

Proposed Findings and Recommendations for the Interim Committee on Public Policy

Proposed Findings:

- 1) The ability of approximately 700 individuals, who are Speech-Language Pathology Clinical Fellows, Speech-Language Pathology Assistants, and graduate students in speech-language pathology and audiology, to perform required services is severely limited without telehealth authority.

- 2) Telehealth has been a tremendously helpful tool for physical therapists and their patients since the beginning of the pandemic. But physical therapist assistants (PTAs) have not been able to utilize telehealth. A recent survey of the American Physical Therapy Association of Indiana members indicated that 87.5% of physical therapists are utilizing telehealth. 71% utilize telehealth as a team with PTAs. Between 26% and 50% of physical therapy patients are seen by PTAs after the initial evaluation by a PT and 90% of the survey respondents indicated patient care was affected by PTA's inability to use telehealth.

- 3) IC 25-33-1-4.5 allows a temporary permit for out-of-state psychologists to practice telehealth and in-person in Indiana. The statute does not provide for reciprocal privileges for Indiana licensed psychologists who have patients traveling out of state or residing temporarily in other states or for those psychologists who live close to bordering states and may have patients who do not live in Indiana. Entering a reciprocity agreement with other states the reciprocity agreement has to be approved by each state. The Indiana Psychological Association and its members strongly support the Psychology Interjurisdictional Authority (PSYPACT) that allows licensed psychologists to practice telehealth and conduct temporary in-person psychology across state boundaries legally and ethically. PSYPACT adds the ability for Indiana licensed psychologists to practice temporarily in other states, just as the Indiana statute allows out-of-state providers to practice in Indiana. PSYPACT creates a consistent agreement with all other states. Currently 26 states are participating in PSYPACT, including three states adjoining Indiana. There is a shortage of mental health providers, including psychologists and this one change could increase access to services for many Hoosiers suffering with mental health issues. The General Assembly should enact PSYPACT as many other states have done.

Indiana has seen over the last several years, especially in the last year and half of the COVID-19 pandemic, telehealth has become a vital part of the health care delivery system. PSYPACT will enhance that effort and allow for psychologists to use telehealth in a greater way. Telehealth has become an important resource for Indiana psychologists to reach Indiana residents, particularly when residents travel or temporarily relocate out of state. By enacting PSYPACT, the General Assembly will be helping to alleviate the lack of access and delay of care to mental health services. PSYPACT provides a consistent agreement with all participating states without requiring psychologists in Indiana to acquire licenses in other states where Indiana residents are located.

4) There has been a rise of mental health issues, addictions, and suicides. Unlicensed behavioral health staff providers are a large portion of the community mental health center workforce, providing home and community based services, school based services, therapy, case management, peer services, and recovery coaching.

5) The Professional Licensing Agency (PLA) has certain information technology projects that are critical and must be completed for the agency operations to continue at current levels. PLA remits all of their revenue collected back to the State General Fund. The agency's only flexible revenue stream is the appropriation made by the General Assembly in the state budget. The most recent budgetary appropriation would not be enough to implement the needed PLA projects.

6) The adoption of health care compacts are preferred over reciprocity agreements by the health care community. Reciprocity has no way to verify that the applicant seeking reciprocity has maintained their license in the other state. Health care compacts require the licensee to maintain their active license.

Proposed Recommendations:

1) The General Assembly should require the Professional Licensing Agency to implement IC 25-35.6-1-5.5 and IC 25-35.6-1-6.5, with at least the surrounding states, to enter into reciprocity agreements with other states for speech-language pathology and audiology.

2) The General Assembly should adopt universal reciprocity legislation for health care providers.

3) The General Assembly should enact the Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC).

4) The General Assembly should enact PSYPACT.

5) The General Assembly should amend the state's telehealth laws to allow physical therapy assistants and all mental health and behavioral health professionals to use telehealth.

6) The General Assembly should expand the scope of Indiana's telehealth authority so that speech-language pathology clinical fellows, speech-language pathology assistants, and graduate students in speech-language pathology and audiology may use telehealth.

7) The General Assembly should provide PLA with a supplemental appropriation of \$690,000 to make the following information technology improvements:

(1) Create and implement a new electronic document storage framework.

(2) Implement new, cloud-based inspection software in support of PLA's compliance initiatives which better harmonizes with the existing licensing and reporting database to promote public safety.

(3) Improve existing processes to allow all mail received to immediately be scanned and

uploaded into the licensing database for review, allowing the agency to go fully paperless internally and expand workflow processes.

(4) Create a single dashboard to alert staff to workload changes across initial applications, renewals, and other transactions coming in from online and the back office.

(5) Enable the merger of license records held by large businesses under a single entity and delete duplicate records.

(6) Improve the process for data sharing with other state agencies, as well as external stakeholders.

8) The State of Indiana should maximize use of health care compacts where possible.