OAPA Advocacy Talking Points March 2024

Josanne Pagel, OAPA Government Affairs Committee Chair

i. **Pink slip ability:**

1. *Right now, PAs cannot pink slip a person to receive immediate mental health care when they want to hurt themselves or others, yet Police, EMT, SW, etc. all can do this with far less mental health training.* ***(SEE HB249)***
2. *Emphasize the urgency of addressing mental health needs in Ohio through PA utilization and data-driven arguments.*
3. *Call for data collection on PA presence in psych, retention rates, patient outcomes, and clinic hiring practices.*
4. *Suggest transition to practice requirements tailored to rural clinics and telecommunication oversight.*
5. *Engage PA program directors in advocacy to support PA roles in behavioral medicine.*
6. ***Amend sec. 2305.51***

A psychiatrist;

A licensed physician;

A licensed clinical psychologist;

A clinical nurse specialist who is certified as a psychiatric-mental health CNS by the American nurses credentialing center;

A certified nurse practitioner who is certified as a psychiatric-mental health NP by the American nurses credentialing center;

A health officer; (a person who has taken the 6wk class from the ODH)

A parole officer;

A police officer;

A sheriff.

A PHYSICIAN ASSISTANT IN HEALTH CARE FACILITIES, PRIMARY CARE PRACTICES AND PRACTICES THAT SPECIAIZE IN MENTAL HEALTH

ii. Remove physician's liability and control wording in the law.

1. *(PAs are running their own clinics without physicians being on site and are in contact via telecommunications. Physicians should not be liable for what the PA practices).*
2. ***Amend 4730.02, 4722, 4738, 4739***

iii. **Remove Physician supervision: OTP practice**:

1. removal of supervision agreements/supervision completely could be related to the practice sites: Example: begin with hospital systems (largest employers of PAs vs. private practices)
2. *Goal is to not legislate practice, place all guidelines at the practice site and not in law*
3. *New Grad: transition to practice period for new grads dependent upon their practice area: 2000 hrs. for primary care, 4000 hours for hospital medicine and 6000 hours for critical care as an example.*
   Existing practice: changing specialty: follow hrs. for above
4. Or use term "Collaboration" instead of supervision
5. **Amend sec. 4730.08, 4730.19, 4720, 4721, 4742**

iv. Remove the 500 hrs. for new licensee having direct supervision

1. *This restriction prohibits some PAs from being hired as it puts barriers on where they can practice during their first 90 days of hire.*

2. *All new hires have a 90-day orientation period per any privileging/credentialing and are monitored/precepted during this period, there is no need for this barrier in law.*
3. ***Amend sec. 4730.44***

v. **Allow fluoroscopy (with additional CME) and possibly allow to supervise a Rad. Technician.**
   1. *More PAs are working in IR (interventional radiology) and this would greatly open access to patients requiring procedures which the PA can do and allow the PA to use fluoroscopy*
   2. *This could be done after an additional 40 hr study already created by AAPA.*
   3. ***Amend 4730.20***

vi. **Allow PAs to advertise**
   1. *This is old law and prohibits a practice from listing the PA on its shutters*
   2. ***Amend 4730.02***

vii. **Adds PAs to the Ohio preceptor tax incentive; for taking PA students:**
   1. *Preceptor sites are getting harder to find with the increase in PA students' population, this allows the preceptor to get a small tax break for taking students.*

viii. **Removes NCCPA re-certification mandate to renew license**
   1. *Must do initial certification, then does not need to recertify in order to renew license.*
   2. ***Amend 4730.14***

ix. **Revisit Laser hair removal to update law to allow PAs to do more with laser**

x. **Update PAs ability to order/monitor weight loss drugs; same as physicians**

xi. **Create a separate, majority-PA board to regulate PAs or add PAs and physicians who work with PAs to the medical board**

1. ***Remove 4730.05/06 PAPC and replace with PAs on the medical board***

xii. **Authorize PAs to be directly paid by public/private insurers**

xiii. **No PA-physician ratio limit**

1. *Right now it' 5-1*
2. ***Amend 4730.21***

xiv. **Removing restrictions to allow PAs to perform moderate sedation**

1. *Right now, Ohio law only permits PAs to perform local anesthesia.*
2. *Must be in alignment with CMS COP rules in hospital service: does not allow PA/APRN to perform Deep Sedation*
3. *Changing law to allow at least Moderate sedation will enhance the PAs ability to serve patients in health care facilities where sedation is required for treatment*
4. ***Amend sec. 4730.201***

BILLS THAT COULD BE AMENDED TO INCLUDE ABOVE:

1. **SB 28: PA compact**
   - *i. Assist with telehealth to expand medical care to more patients*
   - *ii. Allows consistent follow up with patients who may be out of state*
   - *iii. Expands access to more quality providers and access to quicker appointments*

2. **Title Change for the PA profession:**

   TITLE change bill has been drafted by LSC need a new sponsor

   i. *Physician assistant to Physician Associate*
   ii. *AAPA has already done this legally*
   iii. *Directive from national office*
   iv. *Does NOT change PA practice*
   v. *Original title of Profession when began was Physician Associate*
   vi. *Better aligns with PA practice today: stand alone clinics, increase access to patients, majority of PAs do not ASSIST the physician they practice along side of the physician. With exception in major surgeries.*

3. **HB 249: to amend to include PAs to "pink slip"**
   I. *two sponsors of HB249, which amends Ohio's laws involuntary treatment for persons with a mental illness subject to court order about inserting an amendment to permit PA's to pink slip.*
   II. *They are amenable to entertaining the amendment, but Rep. Hillyer thought it best to limit it in a mental/behavioral health setting.*

4. **SB81 Senator Mark Romanchuk**,

   I. *PAs included to sign documents which authorizes clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners to sign documents related to hospital patient admission, treatment, and discharge, about adding in the PA's and he agreed to amend the bill.*

   II. *Language was included for PAs*
   III. *includes PAs with APRNs to allow signing of discharge and admission documents: passed the Senate now onto the house: NP on committee asked difference between NPs and PAs: chart included in testimony describing both.*

5. **SB196:** allows NPs to admit to nursing homes: amend to include PAs
   I. *PAs work side by side with APRNs and perform the same tasks/medical interventions and require the same access to the patient population.*

6. **HB362** introduced: CRNAs removing "supervision" and replacing with "consultation" (watching this bill)

7. **SB 60: Senate sponsor, Sen. Theresa Gavarone,** creates a new health care profession "Licensed Certified Mental Health Assistants."

   It is EXTREMELY important for PA Program Directors to mobilize around this issue and really contact their legislators and inform them of PA curriculum. To ensure PAs are educated, competent and ready to take care of mental health patients and do NOT need another specific profession to do this.

OAPA is opposing for the following reasons:

- PAs are highly educated in the medical model of physicians
- Each PA program is accredited by **ONE** body: **ARC-PA** and must reach and sustain the standards of this accreditation
- Each PA program is accredited to allow its graduates to take the **NCCPA** national certifying exam upon graduation and each PA must **RE-CERTIFY** every 10 years in order to maintain their license. (in the model of physicians) This re-certifying test includes ALL aspects of medical and surgical medicine.
- PAs must also obtain **100 hours of CME every two years** to maintain their Ohio license and in Ohio specifically, PAs **MUST obtain and ADDITIONAL 12 hours of CME in prescribing to maintain their ability to prescribe.**
- PAs are authorized to prescribe **ALL** medications and all scheduled medications with the exception of schedule I.
- PAs are licensed and overseen by the **STATE MEDICAL BOARD OF OHIO.** And governed by this board in the same manner as physicians.
- Every PA student **MUST** complete and pass a minimum of **SIX (6) CORE** clinical rotations to include: **PSYCH, INTERNAL MED., FAMILY MED., SURGERY, WOMEN'S HEALTH AND PEDIATRICS.** All of these clinical rotations include a complete analysis of the patient and include mental health.
- The **CORE** rotation of **PSYCHIATRY AND ADDICTION MEDICINE** taken by the PA student is with **board-certified Psychiatrists** and PAs/APRNs who specialize in Psychiatry. Per the ARC-PA standard.

- PA education is **FULL TIME** rigorous study on the level of 2–3-year medical resident. Along with over **2,000** hours of full-time clinical hands-on study.
- PAs work **WITH** physicians to provide quality, competent care for the whole individual.
- Creating a new profession with a single purpose (taking care of mental health patients) with limited prescribing, and a one symptom area of focus is detrimental to patient's care and actually reduces access to competent care for the patient.

Example: a patient comes to an MHA complaining of being depressed. The MHA assesses the depression and prescribes an antidepressant. When in fact, the patient with a full history and physical just started a new medication for CHF and is tired all of the time and can't do their ADLs, which is making them more sad/depressed.

The MHA is not educated or trained to recognize CHF and any other condition in this patient, so this patient now has another medication to take and has not treated the core symptom which may cause more harm to the patient.

- Creating a new professional in the exact model of the PA program is expensive (an early synopsis of cost is to exceed $10 million to begin the program and over $1 million to maintain)
- There is presently NO accrediting body to accredit such a program or profession
- Adding another licensing professional places strain on an already over worked medical board.
- Presently there are a shortage of Preceptors for each PA student along with preceptors for medical students and nursing students. Having an additional new professional will increase this shortage and prohibit training for the existing medical professionals
- There are no guidelines/regulations to protect the patient at this time from a newly graduated MHA who is completely untested
- There are no regulations for a referral mechanism for this MHA professional to refer to another licensed professional (the appropriate one) for additional care of the patient who has multiple co-morbidities)
- A rationale given for this new profession is: a shortage of psychiatrist. This is counterintuitive as if there is a shortage of psychiatrists, then who will pre-cept these students in their clinical rotations and who will hire them and provide **DIRECT** supervision to them?

- Other professionals with far less education in medicine are included in the law and allowed to "pink slip" a person: IE: police, EMT, SW, etc.
- There is an urgency of addressing mental health needs in Ohio through PA utilization and data-driven practices
- PAs in Ohio **DESIRE** to work in Mental Health practices yet at this moment, there are **NO** positions hiring. If there are no positions for PAs to work in mental health, where will the positions be for a new profession?
- This new profession will take a minimum of 5 years before they graduate their first "untested class" of completely dependent MHAs. Yet we presently have educated, licensed professionals (PAs and APRNs) who have studied psychiatry and addiction medicine and are presently ready and able to take care of these patients now. Yet barriers in PA laws prohibit us from doing this.
- Examples of barriers to PA practice in the laws:
    - Pink slipping (**amend ORC sec. 2305.51 to include PAs**) **OR AMEND INTO HB 249:** Ohio's laws involuntary treatment for persons with mental illness subject to court order.
    - **o** New graduate first 500 hrs. of onsite supervision (**amend ORC se. 4730.44 strike this paragraph)**
    - Remove physician's liability and control wording in the law: PAs are running their own clinics without physicians being on site and are in contact via telecommunications. Physicians should not be liable for what the PA practices. *(amend ORC 4730.02, 4722, 4738, 4739)*
    - Allow PAs to advertise: Making more patients aware of their possible access to care. **(amend 4730.02)**
    - Authorize PAs to be paid and recognized for their services by public/private insurers. (new law, this would be for **accountability** for the PAs practice and care).
    - Pass **SB81** to allow PAs to sign specific documents in hospital practice
    - Include PAs into **SB196** and any substitute bills to allow PAs to fully function.