in the service plan, their respective parental and custodial duties and rights shall be subject to termination;

(8) Shall determine the child's date of entry into foster care as defined in this chapter;

(9) Shall set a periodic review hearing to be conducted no later than six months after the date of entry into foster care and a permanency hearing to be held no later than twelve months after the date of entry into foster care;

(10) Shall set a status conference, as the court deems appropriate, to be conducted no later than ninety days after the return hearing; and

(11) May order that:

(A) Any party participate in, complete, be liable for, and make every good faith effort to arrange payment for such services or treatment as are authorized by law and that are determined to be in the child's best interests;

(B) The child be examined by a physician, surgeon, psychiatrist, [~~or~~] psychologist[~~,~~], physician assistant, or advanced practice registered nurse; and

(C) The child receive treatment, including hospitalization or placement in other suitable facilities, as is determined to be in the child's best interests."

SECTION 133. Section 587A-43, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) The department shall establish a child protective review panel to review each case of child abuse or neglect that leads to near fatality or death as a result of acts or omissions of the child's legal caretaker. Based upon its review, the panel shall submit a report of its findings and recommendations to the director of the department. The department shall appoint members of the child protective review panel, who may include:

(1) Any physician, surgeon, psychiatrist, psychologist, physician assistant, or advanced practice registered nurse treating the child for abuse;

(2) Any child protective services worker assigned to the case and the worker's supervisor;

(3) The guardian ad litem for the child, appointed under section 587A-16, if applicable;

(4) The members of the child's multidisciplinary team or a child protective services consultant; and

(5) Other child protective services workers and supervisors."

SECTION 134. Section 612-4, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) A prospective juror shall be disqualified to serve as a juror if the prospective juror:

(1) Is incapable, by reason of the prospective juror's disability, of rendering satisfactory jury service; provided that a prospective juror claiming this disqualification may be required to submit a physician's, physician assistant's, [~~or~~] advanced practice registered nurse's, or psychologist's certificate as to the disability, and the certifying physician, physician assistant, [~~or~~] advanced practice

registered nurse, or psychologist is subject to inquiry by the court at its discretion;

(2) Has been convicted of a felony in a state or federal court and not finally discharged or pardoned; or

(3) Fails to meet the qualifications in subsection (a)."

SECTION 135. Section 626-1, Hawaii Revised Statutes, is amended by amending rule 505.5, subsection (a) to read as follows:

"(a) Definitions. As used in this rule:

(1) A communication is "confidential" if not intended to be disclosed to third persons other than those to whom disclosure would be in furtherance of the provision of counseling or treatment services to the victim or those reasonably necessary for the transmission of the communication.

(2) "Domestic violence victims' program" means any refuge, shelter, office, safe home, institution, or center established for the purpose of offering assistance to victims of abuse through crisis intervention, medical, legal, or support counseling.

(3) "Sexual assault crisis center" means any office, institution, or center offering assistance to victims of sexual assault and the families of such victims through crisis intervention, medical, legal, or support counseling.

(4) "Social worker" means a person who has received a master's degree in social work from a school of social work accredited by the Council on Social Work Education.

(5) A "victim" is a person who consults a victim counselor for assistance in overcoming any adverse emotional or psychological effect of sexual assault, domestic violence, dating violence, stalking, sexual harassment, or child abuse.

(6) A "victim counseling program" is any activity of a domestic violence victims' program or a sexual assault crisis center that has, as its primary function, the counseling and treatment of sexual assault, domestic violence, or child abuse victims and their families, and that operates independently of any law enforcement

agency, prosecutor's office, or the department of human services.

(7) A "victim counselor" is a sexual assault counselor, domestic violence victims' counselor, or confidential advocate. A sexual assault counselor is a person who is employed by or is a volunteer in a sexual assault crisis center, has undergone a minimum of thirty-five hours of training and who is, or who reports to and is under the direct control and supervision of, a social worker, nurse, psychiatrist, psychologist, physician assistant, or psychotherapist, and whose primary function is the rendering of advice, counseling, or assistance to victims of sexual assault. A domestic violence victims' counselor is a person who is employed by or is a volunteer in a domestic violence victims' program, has undergone a minimum of thirty-five hours of training and who is, or who reports to and is under the direct control and supervision of, a direct service supervisor of a domestic violence victims' program, and whose primary function is the rendering of advice, counseling, or assistance to

victims of abuse. A confidential advocate is a person who is designated by the University of Hawaii pursuant to section 304A-120 to confidentially discuss sexual assault, domestic violence, dating violence, stalking, sexual harassment, and related issues with victims, has undergone a minimum of thirty-five hours of training, and whose primary function is the rendering of advice, counseling, or assistance to victims."

SECTION 136. Section 657-7.3, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"[~~(~~] (a) [~~)~~] No action for injury or death against a chiropractor, clinical laboratory technologist or technician, dentist, naturopathic physician, nurse, advanced practice registered nurse, nursing home administrator, dispensing optician, optometrist, [~~osteopath,~~] osteopathic physician, physician or surgeon, physician assistant, physical therapist, podiatrist, psychologist, or veterinarian duly licensed or registered under the laws of the State, or a licensed hospital as the employer of any such person, based upon such person's alleged professional negligence, or for rendering professional services without consent, or for error or omission in such

person's practice, shall be brought more than two years after the plaintiff discovers, or through the use of reasonable diligence should have discovered, the injury, but in any event not more than six years after the date of the alleged act or omission causing the injury or death. This six-year time limitation shall be tolled for any period during which the person has failed to disclose any act, error, or omission upon which the action is based and which is known to the person."

SECTION 137. Section 707-711, Hawaii Revised Statutes, is amended by amending subsection (1) to read as follows:

"(1) A person commits the offense of assault in the second degree if the person:

(a) Intentionally, knowingly, or recklessly causes substantial bodily injury to another;

(b) Recklessly causes serious bodily injury to another;

(c) Intentionally or knowingly causes bodily injury to a correctional worker, as defined in section 710-1031(2), who is engaged in the performance of duty or who is within a correctional facility;

(d) Intentionally or knowingly causes bodily injury to another with a dangerous instrument;

(e) Intentionally or knowingly causes bodily injury to an educational worker who is engaged in the performance of duty or who is within an educational facility. For the purposes of this paragraph, "educational worker" means any administrator, specialist, counselor, teacher, or employee of the department of education or an employee of a charter school; a person who is a volunteer, as defined in section 90-1, in a school program, activity, or function that is established, sanctioned, or approved by the department of education; or a person hired by the department of education on a contractual basis and engaged in carrying out an educational function;

(f) Intentionally or knowingly causes bodily injury to any emergency medical services provider who is engaged in the performance of duty. For the purposes of this paragraph, "emergency medical services provider" means emergency medical services personnel, as defined in section 321-222, and physicians, [~~physician's~~] physician assistants, nurses, [~~nurse practitioners certified registered nurse anesthetists,~~] advanced

practice registered nurses, respiratory therapists, laboratory technicians, radiology technicians, and social workers, providing services in the emergency room of a hospital;

(g) Intentionally or knowingly causes bodily injury to a person employed at a state-operated or -contracted mental health facility. For the purposes of this paragraph, "a person employed at a state-operated or -contracted mental health facility" includes health care professionals as defined in section 451D-2, administrators, orderlies, security personnel, volunteers, and any other person who is engaged in the performance of a duty at a state-operated or -contracted mental health facility;

(h) Intentionally or knowingly causes bodily injury to a person who:

(i) The defendant has been restrained from, by order of any court, including an ex parte order, contacting, threatening, or physically abusing pursuant to chapter 586; or

(ii) Is being protected by a police officer ordering the defendant to leave the premises of that protected person pursuant to section 709-906(4), during the effective period of that order;

(i) Intentionally or knowingly causes bodily injury to any firefighter or water safety officer who is engaged in the performance of duty. For the purposes of this paragraph, "firefighter" has the same meaning as in section 710-1012 and "water safety officer" means any public servant employed by the United States, the State, or any county as a lifeguard or person authorized to conduct water rescue or ocean safety functions;

(j) Intentionally or knowingly causes bodily injury to a person who is engaged in the performance of duty at a health care facility as defined in section 323D-2. For purposes of this paragraph, "a person who is engaged in the performance of duty at a health care facility" includes health care professionals as defined in section 451D-2, physician assistants, surgical assistants, advanced practice registered

nurses, nurse aides, respiratory therapists, laboratory technicians, and radiology technicians;

(k) Intentionally or knowingly causes bodily injury to a person who is engaged in providing home health care services, as defined in section 431:10H-201;

(l) Intentionally or knowingly causes bodily injury to a person, employed or contracted to work by a mutual benefit society, as defined in section 432:1-104, to provide case management services to an individual in a hospital, health care provider's office, or home, while that person is engaged in the performance of those services;

(m) Intentionally or knowingly causes bodily injury to a person who is sixty years of age or older and the age of the injured person is known or reasonably should be known to the person causing the injury; or

(n) Intentionally or knowingly causes bodily injury to a sports official who is engaged in the lawful discharge of the sports official's duties. For the purposes of this paragraph, "sports official" and "lawful

discharge of the sports official's duties" have the same meaning as in section 706-605.6."

SECTION 138. Section 707-716, Hawaii Revised Statutes, is amended by amending subsection (1) to read as follows:

"(1) A person commits the offense of terroristic threatening in the first degree if the person commits terroristic threatening:

(a) By threatening another person on more than one occasion for the same or a similar purpose;

(b) By threats made in a common scheme against different persons;

(c) Against a public servant arising out of the performance of the public servant's official duties. For the purposes of this paragraph, "public servant" includes but is not limited to an educational worker. "Educational worker" has the same meaning as defined in section 707-711;

(d) Against any emergency medical services provider who is engaged in the performance of duty. For purposes of this paragraph, "emergency medical services provider" means emergency medical services personnel, as defined

in section 321-222, and physicians, [~~physician's~~] physician assistants, nurses, [~~nurse practitioners, certified registered nurse anesthetists,~~] advanced practice registered nurses, respiratory therapists, laboratory technicians, radiology technicians, and social workers, providing services in the emergency room of a hospital;

(e) With the use of a dangerous instrument or a simulated firearm. For purposes of this section, "simulated firearm" means any object that:

(i) Substantially resembles a firearm;

(ii) Can reasonably be perceived to be a firearm; or

(iii) Is used or brandished as a firearm; or

(f) By threatening a person who:

(i) The defendant has been restrained from, by order of any court, including an ex parte order, contacting, threatening, or physically abusing pursuant to chapter 586; or

(ii) Is being protected by a police officer ordering the defendant to leave the premises of that

protected person pursuant to section 709-906(4), during the effective period of that order."

PART VI

SECTION 139. The purpose of this part is to amend the pain patient's bill of rights.

SECTION 140. Chapter 327H, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**327H- Definitions.** As used in this chapter, "prescriber" means a physician or an osteopathic physician licensed under chapter 453, a physician assistant licensed under chapter 453, an advanced practice registered nurse licensed under chapter 457, or a pharmacist licensed under chapter 461."

SECTION 141. Section 327H-1, Hawaii Revised Statutes, is amended to read as follows:

"**[~~†~~]§327H-1[~~†~~] Pain patient's bill of rights; findings.** The legislature finds that:

(1) Inadequate treatment of severe acute pain and severe chronic pain originating from cancer or noncancerous conditions is a significant health problem;

(2) For some patients, pain management is the single most important treatment a [~~physician~~] prescriber can provide;

(3) A patient who suffers from severe acute pain or severe chronic pain should have access to proper treatment of pain;

(4) Due to the complexity of their problems, many patients who suffer from severe acute pain or severe chronic pain may require referral to a [~~physician~~] prescriber with expertise in the treatment of severe acute pain and severe chronic pain. In some cases, severe acute pain and severe chronic pain is best treated by a team of clinicians to address the associated physical, psychological, social, and vocational issues;

(5) In the hands of knowledgeable, ethical, and experienced pain management practitioners, opiates administered for severe acute pain or severe chronic pain can be safe; and

(6) Opiates may be part of an overall treatment plan for a patient in severe acute pain or severe chronic pain

who has not obtained relief from any other means of treatment."

SECTION 142. Section 327H-2, Hawaii Revised Statutes, is amended to read as follows:

"**§327H-2 Bill of rights.** (a) The pain patient's bill of rights includes the following:

(1) A patient who suffers from severe acute pain or severe chronic pain has the option to request or reject the use of any or all modalities to relieve the pain;

(2) A patient who suffers from severe acute pain or severe chronic pain has the option to choose from appropriate pharmacologic treatment options to relieve severe acute pain or severe chronic pain, including opiate medications, without first having to submit to an invasive medical procedure.

For purposes of this paragraph, "invasive medical procedure" means surgery, destruction of a nerve or other body tissue by manipulation, or the implantation of a drug delivery system or device;

(3) A patient's [~~physician~~] prescriber may refuse to prescribe opiate medication for a patient who requests

a treatment for severe acute pain or severe chronic pain. However, that [~~physician~~] prescriber may inform the patient of [~~physicians~~] prescribers who are qualified to treat severe acute pain and severe chronic pain employing methods that include the use of opiates;

(4) A [~~physician~~] prescriber who uses opiate therapy to relieve severe acute pain or severe chronic pain may prescribe a dosage deemed medically necessary to relieve the pain;

(5) A patient may voluntarily request that the patient's [~~physician~~] prescriber provide an identifying notice of the prescription for purposes of emergency treatment or law enforcement identification; and

(6) With regard to pain patients, the application of this section shall be guided by the medical principle that physical tolerance and dependence are normal consequences of sustained use of opiate medication, distinguishable from psychological dependency or addiction that bears no relationship to pain experienced by a patient. For the purposes of this

section, psychological dependency shall be characterized by a patient's compulsion to take a drug notwithstanding the fact that the patient knows the harmful and destructive effect of the drug on the patient. The distinction is one of treatment of pain as opposed to feeding a psychological need. A patient who suffers severe acute pain or severe chronic pain secondary to a diagnosis in any form of disease and chronic conditions may be entitled to receive a prescription of opiate medication for the treatment of the pain, if requested by that patient; provided that:

(A) The particular opiate is appropriate to the treatment of that pain; and

(B) The patient is not addicted to the opiate. For the purposes of this subparagraph, the term "addicted" refers to a psychological dependence, rather than a progressive physical tolerance for the opiate to relieve the pain; provided that the term does not include a narcotic-dependent person as defined in section 329-40.

(b) Nothing in this section shall be construed to:

(1) Expand the authorized scope of practice of any [~~licensed physician;~~] prescriber;

(2) Limit any reporting or disciplinary provisions applicable to [~~licensed physicians and surgeons~~] prescribers who violate prescribing practices; and

(3) Prohibit the discipline or prosecution of a [~~licensed physician~~] prescriber for:

(A) Failing to maintain complete, accurate, and current records that document the physical examination and medical history of a patient, the basis for the clinical diagnosis of a patient, and the treatment plan for a patient;

(B) Writing false or fictitious prescriptions for controlled substances scheduled in the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 United States Code 801 et seq. or in chapter 329;

(C) Prescribing, administering, or dispensing pharmaceuticals in violation of the provisions of the Federal Comprehensive Drug Abuse Prevention

and Control Act of 1970, 21 United States Code 801 et seq. or of chapter 329;

(D) Diverting medications prescribed for a patient to the [~~licensed physician's~~] prescriber's own personal use; and

(E) Causing, or assisting in causing, the suicide, euthanasia, or mercy killing of any individual; provided that:

(i) It is not "causing, or assisting in causing, the suicide, euthanasia, or mercy killing of any individual" to prescribe, dispense, or administer medical treatment for the purpose of treating severe acute pain or severe chronic pain, even if the medical treatment may increase the risk of death, so long as the medical treatment is not also furnished for the purpose of causing, or the purpose of assisting in causing, death for any reason; and

(ii) This subparagraph shall not apply to actions taken under chapter 327L."

PART VII

SECTION 143. The purpose of this part is to amend various sections in title 24, Hawaii Revised Statutes, relating to insurance.

SECTION 144. Section 431:10A-115.5, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) For the purposes of this section[~~, "child health supervision services"~~]:

"Child health supervision services" means [~~physician-delivered, physician-supervised, physician assistant-delivered, or nurse-delivered services as defined by section 457-2 ("registered nurse")~~] services supervised or delivered by a physician, a physician assistant, an advanced practice registered nurse, a registered nurse, or a qualified health care provider, which shall include as the minimum benefit coverage for services delivered at intervals and scope stated in this section.

"Qualified health care provider" has the same meaning as in section 325- ."

SECTION 145. Section 431:10A-116, Hawaii Revised Statutes, is amended to read as follows:

"**§431:10A-116 Coverage for specific services.** Every person insured under a policy of accident and health or sickness insurance delivered or issued for delivery in this State shall be entitled to the reimbursements and coverages specified below:

(1) Notwithstanding any provision to the contrary, whenever a policy, contract, plan, or agreement provides for reimbursement for any visual or optometric service that is within the lawful scope of practice of a duly licensed optometrist, the person entitled to benefits or the person performing the services shall be entitled to reimbursement whether the service is performed by a licensed physician or by a licensed optometrist. Visual or optometric services shall include eye or visual examination, or both, or a correction of any visual or muscular anomaly, and the supplying of ophthalmic materials, lenses, contact lenses, spectacles, eyeglasses, and appurtenances thereto;

(2) Notwithstanding any provision to the contrary, for all policies, contracts, plans, or agreements issued on or after May 30, 1974, whenever provision is made for reimbursement or indemnity for any service related to surgical or emergency procedures that is within the lawful scope of practice of any [~~practitioner~~] qualified health care provider licensed to practice [~~medicine~~] in this State, reimbursement or indemnification under the policy, contract, plan, or agreement shall not be denied when the services are performed by a dentist acting within the lawful scope of the dentist's license;

(3) Notwithstanding any provision to the contrary, whenever the policy provides reimbursement or payment for any service that is within the lawful scope of practice of a psychologist licensed in this State, the person entitled to benefits or performing the service shall be entitled to reimbursement or payment, whether the service is performed by a licensed physician [~~or~~], licensed psychologist[~~,~~], licensed physician

assistant, or licensed advanced practice registered nurse;

(4) Notwithstanding any provision to the contrary, each policy, contract, plan, or agreement issued on or after February 1, 1991, except for policies that only provide coverage for specified diseases or other limited benefit coverage, but including policies issued by companies subject to chapter 431, article 10A, part II, and chapter 432, article 1, shall provide coverage for screening by low-dose mammography for occult breast cancer as follows:

(A) For women forty years of age and older, an annual mammogram; and

(B) For a woman of any age with a history of breast cancer or whose mother or sister has had a history of breast cancer, a mammogram upon the recommendation of the woman's physician[~~.~~] or other qualified health care provider.

The services provided in this paragraph are subject to any coinsurance provisions that may be in force in these policies, contracts, plans, or

agreements; provided that the insured's dollar limits, deductibles, and copayments for services shall be on terms at least as favorable to the insured as those applicable to other radiological examinations.

For the purpose of this paragraph, the term "low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including but not limited to the x-ray tube, filter, compression device, screens, films, and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast. An insurer may provide the services required by this paragraph through contracts with providers; provided that the contract is determined to be a cost-effective means of delivering the services without sacrifice of quality and meets the approval of the director of health; and

(5) (A) (i) Notwithstanding any provision to the contrary, whenever a policy, contract, plan, or agreement provides coverage for the children of the insured, that coverage shall

also extend to the date of birth of any newborn child to be adopted by the insured; provided that the insured gives written notice to the insurer of the insured's intent to adopt the child prior to the child's date of birth or within thirty days after the child's birth or within the time period required for enrollment of a natural born child under the policy, contract, plan, or agreement of the insured, whichever period is longer; provided further that if the adoption proceedings are not successful, the insured shall reimburse the insurer for any expenses paid for the child; and

(ii) Where notification has not been received by the insurer prior to the child's birth or within the specified period following the child's birth, insurance coverage shall be effective from the first day following the insurer's receipt of legal notification of the insured's ability to consent for

treatment of the infant for whom coverage is sought; and

(B) When the insured is a member of a health maintenance organization, coverage of an adopted newborn is effective:

(i) From the date of birth of the adopted newborn when the newborn is treated from birth pursuant to a provider contract with the health maintenance organization, and written notice of enrollment in accord with the health maintenance organization's usual enrollment process is provided within thirty days of the date the insured notifies the health maintenance organization of the insured's intent to adopt the infant for whom coverage is sought; or

(ii) From the first day following receipt by the health maintenance organization of written notice of the insured's ability to consent for treatment of the infant for whom coverage is sought and enrollment of the

adopted newborn in accord with the health maintenance organization's usual enrollment process if the newborn has been treated from birth by a provider not contracting or affiliated with the health maintenance organization.

For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 146. Section 431:10A-116.2, Hawaii Revised Statutes, is amended to read as follows:

"**[~~[~~]§431:10A-116.2[~~]~~] Mammograms; referral not required.** (a) For purposes of the annual screening mammogram coverage required under section 431:10A-116, no insurer shall require an insured person forty years of age and older to obtain a referral from a primary care provider or other [~~physician~~] qualified health care provider for an annual screening mammogram.

(b) If the screening mammogram indicates that follow up services are advisable, a referral shall be made to the patient's primary care [~~physician~~] provider or other [~~physician,~~] qualified health care provider, as designated by the patient.

(c) As used in this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 147. Section 431:10A-116.3, Hawaii Revised Statutes, is amended by amending subsection (g) to read as follows:

"(g) For the purposes of this section:

"Distant site" means the location of the health care provider delivering services through telehealth at the time the services are provided.

"Health care provider" means a provider of services, as defined in title 42 United States Code section 1395x(u), a provider of medical and other health services, as defined in title 42 United States Code section 1395x(s), other practitioners licensed by the State and working within their scope of practice, and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business, including but not limited to primary care providers, mental health providers, oral health providers, physicians and osteopathic physicians licensed under chapter 453, advanced practice registered nurses licensed under chapter 457, psychologists licensed under chapter 465, [~~and~~] dentists

licensed under chapter 448[~], and qualified health care providers.

"Interactive telecommunications system" has the same meaning as the term is defined in title 42 Code of Federal Regulations section 410.78(a).

"Originating site" means the location where the patient is located, whether accompanied or not by a health care provider, at the time services are provided by a health care provider through telehealth, including but not limited to a health care provider's office, hospital, health care facility, a patient's home, and other nonmedical environments such as school-based health centers, university-based health centers, or the work location of a patient.

"Qualified health care provider" has the same meaning as in section 325- .

"Telehealth" means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication,

and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Except as provided through an interactive telecommunications system, standard telephone contacts, facsimile transmissions, or e-mail text, in combination or alone, do not constitute telehealth services."

SECTION 148. Section 431:10A-116.6, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) For purposes of this section:

"Contraceptive services" means [~~physician-delivered, physician-supervised, physician assistant-delivered, advanced practice registered nurse-delivered, nurse-delivered, or pharmacist-delivered~~] medical services supervised or delivered by a health care provider that are intended to promote the effective use of contraceptive supplies or devices to prevent unwanted pregnancy.

"Contraceptive supplies" means all United States Food and Drug Administration-approved contraceptive drugs or devices used to prevent unwanted pregnancy.

"Health care provider" means a physician or an osteopathic physician licensed under chapter 453, a physician assistant licensed under chapter 453, an advanced practice registered nurse or a registered nurse licensed under chapter 457, a pharmacist licensed under chapter 461, a naturopathic physician licensed under chapter 455, or a midwife licensed under chapter 457J."

SECTION 149. Section 431:10A-116.7, Hawaii Revised Statutes, is amended by amending subsection (g) to read as follows:

"(g) For purposes of this section:

"Contraceptive services" means [~~physician-delivered, physician-supervised, physician assistant-delivered, advanced practice registered nurse-delivered, nurse-delivered, or pharmacist-delivered~~] medical services supervised or delivered by a health care provider that are intended to promote the effective use of contraceptive supplies or devices to prevent unwanted pregnancy.

"Contraceptive supplies" means all United States Food and Drug Administration-approved contraceptive drugs or devices used to prevent unwanted pregnancy.

"Health care provider" means a physician or an osteopathic physician licensed under chapter 453, a physician assistant licensed under chapter 453, an advanced practice registered nurse or a registered nurse licensed under chapter 457, a pharmacist licensed under chapter 461, a naturopathic physician licensed under chapter 455, or a midwife licensed under chapter 457J."

SECTION 150. Section 431:10A-120, Hawaii Revised Statutes, is amended as follows:

1. By amending subsection (a) to read:

"(a) Each policy of accident and health or sickness insurance, other than life insurance, disability income insurance, and long-term care insurance, issued or renewed in this State, each employer group health policy, contract, plan, or agreement issued or renewed in this State, all accident and health or sickness insurance policies issued or renewed in this State, all policies providing family coverages as defined in section 431:10A-103, and all policies providing reciprocal

beneficiary family coverage as defined in section 431:10A-601, shall contain a provision for coverage for medical foods and low-protein modified food products for the treatment of an inborn error of metabolism for its policyholders or dependents of the policyholder in this State; provided that the medical food or low-protein modified food product is:

(1) Prescribed as medically necessary for the therapeutic treatment of an inborn error of metabolism; and

(2) Consumed or administered enterally under the supervision of a physician or osteopathic physician licensed under chapter 453[~~,~~] or other qualified health care provider.

Coverage shall be for at least eighty per cent of the cost of the medical food or low-protein modified food product prescribed and administered pursuant to this subsection."

2. By amending subsection (c) to read:

"(c) For the purposes of this section:

"Inborn error of metabolism" means a disease caused by an inherited abnormality of the body chemistry of a person that is characterized by deficient metabolism, originating from

congenital defects or defects arising shortly after birth, of amino acid, organic acid, carbohydrate, or fat.

"Low-protein modified food product" means a food product that:

(1) Is specially formulated to have less than one gram of protein per serving;

(2) Is prescribed or ordered by a physician or osteopathic physician as medically necessary for the dietary treatment of an inborn error of metabolism; and

(3) Does not include a food that is naturally low in protein.

"Medical food" means a food that is formulated to be consumed or administered enterally under the supervision of a physician or osteopathic physician and is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.

"Qualified health care provider" has the same meaning as in section 325- ."

SECTION 151. Section 431:10A-122, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) Beginning March 1, 2011, all health insurance providers in Hawaii shall inform their insured about the risk associated with undiagnosed colorectal-cancer and encourage the insured to consult with the insured's [~~physician~~] qualified health care provider about available screening options.

For purposes of this subsection, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 152. Section 431:10A-126, Hawaii Revised Statutes, is amended by amending subsection (d) to read as follows:

"(d) For the purposes of this section:

"Cost-share" or "cost-sharing" means copayment, coinsurance, or deductible provisions applicable to coverage for medications or treatments.

"Intravenously administered chemotherapy" means a [~~physician-prescribed~~] cancer treatment prescribed by a licensed health care provider that is administered through injection directly into the patient's circulatory system by a physician, physician assistant, [~~nurse practitioner,~~] advanced practice registered nurse, nurse, or other medical personnel under the supervision of a physician and in a hospital, medical office, or other clinical setting.

"Oral chemotherapy" means a United States Food and Drug Administration-approved, [~~physician-prescribed~~] cancer treatment prescribed by a licensed health care provider that is taken orally in the form of a tablet or capsule and may be administered in a hospital, medical office, or other clinical setting or may be delivered to the patient for self-administration under the direction or supervision of a physician or other licensed health care provider outside of a hospital, medical office, or other clinical setting."

SECTION 153. Section 431:10A-133, Hawaii Revised Statutes, is amended by amending subsection (m) to read as follows:

"(m) As used in this section, unless the context clearly requires otherwise:

"Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

"Autism" means autism spectrum disorder as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

"Autism service provider" means any person, entity, or group that provides treatment for autism and meets the minimum requirements pursuant to subsection (l).

"Behavioral health treatment" means [~~evidence-based~~] evidence-based counseling and treatment programs, including applied behavior analysis, that are:

(1) Necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual; and

(2) Provided or supervised by an autism service provider.

"Diagnosis of autism" means medically necessary assessments, evaluations, or tests conducted to diagnose whether an individual has autism.

"Pharmacy care" means medications prescribed by a licensed physician [~~or registered nurse practitioner~~], physician assistant, or advanced practice registered nurse and any health-related services that are deemed medically necessary to determine the need or effectiveness of the medications.

"Psychiatric care" means direct or consultative services provided by a licensed psychiatrist[~~.~~], physician assistant, or advanced practice registered nurse.

"Psychological care" means direct or consultative services provided by a licensed psychologist[~~.~~], physician, physician assistant, or advanced practice registered nurse.

"Therapeutic care" means services provided by licensed speech pathologists, registered occupational therapists, licensed social workers, licensed clinical social workers, or licensed physical therapists.

"Treatment for autism" includes the following care prescribed or ordered for an individual diagnosed with autism by a licensed physician, psychiatrist, physician assistant, psychologist, licensed clinical social worker, or [~~registered nurse practitioner~~] advanced practice registered nurse if the care is determined to be medically necessary:

(1) Behavioral health treatment;

(2) Pharmacy care;

(3) Psychiatric care;

(4) Psychological care; and

(5) Therapeutic care."

SECTION 154. Section 431:10A-206.5, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) For the purposes of this section[~~, "child health supervision services"~~]:

"Child health supervision services" means [~~physician-delivered, physician-supervised, physician assistant-delivered, or nurse-delivered services as defined by section 457-2 ("registered nurse"),~~] services supervised or delivered by a physician, a physician assistant, an advanced practice registered nurse, a registered nurse, or a qualified health care provider, which shall include as the minimum benefit coverage for services delivered at intervals and scope stated in this section.

"Qualified health care provider" has the same meaning as in section 325- ."

SECTION 155. Section 431:10A-304, Hawaii Revised Statutes, is amended to read as follows:

"**§431:10A-304 Standards for policy provisions.** (a) No medicare supplement policy or certificate in force in the State

shall contain benefits that duplicate benefits provided by medicare.

(b) The commissioner shall adopt reasonable rules to establish specific standards for the provisions of medicare supplement policies and certificates. The standards shall be in addition to and in accordance with applicable laws of this State, including the provisions of part I of this article. No requirement of this chapter relating to minimum required policy benefits, other than the minimum standards contained in this part, shall apply to medicare supplement policies and certificates. The standards may cover[~~,~~] but shall not be limited to:

(1) Terms of renewability;

(2) Initial and subsequent conditions of eligibility;

(3) Nonduplication of coverage;

(4) Probationary periods;

(5) Benefit limitations, exceptions, and reductions;

(6) Elimination periods;

(7) Requirements for replacement;

(8) Recurrent conditions; and

(9) Definition of terms.

(c) The commissioner may adopt reasonable rules that specify prohibited policy provisions not otherwise specifically authorized by law, which, in the opinion of the commissioner, are unjust, unfair, or unfairly discriminatory to any person insured or proposed to be insured under any medicare supplement policy or certificate.

(d) A medicare supplement policy or certificate shall not exclude or limit benefits for losses incurred more than six months after the effective date of coverage because it involved a preexisting condition. The policy or certificate shall not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a [~~physician~~] qualified health care provider, consistent with all applicable federal laws and regulations, within six months before the effective date of coverage.

(e) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 156. Section 431:10C-103, Hawaii Revised Statutes, is amended by amending the definition of "anesthetist" to read as follows:

""Anesthetist" means [~~a registered nurse-anesthetist~~] an advanced practice registered nurse licensed pursuant to chapter 457 or a physician assistant licensed pursuant to chapter 453 who performs anesthesia services under the supervision of a licensed physician."

SECTION 157. Section 431:10C-308.7, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) No health care provider shall refer, for any service or treatment authorized under this chapter, a patient to any entity in which the referring provider has a financial interest unless the referring provider has disclosed that financial interest to the patient.

For the purposes of this section "financial interest" shall mean an ownership or investment interest through debt, equity, or any other means. "Financial interest" does not refer to salary or other compensation paid to [~~physicians~~] health care providers by a health maintenance organization, or any compensation arrangement involving payment by a group practice [~~which~~] that contracts with a health maintenance organization to a [~~physician~~] health care provider in the same group practice or

entity affiliated with the health maintenance organization for services provided to a member of the health maintenance organization."

SECTION 158. Section 431:10H-201, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) No long-term care insurance policy delivered or issued for delivery in this State shall use the terms set forth in this section, unless the terms are defined in the policy and the definitions satisfy the following requirements:

"Activities of daily living" means at least bathing, continence, dressing, eating, toileting, and transferring.

"Acute condition" means that the individual is medically unstable. This individual requires frequent monitoring by medical professionals such as physicians and registered nurses, or other qualified health care providers, in order to maintain the individual's health status.

"Adult day care" means a program for six or more individuals, of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home.

"Bathing" means washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.

"Cognitive impairment" means a deficiency in a person's short- or long-term memory, orientation as to person, place, and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.

"Continence" means the ability to maintain control of bowel and bladder function, or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

"Dressing" means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.

"Eating" means feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.

"Hands-on assistance" means physical assistance (minimal, moderate, or maximal) without which the individual would not be able to perform the activity of daily living.

"Home health care services" means medical and nonmedical services, provided to ill, disabled, or infirm persons in their residences. These services may include homemaker services, assistance with activities of daily living, and respite care services.

"Medicare" shall be defined as "The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended", or title I, part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof, or words of similar import.

"Mental or nervous disorder" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder, and shall not be defined beyond these terms.

"Personal care" means the provision of hands-on services to assist an individual with activities of daily living.

"Qualified health care provider" has the same meaning as in section 325- .

"Skilled nursing care", "personal care", "home care", "specialized care", "assisted living care", and other services shall be defined in relation to the level of skill required, the nature of the care, and the setting in which care must be delivered.

"Toileting" means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

"Transferring" means moving into or out of a bed, chair, or wheelchair."

SECTION 159. Section 431:13-103, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) The following are defined as unfair methods of competition and unfair or deceptive acts or practices in the business of insurance:

(1) Misrepresentations and false advertising of insurance policies. Making, issuing, circulating, or causing to be made, issued, or circulated, any estimate, illustration, circular, statement, sales presentation, omission, or comparison that:

(A) Misrepresents the benefits, advantages, conditions, or terms of any insurance policy;

(B) Misrepresents the dividends or share of the surplus to be received on any insurance policy;

(C) Makes any false or misleading statement as to the dividends or share of surplus previously paid on any insurance policy;

(D) Is misleading or is a misrepresentation as to the financial condition of any insurer, or as to the legal reserve system upon which any life insurer operates;

(E) Uses any name or title of any insurance policy or class of insurance policies misrepresenting the true nature thereof;

(F) Is a misrepresentation for the purpose of inducing or tending to induce the lapse, forfeiture, exchange, conversion, or surrender of any insurance policy;

(G) Is a misrepresentation for the purpose of effecting a pledge or assignment of or effecting a loan against any insurance policy;

(H) Misrepresents any insurance policy as being shares of stock;

(I) Publishes or advertises the assets of any insurer without publishing or advertising with equal conspicuousness the liabilities of the insurer, both as shown by its last annual statement; or

(J) Publishes or advertises the capital of any insurer without stating specifically the amount of paid-in and subscribed capital;

(2) False information and advertising generally. Making, publishing, disseminating, circulating, or placing before the public, or causing, directly or indirectly, to be made, published, disseminated, circulated, or placed before the public, in a newspaper, magazine, or other publication, or in the form of a notice, circular, pamphlet, letter, or poster, or over any radio or television station, or in any other way, an advertisement, announcement, or statement containing any assertion, representation, or statement with respect to the business of insurance or with respect

to any person in the conduct of the person's insurance business, which is untrue, deceptive, or misleading;

(3) Defamation. Making, publishing, disseminating, or circulating, directly or indirectly, or aiding, abetting, or encouraging the making, publishing, disseminating, or circulating of any oral or written statement or any pamphlet, circular, article, or literature which is false, or maliciously critical of or derogatory to the financial condition of an insurer, and which is calculated to injure any person engaged in the business of insurance;

(4) Boycott, coercion, and intimidation.

(A) Entering into any agreement to commit, or by any action committing, any act of boycott, coercion, or intimidation resulting in or tending to result in unreasonable restraint of, or monopoly in, the business of insurance; or

(B) Entering into any agreement on the condition, agreement, or understanding that a policy will not be issued or renewed unless the prospective insured contracts for another class or an

additional policy of the same class of insurance with the same insurer;

(5) False financial statements.

(A) Knowingly filing with any supervisory or other public official, or knowingly making, publishing, disseminating, circulating, or delivering to any person, or placing before the public, or knowingly causing, directly or indirectly, to be made, published, disseminated, circulated, delivered to any person, or placed before the public, any false statement of a material fact as to the financial condition of an insurer; or

(B) Knowingly making any false entry of a material fact in any book, report, or statement of any insurer with intent to deceive any agent or examiner lawfully appointed to examine into its condition or into any of its affairs, or any public official to whom the insurer is required by law to report, or who has authority by law to examine into its condition or into any of its affairs, or, with like intent, knowingly omitting

to make a true entry of any material fact pertaining to the business of the insurer in any book, report, or statement of the insurer;

(6) Stock operations and advisory board contracts. Issuing or delivering or permitting agents, officers, or employees to issue or deliver, agency company stock or other capital stock, or benefit certificates or shares in any common-law corporation, or securities or any special or advisory board contracts or other contracts of any kind promising returns and profits as an inducement to insurance;

(7) Unfair discrimination.

(A) Making or permitting any unfair discrimination between individuals of the same class and equal expectation of life in the rates charged for any policy of life insurance or annuity contract or in the dividends or other benefits payable thereon, or in any other of the terms and conditions of the contract;

(B) Making or permitting any unfair discrimination in favor of particular individuals or persons, or

between insureds or subjects of insurance having substantially like insuring, risk, and exposure factors, or expense elements, in the terms or conditions of any insurance contract, or in the rate or amount of premium charge therefor, or in the benefits payable or in any other rights or privilege accruing thereunder;

(C) Making or permitting any unfair discrimination between individuals or risks of the same class and of essentially the same hazards by refusing to issue, refusing to renew, canceling, or limiting the amount of insurance coverage on a property or casualty risk because of the geographic location of the risk, unless:

(i) The refusal, cancellation, or limitation is for a business purpose which is not a mere pretext for unfair discrimination; or

(ii) The refusal, cancellation, or limitation is required by law or regulatory mandate;

(D) Making or permitting any unfair discrimination between individuals or risks of the same class

and of essentially the same hazards by refusing to issue, refusing to renew, canceling, or limiting the amount of insurance coverage on a residential property risk, or the personal property contained therein, because of the age of the residential property, unless:

(i) The refusal, cancellation, or limitation is for a business purpose which is not a mere pretext for unfair discrimination; or

(ii) The refusal, cancellation, or limitation is required by law or regulatory mandate;

(E) Refusing to insure, refusing to continue to insure, or limiting the amount of coverage available to an individual because of the sex or marital status of the individual; however, nothing in this subsection shall prohibit an insurer from taking marital status into account for the purpose of defining persons eligible for dependent benefits;

(F) Terminating or modifying coverage, or refusing to issue or renew any property or casualty policy or

contract of insurance solely because the applicant or insured or any employee of either is mentally or physically impaired; provided that this subparagraph shall not apply to accident and health or sickness insurance sold by a casualty insurer; provided further that this subparagraph shall not be interpreted to modify any other provision of law relating to the termination, modification, issuance, or renewal of any insurance policy or contract;

(G) Refusing to insure, refusing to continue to insure, or limiting the amount of coverage available to an individual based solely upon the individual's having taken a human immunodeficiency virus (HIV) test prior to applying for insurance; or

(H) Refusing to insure, refusing to continue to insure, or limiting the amount of coverage available to an individual because the individual refuses to consent to the release of information which is confidential as provided in section

325-101; provided that nothing in this subparagraph shall prohibit an insurer from obtaining and using the results of a test satisfying the requirements of the commissioner, which was taken with the consent of an applicant for insurance; provided further that any applicant for insurance who is tested for HIV infection shall be afforded the opportunity to obtain the test results, within a reasonable time after being tested, and that the confidentiality of the test results shall be maintained as provided by section 325-101;

(8) Rebates. Except as otherwise expressly provided by law:

(A) Knowingly permitting or offering to make or making any contract of insurance, or agreement as to the contract other than as plainly expressed in the contract, or paying or allowing, or giving or offering to pay, allow, or give, directly or indirectly, as inducement to the insurance, any rebate of premiums payable on the contract, or

any special favor or advantage in the dividends or other benefits, or any valuable consideration or inducement not specified in the contract; or

(B) Giving, selling, or purchasing, or offering to give, sell, or purchase as inducement to the insurance or in connection therewith, any stocks, bonds, or other securities of any insurance company or other corporation, association, or partnership, or any dividends or profits accrued thereon, or anything of value not specified in the contract;

(9) Nothing in paragraph (7) or (8) shall be construed as including within the definition of discrimination or rebates any of the following practices:

(A) In the case of any life insurance policy or annuity contract, paying bonuses to policyholders or otherwise abating their premiums in whole or in part out of surplus accumulated from nonparticipating insurance; provided that any bonus or abatement of premiums shall be fair and

equitable to policyholders and in the best interests of the insurer and its policyholders;

(B) In the case of life insurance policies issued on the industrial debit plan, making allowance to policyholders who have continuously for a specified period made premium payments directly to an office of the insurer in an amount which fairly represents the saving in collection expense;

(C) Readjustment of the rate of premium for a group insurance policy based on the loss or expense experience thereunder, at the end of the first or any subsequent policy year of insurance thereunder, which may be made retroactive only for the policy year;

(D) In the case of any contract of insurance, the distribution of savings, earnings, or surplus equitably among a class of policyholders, all in accordance with this article; and

(E) A reward under a wellness program established under a health care plan that favors an

individual if the wellness program meets the following requirements:

(i) The wellness program is reasonably designed to promote health or prevent disease;

(ii) An individual has an opportunity to qualify for the reward at least once a year;

(iii) The reward is available for all similarly situated individuals;

(iv) The wellness program has alternative standards for individuals who are unable to obtain the reward because of a health factor;

(v) Alternative standards are available for an individual who is unable to participate in a reward program because of a health condition;

(vi) The insurer provides information explaining the standard for achieving the reward and discloses the alternative standards; and

(vii) The total rewards for all wellness programs under the health care plan do not exceed twenty per cent of the cost of coverage;

(10) Refusing to provide or limiting coverage available to an individual because the individual may have a third-party claim for recovery of damages; provided that:

(A) Where damages are recovered by judgment or settlement of a third-party claim, reimbursement of past benefits paid shall be allowed pursuant to section 663-10;

(B) This paragraph shall not apply to entities licensed under chapter 386 or 431:10C; and

(C) For entities licensed under chapter 432 or 432D:

(i) It shall not be a violation of this section to refuse to provide or limit coverage available to an individual because the entity determines that the individual reasonably appears to have coverage available under chapter 386 or 431:10C; and

(ii) Payment of claims to an individual who may have a third-party claim for recovery of

damages may be conditioned upon the individual first signing and submitting to the entity documents to secure the lien and reimbursement rights of the entity and providing information reasonably related to the entity's investigation of its liability for coverage.

Any individual who knows or reasonably should know that the individual may have a third-party claim for recovery of damages and who fails to provide timely notice of the potential claim to the entity, shall be deemed to have waived the prohibition of this paragraph against refusal or limitation of coverage. "Third-party claim" for purposes of this paragraph means any tort claim for monetary recovery or damages that the individual has against any person, entity, or insurer, other than the entity licensed under chapter 432 or 432D;

(11) Unfair claim settlement practices. Committing or performing with such frequency as to indicate a general business practice any of the following:

(A) Misrepresenting pertinent facts or insurance policy provisions relating to coverages at issue;

(B) With respect to claims arising under its policies, failing to respond with reasonable promptness, in no case more than fifteen working days, to communications received from:

(i) The insurer's policyholder;

(ii) Any other persons, including the commissioner; or

(iii) The insurer of a person involved in an incident in which the insurer's policyholder is also involved.

The response shall be more than an acknowledgment that such person's communication has been received and shall adequately address the concerns stated in the communication;

(C) Failing to adopt and implement reasonable standards for the prompt investigation of claims arising under insurance policies;

(D) Refusing to pay claims without conducting a reasonable investigation based upon all available information;

(E) Failing to affirm or deny coverage of claims within a reasonable time after proof of loss statements have been completed;

(F) Failing to offer payment within thirty calendar days of affirmation of liability, if the amount of the claim has been determined and is not in dispute;

(G) Failing to provide the insured, or when applicable the insured's beneficiary, with a reasonable written explanation for any delay, on every claim remaining unresolved for thirty calendar days from the date it was reported;

(H) Not attempting in good faith to effectuate prompt, fair, and equitable settlements of claims in which liability has become reasonably clear;

(I) Compelling insureds to institute litigation to recover amounts due under an insurance policy by offering substantially less than the amounts ultimately recovered in actions brought by the insureds;

(J) Attempting to settle a claim for less than the amount to which a reasonable person would have believed the person was entitled by reference to written or printed advertising material accompanying or made part of an application;

(K) Attempting to settle claims on the basis of an application that was altered without notice, knowledge, or consent of the insured;

(L) Making claims payments to insureds or beneficiaries not accompanied by a statement setting forth the coverage under which the payments are being made;

(M) Making known to insureds or claimants a policy of appealing from arbitration awards in favor of insureds or claimants for the purpose of compelling them to accept settlements or

compromises less than the amount awarded in arbitration;

(N) Delaying the investigation or payment of claims by requiring an insured, claimant, or the physician [~~or~~], advanced practice registered nurse, or qualified health care provider of either to submit a preliminary claim report and then requiring the subsequent submission of formal proof of loss forms, both of which submissions contain substantially the same information; provided that for purposes of this subparagraph, "qualified health care provider" has the same meaning as in section 325- ;

(O) Failing to promptly settle claims, where liability has become reasonably clear, under one portion of the insurance policy coverage to influence settlements under other portions of the insurance policy coverage;

(P) Failing to promptly provide a reasonable explanation of the basis in the insurance policy in relation to the facts or applicable law for

denial of a claim or for the offer of a compromise settlement; and

(Q) Indicating to the insured on any payment draft, check, or in any accompanying letter that the payment is "final" or is "a release" of any claim if additional benefits relating to the claim are probable under coverages afforded by the policy; unless the policy limit has been paid or there is a bona fide dispute over either the coverage or the amount payable under the policy;

(12) Failure to maintain complaint handling procedures. Failure of any insurer to maintain a complete record of all the complaints that it has received since the date of its last examination under section 431:2-302. This record shall indicate the total number of complaints, their classification by line of insurance, the nature of each complaint, the disposition of the complaints, and the time it took to process each complaint. For purposes of this section, "complaint" means any written communication primarily expressing a grievance;

(13) Misrepresentation in insurance applications. Making false or fraudulent statements or representations on or relative to an application for an insurance policy, for the purpose of obtaining a fee, commission, money, or other benefit from any insurer, producer, or individual; and

(14) Failure to obtain information. Failure of any insurance producer, or an insurer where no producer is involved, to comply with section 431:10D-623(a), (b), or (c) by making reasonable efforts to obtain information about a consumer before making a recommendation to the consumer to purchase or exchange an annuity."

SECTION 160. Section 431:13-108, Hawaii Revised Statutes, is amended as follows:

1. By amending subsection (c) to read:

"(c) If a claim is contested or denied or requires more time for review by an entity, the entity shall notify the health care facility, qualified health care provider, insured, or member filing a claim from a non-contracted provider in writing or electronically not more than fifteen calendar days after

receiving a claim filed in writing, or not more than seven calendar days after receiving a claim filed electronically, as appropriate. The notice shall identify the contested portion of the claim and the specific reason for contesting or denying the claim[~~,~~] and may request additional information; provided that a notice shall not be required if the entity provides a reimbursement report containing the information, at least monthly, to the health care facility or qualified health care provider."

2. By amending subsections (i) to (l) to read:

"(i) Prior to initiating any recoupment or offset demand efforts, an entity shall send a written notice to a health care facility or qualified health care provider at least thirty calendar days prior to engaging in the recoupment or offset efforts. The following information shall be prominently displayed on the written notice:

(1) The patient's name;

(2) The date health care services were provided;

(3) The payment amount received by the health care facility or qualified health care provider;

(4) The reason for the recoupment or offset; and

(5) The telephone number or mailing address through which a health care facility or qualified health care provider may initiate an appeal along with the deadline for initiating an appeal. Any appeal of a recoupment or offset shall be made by a health care facility or qualified health care provider within sixty days after the receipt of the written notice.

(j) An entity shall not initiate recoupment or offset efforts more than eighteen months after the initial claim payment was received by the health care facility, qualified health care provider, or health care entity; provided that this time limit shall not apply to the initiation of recoupment or offset efforts: to claims for self-insured employer groups; for services rendered to individuals associated with a health care entity through a national participating provider network; or for claims for medicaid, medicare, medigap, or other federally financed plan; provided further that this section shall not be construed to prevent entities from resolving claims that involve coordination of benefits, subrogation, or preexisting condition investigations, or that involve third-party liability beyond the eighteen month time limit; provided further that in cases of

fraud or material misrepresentation, an entity shall not initiate recoupment or offset efforts more than seventy-two months after the initial claim payment was received by the health care facility, qualified health care provider, or health care entity.

(k) In determining the penalties under section 431:13-201 for a violation of this section, the commissioner shall consider:

(1) The appropriateness of the penalty in relation to the financial resources and good faith of the entity;

(2) The gravity of the violation;

(3) The history of the entity for previous similar violations;

(4) The economic benefit to be derived by the entity and the economic impact upon the health care facility or qualified health care provider resulting from the violation; and

(5) Any other relevant factors bearing upon the violation.

(l) As used in this section:

"Claim" means any claim, bill, or request for payment for all or any portion of health care services provided by a health

care facility or qualified health care provider [~~of services~~] submitted by an individual or pursuant to a contract or agreement with an entity, using the entity's standard claim form with all required fields completed with correct and complete information.

"Clean claim" means a claim in which the information in the possession of an entity adequately indicates that:

(1) The claim is for a covered health care service provided by an eligible health care entity or qualified health care provider to a covered person under the contract;

(2) The claim has no material defect or impropriety;

(3) There is no dispute regarding the amount claimed; and

(4) The payer has no reason to believe that the claim was submitted fraudulently.

[~~The term~~] "Clean claim" does not include:

(1) Claims for payment of expenses incurred during a period of time when premiums were delinquent;

(2) Claims that are submitted fraudulently or that are based upon material misrepresentations;

(3) Claims for self-insured employer groups; claims for services rendered to individuals associated with a health care entity through a national participating provider network; or claims for medicaid, medicare, medigap, or other federally financed plan; and

(4) Claims that require a coordination of benefits, subrogation, or preexisting condition investigations, or that involve third-party liability.

"Contest", "contesting", or "contested" means the circumstances under which an entity was not provided with, or did not have reasonable access to, sufficient information needed to determine payment liability or basis for payment of the claim.

"Deny", "denying", or "denied" means the assertion by an entity that it has no liability to pay a claim based upon eligibility of the patient, coverage of a service, medical necessity of a service, liability of another payer, or other grounds.

"Entity" means accident and health or sickness insurance providers under part I of article 10A of chapter 431, mutual benefit societies under article 1 of chapter 432, dental service

corporations under chapter 423, and health maintenance organizations under chapter 432D.

"Fraud" shall have the same meaning as in section 431:2-403.

"Health care facility" shall have the same meaning as in section 323D-2.

[~~"Health care provider" means a Hawaii health care facility, physician, nurse, or any other provider of health care services covered by an entity.~~]

"Qualified health care provider" has the same meaning as in section 325- ."

SECTION 161. Section 431C-33, Hawaii Revised Statutes, is amended as follows:

1. By amending subsection (a) to read:

"(a) A provider entering into a life settlement contract with any owner of a policy, wherein the insured is terminally or chronically ill, shall first obtain:

(1) If the owner is the insured, a written statement from a licensed attending physician or other qualified health care provider that the owner is of sound mind

and under no constraint or undue influence to enter into a life settlement contract; and

(2) A document in which the insured consents to the release of the insured's medical records to a provider, broker, or insurance producer and, if the policy was issued less than two years from the date of application for a life settlement contract, to the insurance company that issued the policy.

The provider, broker, or its authorized representative shall be limited to contact for the purpose of determining the owner's health status or to verify the owner's address, once every three months if the insured has a life expectancy of more than one year, and no more than once per month if the insured has a life expectancy of one year or less.

For purposes of this subsection and subsection (m), qualified health care provider has the same meaning as in section 325- ."

2. By amending subsection (m) to read:

"(m) No person at any time prior to or at the time of the application for, or issuance of, a policy, or during a two-year period commencing with the date of issuance of the policy, shall

enter into a life settlement contract regardless of the date the compensation is to be provided and regardless of the date the assignment, transfer, sale, devise, bequest, or surrender of the policy is to occur. This prohibition shall not apply if the owner certifies to the provider that:

(1) The policy was issued upon the owner's exercise of conversion rights arising out of a group or individual policy; provided that the total of the time covered under the conversion policy plus the time covered under the prior policy is at least two years. The time covered under a group policy shall be calculated without regard to a change in insurance carriers; provided further that the coverage has been continuous and under the same group sponsorship; or

(2) The owner submits independent evidence to the provider that one or more of the following conditions have been met within the two-year period:

(A) The owner or insured is chronically or terminally ill;

(B) The owner or insured disposes of ownership interests in a closely-held corporation, pursuant

to the terms of a buyout or other similar agreement in effect at the time the policy was initially issued;

(C) The owner's spouse dies;

(D) The owner divorces the owner's spouse;

(E) The owner retires from full-time employment;

(F) The owner becomes physically or mentally disabled and a physician or other qualified health care provider determines that the disability prevents the owner from maintaining full-time employment; or

(G) A final order, judgment, or decree is entered by a court of competent jurisdiction, on the application of a creditor of the owner, adjudicating the owner bankrupt or insolvent, or approving a petition seeking reorganization of the owner or appointing a receiver, trustee, or liquidator to all or a substantial part of the owner's assets.

Copies of the independent evidence required by paragraph (2) shall be submitted to the insurer when the provider submits

a request to the insurer for verification of coverage. The copies shall be accompanied by a letter of attestation from the provider that the copies are true and correct copies of the documents received by the provider. Nothing in this section shall prohibit an insurer from exercising its right to contest the validity of any policy.

If the provider submits to the insurer a copy of independent evidence required by paragraph (2) when the provider submits a request to the insurer to effect the transfer of the policy to the provider, the copy shall be deemed to establish that the life settlement contract satisfies the requirements of this section."

SECTION 162. Section 431M-1, Hawaii Revised Statutes, is amended as follows:

1. By adding a new definition to be appropriately inserted and to read:

""Physician assistant" means a person licensed as a physician assistant pursuant to chapter 453."

2. By amending the definition of "alcohol or drug dependence outpatient services" to read:

""Alcohol or drug dependence outpatient services" means alcohol or drug dependence nonresidential treatment provided on an ambulatory basis to patients with alcohol or drug dependence problems that includes interventions prescribed and performed by qualified physicians, psychologists, licensed clinical social workers, licensed marriage and family therapists, licensed mental health [~~,~~]counselors[~~,~~], [~~or~~] advanced practice registered nurses[~~.~~], or physician assistants. This definition shall not imply a broadening of the scope of or granting of prescriptive authority privileges, except as otherwise allowed pursuant to chapter 457."

3. By amending the definitions of "day treatment services" and "detoxification services" to read:

""Day treatment services" means treatment services provided by a hospital, mental health outpatient facility, or nonhospital facility to patients who, because of their conditions, require more than periodic hourly service. Day treatment services shall be prescribed by a physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, [~~or~~] advanced practice registered nurse, or physician assistant, and carried out under the

supervision of a physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, [~~or~~] advanced practice registered nurse[~~.~~], or physician assistant. Day treatment services require less than twenty-four hours of care and a minimum of three hours in any one day.

"Detoxification services" means the process whereby a person intoxicated by alcohol, drugs, or both, or a person who is dependent upon alcohol, drugs, or both, is assisted through the period of time necessary to eliminate, by metabolic or other means, the intoxicating alcohol or drug dependency factors, as determined by a physician [~~or~~], advanced practice registered nurse, or physician assistant, while keeping the physiological risk to the person at a minimum."

4. By amending the definition of "mental health outpatient services" to read:

""Mental health outpatient services" means mental health nonresidential treatment provided on an ambulatory basis to patients with mental illness that includes interventions prescribed and performed by a physician, psychologist, licensed clinical social worker, licensed marriage and family therapist,

licensed mental health counselor, [~~or~~] advanced practice registered nurse[~~.~~], or physician assistant."

5. By amending the definition of "partial hospitalization" to read:

""Partial hospitalization" means treatment services, including in-hospital treatment services or benefits, provided by a hospital or mental health outpatient facility to patients who, because of their conditions, require more than periodic hourly service. Partial hospitalization shall be prescribed by a physician or psychologist[~~,~~] and may be prescribed by a licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, [~~or~~] advanced practice registered nurse, or physician assistant in consultation with a physician or psychologist. Partial hospitalization requires less than twenty-four hours of care and a minimum of three hours in any one day."

6. By amending the definition of "qualified" to read:

""Qualified" means:

(1) Having skill in the diagnosis or treatment of substance use disorders, based on a practitioner's credentials, including but not limited to professional

education, clinical training, licensure, board or other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary action; or

(2) Being a licensed physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, [~~or~~] advanced practice registered nurse, or physician assistant, and certified pursuant to chapter 321."

7. By amending the definition of "treatment episode" to read:

""Treatment episode" means one admission to an accredited hospital or nonhospital facility, or office of a qualified physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, [~~or~~] advanced practice registered nurse, or physician assistant for treatment of alcohol or drug dependence, or both, as stipulated in a prescribed treatment plan and that would generally produce remission in those who complete the treatment. The prescribed treatment plan may include the provision of substance abuse services in more than one location and may

include in-hospital, nonhospital residential, day treatment, or alcohol or drug dependence outpatient services, or any combination thereof. An admission for only detoxification services shall not constitute a treatment episode."

SECTION 163. Section 431M-4, Hawaii Revised Statutes, is amended to read as follows:

"**§431M-4 Mental illness, alcohol and drug dependence benefits.** (a) Alcohol and drug dependence benefits shall be as follows:

(1) Detoxification services as a covered benefit under this chapter shall be provided either in a hospital or in a nonhospital facility that has a written affiliation agreement with a hospital for emergency, medical, and mental health support services. The following services shall be covered under detoxification services:

(A) Room and board;

(B) Diagnostic x-rays;

(C) Laboratory testing; and

(D) Drugs, equipment use, special therapies, and supplies.

Detoxification services shall be included as part of the covered in-hospital services;

(2) Alcohol or drug dependence treatment through in-hospital, nonhospital residential, or day treatment substance abuse services as a covered benefit under this chapter shall be provided in a hospital or nonhospital facility. Before a person qualifies to receive benefits under this subsection, a qualified physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, [~~or~~] advanced practice registered nurse, or physician assistant shall determine that the person suffers from alcohol or drug dependence, or both; provided that the substance abuse services covered under this paragraph shall include those services that are required for licensure and accreditation. Excluded from alcohol or drug dependence treatment under this subsection are detoxification services and educational programs to which drinking or drugged drivers are referred by the

judicial system and services performed by mutual self-help groups;

(3) Alcohol or drug dependence outpatient services as a covered benefit under this chapter shall be provided under an individualized treatment plan approved by a qualified physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, [~~or~~] advanced practice registered nurse, or physician assistant and shall be services reasonably expected to produce remission of the patient's condition. An individualized treatment plan approved by a licensed marriage and family therapist, licensed mental health counselor, licensed clinical social worker, [~~or an~~] advanced practice registered nurse, or physician assistant for a patient already under the care or treatment of a physician or psychologist shall be done in consultation with the physician or psychologist; and

(4) Substance abuse assessments for alcohol or drug dependence as a covered benefit under this section for

a child facing disciplinary action under section 302A-1134.6 shall be provided by a qualified physician, psychologist, licensed clinical social worker, advanced practice registered nurse, physician assistant, or certified substance abuse counselor. The certified substance abuse counselor shall be employed by a hospital or nonhospital facility providing substance abuse services. The substance abuse assessment shall evaluate the suitability for substance abuse treatment and placement in an appropriate treatment setting.

(b) Mental illness benefits.

(1) Covered benefits for mental health services set forth in this subsection shall be limited to coverage for diagnosis and treatment of mental disorders. All mental health services shall be provided under an individualized treatment plan approved by a physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, advanced practice registered nurse, physician assistant, or licensed dietitian

treating eating disorders, and must be reasonably expected to improve the patient's condition. An individualized treatment plan approved by a licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, advanced practice registered nurse, physician assistant, or [~~a~~] licensed dietitian treating eating disorders, for a patient already under the care or treatment of a physician or psychologist shall be done in consultation with the physician or psychologist;

(2) In-hospital and nonhospital residential mental health services as a covered benefit under this chapter shall be provided in a hospital or a nonhospital residential facility. The services to be covered shall include those services required for licensure and accreditation;

(3) Mental health partial hospitalization as a covered benefit under this chapter shall be provided by a hospital or a mental health outpatient facility. The services to be covered under this paragraph shall

include those services required for licensure and accreditation; and

(4) Mental health outpatient services shall be a covered benefit under this chapter."

SECTION 164. Section 432:1-303, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) Except as [~~hereinafter~~] otherwise provided[~~,~~] in this subsection, no society shall incur any liability other than for the advance payments, nor issue any benefit certificate, nor allow, or offer or promise to pay, or allow to any person any death benefit until:

(1) Actual bona fide applications for death certificates have been secured upon at least one hundred lives for at least $25 each, and all the applicants for death benefits have been regularly examined by a qualified [~~practicing physician,~~] health care provider and certificates of the examination have been duly filed with and approved by the administrative board or body of the society[~~; and~~]; provided that for purposes of this paragraph, "qualified health care provider" has the same meaning as in section 325- ;

(2) At least one hundred applicants have been accepted for membership; [~~and~~]

(3) There has been submitted to the commissioner, under oath of the president and secretary, or corresponding officers of the society, a list of applicants including the following information about each applicant:

(A) Name and address[~~.~~];

(B) Date examined[~~.~~];

(C) Date of approval[~~.~~];

(D) Date accepted as member[~~.~~];

(E) If subordinate branches have been established, the name and number of the subordinate branch of which each applicant is a member[~~.~~];

(F) Amount of benefits to be granted[~~.~~]; and

(G) The rate of stated periodical contributions [~~which~~] that shall be sufficient to provide for meeting the mortuary obligations contracted when valued for death purposes upon the basis of a recognized table of mortality or any mutual benefit standard based on at least twenty years'

experience, and for disability benefits by tables based upon reliable experience, and for combined death and permanent total disability benefits by tables based upon reliable experience; and

(4) It has been shown to the commissioner by the sworn statement of the treasurer or corresponding officer of the society that at least one hundred applicants have paid in cash at least one regular monthly payment as provided under subsection (a), which payments in the aggregate shall amount to at least five times the maximum amount of death benefit offered or promised to be paid to any one member."

SECTION 165. Section 432:1-601.5, Hawaii Revised Statutes, is amended by amending subsection (g) to read as follows:

"(g) For the purposes of this section:

"Health care provider" means a provider of services, as defined in title 42 United States Code section 1395x(u), a provider of medical and other health services, as defined in title 42 United States Code section 1395x(s), other practitioners licensed by the State and working within their scope of practice, and any other person or organization who

furnishes, bills, or is paid for health care in the normal course of business, including but not limited to primary care providers, mental health providers, oral health providers, physicians and osteopathic physicians licensed under chapter 453, advanced practice registered nurses licensed under chapter 457, psychologists licensed under chapter 465, [~~and~~] dentists licensed under chapter 448[~~.~~], and other qualified health care providers.

"Interactive telecommunications system" has the same meaning as the term is defined in title 42 Code of Federal Regulations section 410.78(a).

"Originating site" means the location where the patient is located, whether accompanied or not by a health care provider, at the time services are provided by a health care provider through telehealth, including but not limited to a health care provider's office, hospital, health care facility, a patient's home, and other nonmedical environments such as school-based health centers, university-based health centers, or the work location of a patient.

"Qualified health care provider" has the same meaning as in section 325- .

"Telehealth" means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Except as provided through an interactive telecommunications system, standard telephone contacts, facsimile transmissions, or e-mail text, in combination or alone, do not constitute telehealth services."

SECTION 166. Section 432:1-602.5, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) For the purposes of this section[~~, "child health supervision services"~~]:

"Child health supervision services" means [~~physician-delivered, physician-supervised, physician assistant-delivered, or nurse-delivered services as defined by section 457-2 ("registered nurse"),~~] services supervised or delivered by a physician, a physician assistant, an advanced practice registered nurse, a registered nurse, or a qualified health care provider-delivered, which shall include as the minimum benefit coverage for services delivered at intervals and scope stated in this section.

"Qualified health care provider" has the same meaning as in section 325- ."

SECTION 167. Section 432:1-603, Hawaii Revised Statutes, is amended to read as follows:

"**§432:1-603 Reimbursement for psychological services.** Notwithstanding any provision of any individual or group hospital or medical service plan contract, whenever the plan contract provides reimbursement or payment for any service which is within the lawful scope of practice of a psychologist licensed in this State, the person entitled to benefits or performing the service shall be entitled to reimbursement or payment whether the service is performed by a licensed physician

[~~or~~], licensed psychologist[~~.~~], licensed physician assistant, or licensed advanced practice registered nurse."

SECTION 168. Section 432:1-604.5, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) For purposes of this section:

"Contraceptive services" means [~~physician-delivered, physician-supervised, physician assistant-delivered, advanced practice registered nurse-delivered, nurse-delivered, or pharmacist-delivered~~] medical services supervised or delivered by a health care provider that are intended to promote the effective use of contraceptive supplies or devices to prevent unwanted pregnancy.

"Contraceptive supplies" means all Food and Drug Administration-approved contraceptive drugs or devices used to prevent unwanted pregnancy.

"Health care provider" means a physician or an osteopathic physician licensed under chapter 453, a physician assistant licensed under chapter 453, an advanced practice registered nurse or a registered nurse licensed under chapter 457, a pharmacist licensed under chapter 461, a naturopathic physician

licensed under chapter 455, or a midwife licensed under chapter 457J."

SECTION 169. Section 432:1-605, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Notwithstanding any provision to the contrary, each policy, contract, plan, or agreement issued on or after February 1, 1991, except for policies that only provide coverage for specified diseases or other limited benefit coverage, but including policies issued by companies subject to chapter 431, article 10A, part II and chapter 432, article 1 shall provide coverage for screening by low-dose mammography for occult breast cancer as follows:

(1) For women forty years of age and older, an annual mammogram; and

(2) For a woman of any age with a history of breast cancer or whose mother or sister has had a history of breast cancer, a mammogram upon the recommendation of the woman's physician[~~,~~] or other qualified health care provider; provided that for purposes of this paragraph, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 170. Section 432:1-605.5, Hawaii Revised Statutes, is amended to read as follows:

"**[~~[~~]§432:1-605.5[~~]~~] Mammograms; referral not required.** (a) For purposes of the annual screening mammogram coverage required under section 432:1-605, no mutual benefit society shall require a covered person forty years of age and older to obtain a referral from a primary care provider or other [~~physician~~] qualified health care provider for an annual screening mammogram.

(b) If the screening mammogram indicates that follow up services are advisable, a referral shall be made to the patient's primary care physician or other [~~physician,~~] qualified health care provider, as designated by the patient.

(c) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 171. Section 432:1-609, Hawaii Revised Statutes, is amended as follows:

1. By amending subsection (a) to read:

"(a) All individual and group hospital and medical service plan contracts and medical service corporation contracts under this chapter shall provide coverage for medical foods and low-

protein modified food products for the treatment of an inborn error of metabolism for its members or dependents of the member in this State; provided that the medical food or low-protein modified food product is:

(1) Prescribed as medically necessary for the therapeutic treatment of an inborn error of metabolism; and

(2) Consumed or administered enterally under the supervision of a physician or osteopathic physician licensed under chapter 453[~~,~~] or other qualified health care provider.

Coverage shall be for at least eighty per cent of the cost of the medical food or low-protein modified food product prescribed and administered pursuant to this subsection."

2. By amending subsection (c) to read:

"(c) For the purposes of this section:

"Inborn error of metabolism" means a disease caused by an inherited abnormality of the body chemistry of a person that is characterized by deficient metabolism, originating from congenital defects or defects arising shortly after birth, of amino acid, organic acid, carbohydrate, or fat.

"Low-protein modified food product" means a food product that:

(1) Is specially formulated to have less than one gram of protein per serving;

(2) Is prescribed or ordered by a physician or osteopathic physician as medically necessary for the dietary treatment of an inherited metabolic disease; and

(3) Does not include a food that is naturally low in protein.

"Medical food" means a food that is formulated to be consumed or administered enterally under the supervision of a physician or osteopathic physician and is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.

"Qualified health care provider" has the same meaning as in section 325- ."

SECTION 172. Section 432:1-614, Hawaii Revised Statutes, is amended by amending subsection (m) to read as follows:

"(m) As used in this section, unless the context clearly requires otherwise:

"Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

"Autism" means autism spectrum disorder as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

"Autism service provider" means any person, entity, or group that provides treatment for autism and meets the minimum requirements pursuant to subsection (l).

"Behavioral health treatment" means [~~evidence-based~~] evidence-based counseling and treatment programs, including applied behavior analysis, that are:

(1) Necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual; and

(2) Provided or supervised by an autism service provider.

"Diagnosis of autism" means medically necessary assessments, evaluations, or tests conducted to diagnose whether an individual has autism.

"Pharmacy care" means medications prescribed by a licensed physician [~~or registered nurse practitioner~~], physician assistant, or advanced practice registered nurse and any health-related services that are deemed medically necessary to determine the need or effectiveness of the medications.

"Psychiatric care" means direct or consultative services provided by a licensed psychiatrist[~~.~~], physician assistant, or advanced practice registered nurse.

"Psychological care" means direct or consultative services provided by a licensed psychologist[~~.~~], physician, physician assistant, or advanced practice registered nurse.

"Therapeutic care" means services provided by licensed speech pathologists, registered occupational therapists, licensed social workers, licensed clinical social workers, or licensed physical therapists.

"Treatment for autism" includes the following care prescribed or ordered for an individual diagnosed with autism by a licensed physician, psychiatrist, physician assistant,

psychologist, licensed clinical social worker, or [~~registered nurse practitioner~~] advanced practice registered nurse if the care is determined to be medically necessary:

(1) Behavioral health treatment;

(2) Pharmacy care;

(3) Psychiatric care;

(4) Psychological care; and

(5) Therapeutic care."

SECTION 173. Section 432:1-616, Hawaii Revised Statutes, is amended by amending subsection (d) to read as follows:

"(d) For the purposes of this section:

"Cost-share" or "cost-sharing" means copayment, coinsurance, or deductible provisions applicable to coverage for medications or treatments.

"Intravenously administered chemotherapy" means a [~~physician-prescribed~~] cancer treatment prescribed by a licensed health care provider that is administered through injection directly into the patient's circulatory system by a physician, physician assistant, [~~nurse practitioner,~~] advanced practice registered nurse, nurse, or other medical personnel under the

supervision of a physician and in a hospital, medical office, or other clinical setting.

"Oral chemotherapy" means a United States Food and Drug Administration-approved, [~~physician-prescribed~~] cancer treatment prescribed by a licensed health care provider that is taken orally in the form of a tablet or capsule and may be administered in a hospital, medical office, or other clinical setting or may be delivered to the patient for self-administration under the direction or supervision of a physician or other licensed health care provider outside of a hospital, medical office, or other clinical setting."

SECTION 174. Section 432:1-617, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) Beginning March 1, 2011, all health insurance providers in Hawaii shall inform their insured of the risk associated with undiagnosed colorectal cancer and encourage the insured to consult with the insured's [~~physician~~] qualified health care provider about available screening options.

For purposes of this subsection, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 175. Section 432:2-406, Hawaii Revised Statutes, is amended to read as follows:

"[~~[~~]§432:2-406[~~]~~] **Mammogram coverage required; referral not required.** (a) A fraternal benefit society shall provide coverage for an annual screening mammogram to the same extent as required under section 431:10A-116; provided that no fraternal benefit society shall require a covered person forty years of age and older to obtain a referral from a primary care provider or other [~~physician~~] qualified health care provider for an annual screening mammogram.

(b) If the screening mammogram indicates that follow up services are advisable, a referral shall be made to the patient's primary care physician or other [~~physician,~~] qualified health care provider, as designated by the patient.

(c) For purposes of this section, "qualified health care provider" has the same meaning as in section 325- ."

SECTION 176. Section 435C-2, Hawaii Revised Statutes, is amended as follows:

1. By adding a new definition to be appropriately inserted and to read:

""Qualified health care provider" has the same meaning as in section 325- ."

2. By amending the definition of "medical malpractice insurance" to read:

""Medical malpractice insurance" means insurance coverage against the legal liability of the insured and against loss, damage, or expense incident to a claim arising out of the death or injury of any person as the result of negligence or malpractice in rendering professional service by any [~~licensed physician~~] qualified health care provider or hospital. pursuant to the provisions of this chapter."

SECTION 177. Section 435C-3, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) A joint underwriting plan is established, consisting of all insurers authorized to write and engaged in writing casualty insurance in this State on a direct basis. Each insurer shall be a member of the plan and shall maintain membership as a condition of its licensure to transact such insurance in this State. The purpose of the plan shall be to provide medical malpractice insurance on a self-supporting basis. The plan shall be the exclusive agency through which

medical malpractice insurance may be written in this State on a primary basis for [~~physicians~~] qualified health care providers and hospitals."

SECTION 178. Section 435C-4, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a)(1) Any [~~licensed physician~~] qualified health care provider or hospital shall, on or after the effective date of the plan of operation, apply to the plan for such coverage. Such application may be made on behalf of an applicant by a producer authorized by the applicant[~~.~~]; and

(2) If the plan determines that the applicant meets the underwriting standards of the plan as provided in the plan of operation and there is no unpaid, uncontested premium due from the applicant for prior insurance (as shown by the insured having failed to make written objection to the premium charges within thirty days after billing), then the plan, upon receipt of the premium, or such portion thereof as is prescribed in the plan of operation, shall cause to be issued a

policy of medical malpractice insurance for a term of one year."

SECTION 179. Section 435C-11, Hawaii Revised Statutes, is amended to read as follows:

"[~~[~~]§435C-11[~~]~~] **Initiation of plan.** The plan becomes operational at the direction of the insurance commissioner, upon a finding that medical malpractice insurance is not or will not be readily available in this State to the majority of [~~the physicians~~] qualified health care providers and hospitals. Upon a finding by the insurance commissioner that medical malpractice insurance has become readily available in the voluntary market, the commissioner may direct the plan to cease writing medical malpractice insurance.

The plan, being a temporary measure, shall not remain in existence for more than three years after the plan becomes operational."

SECTION 180. Section 432D-1, Hawaii Revised Statutes, is amended as follows:

1. By adding a new definition to be appropriately inserted and to read:

""Qualified health care provider" has the same meaning as in section 325- ."

2. By amending the definition of "basic health care services" to read:

""Basic health care services" means the following medical services: preventive care[~~,~~]; emergency care[~~,~~]; inpatient and outpatient hospital [~~and~~] care, physician care, and qualified health care provider care; diagnostic laboratory services[~~,~~]; and diagnostic and therapeutic radiological services. [~~It~~] "Basic health care services" does not include mental health services, services for alcohol or drug abuse, dental or vision services, or long-term rehabilitation treatment, except as provided in chapter 431M."

SECTION 181. Section 432D-23.5, Hawaii Revised Statutes, is amended by amending subsection (g) to read as follows:

"(g) For the purposes of this section:

"Distant site" means the location of the health care provider delivering services through telehealth at the time the services are provided.

"Health care provider" means a provider of services, as defined in title 42 United States Code section 1395x(u), a

provider of medical and other health services, as defined in title 42 United States Code section 1395x(s), other practitioners licensed by the State and working within their scope of practice, and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business, including but not limited to primary care providers, mental health providers, oral health providers, physicians and osteopathic physicians licensed under chapter 453, advanced practice registered nurses licensed under chapter 457, psychologists licensed under chapter 465, [~~and~~] dentists licensed under chapter 448[~~.~~], and qualified health care providers.

"Interactive telecommunications system" has the same meaning as the term is defined in title 42 Code of Federal Regulations section 410.78(a).

"Originating site" means the location where the patient is located, whether accompanied or not by a health care provider, at the time services are provided by a health care provider through telehealth, including but not limited to a health care provider's office, hospital, health care facility, a patient's home, and other nonmedical environments such as school-based

health centers, university-based health centers, or the work location of a patient.

"Qualified health care provider" has the same meaning as in section 325- .

"Telehealth" means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Except as provided through an interactive telecommunications system, standard telephone contacts, facsimile transmissions, or e-mail text, in combination or alone, do not constitute telehealth services."

SECTION 182. Section 432E-1.4, Hawaii Revised Statutes, is amended by amending subsections (b) to (d) to read as follows:

"(b) A health intervention is medically necessary if it is recommended by the treating physician, treating physician assistant, or other treating licensed health care provider, is approved by the health plan's medical director [~~or~~], physician designee, or physician assistant designee, and is:

(1) For the purpose of treating a medical condition;

(2) The most appropriate delivery or level of service, considering potential benefits and harms to the patient;

(3) Known to be effective in improving health outcomes; provided that:

(A) Effectiveness is determined first by scientific evidence;

(B) If no scientific evidence exists, then by professional standards of care; and

(C) If no professional standards of care exist or if they exist but are outdated or contradictory, then by expert opinion; and

(4) Cost-effective for the medical condition being treated compared to alternative health interventions, including no intervention. For purposes of this paragraph, cost-effective shall not necessarily mean the lowest price.

(c) When the treating licensed health care provider and the health plan's medical director [~~or~~], physician designee, or physician assistant designee do not agree on whether a health intervention is medically necessary, a reviewing body, whether internal to the plan or external, shall give consideration to, but shall not be bound by, the recommendations of the treating licensed health care provider and the health plan's medical director [~~or~~], physician designee[~~.~~], or physician assistant designee.

(d) For the purposes of this section:

"Cost-effective" means a health intervention where the benefits and harms relative to the costs represent an economically efficient use of resources for patients with the medical condition being treated through the health intervention; provided that the characteristics of the individual patient

shall be determinative when applying this criterion to an individual case.

"Effective" means a health intervention that may reasonably be expected to produce the intended results and to have expected benefits that outweigh potential harmful effects.

"Health intervention" means an item or service delivered or undertaken primarily to treat a medical condition or to maintain or restore functional ability. A health intervention is defined not only by the intervention itself, but also by the medical condition and patient indications for which it is being applied. New interventions for which clinical trials have not been conducted and effectiveness has not been scientifically established shall be evaluated on the basis of professional standards of care or expert opinion. For existing interventions, scientific evidence shall be considered first and, to the greatest extent possible, shall be the basis for determinations of medical necessity. If no scientific evidence is available, professional standards of care shall be considered. If professional standards of care do not exist or are outdated or contradictory, decisions about existing interventions shall be based on expert opinion. Giving priority

to scientific evidence shall not mean that coverage of existing interventions shall be denied in the absence of conclusive scientific evidence. Existing interventions may meet the definition of medical necessity in the absence of scientific evidence if there is a strong conviction of effectiveness and benefit expressed through up-to-date and consistent professional standards of care, or in the absence of such standards, convincing expert opinion.

"Health outcomes" mean outcomes that affect health status as measured by the length or quality of a patient's life, primarily as perceived by the patient.

"Medical condition" means a disease, illness, injury, genetic or congenital defect, pregnancy, or a biological or psychological condition that lies outside the range of normal, age-appropriate human variation.

"Physician designee" means a physician or other health care practitioner designated to assist in the decision-making process who has training and credentials at least equal to the treating licensed health care provider.

"Physician assistant designee" means a physician assistant designated to assist in the decision-making process who has

training and credentials at least equal to the treating licensed health care provider.

"Scientific evidence" means controlled clinical trials that either directly or indirectly demonstrate the effect of the intervention on health outcomes. If controlled clinical trials are not available, observational studies that demonstrate a causal relationship between the intervention and the health outcomes may be used. Partially controlled observational studies and uncontrolled clinical series may be suggestive, but do not by themselves demonstrate a causal relationship unless the magnitude of the effect observed exceeds anything that could be explained either by the natural history of the medical condition or potential experimental biases. Scientific evidence may be found in the following and similar sources:

(1) Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;

(2) Peer-reviewed literature, biomedical compendia, and other medical literature that meet the criteria of the National Institutes of Health's National Library of Medicine for indexing in Index Medicus, Excerpta Medicus (EMBASE), Medline, and MEDLARS database Health Services Technology Assessment Research (HSTAR);

(3) Medical journals recognized by the Secretary of Health and Human Services under section 1861(t)(2) of the Social Security Act, as amended;

(4) Standard reference compendia including the American Hospital Formulary Service-Drug Information, American Medical Association Drug Evaluation, American Dental Association Accepted Dental Therapeutics, and United States Pharmacopoeia-Drug Information;

(5) Findings, studies, or research conducted by or under the auspices of federal agencies and nationally recognized federal research institutes including but not limited to the Federal Agency for Health Care Policy and Research, National Institutes of Health, National Cancer Institute, National Academy of Sciences, Centers for Medicare and Medicaid Services,

Congressional Office of Technology Assessment, and any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health services; and

(6) Peer-reviewed abstracts accepted for presentation at major medical association meetings.

"Treat" means to prevent, diagnose, detect, provide medical care, or palliate.

"Treating licensed health care provider" means a licensed health care provider who has personally evaluated the patient."

SECTION 183. Section 432E-36, Hawaii Revised Statutes, is amended as follows:

1. By amending subsection (b) to read:

"(b) An enrollee or the enrollee's appointed representative may make an oral request for an expedited external review of the adverse action if the enrollee's treating physician, treating physician assistant, or treating advanced practice registered nurse certifies, in writing, that the health care service or treatment that is the subject of the request would be significantly less effective if not promptly initiated. A written request for an expedited external review pursuant to

this subsection shall include, and oral request shall be promptly followed by, a certification signed by the enrollee's treating physician, treating physician assistant, or treating advanced practice registered nurse and the authorization for release and disclosures required by section 432E-33. Upon receipt of all items required by this subsection, the commissioner shall immediately notify the health carrier."

2. By amending subsection (g) to read:

"(g) Except for a request for an expedited external review made pursuant to subsection (b), within three business days after the date of receipt of the request, the commissioner shall notify the health carrier that the enrollee has requested an external review pursuant to this section. Within five business days following the date of receipt of notice, the health carrier shall determine whether:

(1) The individual is or was an enrollee in the health benefit plan at the time the health care service or treatment was recommended or requested or, in the case of a retrospective review, was an enrollee in the health benefit plan at the time the health care service or treatment was provided;

(2) The recommended or requested health care service or treatment that is the subject of the adverse action:

(A) Would be a covered benefit under the enrollee's health benefit plan but for the health carrier's determination that the service or treatment is experimental or investigational for the enrollee's particular medical condition; and

(B) Is not explicitly listed as an excluded benefit under the enrollee's health benefit plan;

(3) The enrollee's treating physician, treating physician assistant, or treating advanced practice registered nurse has certified in writing that:

(A) Standard health care services or treatments have not been effective in improving the condition of the enrollee;

(B) Standard health care services or treatments are not medically appropriate for the enrollee; or

(C) There is no available standard health care service or treatment covered by the health carrier that is more beneficial than the health

care service or treatment that is the subject of the adverse action;

(4) The enrollee's treating physician, treating physician assistant, or treating advanced practice registered nurse:

(A) Has recommended a health care service or treatment that the physician [~~or~~], physician assistant, or advanced practice registered nurse certifies, in writing, is likely to be more beneficial to the enrollee, in the physician's [~~or~~], physician assistant's, or advanced practice registered nurse's opinion, than any available standard health care services or treatments; or

(B) Who is a licensed, board certified or board eligible physician qualified to practice in the area of medicine appropriate to treat the enrollee's condition, who is a physician assistant qualified to treat the enrollee's condition, or who is an advanced practice registered nurse qualified to treat the enrollee's condition, has certified in writing

that scientifically valid studies using accepted protocols demonstrate that the health care service or treatment that is the subject of the adverse action is likely to be more beneficial to the enrollee than any available standard health care services or treatments;

(5) The enrollee has exhausted the health carrier's internal appeals process or the enrollee is not required to exhaust the health carrier's internal appeals process pursuant to section 432E-33(b); and

(6) The enrollee has provided all the information and forms required by the commissioner that are necessary to process an external review, including the release form and disclosure of conflict of interest information as provided under section 432E-33(a)."

PART VIII

SECTION 184. The purpose of this part is to amend the Uniform Probate Code.

SECTION 185. Section 560:5-102, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

""Qualified health care provider" has the same meaning as in section 325- ."

SECTION 186. Section 560:5-202, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Subject to section 560:5-203, the appointment of a guardian becomes effective upon:

(1) The appointing parent's death;

(2) An adjudication that the parent is an incapacitated person; or

(3) A written determination by a physician or other qualified health care provider who has examined the parent that the parent is no longer able to care for the child,

whichever first occurs."

SECTION 187. Section 560:5-303, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) The appointment of a guardian under section 560:5-302 becomes effective upon:

(1) The death of the appointing parent, spouse, or reciprocal beneficiary;

(2) The adjudication of incapacity of the appointing parent, spouse, or reciprocal beneficiary; or

(3) A written determination by a physician or other qualified health care provider who has examined the appointing parent, spouse, or reciprocal beneficiary that the appointing parent, spouse, or reciprocal beneficiary is no longer able to care for the incapacitated person,

whichever first occurs."

SECTION 188. Section 560:5-305, Hawaii Revised Statutes, is amended by amending subsection (d) to read as follows:

"(d) In addition to the duties imposed by subsection (c), the kokua kanawai shall:

(1) Interview the petitioner and the proposed guardian;

(2) Visit the respondent's present dwelling, unless otherwise ordered by the court for good cause shown, and visit any dwelling in which the respondent will live if the appointment is made;

(3) Obtain information from any physician, qualified health care provider, or other person who is known to

have treated, advised, or assessed the respondent's relevant physical or mental condition; and

(4) Make any other investigation the court directs."

SECTION 189. Section 560:5-306, Hawaii Revised Statutes, is amended to read as follows:

"**§560:5-306 Judicial appointment of guardian; professional evaluation.** At or before a hearing under this part, the court may order a professional evaluation of the respondent and shall order the evaluation if the respondent so demands. If the court orders the evaluation, the respondent shall be examined by a physician, psychologist, qualified health care provider, or other individual appointed by the court who is qualified to evaluate the respondent's alleged impairment. The examiner shall promptly file a written report with the court. Unless otherwise directed by the court, the report shall contain:

(1) A description of the nature, type, and extent of the respondent's specific cognitive and functional limitations;

(2) An evaluation of the respondent's mental and physical condition and, if appropriate, educational potential, adaptive behavior, and social skills;

(3) A prognosis for improvement and a recommendation as to the appropriate treatment or habilitation plan; and

(4) The date of any assessment or examination upon which the report is based."

SECTION 190. Section 560:5-308, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Unless excused by the court for good cause, the proposed guardian shall attend the hearing. The respondent shall attend and participate in the hearing, unless excused by the court for good cause. The respondent may present evidence and subpoena witnesses and documents, examine witnesses, including any court-appointed physician, psychologist, qualified health care provider, or other individual qualified to evaluate the alleged impairment, and the kokua kanawai, and otherwise participate in the hearing. The hearing may be held in a location convenient to the respondent and may be closed upon the request of the respondent and a showing of good cause."

SECTION 191. Section 560:5-417, Hawaii Revised Statutes, is amended to read as follows:

"**§560:5-417 Compensation and expenses.** If not otherwise compensated for services rendered, a guardian, conservator,

physician, qualified health care provider, lawyer for the respondent, lawyer whose services resulted in a protective order or in an order beneficial to a protected person's estate, or any person appointed by the court is entitled to reasonable compensation from the estate, even if no guardian or conservator is appointed. Compensation may be paid and expenses reimbursed without court order. If the court or the family court determines that the compensation is excessive or the expenses are inappropriate, the excessive or inappropriate amount shall be repaid to the estate."

SECTION 192. Section 560:5-601, Hawaii Revised Statutes, is amended as follows:

1. By adding a new definition to be appropriately inserted and to read:

""Health care provider" means a physician or an osteopathic physician licensed under chapter 453, a physician assistant licensed under chapter 453, or an advanced practice registered nurse licensed under chapter 457."

2. By deleting the definition of "licensed physician".

["~~"Licensed physician" means any person who is licensed to practice medicine or osteopathic medicine in Hawaii under chapter 453.~~"]

SECTION 193. Section 560:5-608, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) The ward assents to sterilization if the ward manifests an uncoerced willingness to undergo sterilization after being fully informed of the nature, risks, consequences, and alternatives to the procedure. A ward who lacks the capacity to understand the nature, risks, consequences, and alternatives to the procedure, or who lacks the capacity to manifest an uncoerced willingness or unwillingness to sterilization cannot assent to the procedure. To determine whether the ward is capable of giving informed assent, the court shall consider whether the ward understands and appreciates:

(1) The causal relationship between sexual intercourse and pregnancy or parenthood;

(2) The causal relationship between sterilization and the impossibility of pregnancy or parenthood;

(3) The nature of the sterilization operation including the pain, discomfort, and risks of the procedure;

(4) The probable permanency and irreversibility of the sterilization procedure;

(5) All medically approved alternatives to sterilization;

(6) The consequences of initiating pregnancy or becoming pregnant, mothering or fathering a child, and becoming a parent; and

(7) The power to change one's mind about being sterilized at any time before the procedure is performed.

To assure the adequacy of the ward's informed assent, evidence shall be presented showing that the ward received appropriate counseling from the [~~physician~~] health care provider who will perform the sterilization and at least one other qualified independent counselor such as a social worker with a master's degree, [~~a clinical nurse specialist, or~~] an advanced practice registered nurse, a licensed psychologist, or a psychiatrist. The counseling shall cover the benefits or advantages to sterilization and conversely the losses and disadvantages of sterilization including the feelings, values, and lifestyle changes attendant with sterilization.

Persons who attest in court as to the soundness of informed assent shall comment on and assess the ward's understanding of

each issue and shall comment on and assess the degree to which the prospective patient expresses an uncoerced willingness to accept each risk and consequence. Any reservations or resistance expressed or otherwise evidenced by the prospective patient shall be disclosed to the court."

SECTION 194. Section 560:5-612, Hawaii Revised Statutes, is amended to read as follows:

"**§560:5-612 No liability arising from sterilization; exception.** No [~~physician~~] health care provider or hospital, nor the State or its agents, or any other person acting in accordance with this part shall be liable to anyone, either civilly or criminally, for having performed or authorized the performance of the individual sterilization, except for liability of the health care provider or hospital [~~or physician~~] caused by the negligent performance of the sterilization, in accordance with laws covering such negligence."

PART IX

SECTION 195. The purpose of this part is to repeal the obsolete Hawaii health corps, which was established in 2012 but never operational due to lack of funding.

SECTION 196. Chapter 309H, Hawaii Revised Statutes, is repealed.

PART X

SECTION 197. Sections 88-74, 88-192, 286-4.1, 321-43, 324-21, 325-16.5, 325-18, 325-51, 325-52, 325-71, 325-72, 325-74, 325-75, 325-103, 350-1.6, 440-8.5, 440-9, 440-12, 440-13, 440-21, 440-32, 440E-4, 440E-8, 440E-9, 440E-18, 451A-14.1, Hawaii Revised Statutes, are amended by substituting the word "qualified health care provider" "qualified health care provider's", or "qualified health care providers" wherever the word "physician" "physician's", or "physicians" appears, as the context requires.

PART XI

SECTION 198. If any provision of this Act, or the application thereof to any person or circumstance, is held invalid, the invalidity does not affect other provisions or applications of the Act that can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.

SECTION 199. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 200. This Act shall take effect on July 1, 3000; provided that the amendments made to sections 346-59.1, 431:10A-116.3, 432:1-601.5, and 432D-23.5, Hawaii Revised Statutes, by sections 113, 147, 165, and 181 of this Act, respectively, shall not be repealed when those sections are reenacted on December 31, 2027, pursuant to section 8 of Act 107, Session Laws of Hawaii 2023, as amended by section 1 of Act 217, Session Laws of Hawaii 2025.

H.B. NO. 1857 H.D. 1

Report Title:
Health Care; Qualified Health Care Providers; Health Care Providers; Scope of Practice; Access to Health Care; Licensure; Certification; Education; Insurance; Professions and Vocations; Pain Patient's Bill of Rights; Uniform Probate Code; Children; Medical Care for Minors; Capacity Determinations; Child Protective Act; Penal Code

Description:
Establishes a broad definition of "qualified health care provider" in numerous areas of existing law. Clarifies and standardizes references to specific health care providers. Updates outdated language to reflect correct terminology. Makes numerous clarifying and conforming amendments to support these changes, including but not limited to chapters related to health, education, insurance, professions and vocations, the pain patient's bill of rights, the Uniform Probate Code, minors, the Child Protective Act, and the Penal Code. Repeals the obsolete Hawaii Health Corps. Effective 7/1/3000. (HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.