



**Statement for the Record
Submitted to
U.S. Senate Committee on the Judiciary
“Breaking the Cycle: Mental Health and the Justice System”
February 10, 2016
On Behalf of the American Academy of PAs**

On behalf of the more than 108,500 nationally-certified PAs (physician assistants) represented by the American Academy of PAs (AAPA), we appreciate the Senate Judiciary Committee’s interest in working to increase access to mental healthcare, particularly for patients in the criminal justice system.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated 43.6 million Americans experienced some type of mental health issue in 2014. While the Affordable Care Act (ACA) 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. Yet, 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 90 million people lack access to mental health and addiction medicine providers. Many of these individuals live 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.

Unfortunately, the situation is particularly dire for people who are within the criminal justice system. SAMHSA has reported more than 60% of federal prisoners and more than 70% of state prisoners have some kind of mental health issue, and an estimated 15-20% of all prisoners have a serious mental illness. Many inmates find themselves in a cycle of incarceration, in which they repeatedly move in and out of the criminal justice system. However, few of them receive any kind of treatment during or after their imprisonment.

While there are numerous policy challenges in this area, the most pressing may be the current shortage of mental healthcare providers available to treat prisoners. AAPA believes better utilization of PAs in correctional facilities – as well as in the broader community – is a part of the solution to this problem.

PA Education and Practice

PAs receive a broad education over approximately 27 months which 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.

The majority of PA programs award a master's degree. PAs must pass the Physician Assistant National Certifying Examination and be licensed by a state in order to practice. The PA profession is the only medical profession that requires a practitioner to periodically take and pass a high-stakes comprehensive exam to remain certified, which PAs must do every ten years. To maintain their certification, PAs must also complete 100 hours of continuing medical education (CME) every two years.

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, order and interpret tests, diagnose and treat illnesses, assist in surgery, 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.

PAs 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 settings which provide care for the medically underserved like hospitals, community health centers, rural health clinics, free clinics, and jails and prisons. 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 offer mental health screenings, arrange "warm handoffs" to a mental health specialist, or work 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 them acknowledge the role of PAs as primary healthcare providers, and therefore, do not recognize PAs' contact with patients with mental healthcare needs. We believe this is an oversight which should be corrected. Today, there are approximately 30,000 PAs practicing as primary care providers who are on the "front lines" of care. This means even if they do not specialize in mental healthcare, a significant number of PAs care for patients who reside in medically underserved areas and present with complex or comorbid conditions affecting both their physical and mental health.

At the same time, it is important to note that a growing number of PAs are receiving additional education to specialize in psychiatry. While Medicare recognizes these PAs as reimbursable mental healthcare providers, they are not always included in legislation along with 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.

PAs in Correctional Facilities

Correctional facilities utilize PAs to provide inmates with both primary and mental healthcare. These PAs work in cooperation with the overall medical unit at their facility, providing intake assessments and diagnostic evaluations, managing medications, and establishing treatment plans for inmates experiencing comorbid medical conditions. At some facilities, PAs act as leaders of interdisciplinary teams which include PAs, nurses, caseworkers, medical technologists, and pharmacists, among others.

There are vast differences among correctional facilities in terms of providing care for inmates who suffer from mental illnesses, and in many cases, the additional costs associated with these inmates is significant. For example, the Council of State Governments Justice Center found that in 2012, it cost \$4,780 to house an inmate for a year in a Connecticut prison, but that number grew to \$12,000 for inmates who were experiencing a serious mental illness. Additionally, inmates who have mental illnesses typically stay in custody longer and are among the most likely to reoffend, leading these costs to increase exponentially over a lifetime of incarceration. While AAPA is cognizant of the additional resources which are needed to screen and assist prisoners who may have mental illnesses, we also believe early intervention can both save money and improve outcomes. PAs are well-equipped to be a part of this solution, both in correctional facilities and once an inmate has been released.

AAPA Legislative Recommendations

As the Committee works on legislation aimed at ending the cycle of incarceration and re-offending of individuals with mental illnesses, AAPA hopes you will consider the following recommendations:

- 1) **Better utilize PAs as members of the healthcare team at correctional facilities.** Jails and prisons represent a challenging setting in which patients often present with both physical and mental illnesses, and by virtue of their diverse education, PAs are uniquely qualified to respond to a number of healthcare concerns. PAs are currently working in correctional facilities in this manner, with some PAs being the leader of an interdisciplinary care team, and they are equipped to screen and treat inmates for mental illnesses. AAPA believes any legislation which addresses care provided within these settings must specifically include and name PAs.
- 2) **Affirmatively include PAs in any legislation which addresses using primary care providers to treat former inmates with mental illnesses after they are released.** Thousands of PAs work in settings which treat a large number of patients who experience mental illnesses, many of whom have been caught in the cycle of repeat incarceration. We believe PAs should be included in legislation which seeks to increase access to treatment after an inmate has been released, to allow these individuals a better chance of re-integrating into society.
- 3) **Include “PAs in psychiatry” in any legislation which specifically addresses mental healthcare specialists.** Several bills before Congress 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.

- 4) **Include PAs in legislation aimed at treating individuals with mental illnesses before they are incarcerated.** Many inmates with serious mental illnesses end up in the corrections system due in large part to a lack of access to treatment. Due to PAs' work on the "front lines" of health care, any program meant to provide early intervention for those at risk of incarceration because of untreated mental illnesses should include and name PAs as providers.

We look forward to working with the committee as it moves forward on these important issues. Should you have any questions, 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.