

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,



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