



MICHIGAN ACADEMY
of PHYSICIAN ASSISTANTS

10-12-2020

Dear Chairman Vaupel and Committee Members,

I am the current President of the Michigan Academy of Physician Assistants and I have practiced Hospital Medicine as PA since graduating from Western Michigan University's Physician Assistant program in 1983. Physician Assistants practice medicine along with Allopathic and Osteopathic physicians.

The average length of PAs didactic and clinical education is 27 months full time including over 2,000 hours of clinical hours in rotations with physicians. The core didactic clinical rotations include Internal Medicine, Surgery, Psychiatry, Obstetrics and Gynecology, Pediatrics & Family Practice and typically an elective rotation of their choice.

PAs also improve their abilities by attending Continuing Medical Education like physicians do and this consists of 100 hours of medical education every 2 years to maintain their national certification. PAs practice medicine in the above mentioned specialties with physicians to the fullest extent of their education training and experience yet we are here discussing whether a PA can work alongside a psychiatrist, follow the same education, mentoring, guiding and on the job education for a field that is part of their core didactic education for over 40 years now.

There has been mention of concerns for the Practice Agreements that PAs practice under. It has been stated in past testimony that one physician 'supervises' over 100 physician assistants. That is very misleading. Under State Law the practice agreement states that the physician(s) must verify the PAs training, education and experience and allows the physician(s) or the PA to create exceptions to the PAs practice of medicine if the physician feels that PA may need more experience in a certain area.

In my hospital practice our physician medical director signed the practice agreements for 38 physician assistants. That number may seem like a lot but what isn't mentioned is that our Medical Director took part in the interview and credentialing process and there are 15 other physicians that are with us on our service. These 15 physicians work alongside the PAs and NPs 24/7. They are not the physician verifying credentials so their name doesn't appear on the practice agreement but we work alongside them every day in our team approach to patient care. There is not any situation, anywhere in the State where the

perhaps 'one physician' signs the practice agreement for one hundred physician assistants and the one physician is the only physician who works alongside with the PAs.

Another concern that has been brought up is that there will be an infringement on patient's civil liberties and an increase in involuntary admissions if PAs and NPs are allowed to sign the initial certification for involuntary admission to a hospital. This is also misleading. Currently PAs see patients that are in crisis and in need of involuntary admission to a hospital. Due to the shortage of psychiatrists there is not always a psychiatrist on site, but based on the practice agreement, a psychiatrist is always available to consult. The PA calls that psychiatrist who then has to leave their practice setting, and very likely their patients, to come and re-assess a patient that was seeing their primary psychiatric provider who happens to be a PA.

The psychiatrist then signs the certification and returns to their practice setting. There have been no complaints brought to our attention by either the State of Michigan or any other medical organizations where PAs have been asking physicians to assess a patient in need of involuntary admission inappropriately. By law there is also a second certification required for an involuntary admission to occur and that is provided by a psychiatrist. There have been no complaints brought to our Academy or from the State of Michigan or other organizations that there have been denials of the second certification by psychiatrists in cases of involuntary admission initiated by a PA.

And briefly there is the issue of providing safety restraints for a patient in a hospital setting where the patient may cause harm to themselves or the staff of the hospital. The Public Health Code has allowed hospitalist physician assistants like myself to provide safety restraints on patients in need and this was clarified by the Michigan Legislature in 2010. To allow a hospitalist physician assistant this ability on a medical unit and yet the PA working on the psychiatric unit across the hallway in the same hospital could not provide this care for a patient would honestly be absurd.

The mental health code already states that registered nurses and physicians in the State of Michigan are listed as mental health providers. This means that even physicians currently practicing pathology, dermatology, proctology and radiology are mental health providers. Those limitations have been based on antiquated law prior to the development of physician assistants. This bill will allow PAs and NPs and the physicians they work with to provide efficient and appropriate team based psychiatric care for Michigan patients in need.

Respectfully Submitted ,

President Ron X. Stavale PA-C
Michigan Academy of Physician Assistants