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**TESTIMONY IN FAVOR OF KANSAS JOINING PSYPACT**  
**(Prepared for March 24, 2021)**

- TO:** Chairman Richard Hilderbrand and Members of the Senate Committee on Public Health and Welfare
- RE:** Testimony in favor Kansas joining PSYPACT, an interstate compact regarding interstate telepsychology services and limited temporary face-to-face services.

My name is Milfred D. Dale. I am and have been a licensed psychologist in Kansas since 1989. I am board certified by the American Board of Professional Psychologists in clinical child and adolescent psychology. I have also been a licensed attorney in Kansas since 2009. My main office is and has been in Topeka, Kansas, for more than twenty-five years. I also have an office in Dallas, Texas. My practice of psychology involves local, regional, and national cases. This practice is focused on consultation and child custody cases, as well as other areas of clinical and forensic psychology. Currently, I am also independently licensed as a psychologist in the states of Missouri and Texas, and currently have a temporary license to practice psychology in Nebraska. Based upon my licensure in Texas and Missouri, I am registered as a PSYPACT provider and have an E.Passport.

Like many other psychologists (and entire communities of those providing different mental health services), the pandemic forced me to quickly become competent and knowledgeable about how to continue to help my patients and others for whom I provide clinical and forensic services. Providing telepsychology services existed prior to the COVID-19 pandemic and there exists a fairly robust research foundation for its effectiveness – including research demonstrating the equivalence of services delivered through videoconferencing and face-to-face means.

As a psychologist in private practice, videoconferencing has allowed me to continue providing services when face-to-face contacts during the COVID-19 pandemic were not safe. Almost all of my colleagues, both psychologists and those in other helping and mental health professions, have done the same. In addition to forcing these changes, the pandemic has increased the need to help children and their families by adding new stresses related to the fears and risks of infection with a potentially deadly virus and how these stresses disrupt familiar life processes and routines. I have learned how to provide services via videoconferencing because of the pandemic but, because the advantages of this methodology are so numerous, I have also learned that telepsychology will last and extend past the pandemic crisis. Many (but not all) of my patients prefer telepsychology over face-to-face meetings.

PSYPACT expands the opportunities for Kansas psychologists. PSYPACT can facilitate interjurisdictional practice, both for providers located near state lines and those located throughout the state. In my case, I provide high specialized services (e.g., child custody evaluations, forensic consultations, parenting coordination, therapy, etc.) across Kansas, the surrounding states, and the United States. This has required obtaining and maintaining permanent and temporary licenses in multiple states. By joining PSYPACT, the state of Kansas can open up new business markets for psychologists like me.

Obviously, should Kansas become a part of PSYPACT, psychologists from other states could provide services to Kansans. PSYPACT provides a certification process for qualifying these providers, a mechanism for oversight of these providers, and protections for Kansans who use these services.

In sum, I urge that this Committee and the Kansas legislature make Kansas a part of PSYPACT.

Respectfully submitted,

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