

Hearing Date: March 6, 2023

Committee: Health and Government Operations

Bill: [HB722 – Physician Assistants - Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (Favorable)

I write this letter **in support of HB 722- the PA Parity Act of 2023**. 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.

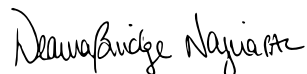
While we do not have the same training as physicians, our training and education is based on the medical model and extremely rigorous. We diagnose conditions, both medical and psychiatric, order laboratory and imaging studies, refer patients to consultant colleagues and accept referrals from others, 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 HB722** 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

Deanna.Bridge@gmail.com

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>

PAs are required to re-certify by taking a national certification exam called the PANRE. Additionally, PAs must complete 100 hours of continued medical education (CME) every two years.