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oklapsychiatry@gmail.com www.oklapsychiatry.org **OPPA OPPOSITION STATEMENT: Physician Assistant Supervision—2023**

The Oklahoma Psychiatric Physicians Association (OPPA) believes every member of the healthcare system plays a vital role and should be able to work to the fullest extent of their education and training. However, health care team members have different levels and types of education and are *not* equivalent or interchangeable. Oklahoma state laws require Physician Assistants (PAs) be supervised by Physicians (MD or DO). The word supervise implies that the Physician is the medical team leader and that they possess ultimate liability for the care decisions made for each patient. Changing the term "supervise" to "delegate" implies that a PA may be assigned tasks to complete independently without the oversight and counsel of a Physician. Theoretically a Physician could "delegate" all care of the patient to a PA and then not be involved in any further care management. Additionally, once a task is "delegated", the Physician may only be asked to participate in care decisions when the PA deems it necessary. Physician Assistant education is a fraction of that of a Physician and does not provide training in any specialty or afford the rigor of training to practice independently. Changing medical board rules to essentially sever professional relationships with Physicians and practice beyond the scope of their education, training and experience would be giving PAs a license to practice medicine without completing the necessary medical school requirements, residency, or licensing exams.

- This would threaten patient safety and quality of care and create the risk for missed diagnoses, increased opioid, sedative, and benzodiazepine prescriptions, and overutilization of services (redundant tests, unnecessary visits and referrals, etc.), which then increase overall healthcare costs.
- This would create more fragmentation in healthcare when the entire industry is moving in the opposite direction. We need more integrated and coordinated healthcare delivery in Oklahoma, not more silos.
- The medical board has a responsibility to protect patients and set policies that strengthen interprofessional relationships, not weaken them.
- Patients prefer to have a Physician involved in their care and deserve access to safe, high-quality care led by a Physician.

The request to increase the number of PAs for which a Physician could "supervise" or "delegate" is not consistent with safe practice. It is not possible to safely supervise the work of six different PAs at one time. It could be possible for one Physician to have many different PAs that they supervise at different times (such as on a large hospital service or large clinic where there are lots of shift/personnel changes day to day). However, supervision for more than two at any one given time would not be sufficient to ensure patient safety.

Allowing PAs to independently prescribe Schedule II controlled substances is ill-advised. Oklahoma does **NOT** need more Schedule II controlled substance prescribers! Oklahoma is already facing a worsening opioid addiction and overdose crisis, and this does not need to be further exacerbated. In 2017, Oklahoma had an estimated 26,000 patients diagnosable with opioid addiction with an estimated cost to the state of \$ 5,751 million! According to the CDC, Oklahoma had a 16.2% increase in the rate of drug overdose deaths from 2019-2020. So far, the CDC is predicting a 25.22% increase in drug overdose deaths from April 2021 to Aril 2022 – so things are only getting worse. Increasing the number of prescribers for controlled substances will lead to more overdose deaths, more injuries, and more addictive pharmaceuticals being diverted to the black market.

References:

https://www.cdc.gov/mmwr/volumes/70/wr/mm7015a1.htm#T1_down https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

The Oklahoma Psychiatric Physicians Association, the Oklahoma branch of the American Psychiatric Association, is a non-profit membership organization qualifying under **Section 501(c)6** of the Internal Revenue Code.