

May 21, 2024

Michell McDiffett  
Ohio Association of Physician Assistants  
Opposition Testimony of Senate Bill 60

Chair Cirino, Vice Chair Rulli, Ranking Member Ingram, and Members of the Workforce and Higher Education Committee,

My name is Michell McDiffett, testifying on behalf of the Ohio Association of Physician Assistants (OAPA). I have been practicing as a psychiatric PA-C at Signature Health, Inc. since 2010 and treat adults with mental illness and substance use disorders. I am the Research and Outcomes Coordinator and assistant clinical faculty for the Lake Erie College PA Program in Painesville, Ohio. In my 5-year tenure, I was responsible for the behavioral medicine curricular aspects of the Program. I am an advocate for the PA profession in Ohio and currently serve as the vice president of the OAPA BOD and public relations chair. I previously served as president, regional director, delegate and students affairs committee chair.

Formed in 1978, the OAPA has provided a foundation for the PA profession for the state of Ohio. This organization promotes quality, cost-effective, accessible health care through the physician assistant – physician team approach. A PA is a member of the healthcare team who is trained, nationally certified, and state licensed to practice medicine in collaboration with a supervising physician in a variety of health care settings, including mental and behavioral health.

OAPA continues to oppose Senate Bill 60. The proponents of S.B. 60 correctly identified that Ohio is facing a shortage of mental health professionals. Unfortunately, for the reasons we have already stated to this committee twice before, this legislation will not help solve that problem in the near term and in the long term we fear it could have unintended consequences for health care in general.

I won't repeat all of those reasons again, but I will stress the most important ones.

Ohio has excellent PA training programs. The reality is that after graduation, too many of our PA students elect to pursue their careers in other states that don't place the same scope of practice restrictions in law. That includes PAs interested in a career in mental health. The current restrictions are deterrents for employers to hire PAs in behavioral medicine, especially new graduates who often come into the profession with a passion for working in the field and find themselves looking outside of Ohio due to lack of employment opportunities.

Why is this committee focused on creating a new health care professional instead of addressing issues in our code that would attract and retain PA students and professionals already in the state of Ohio?

Many of these are simple solutions that we have suggested to this committee and others in this General Assembly and previous ones. Ohio is one of the few states in the country that do not allow PAs to pink slip. This restriction in law, despite PAs extensive training, discourages a new PA graduate interested in mental health from working in Ohio due to unnecessary restrictions and the

safety concerns that arise when a PA cannot meet the minimum standard care. This is another example of how PAs, then, are seen as less desirable candidates to fill roles in behavioral medicine.

Other suggestions are removing the statutory ban on PA advertising, add PAs to the Ohio Preceptor Tax Incentive for taking PA (and/or NP students), or remove the statutory clause that makes a physician liable for a PAs mistake, which discourages physicians from entering into supervision agreements with PAs. This body could remove the requirement for on-site supervision of a PA by a physician for the first 500 hours of practice, which also makes new graduate PAs undesirable candidates for employers who do not have the full-time physician workforce to provide the oversight.

Those are PA-focused suggestions. Another, more general, option is to increase the reimbursement rates for mental and behavioral health to make those fields more attractive to existing health care providers.

S.B. 60 is certainly a novel approach, but even if this bill is signed into law today, it will take years before a certified mental health assistant is able to see a patient. OAPA is presenting you solutions for right now.

I should also reiterate that we are very concerned that this proposal will unintentionally impede training of future PAs. PA program accreditation requires didactic instruction and clinical rotations in behavioral medicine. There is already a known shortage of these sites across the nation. The creation of certified mental health assistants will likely reduce the number of behavioral health clinical sites available for training PAs and NPs in Ohio and could put all of Ohio's 17 PA programs in jeopardy of maintaining accreditation.

I can tell you firsthand how Ohio's statutory restrictions on PAs are limiting for a PA in psychiatry. I have personally seen how these impediments have affected access to care for many patients in northeast Ohio. My current employer is one of the largest FQHCs in Ohio, serving over 30,000 patients annually. They have the same workforce needs as most agencies providing care in rural areas. Yet, they underutilize PAs due to lack of psychiatrists to supervise them and outdated legislative practice restrictions, and have limited their behavioral medicine fellowship program to NPs for similar reasons.

This proposal moving forward is extremely frustrating for Ohio's PAs.

For years, across multiple General Assemblies, our suggestions for changes to the Ohio Revised Code to make Ohio more attractive to recruit and retain new PAs are ignored. We are repeatedly told by members of both chambers that scope bills are too hard.

And yet here we are, about to create a scope of practice entirely from scratch.

Before this vote, I respectfully ask you to think long and hard about the message you are sending to Ohio's current advanced practice providers.

Thank you for the opportunity to testify today. I'm happy to answer any questions you might have.