

SENATE BILL REPORT

SB 6445

As of February 1, 2016

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: Senators Braun and Angel.

Brief History:

Committee Activity: Health Care: 1/28/16.

SENATE COMMITTEE ON HEALTH CARE

Staff: Kathleen Buchli (786-7488)

Background: A physician assistant is a person who is licensed to practice medicine to a limited extent 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.

The Department of Social and Health Services has adopted rules on the provision of behavioral health services and the provision of psychiatric medication services. The rules describe which health care professionals may have medical direction and responsibility, who may enter clinical notes, which health care professionals may be contracted with, and who may determine medication schedules. These rules do not currently specify physician assistants among the health care professionals who are able to perform such duties.

Summary of Bill: Physician assistants with psychiatric supervision are added to the health care professionals who may file a petition for a 14-day involuntary detention or a 90-day less restrictive alternative. Department of Social and Health Services rules on agencies providing psychiatric medication services must be updated to include physician assistants as follows:

- a physician assistant with psychiatric supervision may be assigned medical direction and responsibility;
- clinical notes in an individual clinical record must include the name and signature of the prescribing physician assistant with psychiatric supervision;

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.

- the agency providing psychiatric medication services may utilize physician assistants if it is unable to employ a psychiatrist so long as the physician assistant is able to consult with a psychiatrist for emergencies; and
- for court-ordered less restrictive alternative support services, rules must be updated to reflect that the physician assistants with psychiatric supervision may determine the schedule for an individual to receive services for the assessment and prescription of psychotropic medication appropriate to the individual.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: This clarifies the existing authority that physician assistant's have under the law. Physician assistants are not listed in the mental health law but have the training and experience to work in these settings. The bill is consistent with their scope of practice and their work with their supervising psychiatrist. We suggest that the bill be revised to include physician assistants throughout mental health law to call out them where physicians and advanced registered nurse practitioners are mentioned. This will stop confusion in practice. We support the full employment of physician assistants and allowing them to practice to the full extent of their license. It should not be spelled out in the bill how often the physician assistant spends with their supervising physician; this is governed by the practice agreement. Physician assistants work in psychiatry in all other states. We have a mental health crisis and we are integrating behavioral health into physical health; we need more practitioners to make this possible. We need to ease the burden of getting people trained and we need to allow them to work at the top of their profession.

CON: This opens the door to having inexperienced individuals signing commitment petitions and interfering with patient's liberty. We are concerned that the supervising physician won't meet the patient. There is no requirement for minimal psychiatric training. It should be required that the supervising physician also see the individual subject to the petition and minimum training standards should be stated.

Persons Testifying: PRO: Senator Braun, prime sponsor; Len Mc Comb, Washington State Hospital Association; Suzan Dula; Kate White Tudor, Washington Academy of Physician Assistants; Katie Kolan, Washington State Medical Association.

CON: Seth Dawson, National Alliance on Mental Illness, NAMI Washington; Mike De Felice, Department of Public Defense King County, Washington Defender Assoc, Wa Assoc of Criminal Defense Attys.

Persons Signed In To Testify But Not Testifying: No one.