



**Statement Submitted to  
U.S. Senate Committee on Health, Education, Labor and Pensions  
Regarding the Hearing on “Improving the Federal Response to Challenges in Mental Health Care  
in America”  
January 20, 2016  
On Behalf of the American Academy of PAs**

On behalf of the more than 104,000 nationally-certified PAs (physician assistants) represented by the American Academy of PAs (AAPA), we appreciate the Senate Committee on Health, Education, Labor and Pensions’ continued work to improve patient access to mental healthcare. While there are numerous policy challenges in this area, the most pressing may be the current shortage of mental healthcare providers. In light of the historical use of PAs to alleviate healthcare provider shortages, as well as the growing movement towards integration of primary care and specialty care, AAPA believes that PAs should be – and are well-equipped to be – better utilized in the provision of mental healthcare.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated 43.6 million American adults experienced some type of mental health issue in 2014. While the Affordable Care Act (ACA) made changes aimed at making mental healthcare more accessible, many individuals who suffer from mental illnesses continue to go without treatment. For instance, SAMHSA’s National Survey on Drug Use and Health found that in 2014, more than 15 million adults reported having a major depressive episode in the previous year. However, one third of those individuals did not seek the assistance of a mental healthcare provider.

Although a variety of factors likely account for this disparity, the U.S. Department of Health and Human Services recently estimated that more than 90 million people lack access to mental health and addiction medicine providers. Many of these people reside in rural and medically-underserved areas, where there are little or no options for public transportation and the nearest mental healthcare provider may be hours away. It is clear that more must be done to make treatment for mental illnesses more accessible for this population, as well as the public at large.

**PA Education and Practice**

PAs receive a broad medical education over approximately 27 months and it consists of two parts. The didactic phase includes coursework in anatomy, physiology, biochemistry, pharmacology, physical diagnosis, behavioral sciences, and medical ethics. This is followed by the clinical phase, which includes rotations in medical and surgical disciplines such as family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine and psychiatry. Due to these demanding rotation requirements, PA students will have completed at least 2,000 hours of supervised clinical practice in various settings and locations by graduation.

Almost all PA programs now award master's degrees and by 2020 all programs must award a master's degree to maintain their accreditation. PAs must pass the Physician Assistant National Certifying Examination and be licensed by a state in order to practice and once practicing, PAs must complete 100 hours of continuing medical education (CME) every two years and pass a national recertification exam every ten years to maintain their certification. PAs practice and prescribe medication in all 50 states, the District of Columbia, and all U.S. territories with the exception of Puerto Rico. They manage the full scope of patient care, often handling patients with multiple comorbidities. In their normal course of work, PAs conduct physical exams, assist in surgery, diagnose and treat illnesses, order and interpret tests, and counsel on preventative healthcare. The rigorous education and clinical training of PAs enables them to be fully qualified and equipped to manage the treatment of patients who present with both physical and mental illnesses.

### **Integration of Primary Care and Mental Healthcare**

PAs are recognized along with physicians and nurse practitioners under Medicare, the ACA, and other federal healthcare programs as one of the three types of primary care providers. Overlap between primary care and mental healthcare has traditionally existed, particularly in environments which provide care for the medically underserved like hospitals, community health centers, rural health clinics, and free clinics. This is largely due to the fact that many of these facilities' patients suffer from both physical and mental ailments and have little ability to obtain either primary or mental healthcare. In these situations, providers will often work to treat the whole patient. The interface between primary care and mental healthcare is becoming more common due to the growth of alternative payment models within Medicare, as well as efforts to better coordinate patient care at the federal level. As a result, primary care providers in all settings are beginning to focus on treating the whole patient by offering mental health screenings, arranging a "warm handoff" to a mental health specialist or working in tandem with a specialist via telemedicine or other means.

Many of the mental healthcare bills currently before Congress acknowledge the interface between primary healthcare and mental healthcare. However, not all of the bills acknowledge the role of PAs as primary healthcare providers, and subsequently, do not recognize PAs' contact with patients with mental healthcare needs. We believe that this is an oversight which should be corrected. More than 30,000 PAs currently work in settings which focus on the medically underserved, which means that a significant number of PAs are working on the "front lines" of caring for patients who often present with both physical and mental illnesses. These PAs are qualified to provide a full spectrum of care, including conducting patient histories and examinations, performing psychiatric evaluations and assessments, ordering and interpreting diagnostic tests, establishing and managing treatment plans, prescribing medications, and ordering referrals as appropriate, and they should be fully utilized as members of the care team.

### **Acknowledging the Role of PAs as Mental Healthcare Professionals**

A growing number of PAs are specializing in psychiatry. While Medicare recognizes PAs as reimbursable mental healthcare providers, congressional mental healthcare bills often name only psychiatrists, psychologists, clinical social workers, and psychiatric nurse practitioners as mental health professionals. PAs in psychiatry work in behavioral health facilities, jails and prisons, and psychiatric

units of rural and public hospitals. These PAs are credentialed and privileged affiliate members of the medical staff who provide both initial and ongoing care to patients. Given the current shortage of providers in this field, it is critical that PAs in psychiatry be fully included as part of the mental healthcare team.

### **Recommendations**

As the Committee works on legislation aimed at increasing access to mental healthcare, AAPA hopes that you will consider the following recommendations:

- 1) **Affirmatively including PAs in mental healthcare legislation as members of the healthcare team.** This inclusion is important for all types of healthcare legislation, but it is especially important in mental healthcare given the critical level of provider shortages in this field. Moreover, as the Committee works on continuing to integrate primary care into mental healthcare, PAs should continue to be counted among primary care providers who may assist their patients in receiving mental healthcare when it is appropriate.
- 2) **Including “PAs in psychiatry” as mental healthcare providers.** Several bills before both the U.S. House of Representatives and the U.S. Senate refer to a number of specified mental healthcare providers, but they leave out PAs who specialize in psychiatry. There is a growing number of PAs who receive additional education to specialize in this field, and they work in behavioral healthcare centers and other high-need facilities. These PAs should be included in any definition of mental healthcare provider as a result of their qualifications and experience.

We look forward to working with you as you move forward on these important issues. Please do not hesitate to have your staff contact Sandy Harding, AAPA Senior Director of Federal Advocacy, at 571-319-4338 or [sharding@aapa.org](mailto:sharding@aapa.org) should you have any questions.