



Advocacy | Education | Community
Pennsylvania District Branch of the American Psychiatric Association

September 26, 2024

Commonwealth of Pennsylvania House Human Services Committee:

The Pennsylvania Psychiatric Society stands in opposition to HB 2560 in its current form. It is a confusing piece of legislation that has effects that are not apparent in the wording.

This bill amends two earlier outpatient psychiatric clinic oversight bills, **Act of May 31, 2018, P.L. 123, No. 25** and **Act of Jul. 11, 2022, P.L. 773, No. 76**.

These bills define a standard for what sort of services a consumer can expect to receive in a clinic which sets itself up as providing outpatient psychiatric services. The current regulations are in need of updating because they do not take into account the powerful tool of telehealth technology.

What the current standards also make clear, however, is that:

[(1) Except as provided for in paragraph (2), an outpatient psychiatric clinic shall have a psychiatrist on site for two hours of psychiatric time per week for each full-time equivalent treatment staff member.]

(2) Fifty percent of the required on-site psychiatric time under paragraph (1) may be provided by:

(i) An advanced practice professional.

(ii) A psychiatrist off-site by the use of interactive audio and video using technology that conforms to industrywide compressed audio-video communication and protects confidentiality under Federal and State law in accordance with department-issued guidelines. Interactive audio without video, electronic mail message or facsimile transmission may not be used to meet the requirement under paragraph (1).

(iii) A combination of subparagraphs (i) and (ii).]

(3) Required psychiatric time may be provided in person or by the use of telebehavioral health technology by psychiatrists, as specified by department regulations. Advanced practice

professionals may also provide a portion of the psychiatric time, as specified by department regulations, either in person or by the use of telebehavioral health technology.

The provisions of HB2560 deletes this portion, and instead states

50% of the aggregate treatment provided by a psychiatrist or an advanced practice professional shall be provided with the psychiatrist or advanced practice professional being physically present in the outpatient psychiatric clinic, with the remainder of time being permitted to be provided by telehealth technology.

We are concerned that this no longer requires any presence of a psychiatrist in a psychiatric clinic, whether online or in person.

We had met with other stakeholders and sent a letter to OMHSAS expressing this concern, and came to learn that this is exactly what is intended. Because of the difficulty some clinics have in securing psychiatric time from a psychiatrist, OMHSAS and others have determined that APPs can stand in our stead.

We disagree.

There is no need here to go into the vast difference in training between psychiatrists and other mental health professionals, even well-trained Advanced Practice Professionals. Our expertise is significant, and important especially for seriously ill individuals requiring careful medication management and assessment for suicide potential

We are concerned that OMHSAS has determined to expand the scope of practice for APPs in this indirect way which should properly be openly discussed.

Please do not approve such a plan.

The requirement that the clinic be directed by a psychiatrist is important but is not a substitute for clinical or supervisory time.

We had proposed an amendment, which specified that 25% of mandated psychiatric time should be done by a psychiatrist, and that the APPs who take on this role should have a collaborative agreement with a psychiatrist. The Department has objected that they do not have jurisdiction over the collaborative agreements. We find this puzzling, since DHS has many requirements, such as for licensure, which are not within their control. As is done with many standards, there is an attestation to the existence of an item (such as a license, or a criminal background check, etc.) and site visits confirm their existence. It is similar to the current requirement that an APP have a collaborative agreement at all.

We are aware of the difficulties facing some of our clinics finding psychiatrists to staff. The role of telehealth with psychiatrists should not be understated, however. This bill goes too far in saying that APP clinical care should suffice. The public should expect to find a psychiatrist, even a bit of time, in a psychiatric clinic or available online. We think an amendment is needed.

Sincerely,

A handwritten signature in black ink, appearing to read "I. Mania", with a long horizontal flourish extending to the left.

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