



Opponent Testimony – Senate Bill 60
Certified Mental Health Assistant
Ohio Senate Workforce and Higher Education
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Ohio Psychiatric Physicians Association
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Chair Cirino, Vice-Chair Rulli, and members of the Senate Workforce and Higher Education Committee, thank you for the opportunity to testify today in opposition of Senate Bill 60, which would create a new allied health practitioner known as a certified mental health assistant. I am here today speaking on behalf of the Ohio Psychiatric Physicians Association, which represents more than 1,000 physician members specializing in the treatment of mental illness and substance use disorder for some of Ohio's most medically challenged individuals.

My name is Brian Evans, and I am a board-certified psychiatrist. In addition to serving as past president of OPPA, I am an Associate Professor, Residency Training Director, and Vice Chair for Education in the Department of Psychiatry and Behavioral Neuroscience at a University in Ohio. In addition to speaking in opposition to the bill on behalf of OPPA, I speak on behalf of the patients for whom I provide mental health and medical treatment, the education of the future physicians, the medical care that these trainees will deliver, and thus the current and future Ohioans who would be affected by this bill.

Increasingly, allied practitioners in Ohio are looking to the state legislature to allow them to practice medicine by expanding their scope of practice which would, among other clinical services, allow them to prescribe psychotropic medications to individuals diagnosed with a mental illness and/or substance use disorder, to fill the need for additional prescribers. In the case of SB 60, a completely new program is being proposed to accomplish the same.

The OPPA is sensitive to the increasing demand for mental health services in Ohio which challenges mental health providers to meet this need, however, a bill to create a unique pathway to enable more individuals to prescribe medications to this population carries enormous risk. Our state, along with most others, has carefully evaluated the education and training necessary to ensure the safe prescribing of medication, and has determined that an MD or DO degree or, at a minimum, completion of an Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) program is necessary. ***Why create a new discipline, unique to Ohio, rather than identify strategies (and funding) to increase the number of mental health prescribers through educational pathways that already exist?***

I would like to point out several important points for consideration by committee members:

- Inventing new, untested training programs, while perhaps well-intentioned puts our citizens at unacceptable risk.
- While proponents of the bill have claimed the education will be similar to a master's level educational curriculum, there is nothing in the current legislation that outlines the exact hours of education a certified mental health associate will be required to go through.

- The legislation does not specify a national credentialing body that will have final approval for the educational curriculum.
- With no specificity around the educational and training programs in the legislation, any university could essentially create their own specific standards and curriculum, thus fragmenting potential care patients would receive.
- There is no guarantee that clinicians would enroll in a new, untested training program.
- There is no guarantee that physicians would want to supervise a new master's level clinician (taking on additional risk would increase – already high – malpractice costs).
- There is no guarantee that insurance carriers (including Medicare and Medicaid) would provide reimbursement provided by a new master's level clinician.
- Alternative solutions already exist to expand mental health services to more Ohioans who need them.

There are alternative solutions to expand the number of well-trained behavioral health clinicians who can safely provide the mental health needs to some of Ohio's most medically complex citizens, including:

- **Increase the number of psychiatric residency training positions.** Ohio's psychiatric training programs are filled 100%, meaning medical students who don't match into a psychiatry program will enroll in their second or third choice of specialty.
- **Utilize tele-psychiatry/telemedicine, which has been proven to be effective.** The legislature wisely expanded the use of tele-medicine, which will predictably facilitate the utilization of health care in general, and mental health care, in particular.
- **Encourage expansion of integrated/collaborative care between physicians – psychiatrists and primary care physicians (PCPs).**
- **Incentivize more individuals to enroll in an already established APRN or PA program.**
- **Provide Medicaid funding for reimbursement to primary care physicians for implementing the evidence-based collaborative care model in their primary care practices.**

In closing, expanding the utilization of currently available resources, as well as the number of clinicians who have completed programs demonstrated to yield well-trained, safe providers of mental health care is critical to improving the health of Ohio's citizens. Thank you again for allowing me to testify. I welcome the opportunity to address questions committee members may have at this time.