



Committee: Health and Government Operations Committee

Bill Number: House Bill 722 Physician Assistants – Parity with Other Health Care Practitioners

Hearing Date: March 6, 2023

Position: Unfavorable

The Licensed Clinical Professional Counselors of Maryland (LCPCM) opposes *House Bill 722-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.