



LONG WAIT TIMES IN THE EMERGENCY DEPARTMENT IS DETRIMENTAL TO PATIENTS AND PROVIDERS

Emergency department wait times longer than two hours for patients in need of hospitalization is associated with mortality, morbidity, and patient harm.¹

The detrimental impact of long wait times in the emergency department applies to patients in need of mental health services and may actually increase the need for inpatient services unnecessarily. As one researcher pointed out:

[i]t is not hard to imagine that an individual in psychiatric crisis, forced to wait alone for many hours in a small unfurnished room, which is sometimes locked, or on a narrow gurney, might lose the control that he or she possessed upon arrival at the ED. That loss of control, in turn, will result in the use of force, often by security guards, and imposition of restraint and seclusion. An individual who arrived at the ED with no need for inpatient admission has been transformed by the ED experience into someone who needs an inpatient bed.²

ROLE OF PHYSICIAN ASSISTANT (PA) HAS CHANGED

Some witnesses have expressed concern about the role of the PA. In 2020, Vermont passed [Act 123](#), a law that significantly changed the relationship between physicians and PAs from supervisory to collaborative. A summary of the law can be found [here](#).

Additionally, under [S.163](#), PAs in hospitals have admitting and discharging privileges. As a result, they are on par with physicians and APRNs when it comes to determining whether a patient should be admitted.

REDUCE UNNECESSARY WAIT TIMES BY HAVING A PHYSICIAN ASSISTANT PERFORM THE FIRST CERTIFICATION

The same provider who assesses, stabilizes, and transfers a patient for chest pain should also be able to do the same for an individual seeking treatment for mental health symptoms. H.573 will reduce the wait times for patients and allow emergency departments to use their resources more efficiently. VAHHS supports this bill.

¹ [Kolikof J, Shaw D, Stenson B, Balaji L, Grossestreuer A, Chiu D. Emergency Department Boarding, Crowding, and Error. J Am Coll Emerg Physicians Open. 2025 May 19;6\(4\):100169. doi: 10.1016/j.acepio.2025.100169. PMID: 40492209; PMCID: PMC12145972.](#)

² [U.S. Dept. of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging, and Long-Term Care Policy, A Literature Review: Psychiatric Boarding, October 2008.](#)