

Jon Ulven, PhD, Licensed Psychologist
N.D. Psychological Association

Senate Workforce Development Committee
Sen. Michael Wobbema, Chair
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SB 2205

Good morning, Chairman Wobbema and members of the Senate Workforce Development Committee. For the record, I am Dr. Jon Ulven and I am a licensed psychologist with Sanford Health Fargo where I serve as the Adult Psychology Department Chair and have the honor of providing clinical care to patients and supervising psychology residents as they train to become part of the behavioral health workforce. I was born in North Dakota, and I have been with Sanford Health for over 18 years.

I am also a member of the North Dakota Psychological Association (NDPA), and I was asked to speak on behalf of NDPA regarding this bill. I was present this past October (2022) at our fall conference for ND psychologists when members in attendance voted overwhelmingly to support legislation like that proposed in Senate Bill 2205.

Thank you for the opportunity to testify in support of SB 2205, a bill that would allow North Dakota to join the Psychology Interjurisdictional Compact known as PSYPACT. The compact allows psychologists in participating jurisdictions to practice across state lines via telepsychology or temporary in-person practice. In doing so, PSYPACT provides an opportunity to bring safe and high quality psychological services to North Dakota.

North Dakota, like every other state, is facing a mental health crisis. Unfortunately, our state has its fair share of mental illness, but less than our fair share of behavioral health professions. Based upon information from the National Alliance on Mental Illness:

- 108,000 North Dakotans have a mental health condition
- 28,000 North Dakotans have a serious mental illness
- 29,000 had suicidal thoughts in the past year; we lost 147 people in ND to suicide in 2021
- More than half of North Dakotans ages 12-17 who have depression do not receive any care

- 303,000 people in North Dakota live in a community that does not have enough mental health professionals

The answer to addressing our state’s behavioral health provider shortage is multifaceted, but I believe that we owe the citizens of ND access to high quality services that are appropriately regulated. PSYPACT focuses particularly on increasing the availability of qualified psychologists to practice in the state of ND through telepsychology and temporary practice.

Licensed psychologists are Doctors. We are not physicians. We did not attend medical school. We attend graduate school, and we have doctoral degrees focused on the field of psychology. We evaluate patients for behavioral health disorders. We provide treatment of behavioral health disorders with talk-based therapy. We are the only professionals in behavioral health who conduct psychological testing to aid in our evaluations of patients.

I’d like to end by sharing some important facts about PSYPACT:

- PSYPACT was started in 2015 by the Association of State and Provincial Psychology Boards (ASPPB) – the same board our N.D. State Board of Psychologist Examiners works with to process license applications – to create standards and a legal framework for the safe practice of psychology across state lines.
- There are two pathways for practice within PSYPACT: 1) unlimited telepsychology practice and 2) limited and temporary in person practice that is up to 30 days annually
- To date, 33 states are active PSYPACT members (including Minnesota, Wisconsin and Nebraska), 2 have enacted legislation, and 8 states (including ND) are considering legislation.
- Approximately 8,000 psychologists have authorization to practice Interjurisdictional Telepsychology and 374 psychologists have Temporary Authorization to Practice
- The main costs of PSYPACT go to the psychologist practitioners as they apply to have an Interjurisdictional practice.
- There is an agreement about addressing complaints and concerns about care through PSYPACT Commission and the home state where the Psychologist holds their license
- ND would automatically have a Board of Psychologist Examiners member on the PSYPACT Commission if our state becomes a member

In conclusion, I think it’s important to note that while interstate licensure compacts alone will not solve our behavioral access challenges, they are an established, low cost, and

effective strategy to increase access to high quality behavioral health services in our state for our patients and their families.

Thank you for your consideration.

I would be happy to answer any questions.

Sincerely,

Jon Ulven, PhD, Licensed Psychologist

Sanford Health Fargo

Jon.Ulven@SanfordHealth.org

Member of North Dakota Psychological Association