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Ohio Psychiatric Physicians Association

Opponent Testimony to the Ohio Senate Workforce & Higher Education Committee
Ohio State Medical Association & Ohio Psychiatric Physicians Association
SB 60 – Certified Mental Health Assistants
Presented by Monica Hueckel, VP, Advocacy, Ohio State Medical Association

May 21, 2024

Chair Cirino, Vice Chair Rulli, Ranking Member Ingram, and members of the Senate Workforce and Higher Education Committee, my name is Monica Hueckel and I am here on behalf of the Ohio State Medical Association (OSMA), the state's oldest and largest professional organization representing Ohio physicians, medical residents, and medical students and the Ohio Psychiatric Physicians Association (OPPA), a statewide medical specialty organization representing more than 1,000 physicians who specialize in the diagnosis, treatment, and prevention of mental illnesses. We would like to thank the committee for the opportunity to testify regarding Senate Bill 60 today.

OSMA and OPPA have worked together during the legislative process surrounding this legislation. Since the last time SB 60 was scheduled for a hearing, we participated in an interested party meeting during which we shared our concerns and asked for numerous clarifying items of information, including specifics regarding the education and clinical training of certified mental health assistants (CMHAs). Following that meeting, Northeast Ohio Medical University (NEOMED) provided us with a draft proposed curriculum for their CMHA program. Last week, after reviewing this draft curriculum, we submitted the following outstanding questions and concerns which we still have about SB 60 in the interest of consistency, competency, and patient safety.

Questions – Academic Program/Curriculum/Clinical Training

1. Given the significant overlap and comorbidity between neurology and psychiatry, how does the CMHA's pre-clinical curriculum prepare these providers to give care to their patient populations, as there seems to be a significant lack of neurology education?
2. Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs), along with medical students, learn knowledge of all body systems and the interrelatedness of body systems in diseases in order to consider the holistic care of patients. The CMHA educational content seems focused exclusively on mental health, so how will a CMHA be prepared to understand conditions a patient might have which are not neuropsychiatric and how the medications they might prescribe would impact those conditions?
3. What community partners would be responsible for the clinical years of education? Where will CMHA students complete rotations for inpatient and outpatient experiences and what providers (with what authority) are responsible for providing this clinical education?
4. Under the scope of practice outlined in SB 60, CMHAs could prescribe medications that may affect cardiac conduction and respiratory drive in acute and ambulatory settings. The curriculum needs to include a requirement for BLS/ACLS certification.

5. While the CMHA training acceptance requires MCAT or GRE, is there no summative assessment or test akin to the USMLE Step 1 or COMLEX Level 1 to ensure a level of competence and knowledge in order for students to progress from the pre-clinical to the clinical year?
6. To ensure a well-rounded clinical experience and exposure in various practice settings, rather than a sole focus on inpatient psychiatry and/or outpatient clinics, the CMHA clinical years should also include experiences in consult liaison psychiatry, emergency psychiatry, substance use disorder specific facilities, PHP/IOP, etc.
7. Additionally, the clinical experience needs to include experiences during the 24-hour continuum of care (i.e. night float, call, weekends, etc.), which may also facilitate learning/progressive autonomy with more indirect supervision.
8. The issue was brought up during the last IP meeting regarding the ability for a CMHA to prescribe a drug without making a diagnosis. We do not believe the curriculum provided to us covers all the didactics and different clinical experiences necessary to allow for a diagnosis. If that is a desire, we would need to see additional course work and clinical training hours to justify that scope expansion.

Other Scope of Practice Issues and Questions

Throughout the process on SB 60, we have brought about concerns specific to the actual scope of practice and questions as to how the provisions of this legislation would work in actual practice environments. After reviewing the proposed academic and training requirements, we have several remaining questions and clarifications.

1. Proponents have said this bill aims at increasing access to mental health patients. How will access be increased without specific requirements around insurance coverage for services provided by a CMHA? We request language added to require insurance coverage for services provided by a CMHA, including coverage by Ohio's Medicaid Program.
2. What assurances are there that medical malpractice insurers are going to cover CMHAs? Currently, physicians have to disclose to their liability provider if they collaborate with an APRN or PA, and they pay an increased premium due to the liability they assume with collaboration. We are concerned that malpractice insurers are not going to cover services provided by a CMHA, thus leaving physicians liable to malpractice claims. Language needs to be added to the bill to address this issue.
3. The legislation allows for a CMHA to refer a patient to voluntary or involuntary admission for substance use disorder or inpatient psychiatric care after consulting with a physician. This sounds like it will allow a CMHA to pink slip a patient but does not reference the current ORC sections dealing with pink slipping. So, there is no clarity around what that provision means. We ask for this language to be removed.
4. The legislation also allows a CMHA to refer a patient to an Athletic Trainer (AT) or Physical Therapist (PT). The services provided by an AT and PT are not relevant to mental health treatments. We would ask for this language to be removed.
5. The bill allows a broad provision that allows the state medical board to establish any other scope specifics they would like. So, the medical board is also establishing scope of practice through rules. This is not any process we have ever seen from any other allied practitioner, and request this language be removed from the bill.
6. The bill does not specify that the supervising physician needs to be a psychiatrist. We request this language be added or have the scope of a CMHA be limited to that of their supervising physician. This would mirror the language we currently have in statute for APRNs and PAs.

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7. We request language be removed that only requires 500 hours of the supervising physician to be continuously available for direct communication at the same facility and require the supervising physician to always be available for direct communication at the same facility where the CMHA is practicing. We also request language to be removed that would allow for remote supervision. This will also mirror requirements initially put in place when APRNs and PAs first were licensed in Ohio.
8. The bill requires the supervising physician to establish a quality assurance system for the CMHAs they supervise. We would request this to be standardized to ensure continuity of care among all CMHAs. This could be established thought the state medical board working in conjunction with appointed physicians from both of our organizations.

We appreciated NEOMED providing us with the information about their draft curriculum and for the opportunity to continue to discuss the academic and training requirements of CMHAs, and when we responded with the above questions, we also requested:

1. That basic requirements of education and training standards and hours be added to SB 60 to help create continuity among all potential programs. As we have previously pointed out, physicians, nurses, physician assistants, etc. are all governed by a national accreditation body specific to each profession, its scope, and its mission, and each much pass a licensing exam. With the absence of a national accrediting body for CMHAs, it is all the more essential that the details around education and training are outlined clearly in the provisions of the bill itself prior to the passage of SB 60, so physicians can ensure proper patient safety and the clinical expertise of the individuals they will be supervising.
2. An additional interested party meeting to discuss these remaining questions and concerns we have with SB 60.

Due to our remaining concerns and questions about SB 60, we do not believe this legislation is ready to advance forward at this time, and we would urge members of the committee not to vote in favor of doing so. The successful creation of an entirely new allied care practitioner in Ohio which does not already exist in any other state would require extremely careful, thorough, and deliberative thought and discussion among interested parties. This is critical in order to craft the educational requirements and scope of practice of this professional in a way that ensures that their presence as a member of the health care team adds meaningful value for patients seeking care in our communities, and keeps those patients safe from any avoidable unintended negative outcomes.

Once again, OSMA and OPPA are both thankful to the members of the committee for your attention to our comments and concerns on this legislation today, and we appreciate the opportunity to be meaningful contributors to the legislative process. Thank you and I would be happy to answer any questions the committee may have.