

HOUSE COMMITTEE ON PUBLIC HEALTH

Hearing Date: March 31, 2021 8:00 AM

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COMMENTS FOR: HB 2093

Maria Elisa Hernandez-Hock, PA-C

SELF Physician Assistant

El Paso, TX

I am a psychiatric physician assistant with 14 years experience working in El Paso Texas an area of over two million including Juarez Mexico where the focus of healthcare is to meet the needs of this socially and culturally diverse border population. Within the last 8 years I have been employed by the mental health authority and have been a great asset for this community. As a bilingual physician assistant I can provide the patient the comfort of speaking in the their own language in a specialty where communication is key to differentiate suicide risk assessment and delineate the context of psychiatric symptoms to derive a diagnosis. My employer services almost 6000 patients per month. Aside from providing outpatient psychiatric services, I have been involved in monthly emergency crisis call for the city of El Paso and am the lead psychiatric provider in an integrative medical care clinic where we provide not only psychiatric services but primary care and addiction services including Medication Assisted Treatment. In my years of practice, I have also established a preceptorship program for my alma mater and taught their Medical Psychiatric Course for PA students to instill the love and passion I have for psychiatry with the hope that some of the upcoming students would also be able to bridge the gap in providing psychiatric services. During the mass shooting that rocked our community and this unprecedented time of Covid 19 our psychiatric services have been an integral support system doing text alerts discussing mental health awareness and listing the resources available to overcome any current symptomology. Per quarantine measures we have provided telepsychiatry to ensure continuity of care to our patients as well as facilitating care for new patients undergoing crisis due to the emotional threat of this pandemic.

As I have immersed myself in the psychiatric community of El Paso, I have visualized the challenges it faces. El Paso is more than reflective of the ongoing psychiatrist shortage occurring with only about 20 practicing psychiatrists for a population of almost 1 million people. The shortage equates to longer wait times for individuals who could be or are close to crisis. Appointment availability in the private sector can be 3-6 months while with the mental health authority about 6-8 weeks. The future of psychiatric services in this region continues to be threatened as more psychiatrists are due for retirement. Even with years of experience many state centers will not hire a PA because we are not classified as mental health providers. While we are in the front lines of mental health care and there are an estimated 40 million adults that experience mental illness in a given year, our hands are somewhat tied by bureaucracy. PAs must be delineated as key members of this healthcare team as PAs are more than qualified to provide the full spectrum of services needed to ensure gold standard of care for psychiatric patients in Texas.

Jimmy Conner, PA

Self Physician Assistant

San Antonio, TX

Please give this bill due consideration. Many communities in Texas have few or no mental health professionals. The PA profession can help fill this void.

Thank you for your support.

Jimmy Conner, P.A.,M.S.

John Cline

self

Dallas, TX

My name is John Cline and I am a physician assistant. I have worked in the psychiatric emergency room at Parkland Hospital in Dallas, Texas for the last six and half years. Additionally, I am the manager of advanced practice for behavioral health at Parkland Hospital and am the supervisor for about 40 psychiatric nurse practitioners and physician assistants throughout the parkland system. Parkland's psychiatric emergency room serves a safety net for those in psychiatric crisis who may not have access to other mental health resources. Our psych ER is one of the busiest in the country. A large percentage of patients we see in the psychiatric emergency room are psychiatrically underserved.

In the past, not being recognized by the state as a non-physician mental health has caused issues for both my practice of medicine, patient care and as well as having some personal consequences. I have had insurance companies have refused to cover psychiatric prescriptions that I have written for my patients because my license is not recognized as mental health professional by the state of Texas. These same prescriptions were covered by insurance when they were written by physician or our nurse practitioner colleagues. In this circumstance, it's unfair to possibly prevent patients from being able to afford their medically necessary prescriptions based on what type of provider they saw in an ER.

I also believe that not recognizing physician assistants as mental health professions puts our profession at a possible disadvantage when it comes possible hiring decisions. The state already recognizes psychiatric nurse practitioners as mental health professional. As someone who works with, supervises, and has hired trained a number of physician assistants and nurse practitioners I can confidently say that new graduates in both professions start their careers with comparable experience and both have the potential to be excellent mental health professionals.

On a personal note, I can say in the past there were student loan reimbursement opportunities for mental health professionals through the state of Texas which I was not eligible for solely because I am a physician assistant. This was open to all other mental health professionals who work with similar patient populations including psychiatrists, psychologist, psychiatric nurse practitioners, social workers, counselors and therapists.

In closing, physician assistants being recognized as non-physician mental health professionals would acknowledge the part we play in providing mental health care to the state of Texas. As the stress and isolation that covid has caused brings the importance of mental health to the forefront, adding physician assistants to the list of mental health providers would ensure that our patients know that they are receiving the best possible care for what can be a difficult problem to address.

Chad Krumpholz

Self, Physician Assistant

Belton, TX

Very appropriate correction!

Scott Hamilton, Mr.

Self

Houston, TX

Mental health options in Texas are limited and expensive. Pass this Bill and help more vulnerable Texans get mental health treatment.

Jan Frieese

Texas Counseling Association

Austin, TX

My name is Jan Friese. I represent the Texas Counseling Association reluctantly in opposition to HB 2093. We welcome the opportunity to amend HB 2093 to ensure that Physician Assistants who deliver mental health services are well qualified to do so. TCA recognizes that PAs are well trained to deliver medical services and are essential workers in our health care delivery system. Our concern is that the training programs completed by PAs across Texas provide very limited coursework on the assessment and treatment of mental health disorders. Each of the other professions included as “non-physician mental health professionals” have extensive training in mental health and hold, at a minimum, a master’s degree and/or specialized certification to work with patients who have mental health issues. I have been advised there is a committee substitute but have not yet seen it. Adding that a PA has “expertise in psychiatry” is vague and will be difficult to establish as a uniform standard. Adding the phrase “having worked in a mental health facility” is also vague and does not assure experience or additional training in the delivery of mental health services; it could mean they have only attended to the physical health care needs of the facility’s residents.

Amending the bill to ensure that any PA identified as a “non-physician mental health professional” is certified by its regulatory board will inform the public that they are well qualified to work with the very vulnerable people in need of treatment for their mental health and emotional challenges. It aligns with the requirements for other providers included in this definition.

Simply adding health care professionals who are not adequately trained to be mental health providers will NOT help resolve the mental health workforce shortages in Texas. Adding PAs to the list of non-physician mental health providers could harm consumers with serious mental health challenges who unwittingly seek mental health treatment from a PA who is neither trained nor qualified to deliver mental health services. Thank you for your consideration.

Robina Roberts, Md

Robin roberts MD

Fort Worth, TX

You must protect Yourself as well as your constituents against under trained practitioners. You really must understand the difference between the training for the physician and physicians assistant or nurse practitioner. Yes there is the rare nurse practitioner who has several years of experience under their belt. But they still don’t know what they don’t know. Yes there are physicians who are also under trained, but you do not want them taking care of you either. You do not want a legal assistant representing you in court, and you don’t want a medical assistant taking care of your complex medical condition. It is fine for an assistant to take care of every day issues, but they may not understand when the condition is more serious. I have a nurse practitioner in my office who has worked for me for 30 years, as a medical assistant until she became a nurse practitioner, and she really understands the complexity of medical conditions. She does not believe that nurse practitioners should be without any supervision. Please understand that when you allow nurse practitioners and medical assistance to practice without supervision, that you also have the bottom of the barrel medical practitioners and nurse practitioners who are then enabled to do whatever they wish to do. I personally do not want them taking care of me. And I do not believe that you would like them taken care of you or any of your constituents.

Allyson Gelman, MPAS, PA-C

Texas Academy of Physician Assistants

Houston, TX

The COVID-19 pandemic has really shown the world how vulnerable people are to having a mental health crisis. The isolation and uncertainty got to so many and we saw a huge uptick in suicides and drug overdoses over the last year. I definitely saw it in my practice. There is a great need to have as many mental health providers on deck as possible. Now is not the time to limit the pool of qualified professionals who are willing and able to provide mental health care to those who need it. We simply don't have the time to wait on enough MDs to finish their psychiatry residencies to fill this need. Physician Assistants are trained to prescribe medicine and diagnose patients and this training is easily applicable to the field of psychiatry. We are admitted to our PA programs because we have demonstrated that we are quick learners, empathetic, and able to adapt to change. It is these qualities about PAs that make us ideal candidates to become mental health clinicians. Psychiatry is included on our board exam so we are

expected to graduate from our programs with basic knowledge about psychiatric diagnoses and the medications that treat them. Prior to working in psychiatry, I practiced in primary care and I definitely prescribed a lot of antidepressants and anxiolytics in that setting. I've also done my fair share of supportive counseling in every speciality that I have worked. So even before I actually practiced in psychiatry I was doing psychiatric work. After we graduate from our PA programs and pass the PANCE exam, we are able to diagnose, prescribe, and provide a listening ear and those are basically the only requirements a psychiatric provider truly needs to have in my opinion. If PAs are not recognized as mental health providers then that is doing a huge disservice to hundreds of thousands of people who may be going through a mental health crisis and don't have proper access to outpatient or inpatient psychiatric care. The longer people who have a mental health issue go without timely access to psychiatric medication management, the greater their risk of dying by suicide or overdose. PAs are the key to addressing the shortage of mental health care.

Salwa Mohamedaman, Physician Assistant

Self- physician assistant

Carrollton, TX

To whom it may concern,

My name is Salwa Mohamedaman and I am a psychiatry physician assistant in Frisco, TX. Our clinic of 3 PAs, 1 physician, and 2 NPs serve on average 350 patients a week.

In the state of Texas, physician assistants are not recognized as non-physician mental health professionals, and this creates many difficulties. One of the challenges I face while practicing is signing short term disability even though I understand the patient is eligible. I am also unable to sign controlled substances such as Spravato, because certain insurances will not accept my signature. Lastly, I am unable to prescribe controlled substances such as Adderall which must be signed by my supervising physician.

I believe adding physician assistants to the list of non-physician health professionals would allow me to continue to serve my community. Not adding our names to the list of non-physician providers could have major administrative ramifications. All physician assistants have the training to diagnose and create a treatment plan for mental health disorders. A master's in physician assistant studies requires a class dedicated to psychiatric diseases, 6 week clinical rotation, and end of rotation examination. Mental health diagnosis was also included on my certification examination conducted by NCCPA (national commissions of physician on certification of physician assistants). Keeping PA's off the list leaves the limitations to my job in the hands of the physician, whom I work with directly. By not allowing PAs on the list, my supervising physician has an increased burden for administrative duties that would prevent him from seeing patients. This leads to less patients being diagnosed and treated, with no added benefit of having secondary oversight.

Sincerely,

Salwa Mohamedaman PA-C

Ben Loschky, MSPAS, PA-C

Self - Physician Assistant in Psych ER

Dallas, TX

My name is Ben and I am a practicing physician assistant in psychiatry in the emergency department at Parkland Hospital in Dallas. In my current role, I diagnose and treat patient in two different psych units and also do consults for the rest of the Main

ED as well as behavioral emergencies throughout the hospital.

PA education is typically at the master's degree level and usually consists of 2 years of full-time postgraduate study at an accredited program. PAs train on the medical model which has more of a science focus similar to physicians as opposed to the nursing model which focuses more on patient care. PAs then become board certified by sitting for a national certification exam before applying for state licensure. PAs are trained to diagnose & treat patients, can order labs & imaging, and can write prescriptions for medications. PAs work with collaborating physicians but function with a good amount of autonomy often having their own patients that they care for.

I just wanted to take a minute to support the motion of updating legislature to include Physician Assistants (PAs) to the list of recognized non-physician mental health professionals that already includes Nurse Practitioners (NPs). I think this is fundamental to other legislative efforts in the future.

Ben C. Loschky MSPAS, PA-C

Geraldine Mercedes Dodge, PA-C

self

Austin, TX

Dear Members of the House Public Health Committee,

Thank you in advance for listening to my testimony for HB 2093 which adds Physician Assistants to the list of non-physician mental health professional in the Health and Safety Code.

My name is Mercedes Dodge and I'm a psychiatry PA who provides services in psychiatry and addiction medicine. I have been a PA for 13 years and specifically in psychiatry for 6 years. In outpatient psychiatry I see children, adolescent and adult patients for medication management and provide support and counseling. In a local detox center, I see adults who have several co-morbid psychiatric conditions. I provide tele-psychiatry services to my patients expanding my care to rural areas. I have practiced in other states and practicing in Texas has limited my ability to serve fully due to barriers which HB2093 would help break down.

As a PA I have provided mental health care in primary care settings, before specializing in psychiatry. My PA school education followed the medical model similar to that of medical school, thus allowed us, PAs, to have a great foundation in practicing comprehensive medicine. My supervising physician/psychiatrist enlisted me when there was an exponential need for mental health services, especially in those underserved areas. As a practicing PA, I face barriers with several insurance entities who do not recognize my services as a Psychiatry PA because I am not considered a mental health professional. Even with my medical background and experience, I have not been considered for employment opportunities because of this as well.

The shortage of mental health practitioners in psychiatry, especially children/adolescent psychiatry and addiction medicine, is what leads me to stand up and advocate for my patients. Many barriers exist, both locally and federally, and also socio-economically. The COVID pandemic has made our already vulnerable patients suffer even more and our whole community now is in a mental health crisis. Opioid overdose continues to rise, and substance use disorder is more evident. This is the time to unite, collaborate and increase the workforce by acknowledging PAs as mental health professionals. PAs are well positioned with the expertise, knowledge and collaborative spirit to bridge this large gap and shortage of mental health professionals.

I appreciate this opportunity to share my story and express how important HB 2093 will be in getting mental health care to more patients in our community, in our Texas.

Sincerely,

G Mercedes Dodge, PA-C, CAQ-Psychiatry
mercedesdodge@gmail.com

www.redirect-wellness.com

Andrea Negrete Anderson

Self and Physician Assistant

Kemah, TX

Mental health access in this country is readily unavailable. Furthermore, this disparity is especially evident in rural and low-income areas. There is simply not enough resources, providers, and financial support for Mental health access in this country. This has become even more evident during the current COVID19 Pandemic. We have seen a surge in depression, anxiety, domestic violence, substance abuse, suicide rates etc. There has never been a greater time where mental health treatment and those qualified to provide it are essential. As a Physician Assistant who has worked in Mental Health and qualified to treat patients, I myself have witnessed the ongoing and detrimental effects of the COVID-19 pandemic. I have also seen the detrimental effects and disparities that have affected my patient's long-term mental health due to lack of access to psychiatric treatment well before the pandemic ever started.

I work for one of the largest non-profit mental health agencies in the nation and serve over 50 patients a week in my clinic. My patient panel is over 350 patients. I work with a underserved diverse population providing Mental Health treatment every day. I am also the only bilingual medical provider at my clinic. If I was unable to provide treatment it would be extremely detrimental to the well-being of my patients. My agency employs several Physician Assistants. We're all qualified to provide the Gold standard in psychiatric treatment to our patients. Physician Assistants go through a rigorous application process where the best applicants are chosen to pursue our field. The acceptance rate into PA school is low compared to other medically trained programs and less than 6% of applicants will be accepted during their first time applying into a PA Program. After going through a rigorous application, we then start our very demanding medical training. We have didactic and clinical years in our schooling. We are exposed and trained during both didactic and clinical years in a variety of different specialties ranging from Family Practice, Gynecology, Psychiatry, Orthopedics, Cardiology and several other specialties. After graduation we then go on to further our medical knowledge. I practice autonomously with a collaborating physician. Physician Assistants are more than qualified to treat, diagnose, counsel, and practice in mental health and other specialties. We are dynamic, smart, empathetic, and quick learners.

Mental Health is essential for our country and our patients, further cutting resources such as a qualified Physician Assistant to provide treatment will be a grave error and a disservice to our patients. This is not the time or should there ever be a time where well qualified providers such as Physician Assistants are not deemed Mental Health Providers.

Sincerely, Andrea Anderson

Jennifer Dawson, PA-C

Self - Physician Assistant

Spicewood, TX

My name is Jennifer Dawson and I'm a Physician Assistant and I've been practicing for 15 years. I've worked in various specialties which is why the PA program is a great choice for many; we can be trained in every area of medicine and pivot when needed. During my training, we studied Psychiatry and I also did a clinical rotation in a lockdown Psychiatric unit. Psychiatry is included on NCCPA boards and PAs must have knowledge in mental health conditions and treatment in order to successfully pass. When I graduated in 2006, I noticed there were many opportunities for me but rarely in Psychiatry. At the time I didn't think much of it. Fast forward to 2016, when I moved to a new city and I landed a job in Psychiatry, I learned that PAs aren't often considered in Psychiatry because we are not viewed as mental health providers! Because of this, some insurance payors won't even credential us! I was shocked. I have been fortunate enough to continue working in Psychiatry for 5 years now and it's become more apparent that changes in legislation need to be made. I work in a private practice, suburban setting and personally see roughly 90 psychiatric patients per week. Our list of patients wanting new patient appointments is long and never-ending. I had patients prior to the pandemic driving 2-3 hours just to see me because there was nothing available near them. Fortunately,

telehealth has helped this some but there still just aren't enough providers for the number of patients. It's heartbreaking to go into a profession to help people, yet legislation prevents us from helping those very people that seek our help.

Now, more than ever, there is a great need for more mental health providers as the COVID-19 pandemic has shown that people need help and the help isn't available. It's a disservice to the community to not recognize PAs as mental health providers when we are more than qualified to provide that level of care. We cannot wait for more doctors to finish medical school and residencies to fill this need. Patients need help NOW. Several patients have tried to go to the hospital when they couldn't find outpatient care and the hospitals didn't have the capacity to care for them. Some reached out to their PCPs and, unfortunately, they didn't feel comfortable managing that level of mental health concerns. Yet again, the patient is without proper care for their mental health needs. This leads to more depression, more anxiety, more substance use, more suicide attempts and more death. Is that what we want for our friends and family? PAs are the answer to addressing the shortage of mental health care. By adding us to the list of qualified providers, we can get more PAs into mental health jobs, get more providers credentialed with insurance payors and provide more people with the mental health care that they need. By doing this, we will actually lower the costs of healthcare. We, PAs, simply need help and so do thousands of patients waiting for help to arrive.

John Shirley, Mr.

Texas Counseling Association

Bastrop, TX

This bill will greatly enhancing the alternatives available for delivery of mental health services for all Texans. There is a great need in so many counties of this state for increased, effective mental health services and this bill would provide another layer of support in meeting these needs. Please allow a reading for this bill! Thank you for your faithful service on behalf of the citizens of this great state! John Shirley

Janith Mills

self /physician assistant

IRVING, TX

I am a physician assistant of now almost 35 years, 12 years of which I have worked in pediatric neurology and epilepsy. A significant amount of the pediatric neurological conditions have coexisting and overlapping conditions of depression, anxiety, learning disabilities, ADHD, ADD, behavioral disturbances, autism and sleep disorders.

I am most frequently the health care provider identifying theses psychiatric conditions and initiating treatments. Why? Because the mental health care system is on overload and overextended.

In my clinic setting, depression, anxiety, panic attacks and psychogenic nonepileptic seizures symptoms are increased along with exacerbations of these conditions since COVID 19 started.

Furthermore, I see higher stress levels in some of my pediatric patients who have learning disabilities associated with their medical condition of epilepsy. Virtual school has proved difficult for them to learn due to lack of one on one teacher instruction and resource classes. Their grades are suffering adding to their anxiety. I have a high percentage of Hispanic patients and many of my families have had COVID 19 varying from mild cases to severe cases and death of their elderly family members. The parents of my patients are sometimes fearful for their child to return to a public school setting and risk exposure to COVID 19.

I hope you consider including physician assistants in the definition of non physician mental health professionals. We are a valuable asset in the delivery of health care in our great state of Texas.

Respectfully submitted,

Janith Mills MPAS, PA-C, DFAAPA
Physician Assistant working in Pediatric Neurology, Epilepsy

Jennifer Mayer, DMSc, PA-C
The Harris Center
San Antonio, TX

I have worked as a psychiatric PA for over three years and started to treat patients with mental health conditions when I worked in internal medicine. I realized that many of my patients had psychiatric concerns, and I became their mental health provider since the wait to see a psychiatrist is long and they are not available in every city. As PAs, we are educated in psychiatry during the didactic and clinical rotations phases. We graduate knowing how to treat most mental health conditions and become the bridge that fills the gap in mental health care. I currently have a panel of 500 patients, and I work with the underserved. PAs impact their communities by giving access to care to patients who would most likely wait at least three months to see a mental health prescriber IF there is one in the area. The lack of psychiatrists does not go unnoticed, not to mention the lack of psychiatrists who speak Spanish. Texas has a large Spanish-speaking population, and I am the only prescriber who speaks Spanish in my place of work. I see all the Spanish-speaking patients who often have not been cared for due to language and cultural barriers. Daily challenges are the same ones that many states encounter when it comes to mental health access.

As my patient panel continues to increase, the wait time is also increasing, and recognizing PAs as mental health providers would allow us to fill the psychiatry gaps to provide quality and faster access to care for our patients. If my collaborating psychiatrist were to retire or quit, I would be unable to see my patients. This, in turn, would create chaos which would end up in multiple patient hospitalizations and increasing the cost of healthcare coverage. This dependent relationship between PAs and physicians comes with archaic barriers that only end up hurting the patients and limiting access to care. Another challenge that PAs encounter that impedes them from working at the highest scope of their practice is physician signatures in patients' charts, prescriptions, and patients' forms. The fact that PAs can not work, at all, without a physician, regardless of the years of experience, is only detrimental to our patients. In my book and every PAs book, patients are our priority and come first. In resume adding PAs as mental health professionals would increase our patient load and allow for faster access to mental health care. My current panel of almost 500 patients is continuing to grow, making patient wait times longer. Adding more PAs to my clinic would allow providing the care to patients who need it. If patients' needs for mental health care are not met, these patients will continue to go to the hospitals and ERs for reasons that could have been managed in an outpatient setting. Reimbursement and medication prescribing are also an issue that PAs have to face since we are not recognized as mental health professionals, which causes yet again, more delay in patient care.

Michael Davis, PA-C, CAQ-Psych
Self
Pearland, TX

My name is Michael Davis, PA-C, CAQ-Psychiatry. I have practiced as a psychiatric/mental health PA at the Michael E. DeBakey VA medical center (MEDVAMC) in Houston, TX for 8 years treating veterans with PTSD, depression, anxiety, substance abuse, bipolar, schizophrenia and other major and minor mental health conditions. I'm embedded within the primary care clinic to allow for same-day access to mental health care for veterans both in crisis or simply struggling with day-to-day stress. I am also the Residency Program Director for a psychiatric PA residency at Michael E. DeBakey VAMC training certified and licenced PAs in psychiatry through the course of a year-long rigorous residency program preparing them to practice to the fullest extent of their scope anywhere in the US. Graduates of the residency have a 100% pass rate on the exam for the certificate of added qualification in psychiatry (CAQ-Psych). This promotion has placed me in the role of clinician, administrator and educator. Psychiatric/Mental Health PAs within VA provide care at small community clinics up to major medical facilities like MEDVAMC and expand access to psychiatric prescribing while continuing the long tradition of PAs serving active duty and retired military veterans. Mental Health PAs working in community-based clinics such as Lake Jackson, Beaumont, Lufkin, etc. as well in urban medical centers expand availability of psychiatric prescribing into historically underserved areas.

Exclusion of PAs from non-physician mental health professionals has even impacted my career within the VA system. PAs are routinely excluded from psychotherapy training programs, employment and administrative advancement because we are not considered mental health professionals despite PAs having a long history of care within the VA system. Additionally, if the patients I care for require documentation for schools, social security, their employers, or insurance carriers (medical or disability), I may have to defer to my collaborating physician who will be less familiar or unfamiliar with the patient and less able to advocate for their needs.

Adding PAs to the health and safety code will improve patient care by removing artificial barriers to training, documentation and care. More importantly, access to mental health care is vitally important, perhaps more so in the era of COVID and beyond. The need for mental health care providers is high and arbitrary restrictions on qualified healthcare professionals unnecessarily limits care for Texans. I strongly urge support of HB 2093.

James Smith, Dr.

Association of Physician Assistants in Psychiatry

Sugar Land, TX

I have practiced as a psychiatric physician assistant in Texas for over 35 years, having received my PA training at UTMB in Galveston from 1983 to 1985. I later obtained a Masters and Doctoral degree, have obtained a Certificate of Added Qualification (CAQ) in Psychiatry, and have taught psychiatry to PA students, medical students, physician residents and Fellows. I teach in a PA Doctoral program with a psychiatry training track, and have established two PA psychiatry PA residency/fellowship training programs. I am a retired Navy PA, and have provided mental health care for Sailors and Marines, as well as working for the Michael E. DeBakey VA Medical Center, where I was a mental health provider for almost 25 years before retiring. I now work part-time in an outpatient psychiatry practice in addition to teaching.

Texas has more psychiatric PAs than any other state, and we are an important part of providing mental health care in Texas. We are trained as primary care providers, but most PAs choose to work in a specialty, such as psychiatry. Many PAs work in primary care settings where most psychiatric care is still provided. There is a desperate shortage of trained psychiatrists in America, including Texas. Half of the counties in the U.S. don't have even one psychiatrist. The numbers of retiring psychiatrists and those leaving practice continues to exceed those coming in to practice, and this is expected to continue for several more years. The need is great, and PAs have stepped up to help meet the need.

We function, in most ways, like our psychiatrist counterparts, because we are trained in the same medical model of care that they are. We are taught to think, understand, and reason like psychiatrists, and we commonly perform a high percentage of the duties that they do, including diagnosis and treatment of the most common and prevalent psychiatric illnesses. We understand and prescribe appropriate medications, and some of us have additional training in psychotherapy or specialized procedures in psychiatry. We work closely with our colleagues, including psychiatric NPs, psychologists, social workers, and other therapists to provide comprehensive and quality mental health care to Texans. Many of us have obtained advanced training in psychiatry residency/fellowship programs, have obtained advanced degrees, and/or obtained board certification with added qualification in psychiatry. We have earned a place among our other non-physician mental health providers to be defined as such. Texas needs our services and those of other non-physician MH providers, and being defined as such will help remove barriers that limit our practice and full utilization as such. Whether or not this legislation comes with provisos as to what constitutes a psychiatric PA or whether it applies to all practicing PAs will be for this committee to decide, but this step is undoubtably needed for all Texans. Thank you.

David Pan, Community Liaison

CHCS

San Antonio, TX

I support this bill.

Ava Smith, Ms.

self, certified physician assistant in psychiatry

Magnolia, TX

I've worked as a physician assistant in psychiatry for three years. I entered this specialty area of medicine due to extreme provider shortage in the state of Texas. For adolescents there are an average of 9 child and adolescent psychiatrists for each 100,000 children (https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx)--with many counties having no psychiatrists for children. Adults needing mental health care are also lacking in available providers. I see approx 40 patients weekly, about 2000 year, children and adults who have limited access to care in the Brazos Valley and surrounding regions. When we run into insurance reimbursement red-tape because PAs are not included in TX Health and Safety Code we are delaying time to care for Texas residents. I am a 'non physician mental health professional' in every sense of those words. I have a Masters degree in medicine, which includes didactic and clinical training in psychiatry, in the same manner that a registered nurse with a Masters degree and specialty in psychiatry does. Passage of HB 2093 will add greatly to my ability to provide metal health services to residents of the state of Texas. Thank you

Autumn Spencer, PA-C

self, PA-C

Round Rock, TX

Hello all,

We all know that mental health is under diagnosed and treated, especially in rural areas due to a lack of healthcare provider availability. With the pandemic, it is now more imperative than ever that we increase the access to patient care for those seeking mental health services. Currently, PA's cannot be reimbursed by insurance as a mental health provider due to an oversight in wording. This reduces a PAs ability to be employed by by hospitals and clinics. All we ask is to be added to the bill with other well-qualified advanced practice providers who can help reach out to these patients who may not have a physician option.
