

HOUSE BILL REPORT

SSB 6445

As Reported by House Committee On: Health Care & Wellness

Title: An act relating to clarifying the role of physician assistants in the delivery of mental health services.

Brief Description: Clarifying the role of physician assistants in the delivery of mental health services.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Braun and Angel).

Brief History:

Committee Activity:

Health Care & Wellness: 2/24/16, 2/26/16 [DPA].

Brief Summary of Substitute Bill (As Amended by Committee)

- Includes physician assistants among other mental health professionals that have authority or duties concerning mental health treatment.
- Allows physician assistants to provide services that are consistent with their delegation agreement with a supervising physician and to practice in any area of medicine or surgery as long as the practice is not beyond the supervising physician's scope of expertise and practice.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 14 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Short, Tharinger and Van De Wege.

Staff: Ariele Landstrom (786-7190).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

"Physician assistant" is defined as a person who is licensed by the Medical Quality Assurance Commission to practice medicine to a limited extent only under the supervision of a physician and who is academically and clinically prepared to provide health care services and perform diagnostic, therapeutic, preventative, and health maintenance services. "Osteopathic physician assistant" is defined as a person who has satisfactorily completed a training program, approved by the Board of Osteopathic Medicine and Surgery, designed to prepare persons to practice osteopathic medicine to a limited extent. Physician assistants or osteopathic physician assistants may not perform health care services in areas related to vision, dentistry or dental hygiene, chiropractic, or podiatric medicine or surgery.

Throughout many mental health provisions of the Revised Code of Washington and administrative rules, physician assistants and osteopathic physicians assistants are not specified as mental health professionals given authority or required to perform certain duties related to mental health treatment. Physician assistants may assist a licensed physician to examine and evaluate persons involuntarily detained and accepted or admitted at an evaluation and treatment facility.

Summary of Amended Bill:

Physician assistants and osteopathic physician assistants are included among other mental health professionals that have authority or duties in the following areas of mental health treatment:

- involuntary detainment or commitment and involuntary treatment;
- privileged communications;
- examination of persons charged with sexual psychopathy;
- data on mental health professionals in private establishments;
- determination of capacity for the purposes of mental health advance directives; and
- mental health services for minors.

Physician assistants must work with a supervising psychiatrist in order to be considered a developmental disabilities professional or mental health professional for the purposes of provisions related to involuntary treatment and commitment.

Physician assistants and osteopathic physician assistants may provide services that they are competent to perform based on their education, training, and experience and that are consistent with their delegation agreement with a supervising physician. The supervising physician and the physician assistant must determine which procedures may be performed and the degree of supervision under which the procedure is performed. Physician assistants may practice in any area of medicine or surgery as long as the practice is not beyond the supervising physician's own scope of expertise and practice.

Amended Bill Compared to Substitute Bill:

The amended bill:

- clarifies combinations of professionals needed to: (1) examine persons and sign petitions under the Involuntary Treatment Act; and (2) make a determination that

- inpatient mental health treatment is no longer medically necessary for a principal of a mental health advance directive;
- clarifies that affidavits to support a petition for an additional period of treatment beyond a 14-day intensive treatment period must be based on examination of the patient;
 - provides that a physician assistant must work with a supervising psychiatrist in order to be considered a developmental disabilities professional or mental health professional for the purposes of provisions related to involuntary treatment and commitment; and
 - removes the effective date that applies to two sections in the bill in order to update it for 2016.
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Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) There are hassles because some employers do not see physician assistants listed in mental health laws. When advanced registered nurse practitioners were added to mental health laws, there was loss of physician assistant jobs. The Department of Social and Health Services has said that although the law calls out for specific providers, physician assistants are allowed to provide mental health services. This situation is frustrating for patients and co-workers. There is a workforce crisis in mental health. Clarification of the law is needed so that physician assistants can be hired and keep their jobs.

This bill does not expand physician assistant scope of practice; it names physician assistants in statute to avoid confusion. They have practiced throughout the mental health system for over 40 years. Physician assistants work in in-patient and out-patient treatment, sign involuntary treatment petitions, and care for some of the most seriously ill patients at the state hospitals. Physician assistants face barriers to employment because they are not well known and the law has been silent on the role that they play. Employers imply that physician assistants are excluded and cannot hire them.

Physician assistants are graduate-prepared health care providers with prescriptive authority. Their training includes over 1,000 hours of didactic classroom training and 2,000 hours of supervised clinical practice, following a medical model covering all organ systems and areas of medicine, including mental health. They have clinical rotations in mental health and other specialties. Physician assistants graduate with a general education in medicine ready to specialize under the supervision of their supervising physician. Physician assistants work according to the tasks that they accept and that their physician gives to them in their delegation agreement and the Medical Quality Assurance Commission reviews that

agreement. Any further restrictions on physician assistants practicing in mental health are unjustified and would be crippling. Physician assistants should not be put on the sidelines.

(Opposed) This is a personal liberty issue. This bill opens the door to having someone who may be inexperienced signing petitions to take away someone's personal liberty. Some judges would not accept a physician assistant as a signatory on an involuntary treatment petition. The bill needs to have language that more tightly defines exactly what qualifications the physician assistant has in the mental health field so that not just any physician assistant that can sign these petitions. There is a need to be careful with who is allowed to take away someone's liberty because there is a 72-hour period without review.

There is opposition to having physician assistants without specialized training, not in general mental health practice, but in acute care settings and especially with involuntary treatment, where a provider can take away someone's liberty. Physician assistants need to be certified in psychiatry with an exam. The general education that a physician assistant receives does not guarantee that the physician assistant has a specialty in psychiatric care. The Involuntary Treatment Act needs sideboards about who can sign commitment forms.

Closer supervision of physician assistants by psychiatrists would be helpful. If done right this could be a way to address the shortage of health care workers in the mental health field.

(Other) Physician assistants have to graduate from an approved program, pass the national physician assistant exam, obtain a board certification for initial licensure, and have a delegation agreement. This bill clarifies the role of the physician assistant. Physician assistants, when working in the same specialty as their supervising physician, have the ability to work up to their full scope. A change that would restrict physician assistants' ability to work in the mental health field would be infringing on their scope of practice. There are only seven physician assistants in the state that would be qualified if there were a requirement that the physician assistant be certified in psychiatry. To obtain that certification, 2,000 hours minimum are needed in mental health. There should not be requirements for board-certifications for physicians or physician assistants; board certification is an enhanced qualification. Physician assistants receive specialty training in behavioral and mental health. Clinic directors are not seeing physician assistants listed in the law and terminating them from practice. Under a delegation agreement, the supervising physician must make sure that the physician assistant does not practice outside the supervising physician's scope of practice.

Persons Testifying: (In support) Susan Dula; and Kate White Tudor, Washington Academy of Physicians Assistants.

(Opposed) Bob Cooper, Washington Defender Association and Washington Association of Criminal Defense Lawyers; and Seth Dawson, National Alliance of Mental Illness.

(Other) Micah Mathews, Washington State Medical Commission.

Persons Signed In To Testify But Not Testifying: None.