

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.

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