

SUBJECT: Expanding the definition of non-physician mental health professionals

COMMITTEE: Public Health — committee substitute recommended

VOTE: 11 ayes — Klick, Guerra, Allison, Campos, Coleman, Collier, Jetton,
Oliverson, Price, Smith, Zwiener

0 nays

WITNESSES: For — James Smith, Association of PAs in Psychiatry; Matt Boutte, Texas Academy of Physician Assistants; Justin Brewer; Jennifer Mayer; Katherine Robinson; (*Registered, but did not testify*: Allison Greer Francis, CHCS; Bill Kelly, City of Houston Mayor's Office; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Greg Hansch, National Alliance on Mental Illness Texas; Dan Finch, Texas Medical Association; Susana Carranza; Vanessa MacDougal)

Against — (*Registered, but did not testify*: Jessica Magee, Texas Psychological Association)

On — (*Registered, but did not testify*: Alison Mohr Boleware, National Association of Social Workers - Texas Chapter)

BACKGROUND: Health and Safety Code sec. 571.003(15) defines "non-physician mental health professional" as:

- a psychologist licensed to practice in the state and designated as a health-service provider;
- a registered nurse with a master's or doctoral degree in psychiatric nursing;
- a licensed clinical social worker; or
- a licensed professional counselor or marriage and family therapist licensed to practice in the state.

DIGEST: CSHB 2093 would expand the definition of "non-physician mental health

professional" to include a physician assistant licensed to practice in the state who had expertise in psychiatry or was currently working in a mental health facility.

The bill would take effect September 1, 2021.

**SUPPORTERS
SAY:**

CSHB 2093 would increase access to mental health services, especially in rural and underserved areas, by including certain physician assistants in the definition of "non-physician mental health professional." This would align state and federal statutes and enable physician assistants who worked in a mental health facility or who had psychiatry expertise to be reimbursed for providing mental health services. Allowing these physician assistants to receive reimbursement could incentivize facilities to hire more physician assistants to address the mental health needs of patients, expanding access to needed mental health services.

Currently, physician assistants who practice in psychiatric and mental health settings undergo extensive training in psychiatric patient care, including rotations and certification exams, and have relevant clinic or hospital experience. Physician assistants also provide direct patient care and have delegated prescriptive authority from a physician, and many physician assistants prescribe medications to treat mental health conditions such as anxiety or depression. Physician assistants are unable to receive reimbursement for their mental health services, and CSHB 2093 would change this by including certain physician assistants in the definition of non-physician mental health professional.

The bill would not expand a physician assistant's scope of practice and the prescriptive authority delegated to a physician assistant by a supervising physician would remain the same. The bill simply would recognize the services these physician assistants already provide.

**CRITICS
SAY:**

By recognizing certain physician assistants as non-physician mental health professionals, CSHB 2093 could put patients with serious mental health challenges at risk if a patient sought treatment from an unqualified physician assistant. Physician assistants do not receive as much training as

other mental health professionals in assessing and treating mental health disorders, and simply working in a mental health facility does not guarantee a physician assistant is qualified or educated to deliver mental health services. In addition, allowing certain physician assistants to be reimbursed for mental health services they already provide would not address the mental health workforce shortage in Texas.