



Statement of Maryland Rural Health Association

To the House Health Committee

Chair Heather Bagnall

January 25, 2026

House Bill 377: Physician Assistants - Parity With Other Health Care Practitioners

POSITION: SUPPORT

Chair Bagnall, Vice Chair Cullison, Delegate Johnson, and members of the Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of House Bill 377: Physician Assistants - Parity With Other Health Care Practitioners.

The MRHA strongly supports this bill which seeks to ensure that physician assistants are authorized to perform similar clinical functions as other health care practitioners in emergency and psychiatric care roles. These functions involve conducting evaluations for involuntary and voluntary psychiatric hospital admission as well as certifying a patient's mental capacity for decision-making.

Mental health crises have been rising in the United States, with psychiatric emergencies and suicidal rates reaching an all time high.¹ Studies demonstrate that approximately 53 out of 1000 adult are evaluated in the emergency department for a mental health crisis each year and that many emergency departments do not have an adequate number of providers to meet this demand.^{1,2} This strain is especially pronounced in rural communities, which face greater provider shortages and higher suicide rates compared to urban areas.³

As demand for psychiatric emergency personnel continues to grow, several states have expanded the role of Physician Assistants (also referred to as Physician Associates) in emergency and psychiatric settings.^{4,5} Even in states where this expanded authority is not explicitly codified, Physician Assistants still play a significant role in psychiatric emergency care evaluations.^{6,7} The American Association for Emergency Psychiatry (AAEP) has similarly encouraged the use of Physician Assistants to help manage patient volume and triage within Psychiatric Emergency Departments.²

The MRHA believes that codifying and expanding the role of Physician Assistants will help address emergency psychiatric provider shortages in Maryland and improve access to care, especially for individuals living in rural communities. House bill 377 aligns with AAEP recommendations and reflects practices already seen in other states. As such, we strongly encourage your support on this bill.

With appreciation,

The Maryland Rural Health Association

P.O. Box 3128 LaVale, MD 21504

1. Andrew Anderson, Matthew D Eisenberg, Alene Kennedy-Hendricks, Brian C Castrucci, Sandro Galea, Catherine K Ettman, Mental health crises and help-seeking among US adults in 2024-2025, *Health Affairs Scholar*, Volume 3, Issue 9, September 2025, qxaf166, <https://doi.org/10.1093/haschl/qxaf166>
2. American Association for Emergency Psychiatry Recommendations to Address Psychiatric Staff Shortages in Emergency Settings
3. Edwards, A., Hung, R., Levin, J. B., Forthun, L., Sajatovic, M., & McVoy, M. (2023). Health Disparities among Rural Individuals with Mental Health Conditions: A Systematic Literature Review. *Rural mental health*, 47(3), 163–178. <https://doi.org/10.1037/rmh0000228>
4. Ohio Revised Code § 4730.204
5. Washington State Legislature, HB 2041 - 2023-24
6. San Bernardino County: Authorization and Designation Pursuant to the Lanterman-Petris-Short (LPS) Act Policy
7. Universal Citation: GA Code § 37-3-41 (2024)