

SB 674- PA Parity Act- FAV testimony.pdf

Uploaded by: David Bunnell

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: [SB674 – Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (FAV)

This is a letter in **Support of SB 674- PA Parity with other Healthcare Practitioners (Physician Assistant Parity Act of 2023)**.

Senator,

Maryland residents need you to modernize PA legislation to improve access to healthcare, to support our healthcare systems, and to compete for PAs who are choosing not to practice in our state.

Improve Access to Healthcare

I live in Maryland and know that access to care is a challenge for everyone. This is especially true for our rural and medically underserved citizens. PAs provide critical access to the healthcare system.

My previous practice has been in the VA Healthcare System which continues to improve PA policies and has proven that improved PA legislation has been safe and effective in our region. This legislation is about Maryland catching up to the rest of the country.

Support Our Healthcare Systems

PAs practice in team-based healthcare. Our training, education, and flexibility allows for both large systems and small practices alike to respond to the changing healthcare landscape.

PAs are a cost-effective way for healthcare systems and practices to provide team-based care that is profitable for the organization.

Competition for PAs to live and work in Maryland

I am a PA Educator who works to place PAs in Maryland rural and underserved practices. Students participate in an assignment in which we compare PA practice acts. It is fair to say PA students are surprised and frustrated about legislation in Maryland. There is no barrier for these young professionals to leave our communities for a better practice landscape.

Sincerely,

David J. Bunnell, MSHS, PA-C, DFAAPA

4610 Learned Sage

Ellicott City, MD 21042

SB 674- PA Parity Act- FAV testimony- Deanna Najer

Uploaded by: Deanna Najera

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: [SB674 – Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 674- PA Parity Act**. Over the decades, legislative proposals have been put forward that relate to healthcare matters in general and not the specific practice of medicine Maryland. As the education and training of various practitioners in the medical and mental health world has been recognized by the state, the pool of providers who are able to perform certain duties has expanded. Unfortunately, physician assistants (PAs) have not been included in the many of these lists of providers eligible to perform tasks, likely due to the fact that PAs are deemed dependent practitioners.


While we do not have the same training as physicians, our training and education is based on the medical model and extremely rigorous. We diagnose conditions, both medical and psychiatric, order laboratory and imaging studies, refer patients to consultant colleagues and accept referrals from others, and prescribe medications. We are one of three licensed healthcare providers in the state. Yet we are not able to complete paperwork or submit orders for certain items that are well within our scope of practice. This Parity Act seeks to rectify the situation by including PAs wherever physicians and nurse practitioners are listed within existing Maryland regulations.

I know that there have been concerns raised about PA education in the psychiatric sphere, with worries that we are not trained to evaluate patients in crisis to determine their level of personal risk or risk to others. As a PA who also completed a second Masters in Clinical Mental Health Counseling, I wish to assure you that PAs are educated in both didactic and clinical settings to assess a patient's stability, ensuring the safety of both the patient and the community. There may be arguments raised about PAs not having set coursework specific to mental health, but I want to reassure you that psychiatric conditions are woven into every facet of our education as there is an inextricable link between conditions that affect behavior and

conditions that affect people physically. Further, PA students are required to have experiences in a mental health setting, in the emergency department (the de facto mental health triage and treatment setting under our current system), and inpatient/outpatient settings. This means that PAs are exposed to patient mental health evaluations in multiple different settings throughout our education.

Finally, I have also contributed to the education of mental health graduate students. That experience assures me that PA education regarding assessing safety and treatment is on par with that of individuals who are already allowed to sign involuntary psychiatric commitment orders with a physician. I hope that the members of this committee **support SB 674** for not only the areas related to mental health care, but for all aspects of regulations where the two other licensed healthcare providers are listed.

Please do not hesitate to contact me if I can be of any further assistance.



Deanna Bridge Najera, MPAS, MS, PA-C

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301-639-2070 (cell)

Additional resources:

All PAs must graduate from an ARC-PA accredited program in order to take a single national certifying exam, called the PANCE.

Accreditation Standards for all PA programs <https://www.arc-pa.org/wp-content/uploads/2023/01/AccredManual-5th-ed-1.23.pdf>

NCCPA Board Certification <https://www.nccpa.net/become-certified/#pance-eligibility>

NCCPA Board Competencies <https://www.nccpa.net/wp-content/uploads/2021/05/PACompetencies.pdf?r=1677545803>

The PA Education Association (PAEA) supports the PA educational programs by designing resources to ensure educational success. They have a product called the End Of Rotation (EOR) exam. The list of topics covered under this exam is available [here](#). Once rotations are completed and students are approaching graduation, they are able to take the PACKRAT which is a practice version of the NCCPA national certifying exam. The content covered in the PACKRAT is available [here](#). What may be of further interest is the fact that in [every rotation assessment](#), mental health is also covered in some fashion.

Final Version of Testimony on Senate Bill 673(1) (

Uploaded by: Esther Cohen

Position: FAV



MARYLAND ASSOCIATION OF DERMATOLOGY PHYSICIAN
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Testimony on SB 673 & SB 674

**Physician Assistants – Revisions (Physician Assistant Modernization Act)
PA Parity Act
Position: Favorable
Senate Finance Committee**

March 13, 2023

To: The Honorable Melony Griffith, Chair, Finance Committee

Dear Chair Griffith:

As president of the Maryland Association of Dermatology Physician Assistants (MADPA), I am providing oral and written testimony asking for **your vote in favor of SB 673 Physician Assistant Modernization Act and SB 674**. MADPA supports this legislation put forth by the Maryland Academy of Physician Assistants (MdAPA).

Physician Assistants (PA's) play a critical role in the delivery of healthcare and increase patient access to care in Maryland, and particularly in underserved and rural communities. In rural communities, there are fewer primary care and specialty physicians. PAs are trained and educated in all specialties and clinical settings. Therefore, they would be able to fulfill those underserved communities. By removing the barriers of the current law, the scope of practice would be determined by the clinical setting and what is in the best interest for the practice and patient care. Also, it would provide greater flexibility for PAs to deliver healthcare to all citizens of Maryland in all clinical settings and communities.

Maryland legislation is behind the times when it comes to the PA profession. The national PA/Physician model is to define the nature of the PA working with physicians and replace it with "collaborative agreements". Furthermore, having clear laws and regulations that state physicians are not responsible for the care provided by PAs reduces physician risk but does not reduce patient safety.

In my own specialty of dermatology, COMAR 10.32.09 regulations, Dermatology PAs are being held to a standard equivalent to that of no other PA. According to these regulations, cosmetic procedures require increased supervision. This hindrance is not experienced by other advanced practice providers, such as Nurse Practitioners who have equivalent education and perform these very same procedures. This over-regulation is unnecessary and burdensome to the dermatologist and PA and hinders the flow of the practice. The theoretical "safety net" provides a false sense of security and has no statutory basis.

The Board of Physicians list of current advanced duties “is not all inclusive”, so you have to guess what they are. This leads to confusion on the practice level, as to whether or not they're practicing within proper state regulations. Who is to determine if there is an advanced duty that is not listed? It is the physician and the PA who decide if these duties fall within their scope of practice. This collaboration is ALREADY happening on the practice level. This has not changed patient safety to date.

As part of Maryland law, the “collaborative agreement” has been in effect since 1979 for other practitioners with equivalent education. PAs could be part of the solution to fulfill Maryland’s healthcare workforce shortage by removing the legislative barriers in the current law.

Maryland’s clinically practicing licensed PAs and students are carefully monitoring improvements in neighboring state laws, as they decide to continue employment in Maryland to begin practice upon graduation. Maryland will not be able to keep pace with the recruitment and retention rate of these highly educated and skilled PAs without positive legislative changes. Maryland, as well as in these other states are struggling with the same issues of healthcare shortage. Maryland is losing PAs to its surrounding states that do not have the hassle and struggle of the restrictive burdensome PA practices laws in Maryland.

The PA profession in Maryland is at a critical point to keep pace with the rest of the country and be in a position to recruit and retain PAs. It is worrisome that PAs are electing to leave Maryland for other states where legislative laws are more conducive and where PAs can practice medicine in autonomy to their fullest ability of their experience, education and training.

PAs take the same Hippocratic Oath as physicians. An oath “To uphold professional ethical standards of medicine”, and not to be ashamed to say "I know not," nor fail to call colleagues when the skills of another are needed for a patient's treatment plan. PAs have their own medical license, malpractice insurance, practice standards, NPI number and ethical morality to uphold. We are requesting that you remove the legislative barriers in the current law to PA practice and implement an improved statutory and regulatory environment for PAs, with the scope of practice at the practice level, collaborative agreement with registration.

For these reasons, we urge a favorable report on Senate Bill **673** Physician Assistant Modernization Act.

Respectfully submitted,

Esther Cohen, P.A.-C
President, Maryland Association of Dermatology Physician Assistants
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410-967-5179

SB674 Physician Assistants - Parity with Other Hea

Uploaded by: Flavius Lilly

Position: FAV

**SB 674 – Physician Assistants – Parity with Other Health Care Practitioners
(Physician Assistant Parity Act of 2023)**

**Support Testimony Flavius Lilly, PhD, MA, MPH
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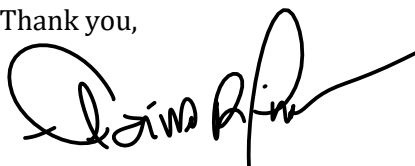
March 1, 2023

The University of Maryland Baltimore is the state's health and law graduate campus, producing the majority of health professionals for the state. Since 2014 UMB has been actively engaged in educating PAs and I can speak personally to the quality of their education and clinical experience.

As Vice Dean, I am closely involved with clinical site procurement and oversight as well as programmatic review and evaluation. I can attest that consistently our program outcomes on National Certifying exams exceed the national average, our graduates serve side by side with our physicians and nurses on the frontlines across medical specialties.

Increasingly our graduates who predominantly are from Maryland, and wish to seek employment in Maryland, are burdened by antiquated practice regulations and laws which delay and prohibit their practice and utilization, despite their rigorous education and experience. The proposed legislation does not change the scope of practice of PAs, rather it removes administrative barriers that are currently delaying the hiring and optimal utilization of these frontline healthcare providers. PAs are educated to practice on teams, in collaboration with Physicians and other healthcare team members to provide patient centric, quality care. I ask that you support and enact this legislation on behalf of our patients, communities, and state.

Thank you,



Flavius R. W. Lilly, PhD, MA, MPH

Letter of Support SB 673 and 674.pdf

Uploaded by: Heidi Anderson

Position: FAV



UNIVERSITY OF MARYLAND EASTERN SHORE
Office of the President

March 2, 2023

Honorable Madam Melanie Griffith
Vice Chair Katherine Klausmeier
Committee Members
Maryland Senate and Finance Committee

RE: SBs 673 and 674 Physician Assistants –with Other Health Care Practitioners (Physician Assistant Parity Act of 2023)

The University of Maryland Eastern Shore (UMES) School of Pharmacy and Health Professions plays an intricate role in providing health care providers to the Eastern Shore of Maryland, which is federally designated as a Health Personnel Shortage Area and Medically Underserved Area.

Our newest Program, the UMES Physician Assistant (PA) Program is currently the only PA Program on the Eastern Shore of Maryland. Our mission is to educate diverse and local students on the Eastern Shore, in hopes once they graduate they will join in the efforts to combat the health care shortage on the Eastern Shore.

Therefore, it is vital that our State support and remove barriers from practice in an effort to retain newly graduated physician assistants. The current State Laws do not foster recruitment or retaining new graduates, as it currently serves as an administrative barrier that delays and deters physician assistants from being hired and to be utilized to their fullest potential, in comparison to our neighboring States of Delaware and Virginia. The PA community is not looking to change their scope of practice or their relationship and collaborative partnership with the physician community.

In closing, the PA community seeks supportive legislation that will support the health care community to work with all members of the health care team and allow physician assistants to work to their fullest capacity. Allowing physician assistants to work at the top of their license will help to close gaps on access and health care equity.

Sincerely,

A handwritten signature in black ink, appearing to read "Heidi M. Anderson". The signature is written in a cursive style with a prominent initial "H" and a long, sweeping underline.

Heidi M. Anderson, Ph.D., FAPhA
President

SB 674- PA Parity Act- JB FAV testimony (1) - Copy

Uploaded by: Jennifer Barnett

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: [SB674 – Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 674- PA Modernization Act.**

My name is Jennifer Barnett, and I am in my 22nd year as a physician assistant working in a variety of practice settings, most recently in hospital medicine. Our current PA practice laws are outdated with administrative burdens that decrease access to care. I have a heart for caring for underserved populations, but am limited in providing primary care, as many outpatient sites will NOT hire physician assistants, even in underserved areas, including Federally Qualified Health Centers due to the administrative barriers.

Under the current law, I can only perform the duties that my supervising physician can also perform, even if I have performed these duties for years working with other providers. This causes decreased access to care, particularly in the outpatient or rural care setting. I have my own DEA number and license to practice medicine as a PA in Maryland. I have had pharmacy refuse to fill my prescriptions, even for life saving medications because my supervising physicians name and license number was not listed when the prescription was electronically sent. This has caused my patients to need to come back to the emergency department, increasing the burden on the healthcare system.

I see patients in the hospital daily and work with all members of the healthcare team to provide care. When a psychiatrist determines that a patient is not competent needing an involuntary admission to an inpatient psychiatric unit, I am not able to be the second provider to certify this need, even though I may know the patient the best. I must contact a physician who likely has not ever seen the patient to see the patient and sign the second certification. This causes a delay in care, and burden to the already burdened healthcare system.

It is essential to vote favorable for SB 673 to improve access to care, including eliminating the need for my supervising physician's name and license number to be listed on prescriptions, allow for me to practice based on my training and experience, and improves access to care, particularly in rural and underserved areas.

Jennifer Barnett, MPAS, PA-C, CAQ-HM, DFAAPA, SFHM

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SB 674- PA Parity Act- FAV testimonyJG.pdf

Uploaded by: Jennifer Grover

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: [SB674 – Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 674- PA Parity Act.**

Madam Chair,

I ask that you please vote in favor of SB 674. My name is Jennifer Grover and I have been practicing as a PA in Maryland since 2010. I have been trained in multiple subspecialties including OB/GYN, orthopedics, and internal medicine. I have also been working with hospital administration on standardization of care amongst all providers and I can attest as to the current administrative burden that hiring PAs pose to organizations, especially in underserved communities. I have had the privilege of being a past president and current legislative director of the Maryland Academy of Physician Assistants (MdAPA). While holding these positions I have received a startling amount of correspondence from PAs and administrators regarding the arbitrary rules that restrict PAs ability to serve their patients. Including not being able to sign necessary documents for their own patient population. Parity with other licensed providers is essential to the delivery of healthcare especially in underserved areas. PAs are very well trained to provide excellent medical care within their training and experience, however, are limited by the unfortunate exclusion of PA in laws regarding Physicians and Nurse Practitioners.

Voting in favor of SB 674 will:

- Lessen the administrative burden for healthcare organizations and physicians, increasing the ability to have PAs provide quality medical care in underserved communities.
- Reduce unnecessary delays in care, the inability for PAs to sign documents required for their patients.
- Reduce cost of care created by the additional visits and redundancy in office visits to see multiple providers.
- Eliminate the hospital administrative confusion when PA, Physician and NP are hired in the same department to do the same job, but PA are the only providers with arbitrary restrictions.

To continue to burden PAs and health systems with regulations that are inconsistent with other surrounding states and the rest of the country is contradictory to the effort to expand access to primary care.

In closing, I would like to thank the members of the Committee for this opportunity to highlight the challenges of PAs to work in underserved areas and would strongly encourage your support of SB 674.

Jennifer Grover, DHSc, MMS, PA-C
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03-13-23 AAPA Jennifer Orozco Support SB 673 and

Uploaded by: Jennifer Orozco

Position: FAV



**SB 673—Physician Assistants—Revisions
(Physician Assistant Modernization Act of 2023) and
SB 674—Physician Assistants—Parity with Other Health Care Practitioners
(Physician Assistant Parity Act of 2023)**

**Support Testimony of
Jennifer M. Orozco, DSc, PA-C, DFAAPA, President, AAPA
2318 Mill Road, Suite 1300 Alexandria, VA 22314
(703) 836-2272 jorozco@aapa.org**

March 14, 2023

Madam Chair, members of the Committee, thank you for the opportunity to testify in support of SB 673 and SB 674.

My name is Jennifer Orozco. I am the President of the American Academy of Physician Associates, proudly representing more than 168,000 PAs serving patients in every specialty and setting in every U.S. state and territory. I have been a practicing PA for 20 years. For the last 16 years at Rush University Medical Center in Chicago, I have dedicated my career to both clinical and academic leadership. For the past seven years, I served as Rush's Director of Advanced Practice Providers for more than 400 physician associates and advanced practice registered nurses, as I continued my vascular surgery practice and served as a member of the University's faculty as an assistant professor in the Department of PA Studies.

I am here to express AAPA's strong support for SB 673 and SB 674. This important legislation would modernize the Maryland PA Practice Act and provide the profession with parity currently extended to other members of the healthcare team, improve patient access and ultimately, ensure greater health equity for ALL Marylanders at a time when it is desperately needed. The U.S. healthcare system is strained beyond capacity, and without immediate changes, this crisis is only going to get worse as our population ages, as chronic diseases such as heart disease rise, and new public health challenges emerge.

Background on PAs

PAs are licensed clinicians who practice medicine in every specialty and setting. They diagnose and treat illnesses, order and interpret lab tests, prescribe medications, perform medical procedures and examinations, assist in surgery, and enhance healthcare coordination. In Maryland, PAs practice in primary care and all medical and surgical subspecialties.

PAs are rigorously educated by an intensive curriculum modeled on that used in medical schools. All PA programs are required to adhere to the same high accreditation standards established by the Accreditation Review Commission on Education for the Physician Assistant - an independent body comprised of representatives from the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American College of Surgeons, AAPA and PAEA, as well as the public.

After graduation, PAs must pass the Physician Assistant National Certifying Examination developed by the National Commission on Certification of Physician Assistants and be state licensed to practice.

A [report](#) compiled by the U.S. Departments of Health and Human Services, Treasury, and Labor – “*Reforming America’s Healthcare System through Choice and Competition*” -- [recommended](#) that states remove requirements for rigid supervision agreements between physicians and PAs. The report specifically recommended that “States should consider eliminating requirements for rigid . . . supervision agreements . . . that are not justified by legitimate health and safety concerns.” Given the strains on today’s healthcare systems, it is important not to impose unnecessary burdens on providers and employers and to allow PAs to have the flexibility to meet patients when and where the demand exists.

SB 673 and SB 674

SB 673 and SB 674 would more accurately reflect how PAs actually practice medicine today in a modern healthcare system, where care is delivered in teams and each team member practices to the fullest extent of their training, education and experience while continuing to collaborate, consult and refer to the appropriate member of the healthcare team. This legislation would remove outdated administrative burdens for both PAs and physicians, as well as increase access to healthcare services in Maryland’s rural and urban areas. They would give employers the flexibility to structure their healthcare teams to best serve the unique needs of the patients they serve. Now, more than more than ever, patients need access to qualified healthcare providers. PAs stand ready to support Maryland patients, and this important legislation would allow them to do just that.

Opponents to the legislation may assert that they are unprecedented expansion of PA scope of practice. This is just not true. Consistent with 41 states and the District of Columbia, PA scope of practice is determined at the practice level, based on the education, training, and experience of the individual PA. Current Maryland law is severely outdated. No other U.S. state or territory embodies Maryland’s antiquated distinction between “core” and “advanced duties” or the processes by which they must be approved, which only causes delays in PA hiring, restrictions in PAs practice in specialties, or incites practices in Maryland to abandon their efforts to hire PAs altogether.

Opponents might also assert that PAs don’t have the education or training to work sans supervision, causing one to question the value and authenticity of the collaboration proposed by this legislation. This is unfounded. Almost half the country, that is 20 states and the District of Columbia, have statutes built on a collaborative model and more are in the pipeline to make this change in 2023 and beyond. PAs are highly educated and rigorously trained clinicians - committed to patient-centered, team-based healthcare - who recognize when to consult with another member of a patient’s care team, and when to refer a patient. Data from the National Practitioner Data Bank reveals that PAs have a remarkably low rate of malpractice claims paid

against them.¹ In short, decades of research demonstrate PAs provide safe, quality care to patients.²

The Committee may also hear that PAs are trying to take physician jobs. Again, this is untrue. PAs are a critical component of today’s modern healthcare teams – teams that are struggling to meet patient demand. PAs are essential to expanding access to high quality care for ALL Americans. Right now, in this country:

- [99 million](#) patients lack adequate access to primary care;
- [160 million](#) patients are without adequate access to mental healthcare;
- The population of people age 65 and older is [projected to reach 80.8 million by 2040](#);
- There is a rise in chronic comorbidities such as diabetes, obesity, heart disease, Alzheimer’s;
 - According to [the CDC](#), 42% of adults aged 20 and over have obesity.
 - [5.7 million Americans](#) living with Alzheimer’s, according to the CDC. And Social Impact Partners estimates [the annual global cost of dementia](#) to be \$1.3 trillion.
 - According to the CDC, more than 133 million Americans are living with diabetes or prediabetes.

And all this is unfolding against a backdrop of a fragile, fragmented, and over-burdened healthcare system.

- An analysis of [EMSI data](#) shows there will be a shortage of up to 3.2 million healthcare workers by 2026.
- [BLS data](#) shows that over 2% of the healthcare workforce quits every month;
- A [2021 study](#) from Fierce Healthcare found that physicians were leaving the healthcare workforce faster than any other provider.
 - 117,000 physicians left the workforce in 2021 alone.
 - A total of 334,000 healthcare workers left the workforce in 2021.
 - The specialties most impacted by this exodus were internal medicine, family medicine and emergency medicine.
- [A University of Chicago study](#) found physicians don’t have enough time to fulfill all of patient needs.

¹ Brock DM, Nicholson JG, Hooker RS. Physician assistant and nurse practitioner malpractice trends. Med Care Res Rev. 2017;74(5):613-24. PAs have a remarkably low rate of malpractice claims paid against them, far lower than physicians. From 2005-2014, the rate of reported liability payments for physicians ranged from a high of 19.0 paid claims per 1,000 physicians (in 2005) to a low of 11.2 claims paid per 1,000 physicians (in 2014). For PAs, the rate of liability payments ranged from a high of 2.4 claims paid per 1,000 PAs (in 2011) to a low of 1.4 claims paid per 1,000 PAs (in 2007).

² A [large 2021 study](#) found PAs provided the same, or better, care to patients as physicians and at a lower cost: Researchers looked at 39 studies across North America, Europe and Africa completed between 1977 -2021—18 of the studies found quality of care delivered by a PA exceeded that of a physician; 15 of the studies found quality of care delivered by a PA was comparable to that of a physician; 29 of the 39 studies showed that both health care costs were lower when a PA delivered the care versus when a physician delivered care.



American Academy of PAs

- They estimated primary care physicians would need to work 26.7 hours a day to follow national recommended guidelines for preventive care, chronic disease care and acute care.
- This number included 3.2 hours a day just for documentation and inbox management.

Outdated supervision requirements are burdensome for the entire healthcare team and waste time and energy that should be placed on the patient.

SB 673 and SB 674 are consistent with the evolution of state PA practice laws across the country. They would eliminate Maryland's outdated administrative requirements and allow clinicians to decide how they should work together based on their combined experience and expertise to best serve patients. Under this legislation, PAs can more effectively and fully be a part of the solution to Maryland's mental health crisis where Maryland Department of Health data shows that in 2018, mental health accounted for 11.5% of emergency room visits statewide, a number that ballooned to nearly 48% in 2021.³ Under this legislation, PAs would still be required to practice within the scope of their own education, training, and experience. PAs failing to do so would be subject to discipline by the Maryland Board of Physicians. No U.S. state, jurisdiction, or territory that has enacted the changes proposed by this legislation has ever rescinded them. On behalf of Maryland's 6.1 million patients, I urge you to support SB 673 and SB 674 as written, which will reduce barriers to high-quality healthcare in Maryland.

Thank you for giving me the opportunity to testify today on this important legislation.

³ Maucione, Scott. Maryland lawmakers may spend \$12M to improve mental health crisis hotline, if bill moves forward. <https://www.wypr.org/wypr-news/2023-01-23/maryland-lawmakers-may-spend-12m-to-improve-mental-health-crisis-hotline-if-bill-moves-forward> Accessed March 9, 2023.

SB 674- PA Parity Act- FAV testimony .pdf

Uploaded by: Karin Weaver

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: [SB674 – Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 674- PA Modernization Act.**

This is a letter in Support of SB 674- PA Parity Act of 2023. I am a physician assistant (PA) and I work in the Emergency Department in a nonprofit Baltimore City Hospital. As with most hospitals in the state, and even across the country, we have seen a significant increase in the number of patients presenting with a mental health complaint. Despite the fact that I can evaluate a patient, diagnose a mental health condition, and provide emergency medications to stabilize that patient, I am not allowed to complete paperwork for involuntary psychiatry commitment. In our department specifically, during the night shifts we are staffed with a single physician and a single PA. This means that when a patient presents in crisis and the physician and PA agree about the need for an involuntary commitment to keep the patient and the community safe, the patient is forced to languish in the emergency department until the morning shift physician comes on to provide a second signature for certification. As part of our basic didactic PA training, we are taught psychiatric conditions and presentations, including the need to protect the patient and others in the event of a psychiatric emergency. Then, as part of our clinical training, we are required to have a psychiatric rotation with direct patient care. Once we start to practice, we work with a member of a healthcare team, furthering our knowledge and skill set. Evaluating a patient's risk to themselves and others is a core tenant of emergency medicine practice, yet my education and training is not considered sufficient to sign involuntary certification paperwork, despite the fact that I likely managed the entirety of that patient's emergency department stay. This creates unnecessary delays and backlogs in what is already a protracted process. While this is but one component of SB 674, I feel it is one of the most important examples of why PAs should be allowed to practice to the full extent of our education and training, on par with the two other licensed healthcare providers in the state. I hope that you will consider supporting SB 674- PA Parity Act- which will eliminate barriers to care and streamline processes in an already complex healthcare system.

Karin Weaver, MMS, PA-C, EM-CAQ, CPAAPA

Mrskarinweaver@yahoo.com

443-867-7343

PA legislation-TU supportsenate.pdf

Uploaded by: Kathleen Maloney

Position: FAV



Lisa Ann Plowfield, PhD, RN

Dean

College of Health Professions
8000 York Road
Towson, MD 21252-0001

March 14, 2023

Re: Senate Bill 674 Physicians Assistants-Parity With Other Health Care Practitioners
(Physician Assistant Parity Act of 2023) and Senate Bill 673 Physician Assistants-Revisions
(Physician Assistant Modernization Act of 2023)

House Health and Government Operations Committee

March 6, 2023

Support

Chairwoman Griffith, Vice Chairwoman Klausmeier, and members of the Senate Finance
Committee:

I am writing to you today to express my support for SB 674 – Physician Assistants – Parity with other Health Care Practitioners, and SB 673 – Physician Assistants – Revisions. These bills will focus on collaboration registration and eliminate a delegation agreement reflecting the current practice with interdisciplinary healthcare teams. These bills are subject to, but not limited to allowing the scope of PA (Physician Assistant) practice to be based upon a PA’s education, training, experience, and competencies. These changes will move away from a “supervision” scenario to describe the nature of the PA working relationship with physicians and replace it with “collaboration.”

Physician Assistants are licensed clinicals who practice medicine in all medical settings. The PA profession has more than 168,000 practitioners in the U.S., engaging in more than 500 million patient interactions each year. With the amount of patient care needed, the healthcare delivery system is undergoing a transformation, and interprofessional team-based care is the new standard; it is this standard to which we educate our students. A collaborative practice will replace a delegation model with a collaboration model where PAs can interact and refer to the appropriate healthcare team.

The changes proposed by this legislation will help community health centers, hospitals, health systems, group and private practices by giving them the flexibility to form healthcare teams that best meet patient and family needs. Nothing in these bills will prohibit employers from continuing to hire and manage PAs in whatever manner they deem necessary to ensure patient health and safety. Due to the high demand for accessible and equitable health care throughout Maryland, I am in support of legislation that allows providers to practice to the fullest extent of their education and licenses. Interprofessional collaboration is key in any health care related setting in which it allows not only flexibility and growth within a healthcare system, but the ability to help more patients throughout the state of Maryland.

Sincerely,

A handwritten signature in black ink that reads 'Lisa Ann Plowfield'.

Lisa Ann Plowfield, PhD, RN

Dean

SB 674- PA Parity Act- FAV testimony .pdf

Uploaded by: Kelly Schutz

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: [SB674 – Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 674- PA Modernization Act.**

As a PA for 24 years, I have seen many instances where physician assistants were unable to initiate timely care, certification, or orders for patients due to outdated regulations. Up till now, physician assistants have piecemealed additions to physician assistant regulation. The most recent example was allowing PAs to order home health care for patients. Our counterpart nurse practitioners, who often fulfill the same role within the healthcare team, have had these privileges for years.

Historically, PAs have not had strong lobbying efforts or advocacy due to our smaller membership numbers, therefore PAs were often left out of the conversation when outlining who is able to authorize certain orders or sign for certification, despite having the adequate training. Realizing the barriers to carry out these orders and having a greater membership of PAs (and PAs affected by these limitations) has led to this proposed bill; to “right-size” PAs’ ability to care for our patients in line with other licensed healthcare providers.

In an emergency room overnight, there is often one physician and one physician assistant. When a psychiatric patient is evaluated, I may be the primary person caring for the patient yet cannot provide a second signature to certify this patient for psychiatric care. The patient must sit overnight awaiting another physician, who has never interacted with the patient, to sign this paperwork. These delays have multiple downstream effects including delay in psychiatric bed placement resulting in emergency department overcrowding. The most concerning consequence we have seen is increased volatile outbursts from the patients due to prolonged emergency department stays which have resulted in violence against our emergency department staff and increased use of chemical restraints for these patients.

Please support this bill to allow all members of the advanced practice health care team to care for our patients. Thank you for your time and attention to this matter.



Kelly Schutz, PA-C, CAQ-EM
Director of Advanced Practice, Emergency Medicine
Kellyschutz@comcast.net
410-227-7327

Testimony SB-674.pdf

Uploaded by: Kristy Fogle

Position: FAV

Maryland General Assembly

Senate Finance Committee

Testimony of Kristy Fogle, MMS, PA-C

IN SUPPORT OF - SB 674 - Physician Assistant Parity Act of 2023

March 13, 2023

Distinguished members of the committee,

My name is Kristy Fogle. I am a licensed Physician Assistant (PA) and have been practicing medicine in Maryland for the past 10 years. I am one of more than 4,600 PAs who practice medicine in Maryland. I have practiced both in the emergency medicine setting of hospitals, in and around Baltimore and, more recently, have served my institution as a leader to our department's clinical team.

I write today with concern for Maryland's current PA practice laws, which are outdated and do not adequately reflect our licensing with respect to other healthcare providers in the State. As licensed healthcare providers who continued to fill gaps in care during the pandemic and beyond, PAs deserve to be included with other licensed healthcare providers mentioned in statute where their education and training for a particular healthcare service is the same.

As an ED provider, I can attest to the need for parity with other healthcare providers. PAs work in every specialty area from primary care to critical care and are indispensable to the functioning of many service lines, both inpatient and outpatient. In the ED, my scope of practice included evaluation of psychiatric patients as well as other acutely ill patients who required emergent action. PAs are more than capable of evaluating patients for admission to mental health facilities and their ability to take action should be incorporated in the same way as other practitioners. Not doing so places patients at risk and creates unnecessary barriers to timely care.

We saw the need for PAs increase throughout the COVID-19 pandemic when we played a pivotal role in delivering care to patients as our workforces were stretched thin. It is vital that we expand, not limit, PA practice parity, which would usher more PAs into the Maryland workforce, while allowing us to practice to work to the top of our licenses, especially in times of public health emergency and beyond. These changes allow community health centers, hospitals, health systems, group and private practices flexibility to assemble healthcare teams to best meet patient needs, facilitating the ability of PAs to serve in medically underserved and rural communities.

Maryland patients need the General Assembly to step forward to ensure that PA practice parity is consistent with the surrounding states and District of Columbia, thereby increasing access to care.

This bill, SB674, will take the necessary steps toward updating Maryland statutes that reflect current practice, allowing better access to care and reducing the administrative burden on healthcare practices by: Amending certain provisions of law to include physician assistants in the health care practitioners who may take certain actions, including actions related to the guardianship of disabled persons, admission of individuals to mental health facilities, the Emergency and Allergy Treatment Program, the Attendant Care Program, and petitions for extreme risk protective orders.

This bill, if enacted, will take an important step towards providing parity that reflects the current practice of our Maryland PA community.

As a practicing Maryland PA, I ask you to pass this measure with a favorable recommendation.

Thank you for your consideration.

SB 0674 - Physician Assistant Parity Act of 2023.p

Uploaded by: Laurarose Dunn-O'Farrell

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: **Senate Bill 0674** – Physician Assistants – Parity With Other Health Care Practitioners (Physician Assistant Parity Act of 2023)

Position: SUPPORT (Favorable)

Senate Bill 0674 serves to modify regulations to include physician assistants (PAs) as qualified health care practitioners to take certain actions, such as hospital admission of individuals to mental health facilities, and petition for extreme risk situations. If adopted, PAs can help reduce delays in care, improve individual safety interventions, and enhance health care system resource utilization.

Others may not be as familiar with how PAs are educated and trained, which has created barriers due to misunderstanding relative to a PA's qualifications, especially in the mental health field. PAs are licensed and certified by the Maryland Board of Physicians (MBP) and have diverse, advanced medical training. PAs widely provide evaluative, diagnostic, treatment, referral, and prescriptive interventions to the mental health and substance use populations.

I can attest to these skills as they directly relate to the imperative nature of this bill as:

1. **I am a PA** working with the behavioral/mental health populations for 16+ years, in all levels of care facilities (e.g., educational/training, inpatient, outpatient, crisis units, community crises, emergency room mental health/suicidal risk diversion);
2. I became the **first PA in the State of Maryland** authorized by the Maryland Board of Physicians (MBP) to perform **psychiatric evaluations** (2018) and conduct **telepsychiatry** appointments (2019);
3. I am a **PA Program and Behavioral Health Educator** with first-hand experience and knowledge of the training rigor for PAs; and
4. I am an educated, trained, and **licensed clinical professional counselor** (LCPC) in Maryland.

Extensive medical care knowledge and training is a fundamental component of PA education, including the capacity to assess components of individual safety including those experiencing a mental health crisis, perform risk assessment, intervention strategies (i.e., pharmacological, and nonpharmacological), diagnosis and management of both acute and chronic problems, and preventative care. It is a standard educational requirement for PA Programs, as set-forth by the national accrediting body – the [Accreditation Review Commission on Education for the Physician Assistant](#) (ARC-PA) (*5th ed. Standards, B1.02-B2.20, C1.01, and C2.01*), and by the educational [Core Tasks and Learning Objective](#) standards established by national Physician Assistant Education Association (PAEA). PA students are required to learn psychiatric evaluation/assessment, common behavioral counseling techniques, psychopharmacology, pathophysiology, and apply use of the standard diagnostic resource – the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR, *American Psychiatric Association*) – in-conjunction with

medical knowledge to differentiate primary psychiatric conditions from those of somatic origin. Upon graduation, the PA graduate's high level of knowledge, skill, training, and interventional judgment capacity is demonstrated via the PA National Certification Examination (PANCE). PAs must also perform board recertification and routinely participate in continuing medical education (CMEs). Advancing existing legislative parameters, such as through **SUPPORT of SB 0674**, promotes reasonable health care provider actions, which will benefit the community at large.

There are numerous times when I have needed to perform a certain risk-reduction act as a PA, such as an emergency petition (EP) for a community member or existing patient at a clinic (i.e., harm reduction to self and/or others). However, I was only able to do so because I had maintained my former licensure as a licensed certified professional counselor (LCPC). Should an EP occur, resulting in the individual being transported to the emergency department, the receiving medical provider, often a PA, was not then able to take the next treatment intervention step of completing any involuntary psychiatric commitment paperwork, even if they did the complete evaluation otherwise.

LCPCs are able to be a signatory for an emergency petition for involuntary psychiatric evaluation along with licensed clinical social workers (LCSWs), nurse practitioners, physicians and psychologists. However, PAs, though working in the same treatment setting with their medical and psychiatric training are not yet enabled to perform such necessary actions.

PAs are one of the most common medical providers evaluating and intervening in the emergency department setting. The addition of PAs to the existing list of other health care providers who may perform high-level risk-reduction acts, such as involuntary hospital admission and emergency petitions, would further empower treatment teams to maintain patient and community safety, efficient and appropriate level of care access, and reduce treatment access barriers overall.

As a practitioner, educator, PA, and LCPC in the behavioral health and medical field, I advocate **SUPPORT of Senate Bill 0674**.

Thank you for your time, compassion, leadership, and commitment to service!

Sincerely,



Laurarose Dunn-O'Farrell, MPAS, MS, PA-C, LCPC
Email: Lrosedunn@gmail.com
Phone: 443.392.6836

SB 674- PA Parity Act- Bondy- FAV testimony .pdf

Uploaded by: Mary Bondy

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: [SB674 – Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 674- PA Modernization Act.**

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 673- PA Modernization Act.**

Dear honorable members of the committee,

PA education is designed to deliver an accelerated medical education experience, leveraging prior education and healthcare experience of PA applicants (often who have paramedic, nursing, or physical therapy assistant experience) to expand their knowledge and skills to create a generalist practitioner. During PA school, graduates complete an average of 111 credits in a compressed time period of 24-27 months of fulltime instruction. Clinical clerkships mirror undergraduate medical training and provide over 2000 hours of hands on, patient care experience and service. The PA model is purposefully designed to prepare a graduate to practice on interdisciplinary teams. In Maryland most of our PA programs exceed the 111-credit hour mean, they emphasize preparation for our diverse Maryland population and provide education experiences consistently in medically underserved communities. They do this at a fraction of the cost and time of what it takes to prepare a medical student. Our students graduate prepared for collaborative practice.

The accelerated medical education model has been successful for over 50 years, producing over 150,000 certified PAs in the US. Our students are trained in the medical model by Physicians and PAs who determine through direct engagement student and graduate competency. Using a competency based, generalist approach PAs are trained to be flexible and responsive to the medical needs of patients, and communities. The breadth of PA education is purposefully broad, and the depth of training expands overtime, with experience and team practice. PA education is tightly regulated and informed with current specialty medical practice informing standards of PA education through ARC-PA commission participation and medical direction required for all PA programs.

The current bills before you, aim to modernize practice, recognizing the speed at which science is evolving and informing practice, leveraging modern communication and digital strategies to extend access and reach of care. These bills reflect current team-based practice. It is time that the administrative barriers and processing delays, depriving patients of access to care and often disproportionately impacting the most vulnerable patients are removed. Current Maryland policy and procedure are limiting utilization, innovation, hiring and retention of PAs in the state.

Do you realize that under the current legislation, in rural Maryland if an MD-PA practice, loses the MD due to illness or death, the PA is unable to continue to serve the practice. The average panel of patients for a provider is 1500. It should not be the case that thousands need to be deprived of care because of the unfortunate circumstances of one person, when their colleague is prepared and able to provide care, stay engaged and connected to specialists for consultation and referral through technology.

The burden of delegation agreements and administrative processing delays currently in place in Maryland disproportionately penalizes PAs. As an example, the University of Maryland Medical System hires NPs rather than PAs for primary care because of the stringent restriction on PA practice and the lack of collaborative practice agreement.

These are but a few examples of why modernization is needed in PA practice legislation, we know you care for your constituents and want them to receive safe, equitable, timely care. Let us help you. We have over 4000 PAs in Maryland willing to work with and for you.

Sincerely,

Mary Jo Bondy DHEd, MHS, PA-C
Director of the DMSc Program
Associate Professor
University of Maryland Baltimore
MDBondy@umaryland.edu

2023 MDAC SB 674 Senate Side FAV.pdf

Uploaded by: Michael Paddy

Position: FAV



10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Committee: Senate Finance Committee

Bill Number: Senate Bill 674 - Physician Assistants - Parity With Other Health Care Practitioners (Physician Assistant Parity Act of 2023)

Hearing Date: March 14, 2023

Position: Support

The Maryland Dental Action Coalition (MDAC) supports *Senate Bill 674 - Physician Assistants - Parity With Other Health Care Practitioners (Physician Assistant Parity Act of 2023)*.

Dentists and dental hygienists are required to consult with a patient's care team before treating the patient in case there is a change in the patient's medical condition. A licensed physician assistant has the knowledge and expertise necessary to carry out the consult. We support ensuring our colleagues in other health professions can practice to the full extent of their education and training.

We ask for a favorable report on this bill. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Optimal Oral Health for All Marylanders

SB 674- (Physician Assistant Parity Act - FAV Test

Uploaded by: Richard Burch

Position: FAV

**SB 674 – Physician Assistants – Parity with Other Health Care Practitioners
(Physician Assistant Parity Act of 2023)**

**Support Testimony of Richard Burch
3079 Lawrin Court, Chesapeake Beach, Maryland 20732
(301) 535-3636
Rburch998@gmail.com**

March 14, 2023

Madam Chair and Members of the Senate Finance Committee,

I ask that you vote in favor of SB 674. My Name is Richard Burch and I have been practicing as an Emergency Medicine Physician Assistant (PA) in Maryland since 2007. Additionally, I have had the opportunity to serve as President, now Past President of the Maryland Academy of Physician Assistants (MdAPA). While holding these positions within MdAPA, numerous PAs within the state of Maryland have expressed concerns about the administrative burdens and arbitrary rules that restrict PAs their ability to serve their patients. Parity with other licensed providers is essential to the delivery of healthcare especially in underserved areas. PAs are very well trained to provide excellent medical care within their training and experience, however, are limited by the unfortunate exclusion of PA in laws regarding Physicians and Nurse Practitioners.

Voting in favor of SB 674 will:

- Reduce unnecessary delays in care, the inability for PAs to sign documents required for their patients.**
- Reduce cost of care created by the additional visits and redundancy in office visits to see multiple providers**
- Eliminate the hospital administrative confusion when PA, Physician and NP are hired in the same department to do the same job but PA are the only providers with arbitrary restrictions.**

To continue to burden PAs and health systems with regulations that are inconsistent with other surrounding states and the rest of the country is contradictory to the effort to expand access to care.

In closing, I would like to thank you for this opportunity to highlight our profession and would strongly encourage your support of SB 674.

SB 0674- PA Parity Act - FAV Testimony R. Swanson.

Uploaded by: Robert Swanson

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: [SB 0674 – Physician Assistants - Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (FAV)

This is in **Support of SB 0674- PA Parity Act of 2023.**

Good Afternoon Senators,

I am writing to you today for two reasons:

1. As a concerned Maryland voter, and,
2. As a dedicated Physician Assistant (PA-C) in support of Both Maryland SB 673 (HB 727), "The Physician Assistant Modernization Act", and Maryland SB 674 (HB 722), "The Physician Assistant Parity Act".

I had the wonderful opportunity to testify before the Maryland House Health and Government Operations Committee March 6, 2023, and I am looking forward to testifying before the Maryland Senate Finance Committee tomorrow March 14, 2023.

The several reasons I support these Bills are:

- They will allow PAs to provide better access to care for underserved populations in their own "neighborhoods".
- The Bills will allow PAs in Maryland to practice at the height of their skill and training levels, for the benefit of their communities.
- They will allow PAs to form more effective collaborative relationships with their Supervising Physicians.
- The Bills will allow PAs in Maryland to provide signatures for their patients on occupational and certain other forms (State and Federal), in order for patients to have better continuity of care. Which would limit patients having to seek redundant signatures.
- They will facilitate PAs being listed as "Medical Professionals". And, since PAs have always been trained by Physicians in the "Medical Model", "Medical Professional" is the best term.
- The Bills will provide parity with other medical providers, which will assist patients in maintaining confidence in their primary care PAs.
- Lastly, they will greatly reduce the administrative burden for medical practices to hire Physician Assistants for service to the citizens of Maryland.

Additional support I voiced this week at the House H, G, & O Committee, concerned requesting support for "Collaboration" agreements for PAs, enhancing the ability for PAs to practice in medically underserved areas (by reducing the administrative burden for State and Federal Loan Repayment clinics to hire PAs), and enhancing the ability of mental health PAs like me to practice in this area of vital need for the citizens of Maryland.

Consistent with my career description below, I have over 4000 clinical practice hours of active-duty mental health experience, over 1000 hours of live CME in behavioral health, and more than 300 hours of didactic and clinical instruction in Psychiatry during PA Professional School. Current Maryland regulations would not also allow me to provide mental health services to primary care medical patients.

Beneficial goals of these currently proposed Bills would be to allow PAs to help their clients by practicing at the safest and highest levels of their education, training, and experience.

Regrettably, Maryland's current PA practice laws are lagging behind those of Virginia, West Virginia, Delaware, and the District of Columbia.

I am a recently retired active-duty Physician Assistant, US Public Health Service, and I am seeking employment in Maryland.

I am currently seeking a local position, where I can practice at the height of my skill level.

My wife, family, and I have lived in Edgewater for approximately the last 8 years.

I have spent my PA-C working life caring for underserved populations and working in the following settings:

prisons, rural areas (primary care, urgent care, school-based health, and geriatrics), Native American Reservations (primary care and emergent care), Dept. of Homeland Security, and Military Mental Health Inpatients (traumatic brain injuries, co-occurring mental health, and addiction medicine).

Again, I sincerely appreciate your time and support of these important PA Practice Bills, which will greatly benefit the citizens of Maryland.

Very truly yours,

Bob

Robert Swanson, PA-C
Physician Assistant Certified
CDR USPHS - Retired
3935 West Shore Drive
Edgewater, MD 21037
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SB 673&674 - Carozza Testimony_FINAL.pdf

Uploaded by: Senator Mary Beth Carozza

Position: FAV

MARY BETH CAROZZA
Legislative District 38
Somerset, Wicomico,
and Worcester Counties

Education, Energy, and
the Environment Committee



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Executive Nominations Committee

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

March 14, 2023

The Senate Finance Committee

SB 673 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2023)

SB 674 – Physician Assistants – Parity with Other Health Care Practitioners (Physician Assistant Parity Act of 2023)

Statement of Support by Bill Sponsor Senator Mary Beth Carozza

Thank you Chair Griffith, Vice Chair Klausmeier, and members of the distinguished Senate Finance Committee for this opportunity to jointly present Senate Bill 673, the Physician Assistant Modernization Act of 2023, and Senate Bill 674, the Physician Assistant Parity Act of 2023 and to respectfully ask for your support of these bills which would modernize the law regarding the working relationship between Physicians and Physician Assistants to better reflect current practice.

Physician workforce shortages challenge the long-term viability of a strong medical network and the ability to achieve the goals of improving the quality of care, improving health of populations, and reducing per capita health care costs. The United States is facing a projected workforce shortage of between 37,800 and 124,000 physicians. Overall, Maryland is 16 percent below the national average for number of physicians available for clinical practice, and that will become worse over time. Maryland hospitals are already struggling to maintain adequate coverage in the emergency room and to support many of the medical specialties, especially in Southern Maryland, Western Maryland, and on the Eastern Shore.

This workforce shortage is similar to the workforce shortage that created the Physician Assistant profession in the 1960s when the first class of PAs graduated from the Duke University Medical Center in 1967. It can take up to a decade to properly educate and train a physician, whereas most graduate-level Physician Assistant programs are completed within three years. We need to take action now to ensure our caregivers can meet our needs. Medicine is now a team sport, and we need to build and train a strong supportive structure that better utilizes our Physician Assistants.

The Physician Assistant Modernization Act would enable Physicians Assistants to work collaboratively with the medical team and make contributions that they are currently restricted from doing. SB 673 would change the “Delegation Agreement” to a “Collaborative Agreement,” which is consistent with the education and expanded role the PAs have taken on due to limited staffing and the COVID-19 pandemic. While scope of practice has been expanded, there are guardrails in place – education, requirements, licensing, collaboration, and identified out of scope practices.

The Physician Assistant Parity Act would allow Physician Assistants to contribute to tasks they were previously excluded from despite their growth and education since the profession was created almost six years ago. With colleagues, they can serve by performing duties in specified areas of law; such as, guardianship, health care decisions, mental disorders, disabilities, involuntary admissions, emergency evacuation, allergy treatment, dentistry, dispensing/administering prescription drugs, attendant care, and protective orders. In addition, a PA will become a member of the Statewide Advisory Commission on Immunizations and a PA representative will serve on the Maryland Health Care Commission's Primary Care Services Workgroup.

I thank you for your kind attention and consideration, and I respectfully request a favorable report on SB 673 and SB 674.

9 - X - SB 674 - FIN - BOP - LOS.pdf

Uploaded by: State of Maryland (MD)

Position: FAV



Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Damean W.E. Freas, D.O., Chair

2023 SESSION POSITION PAPER

BILL NO.: HB0722
TITLE: Physician Assistants – Parity With Other Health Care Practitioners (Physician Assistant Parity Act of 2023)
COMMITTEE: Health and Government Operations
POSITION: Letter of Support

TITLE: Physician Assistants – Parity With Other Health Care Practitioners (Physician Assistant Parity Act of 2023)

POSITION AND RATIONALE:

The Maryland Board of Physicians (the Board) is submitting this Letter of Support for House Bill HB0722 Physician Assistants – Parity With Other Health Care Practitioners (Physician Assistant Parity Act of 2023).

This proposed legislation seeks to include Physician Assistants in specific articles of law relating to health care practitioners who may undertake certain actions such as the guardianship of disabled persons, admission of individuals to mental health facilities, the Emergency and Allergy Treatment Program, the Attendant Care Program, and petitions for extreme risk protective orders; requiring the Maryland Department of Health to cover charges related to examinations by a physician assistant for certain emergency evaluatees; exempting physician assistants from the Maryland Pharmacy Act; altering the membership and duties of the Statewide Advisory Commission on Immunization; altering the membership of a certain workgroup formed by the Maryland Health Care Commission.

The purpose of House Bill 722 is to add Physician Assistants to existing lists of practitioners who are allowed to perform certain acts. The Board has previously interpreted laws that concern the practice of medicine to include Physician Assistants, but did not believe that it was authorized to interpret laws that specifically refer to Physicians to also include Physician Assistants. The Board believes that the prior exclusion of Physician Assistants in these articles of law was an oversight and should be corrected to include Physician Assistants. It is important to note that this bill does not alter current Board practices or operations.

Therefore, the Board respectfully requests that the committee votes favorably on this bill.

Thank you for your consideration. For more information, please contact for more information, contact:

Matthew Dudzic
Health Policy Manager
Maryland Board of Physicians
(410) 764-5042

Michael Tran
Health Policy Analyst
Maryland Board of Physicians
(410) 764-3786

Sincerely,



Damean W. E. Freas, D.O.
Chair, Maryland Board of Physicians

The opinion of the Boards expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

SB674- Physician Assistant Parity Act of 2023.pdf

Uploaded by: Steven Cohen

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: [SB674 – Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 674- Parity with other Health Care Practitioners (Physician Assistant Parity Act of 2023)**. As the education and training of various practitioners in the medical and mental health world has been recognized by the state, the pool of providers who are able to perform certain duties has expanded. This growth unfortunately has not included physician assistants (Pas) with these lists of providers who are eligible to perform tasks, likely related to the fact that Pas are recognized as dependent practitioners.

While Pas do not train similar as physicians, our education and training is based on the medical model and rigorous. We diagnose conditions, provide consultation in various subspecialties and referrals as necessary, order laboratory and imaging studies as well as interpret the results, and prescribe medications. We are licensed and nationally certified healthcare providers. Yet we are not able to complete paperwork or submit orders for certain items that are well within our scope of practice. The parity act seeks to rectify the situation by including Pas wherever physicians and nurse practitioners are listed within existing Maryland regulations.

I hope that the members of this committee **support SB 674**. It is very important that we, as Pas are on par with other licensed healthcare providers that provide very complex medical care. With the passage of the act, there will be no change to our rigorous education requirements, national board certification process, or continuing education obligations. We will remain the highly trained, collaborative members of health care teams as we have been since 1967. We are simply asking to be able to perform expanded duties in the practice of medicine in the state of Maryland.

Please do not hesitate to contact me if I can be any further assistance.



Steven E. Cohen, MPA/HCA, PA-C
stevencohen27@gmail.com
(301) 775-8029 (cell)

SB0674 Parity Act.pdf

Uploaded by: Tara Jernejcic

Position: FAV

Bill: [SB0674 Parity with Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (FAV)

Hearing Date: March 14, 2023

Committee: Finance

Witness: Tara Jernejcic, PA-C

Senator Carozza,

This is a letter in **Support of SB0674-PA Parity Act (Physician Assistant Parity Act of 2023)**.

On Tuesday, March 14, the Senate will hear SB0674, the PA Parity Act. This bill will provide inclusion of Maryland licensed physician assistants among other healthcare providers, already approved to take certain actions including, but not limited to, admitting individuals to mental health facilities and authenticating certificates of illness or disability for state employees.

As a practicing clinician and Clinical Director of Mount St. Mary's University Physician Assistant Program in development, I want to assure you, Senator Carozza, that the knowledge, ethics and critical thinking skills required to make decisions regarding the evaluation and management of patients in crisis, whether physical or behavioral, are integral to the education and practice as a physician assistant. During their 24+ month course of medical training, physician assistant students are required to develop entry-level professional proficiency of pathophysiologic and psychologic conditions which present a danger to self or others and the safe and proper disposition of such, including, but not limited to determining capacity to provide informed consent and involuntary admission to a mental health facility. Likewise, physician assistants are competent in making decisions regarding return to work after injury or illness and adherence to FMLA guidelines.

For example, current language surrounding MD. CODE ANN., HEALTH-GEN. § 10-622(b)(1) The petition for emergency evaluation of an individual may be made by:

- (i) A physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, or health officer or designee of a health officer who has examined the individual;
- (ii) A peace officer who personally has observed the individual or the individual's behavior; or
- (iii) Any other interested person

As this language is exclusive of physician assistants, timely and efficient care of patients facing these crisis may be negatively impacted, as referral to approved practitioners is required. By allowing physicians to practice medicine within their training and scope, access to comprehensive health care is expanded to Maryland constituents and visitors.

In closing, I would like to thank you and the Committee for this opportunity to highlight our profession and would strongly encourage your support of SB0674 the PA Parity Act.

Tara Jernejcic MA-ISHB, PA-C
Clinical Director, Physician Assistant Program
Mount St. Mary's University

336-662-5927

t.c.jernejcic@msmary.edu



SB 673 & 674 written testimony - PA Neumann.pdf

Uploaded by: Theresa Neumann

Position: FAV

Theresa Neumann, PA-C
5426 Laurel Trail
St. Leonard, MD 20685

Date: March 12, 2023

Committee: Senate Finance Committee

**Bill: SB-674 Physician Assistant Parity Act
SB-673 Physician Assistant Modernization Act of 2023**

Position: Support

Honorable Madam Chair and Finance Committee Members,

I am asking you to support both SB 673 and SB 674 that are designed to modernize the PA practice statute and create an even playing field for PAs as they compete for jobs with other advanced healthcare providers.

As 29-year-veteran PA and a former Director of Legislative Affairs and President of the Maryland Academy of Physician Assistants, I have advocated for and experienced piecemeal advances to our practice statute over the past 22 years through frequent legislative initiatives; however, even with appreciating these small victories, Maryland has steadily fallen behind all other states with respect to the statutory and regulatory restrictions affecting how PAs function in the healthcare workforce. We are a well-educated and well-trained profession that meets vigorous standards in order to practice medicine in collaboration with our physician partners. We value and treasure that relationship, and, ultimately, when maximized, that collaborative effort offers patients improved outcomes while freeing the physician to attend to more complicated patients.

In times when we are facing healthcare shortages, we need to extend services to Maryland residents who need care, especially in underserved areas of the state. PAs can improve access to quality care and do so every day. They function in every field of medicine. Training is broad, as is the licensure/certification-maintenance process which allows PAs to mobilize to areas of need or choice. However, the antiquated laws governing practices that include verbiage such as “supervision” and distinction between “core” and “advanced duties” (the only state in the USA to do so), as well as the processes by which these must be approved, delay hiring of PAs for months, prevent certain practices from hiring PAs, and restrict PA practice in specialties, especially in Dermatology. Dermatologic PAs are restricted by administrative laws that are found no where in current PA statute; they are singled out as a unique entity, none of which was ever the intent of the statute revisions that occurred over the past 22 years.

Furthermore, with more PA-friendly neighboring states offering jobs to new PA graduates, Maryland is losing potential workforce. As a PA educator for the past 14 years, I can attest to the rigors of the educational process, the strict standards to which all PA programs must comply, and the quality of graduates from current state programs. I can also attest to the value we place in our physician and nurse practitioner colleagues, many of whom share similar training.

Please support a positive change in Maryland and vote favorably for SB 673 and SB 674.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa Neumann", with a long horizontal line extending to the right.

Theresa Neumann, PA-C

SB 674- PA Parity Act- FAV testimony -s.pdf

Uploaded by: Tiffany Maxwell

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: [SB674 – Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 674- PA Modernization Act**. My name is Tiffany S. Maxwell, I have been a practicing physician assistant for the past 18 years and physician educator for the past 8 years. I currently serve in the position of Department Chair and Program Director at the University of Maryland Eastern Shore Physician Assistant Program. The UMES PA Program is a 28 month program, 120 credit program. With 88 credits dedicated the didactic year and 32 credits for the clinical year.

As many of you know, the Eastern Shore of Maryland is a federally designated as a Health Professional Shortage Area and a Medically Underserved Area, and to date UMES is only Physician Assistant Program located on the Eastern Shore of Maryland. The UMES PA Program was created to address the health professional shortage and support and promote health professional diversity on the Eastern Shore. Our mission is to recruit and retain local health local students, as over 50% of our student population is from the local area.

Therefore, it is paramount that our state support and remove barriers from practice in an effort to retain newly graduated physician assistants. The current state laws do not foster recruitment of or retaining new graduates, but serve as an administrative barrier that delays and deters physician assistants from being hired and utilized to their fullest potential, in comparison to our neighboring states of Delaware and Virginia. The PA community is not looking to change their scope of practice or their relationship and collaborative partnership with the physician community.

Last week, I have heard testimony with regards to the extent of physician assistant training and as a physician assistant educator, I can assure you that medical training that PA students receives is robust and highly regulated. The PA profession has one of the most vigorous accrediting body which is the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The University System of Maryland, and Maryland PA Programs can attest to this, as it takes years for PA Programs to be developed and accredited and it also takes highly qualified PA leaders to do so.

With regards to compliance and oversight of the curriculum and training, the ARC-PA requires that a Board Certified Physician participates in the design and development of the curriculum and training to ensure that we are staying in compliance within the standard of practice and within our scope. We have over 9 credits dedicated to Clinical Pharmacology which equates to

over 126 hours contact hours; which is taught by Clinical Pharmacist, local health professionals to include physicians and physicians assistants. Our students also have over 100 ours of didactic and clinical education with regards to mental/behavioral health education and practice. Maryland Physician Assistant Programs produce students are academically and clinical compent to perform the task required of them once they graduate. All new graduate health professionals will start as novice learners once they arrive to their practice site for the first time. However, like all health care professionals, they will grow and advance in their practice and desired health care discipline and will earn the right and privilege to practice at the full scope of the clinical and legal capacity.

In closing, the PA community seeks supportive legislation that will support the health care community to work with all members of the health care team and allow physician assistants to work to their fullest capacity. Allowing physician assistants to work at the top of their license will help to close gaps on access and health care equity.

Tiffany Maxwell

Tiffany S. Maxwell, DHSc., MSA, PA-C

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2023-03-13 13-00 1.pdf

Uploaded by: Timothy Sparta

Position: FAV



Committee: Finance

Bill: SB 673/674 Physician Assistant Modernization Act / Physician Assistant Parity Act

Position: SUPPORT (FAVORABLE)

3/13/23

Timothy Sparta MS, PA-C

Members of the Senate,

My name is Timothy Sparta and I have been a practicing PA in the state of Maryland for the past 13 years. Since my graduation from the Rutgers' Physician Assistant Program located in Piscataway, NJ in 2010, I have provided primary care and emergency care to patients in rural healthcare settings throughout the Eastern Shore of Maryland. I work along Physicians, Nurse Practitioners, other Physician Assistants and many other healthcare professionals to provide patients with a team-based model of healthcare. Patients living in rural regions of Maryland deserve the same healthcare as patients living in suburban and urban regions.

I have also been involved in the development of the University of Maryland Eastern Shore Physician Assistant Program, one of only 6 HBCU PA Programs throughout the country. I currently practice adult internal medicine and assist with the clinical education of the UMES PA students. We recently graduated our first cohort of 16 students and at least 6 of them have obtained employment on the eastern shore. These students will not only help alleviate the healthcare professional shortage throughout the state, but they are also trained to provide primary care to our most underserved patient populations in Maryland.

This past year, I was elected as the President of the Maryland Academy of Physician Assistants. Serving as the President of MdAPA, I have had the chance to attend several statewide meetings discussing the impact of healthcare professional shortages on patients. It is clear that something needs to be done now to ensure that all Marylanders have access to healthcare for decades to come. As lawmakers and healthcare providers, we need to work together to provide answers to the current healthcare professional shortage. Physician Assistants are fully capable to assist with this dilemma and help alleviate the demand being placed on the healthcare system at this point of time.

SB 673/674 provides solutions at the practice level which will allow PAs in Maryland to practice medicine commensurate with our level of education and experience. As PAs, we truly respect our relationship with our physician colleagues and understand the importance of collaborating with a variety of healthcare professionals from all specialties to ensure patients receive the best care. Many of the surrounding states have already adopted regulations similar to those proposed in SB 673/674. Let us do what is right for our patients and make progress to eliminate the healthcare gaps we are currently experiencing. In closing, I would like to thank the members of the Senate for this opportunity to highlight our profession and would strongly encourage your support of SB 673/674.

SB 674- PA Parity Act- FAV testimony_TDoran.pdf

Uploaded by: Todd Doran

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: [SB674 – Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 674- PA Modernization Act.**

I recently accepted the position as Department Chair and Program Director of the Frostburg State University Physician Assistant (PA) Program. I started in December 2023, and I live and work in Hagerstown. My understanding is the original justification for the program was the State of Maryland wanted a PA Program in Western Maryland to address the prominent healthcare disparities that plague the western counties in the state. The program is about to graduate the 3rd class of 25 students in May. Graduates are very sensitive to equity issues in general related to the diversity, equity, and inclusion issues embedded into modern curriculum. Additionally, our graduates have the ability to practice in Virginia, Pennsylvania, and West Virginia, by driving no more than 20 minutes from campus. This generation is very savvy at evaluating state laws related to PA practice and it is part of the curriculum as well.

In essence, this bill brings PA practice into alignment with our advanced practice nursing colleagues. Modern PA curriculum includes didactic and clinical instruction for emergent situations outlined in this bill such as issues related to the guardianship of disabled persons, admission of individuals to mental health facilities, the Emergency and Allergy Treatment Program, the Attendant Care Program, and petitions for extreme risk protective orders. We are equally qualified to our advanced practice nursing colleagues to provide this care and facilitate access to this care. Removing this antiquated barrier will be beneficial to the Western Maryland residents that our graduates care for as evidenced by a letter of support for this bill by Frostburg State University.

The Frostburg State University PA Program appreciates the fiscal support provided to the program, students, and graduates, and I, as a private citizen ask the Senate to do the equitable thing and pass this bill out of committee for a vote on the floor as a sign of support for Western Maryland residents, PA graduates who practice here, and as a show of good faith to encourage our future graduates to stay and practice in the state.

Sincerely,

Todd

Todd J. Doran, Ed.D., PA-C, DFAAPA

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SB 674 - Physician Assistants Parity Act of 2023 -

Uploaded by: Vanessa Purnell

Position: FAV



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Vanessa Purnell
Assistant Vice President, Government
Affairs

**SB 674 – Physician Assistants – Parity with Other Health Care Practitioners
(Physician Assistant Parity Act of 2023)**

Position: *Support*

March 14, 2023

Senate Finance Committee

Bill Summary

There are numerous provisions within different articles of the Code where physicians, nurses, nurse practitioners, and other clinicians and health care professionals have specific authority, but physician assistants have not been included. This bill seeks to add physician assistants to the various sections of the code, including:

- ***Correctional Code*** – allows a physician assistant to admit a pregnant inmate to the infirmary for care;
- ***Estates and Trusts Article*** – allows a physician assistant as one of the health care professionals permitted to sign a petition for guardianship;
- ***Health General Article*** – allows a physician assistant to be one of the health care providers to examine a patient prior to providing, withholding, or withdrawing treatment;
- ***Health Occupations Article*** – allows a physician assistant to be consulted where they are providing services to the patient instead of or in addition to a primary care physician;
- ***Human Services Article*** – allows a physician assistant as one of the health care professionals permitted to sign a certification form for financial assistance;
- ***Public Safety Article*** – allows a physician assistant as one of the health care professionals permitted to sign a petition for a protective order; and
- ***State Personnel and Pension Article*** – allows a physician assistant as one of the health care professionals permitted to sign a certificate of illness or disability.

Rationale

MedStar Health is the largest health care provider in Maryland Washington, D.C. region. MedStar Health's more than 300 care locations include 10 hospitals, 33 urgent care clinics, ambulatory care centers, and primary and specialty care providers. We are also home to the MedStar Health Research Institute and a comprehensive scope of health-related organizations all recognized regionally and nationally for excellence. MedStar Health has one of the largest graduate medical education programs in the country, training 1,150 medical residents annually, and is the medical education and clinical partner of Georgetown University.

Position: Support

March 14, 2023

Page 2

MedStar Health's team of more than 32,000 includes physicians, nurses, and many other clinical and non-clinical associates who together support MedStar Health's patient-first philosophy that combines care, compassion, and clinical excellence with an emphasis on customer service.

Physician assistants and nurse practitioners play a critical role in delivering health care to patients in every corner of Maryland. In recent years, physician assistants have become an increasingly important class of medical practitioners in the health care system. Following Physicians, Physician Assistants and Nurse Practitioners are the most skilled among the commonly observed types of medical practitioners, having earned a master's degree from an accredited medical sciences program. Further, PAs perform many of the same tasks as physicians within the U.S. healthcare system. We are confident in their abilities and are certain they will perform their duties with the highest standards of care. Consequently, we believe they should have been included in the various sections of the code.

We support SB 674 because, over the last two decades, Physician Assistants have inadvertently not been included under many provisions of law in numerous sections of the Maryland Code. This proposal attempts to address those instances where PAs have the education, training, and expertise to perform those enumerated duties. SB 674 will address those omissions and oversights.

For the reasons stated above, we ask that you give SB 674 a ***favorable*** report.

2023 SB674 Written Testimony.pdf

Uploaded by: Deborah Brocato

Position: UNF



Opposition Statement SB674

Physician Assistants - Parity with other Health Care Practitioners
(Physician Assistant Parity Act of 2023)
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Strongly Oppose SB674

On behalf of our 200,000 followers across the state, we respectfully yet strongly object to SB674. While we recognize the value of physician assistants in the delivery of quality healthcare, Maryland Right to Life requests an amendment to exclude abortion purposes being used for this bill or unfavorable report.

As written, SB674 diminishes professional standards of patient care expanding the scope of practice of physician assistants which would include abortion services. Without specific language excluding the application of this bill to abortion, physician assistants would be authorized to provide abortion services including administering the legal chemical abortion drugs. As this bill specifies the intervention for individuals with disabilities or mental disorders, SB674 puts women and girls at risk for coercion. The Department of Health includes a woman's mental health as a reason to cover abortion services (see Fact Sheet #6). This bill must be considered in the legislative context in which the Assembly continues to increase the number of healthcare roles to be licensed or certified for abortion services. Taxpayers should not be forced to pay for the reimbursement of these abortion services.

The Abortion Care Access Act of 2022 removed the physician requirement for abortion services thereby removing a level of safety for women and girls. The physician has many more years of training and education than the physician assistant which affords him/her greater knowledge of the overall health status of the pregnant woman or girl. The physician has greater capability of determining possible complications of pregnancy such as ectopic pregnancy, molar pregnancy or other abnormal gestation. Use of the abortion pill has resulted in at least 20 deaths and over 2,000 adverse events. (see NIH article and Lifeneews article) The statistics stated in the article were obtained when the woman or girl was still required to be in person at a physician's office for physical exam. Now, telehealth allows chemical abortion pills to be prescribed without a physical exam.

Put patients before profits. The abortion industry is asking the state to authorize them to put profits over patients. Maryland Right to Life opposes introduction or passage of any bill dealing with the "scope of practice" of any health care professional which doesn't include language excluding abortion. Scope or independence of practice typically describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.



Opposition Statement SB674, page 2 of 2

Physician Assistants - Parity with Other Health Care Practitioners
(Physician Assistant Parity Act of 2023)
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We take this position because it has long been the strategy of the pro-abortion movement to use a broad definition of that “scope” as a means to increasing the number of lower healthcare professionals licensed to provide abortion services. Expanding the number of people who can provide abortion will increase the number of unborn children being killed and will put more women at risk of substandard medical care, injury and death.

The medical scarcity in abortion practice is a matter of medical ethics not provider scarcity, as 9 out of 10 OB/Gyn’s refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being. The abortion industry’s solution is two-fold: (1) authorize lower-skilled workers and non-physicians to perform abortion, and (2) authorize abortionists to remotely prescribe abortion pills across state lines.

Licensed physicians require a minimum of 11 years of training and education that includes a minimum 3 year residency. Physicians may go on for fellowship programs. As a practicing physician, doctors are required to complete 200 hours of continuing education every 4 years. By contrast, an individual can become a physician assistant in as little as 6 years and there is no equivalent of a residency. While a PA may continue their education, the doctor is also doing this. A physician starts with a greater base level of training and education and continues her education during her career.

D-I-Y Abortions: While the Supreme Court imposed legal abortion on the states in their 1973 decisions *Roe v. Wade* and *Doe v. Bolton*, the promise was that abortion would be safe, legal and rare. But in 2016, the Court’s decision in *Whole Woman’s Health v. Hellerstedt* prioritized “mere access” to abortion facilities and abortion industry profitability over women’s health and safety.

The abortion industry itself has referred to the use of abortion pills as “Do-It-Yourself” abortions, claiming that the method is safe and easy. But chemical abortions are 4 times more dangerous than surgical abortions, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%. Now, with TELABORTION, pregnant women and girls are further exposed to the predatory practices of the abortion industry.

Abuse of Abortion Drugs: The state is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly.

The women and girls of Maryland deserve better than lowered medical standards of care. Maryland Right to Life strongly urges an amendment to exclude abortion purposes from this bill. Without it, we ask for an unfavorable report for **SB674**.

Factsheet6_Abortion Services (1).pdf

Uploaded by: Deborah Brocato

Position: UNF



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Maryland Medicaid Program Abortion Services

It is important to check the Eligibility Verification System (EVS), as certain women are not eligible for abortion services. **Abortion is not covered for women in the following eligibility categories:**

- C13P – Hospital Presumptive Eligibility
- C10 – Family Planning presumptive eligibility cases
- P02 and P11– Pregnant women who are eligible for Medicaid based on pregnancy
- P10 – Family Planning Program
- X02 – Women eligible for emergency medical services only
- X03 – MAGI women eligible for emergency medical services only

Abortion may be covered for women in other eligibility coverage groups if one of the following five medical reasons apply:

- Risk to life of the mother
- Risk to mother’s current or future somatic health
- Risk to mother’s current or future mental health
- Fetal genetic defect or serious deformity or abnormality
- Mother was a victim of rape or incest

Abortion services may be covered for minors within the scope and limitations outlined in Maryland minor consent laws. A physician may not perform an abortion on an unmarried minor unless the physician first gives notice to a parent or guardian of the minor, except as provided with respect to “incomplete notice” and “waiver of notice” (Md. Code Ann., Health-Gen. II § 20-103(a)). For more information about Maryland Minor Consent Laws go to: https://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/docs/pre-redesign/publications_resources/Maryland_Minor_Consent_Laws_10.26.12.docx

Managed Care Organizations are not permitted to cover abortion procedures. Claims for abortion procedures for women enrolled in HealthChoice who meet the above qualifications must be submitted to the Medicaid fee-for-service (FFS) program for the following:

- Abortion procedures;
- Related services provided at a hospital on the day of the procedure or during an inpatient stay; or
- An abortion package as provided by a freestanding clinic.

Claims for any related services not indicated above that are performed as part of a medical evaluation prior to the actual abortion procedure must be billed to the MCO. This includes the service for which the provider who performs the procedure completes a **Certification for Abortion Form (DHMH 521)**.

The **Certification of Abortion** (DHMH 521) form must be completed and kept in the patient's medical record for services related to the termination of a pregnancy (except spontaneous abortion or treatment of ectopic pregnancy) or for medical procedures necessary to voluntarily terminate a pregnancy for victims of rape and incest. These include surgical CPT procedures 59840-59841, 59850-59852, 59855-59857, and 59866 and anesthesia code 01966. The form is available on the MDH web at <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>

The medical record must reflect the medical necessity for the therapeutic abortion as determined by the certifying physician. The specific condition for which the abortion is being performed must be documented in the record. Completion of the certification form (DHMH 521) alone is not sufficient to serve as documentation, nor is it sufficient to render a clinical opinion and/or diagnosis without supporting evidence in the medical record. Lack of acceptable documentation in the medical record will cause the Program to deny payment, or in cases where payment has been made, the Program will require repayment from the provider.

Medicaid encourages abortion and abortion related service providers to bill electronically. The DHMH 521 is not required to be submitted with the claim. **Indicate the appropriate 2-alpha character condition code in Block 10d** of the claim form. Refer to the Program's **CMS-1500 Billing Instructions** for complete details at <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>

Medical Abortion: Termination of Early Pregnancy

- For explanation of billing codes for medically induced abortion through the administration of Mifepristone (**S0190**) and Misoprostol (**S0191**), refer to Physician Transmittal #141/Abortion Clinics #2 at https://mmcp.health.maryland.gov/MCOupdates/Documents/pt_21-17.pdf
- The ICD code for **legally induced abortion** or **failed attempted abortion** must be the primary diagnosis on the claim.
- "Medical Abortion" must be written on the *CMS-1500 claim* below the procedure code in **Block 24D**.
- The date of service on the DHMH 521 and the CMS-1500 claim form is the date that the patient signs the required Patient Agreement and takes the oral dose of Mifepristone.
- The fee for **S0199** includes patient counseling, all medically necessary office or out-patient clinic visits, pregnancy test, sonogram to confirm pregnancy and ultrasound to confirm completion of the abortion. Do not bill for office visits in addition to procedure code S0199.

For additional information, go to the **Professional Services Provider Manual and Fee Schedule** at: <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>

For questions regarding Medicaid's reproductive health services, contact the Division of Community Liaison and Care Coordination at 410-767-3605.

Lifenevs Abortion Pill deaths.pdf

Uploaded by: Deborah Brocato

Position: UNF

The Abortion Pill Has Killed 26 Women That We Know Of, But They Keep Claiming It's "Safe"

<https://www.lifenews.com/2022/02/21/the-abortion-pill-has-killed-26-women-that-we-know-of-but-they-keep-claiming-its-safe/>

Opinion | Dave Andrusko | Feb 21, 2022 | 11:47AM | Washington, DC

The beauty, for lack of a better word, of the abortion industry's strategy is how studies supporting whatever it is they want promoted just happen to come out at the right time.

Take "Safety and effectiveness of self-managed medication abortion provided using online telemedicine in the United States: A population based study" which was published yesterday in The Lancet.

Here's the "Background":

As access to clinical abortion care becomes increasingly restricted in the United States, the need for self-managed abortions (i.e. abortions taking place outside of the formal healthcare setting) may increase. We examine the safety, effectiveness, and acceptability of self-managed medication abortion provided using online telemedicine.

Get it? As more protections are passed in more states, the need for "self-managed" abortions grows and grows. This study is intended to assure everyone that "Do It Yourself" abortions performed by the woman is safe, safe, safe.

REACH PRO-LIFE PEOPLE WORLDWIDE! Advertise with LifeNews to reach hundreds of thousands of pro-life readers every week. Contact us today.

According to Politico Pulse, "The peer-reviewed study, led by University of Texas at Austin professor Abigail Aiken, comes on the heels of the FDA's decision to permanently loosen restrictions on abortion pills and allow people to obtain them via telemedicine and by mail and as a wave of GOP states advance bills to limit their access or ban them entirely."

So, naturally, of the 3,000 "self-managed" abortions in 2018 and 2019

96.4 percent reported successfully ending their pregnancy without follow-up surgery.

Of the 1 percent that reported treatment of a serious adverse event, 0.6 percent reported receiving a blood transfusion, while 0.5 percent reported receiving intravenous antibiotics.

No deaths were reported.

What to say? **For starters, we know of 26 death associated with the use of mifepristone and misoprostol. And things are much more dangerous now.**

These figures—the 26 deaths and the thousands of adverse events such as hemorrhage, infection, and ectopic pregnancy—were obtained under the old REMS [Risk Evaluation and Mitigation Strategy] regulations. Those required the woman to go to the office visit to pick up the pills.

What about "adverse events reports"? There are thousands of them.

I asked Dr. Randall K. O'Bannon, director of Education & Research, about the study which demonstrated that chemical abortions in general are dangerous, but that telemedical chemical abortions are even worse.

You only need to look at the last name on the author list to know that this is hardly some objective scientific study. Rebecca Gomperts is the queen of abortion pill publicity stunts, responsible for the abortion ship, the abortion train, the abortion bus, the abortion drone, multiple abortion hotlines, and the infamous "I need an abortion" website where women all over the world can order abortion pills online and from their smartphones.

This is only her latest stunt where Gomperts, in direct defiance to the U.S. Food and Drug Administration (FDA), has formed a group called “Aid Access” and has been shipping abortion pills to women in the United States. Though the sale and use of abortion pills are already legal in all fifty states, with a few minor safeguards, Gomperts decided in 2018 to bring her online sales operation to the U.S. because “access to abortion in the clinic setting is moving further out of reach due to restrictive state legislation.”

If this were truly her driving concern, one would have expected Gomperts to concentrate her sales campaign on those states with the most or the strongest restrictions. But Gomperts is proud to note that Aid Access “offers self-managed abortion, operating outside the formal U.S. healthcare setting in all 50 states.” That includes many states where telemedical abortion was already legally available.

Gomperts’ concern for women’s health is also questionable. Though she claims that she had “success” rates of over 96% with only 1% reporting treatment for a “serious adverse event,” she obtains these rates only by ignoring the outcomes of the 30% of patients of whom her study lost track.

The high numbers lost to follow-up are of great concern not just because they potentially compromise the safety and efficacy numbers, making these ‘self-managed’ abortions seem safer or more “effective” than they actually are, but also because this is the fundamental worry about mail-box abortions. That is, that women will get these, have problems, and get lost in the medical system. They will suffer infections, hemorrhages, ruptured ectopic pregnancies, or worse, without anyone ever knowing that the abortion pill was responsible. (Groups like Aid Access have even gone so far as to advise women seeking help at the local emergency room that they do not need to tell the doctors they are having a chemical abortion, that it is indistinguishable from a miscarriage.)

Politics and publicity are at the heart of everything Gomperts does, not science, and certainly not women’s health and safety. This study is just the latest stunt in Gomperts campaign to make abortion pills broadly available, no matter what the practical consequences might be for women and their unborn babies.

LifeNews.com Note: Dave Andrusko is the editor of National Right to Life News and an author and editor of several books on abortion topics. This post originally appeared in at National Right to Life News Today — an online column on pro-life issues.

NIH Abortion Pill Adverse Events (1).pdf

Uploaded by: Deborah Brocato

Position: UNF

PubMed National Institute of Health

National Library of Medicine, National Center for Biotechnology Information

<https://pubmed.ncbi.nlm.nih.gov/33939340/>

2021 Spring;36(1):3-26.

Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient from September 2000 to February 2019

Kathi Aultman 1, Christina A Cirucci, Donna J Harrison 2, Benjamin D Beran 3, Michael D Lockwood 4, Sigmund Seiler 5

Affiliations expand

PMID: 33939340

Abstract

Objectives: Primary: Analyze the Adverse Events (AEs) reported to the Food and Drug Administration (FDA) after use of mifepristone as an abortifacient. Secondary: Analyze maternal intent after ongoing pregnancy and investigate hemorrhage after mifepristone alone.

Methods: Adverse Event Reports (AERs) for mifepristone used as an abortifacient, submitted to the FDA from September 2000 to February 2019, were analyzed using the National Cancer Institute's Common Terminology Criteria for Adverse Events (CTCAEv3).

Results: The FDA provided 6158 pages of AERs. Duplicates, non-US, or AERs previously published (Gary, 2006) were excluded. Of the remaining, there were 3197 unique, US-only AERs of which there were 537 (16.80%) with insufficient information to determine clinical severity, leaving 2660 (83.20%) Codable US AERs. (Figure 1). Of these, 20 were Deaths, 529 were Life-threatening, 1957 were Severe, 151 were Moderate, and 3 were Mild.

The deaths included: 9 (45.00%) sepsis, 4 (20.00%) drug toxicity/overdose, 1 (5.00%) ruptured ectopic pregnancy, 1 (5.00%) hemorrhage, 3 (15.00%) possible homicides, 1 (5.00%) suicide, 1 (5.00%) unknown. (Table 1).

Retained products of conception and hemorrhage caused most morbidity. There were 75 ectopic pregnancies, including 26 ruptured ectopics (includes one death).

There were 2243 surgeries including 2146 (95.68%) D&Cs of which only 853 (39.75%) were performed by abortion providers.

Of 452 patients with ongoing pregnancies, 102 (22.57%) chose to keep their baby, 148 (32.74%) had terminations, 1 (0.22%) miscarried, and 201 (44.47%) had unknown outcomes.

Hemorrhage occurred more often in those who took mifepristone and misoprostol (51.44%) than in those who took mifepristone alone (22.41%).

Conclusions: Significant morbidity and mortality have occurred following the use of mifepristone as an abortifacient. A pre-abortion ultrasound should be required to rule out ectopic pregnancy and confirm gestational age. The FDA AER system is inadequate and significantly underestimates the adverse events from mifepristone.

A mandatory registry of ongoing pregnancies is essential considering the number of ongoing pregnancies especially considering the known teratogenicity of misoprostol.

The decision to prevent the FDA from enforcing REMS during the COVID-19 pandemic needs to be reversed and REMS must be strengthened.

Keywords: Abortifacient; Abortion Pill; Adverse Event Reports; Adverse Events; DIY Abortion; Drug Safety; Emergency Medicine; FAERS; FDA; Medical Abortion; Medical Abortion Complications; Mifeprex; Mifepristone; Misoprostol; No touch abortion; Post-marketing Surveillance; REMS; RU-486; Risk Evaluation Mitigation Strategy; Self-Administered Abortion.

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Similar articles

Mifepristone Adverse Events Identified by Planned Parenthood in 2009 and 2010 Compared to Those in the FDA Adverse Event Reporting System and Those Obtained Through the Freedom of Information Act.

Cirucci CA, Aultman KA, Harrison DJ. *Health Serv Res Manag Epidemiol.* 2021 Dec 21;8:23333928211068919. doi: 10.1177/23333928211068919. eCollection 2021 Jan-Dec. PMID: 34993274 Free PMC article.

Analysis of severe adverse events related to the use of mifepristone as an abortifacient.

Gary MM, Harrison DJ. *Ann Pharmacother.* 2006 Feb;40(2):191-7. doi: 10.1345/aph.1G481. Epub 2005 Dec 27. PMID: 16380436

MPA Testimony 2023 - Oppose - Senate Bill 674 - Ph

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Position: UNF



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March 13, 2023

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Senator Katherine A. Klausmeier, Vice-Chair
Miller Senate Office Building, 3 East Wing
11 Bladen Street
Annapolis, MD 21401

Dear Chair Griffith, Vice Chair Klausmeier, and Members of the Committee:

**RE: SB 674 Physician Assistants – Parity With Other Health Care Practitioners
Position: OPPOSE**

Dear Chair, Vice-Chair and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the House Health and Government Operations Committee to **UNFAVORABLY report on SB 674.**

This bill would allow a Physician Assistant to be a second evaluator of individuals in a variety of urgent and emergency situations, many involving their mental health. Physician Assistants are not able to independently practice in Maryland and do not have the required education and training in mental health to assess the emergency needs of the individuals in these circumstances. **Allowing untrained practitioners who are not able to practice independently to evaluate and make these decisions, we believe, is not in the interests of vulnerable individuals in these circumstances.**

Thank you for considering our comments on SB 674. If we can be of any further assistance as the Senate Finance Committee considers this bill, please do not hesitate to contact MPA's Legislative Chair, Dr. Pat Savage at mpalegislativcommittee@gmail.com.

Respectfully submitted,

Rebecca Resnick, Psy.D.

Rebecca Resnick, Psy.D.
President

R. Patrick Savage, Jr., Ph.D.

R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

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2023 LCPCM SB 674 Senate Side OPP.pdf

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Position: UNF



Committee: Senate Finance Committee

Bill Number: Senate Bill 674 - Physician Assistants – Parity with Other Health Care Practitioners

Hearing Date: March 14, 2023

Position: Unfavorable

The Licensed Clinical Professional Counselors of Maryland (LCPCM) opposes *Senate Bill 674-Physician Assistants – Parity with Other Health Care Practitioners (Physician Assistant Parity Act of 2023)*.

LCPCM highly values physician assistants (PAs) as part of the care team. Their role is invaluable in ensuring access to care in a full range of settings. We do not have concerns about every provision of this bill, but the provisions relating to behavioral health give us enough pause to ask for the bill to be evoted unfavorably.

We met with the physician assistants a week ago, and they were very gracious in answering our questions about their education, licensure requirements, and their current delegation agreement arrangement with physicians. We think that physician assistants can play a valuable role in extended the primary care team’s role into behavioral health, but we are unclear if most physician assistants have the didactic education, clinical education, and experience to play the same role as behavioral health providers in certain parts of the behavioral system, particularly in institutional settings.

We understand that some physician assistants may gain behavioral health experience by virtue of working in a setting with a focus on behavioral health. It is not clear if this experience is sufficient to allow them to practice more within the role of a behavioral health provider in those circumstances. For example, under the curret law for the involuntary admissions process, an admission requires to be signed by a physician and a pscychologist, two physicians, a physician and a psychiatric nurse practitioner, a physician and a licensed clinical social worker – C, or a physician and an LCPC. The bill adds a physician assistant as the secondary signatory to a physician. We have many concerns about this provision including:

- 1) There is no requirement that the physician assistant have certain educational and experience requiremnets related to behavioral health. Many physician assistants are generalists and would not have the appropriate background.

2) Physician assistants work under a delegation agreement with a physician, so if the two signatories are the supervising physician and their physician assistant under a delegation agreement, then there is concern that the physician assistant will not be in the position to make an independent decision that could potentially contradict their supervisor. To preserve the patient's rights, it is essential that both clinicians be completely independent of each other in making their judgements.

We would note that we think there may be other provisions in this bill that are reasonable and should be considered to move forward. However, at this point in session, we are unsure if there is time to sort through this lengthy and complex bill. Nevertheless, if the Committee decides that it would like to seriously consider this legislation, we would be very happy to work with the Committee and stakeholders on this bill.

We ask for an unfavorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

SB 674 - Oppose - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: UNF



March 13, 2023

The Honorable Melony Griffith
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: Oppose - Senate Bill 674: Physician Assistant Modernization Act of 2023

Dear Chair Griffith and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those who have a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS oppose Senate Bill 674: Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023) (SB 674). Physician assistants (PAs) and physicians are two distinct healthcare professions with different training, education, and levels of authority. While PAs are highly skilled and trained healthcare professionals who can perform many of the same tasks as physicians, they do not have the same authority as physicians for a couple of reasons.

Firstly, physicians have undergone extensive medical training that spans several years beyond that of PAs, including four years of medical school and a residency program that can take anywhere from three to seven years. In contrast, PAs typically complete a two-year master's degree program, which is shorter and less rigorous than the training of physicians. Secondly, physicians have more responsibility and liability than PAs because they are ultimately responsible for the care of their patients, including making final medical decisions, prescribing medications, and performing complex medical procedures. This level of responsibility requires the in-depth knowledge and experience that physicians have acquired through their extensive training.

Collaborative practice between physicians and PAs is a hallmark of modern healthcare, as it ensures that patients receive high-quality care from a team of healthcare professionals with complementary skills and expertise.



MPS/WPS are most concerned about SB 674's willingness to give PA's the ability to certify individuals for involuntary commitment. Many of our members, who have been practicing for decades, have never seen a PA work in psychiatry. This is in stark contrast to psychiatric nurse practitioners and even certified social workers – clinicians and licensed clinical professional counselors, who regularly practice in this space. Certifying an individual for involuntary commitment is a serious responsibility that involves making significant decisions regarding the individual's civil liberties and rights. Involuntary commitment requires a comprehensive assessment of the individual's somatic and mental health, including their psychiatric history, current symptoms, and risk of harm to themselves or others. Ensuring that those making decisions regarding involuntary commitment have the necessary training, knowledge, and experience is vital in making informed decisions in the patient's best interest.

For those reasons, MPS/WPS asks this committee for an unfavorable report on SB 674. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Joint Legislative Action Committee
of the Maryland Psychiatric Society and the Washington Psychiatric Society