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Members of the Senate State and Local Government and Veterans Committee:

NAMI Minnesota (National Alliance on Mental Illness) is a statewide, grassroots organization that champions justice, dignity, and respect for all people impacted by mental illnesses. We are writing to express serious concerns about Article 5, Section 1 of SF 4570. This repealer will eliminate compromise language that was adopted in 2020 due to concerns that physician assistants (PAs) do not have sufficient training to diagnose and treat children and adults with *serious* mental illnesses.

We have been very clear in all the committee stops up to this point. We need all the help we can get to address the mental health workforce issues in our state. We believe PAs could (and many already do) provide needed support in primary care settings addressing less complex mental illnesses, like anxiety and less severe depression. However, we are asking for a compromise this year to clarify that PAs seeking to diagnose, create a treatment plan, and prescribe medications for serious mental illnesses should have more training than a generalist.

Serious mental illnesses include schizophrenia, schizoaffective disorder, bipolar disorder, eating disorders, major depressive disorder with psychotic features, and other psychotic disorders. We want to be clear that our members are the individuals and family members living with these illnesses. We know the personal experiences of our staff and our thousands of members. We know that many people who live with these illnesses take *years* to obtain accurate diagnoses and effective treatment. It often takes the opinions and work of multiple psychiatrists, psychologists, and other mental health professionals to find the right diagnosis and balance of treatment and medications with serious side-effects.

PAs are only required to have a 2-semester credit in psychiatry, plus a 4–6-week rotation in psychiatry, which is 4 credit hours. We simply do not believe that is enough. The primary complaint we have heard about the language in 147A.09, subdivision 5 is that it is confusing. We have offered compromises to clarify that PAs can and should treat less complex mental illnesses, but if PAs want to diagnose and treat serious mental illnesses, they require more training.

Fortunately, there are well-established Certificates of Added Qualifications (CAQ) and training opportunities for PAs looking to specialize. The National Commission on Certification of Physician Assistants (NCCPA) states on their website, "Earning a CAQ shows your employers that you are *committed to your specialty*. It demonstrates your *dedication and passion to health care* and the *well-being of your patients*." The Association of PAs in Psychiatry also states on their website, "By increasing one's competence in mental health services, PAs can help reduce the shortage of mental health service providers across the nation."

Yet in the hearings on this issue so far, the Minnesota Academy of Physician Assistants, has only said that "PAs are indeed trained to provide care for patients with mental illness in all care settings." Our concerns have been dismissed. We would reiterate one more time – we are the patients. We have not experienced any outreach from

the Minnesota Academy of Physician Assistants on a compromise. We have heard no willingness to look at additional training or to differentiate between simple and more complex diagnoses.

We are asking the Senate to consider our amendment for section 147A.09 below. We are asking the Minnesota Academy of Physicians Assistants to have a conversation with us about what is confusing or problematic about our amendment. Minnesotans with mental illnesses are asking that physician assistants demonstrate their dedication and passion to the well-being of their patients. Thank you for your time and attention. Please reach out to us to continue this conversation.

Sincerely,

Sue Abderholden, MPH Executive Director Elliot Butay Senior Policy Coordinator

Proposed language for 147A.09, subdivision 5:

Subd. 5. Scope of practice limitations; psychiatric care for children with emotional disturbance or adults with serious mental illness. Notwithstanding subdivision 1, a physician assistant may only provide ongoing not diagnose and develop the initial treatment plan for children with serious emotional disturbances and adults with serious mental illnesses, but may carry out existing treatment plans. A "serious mental illness" and "serious emotional disturbance" means schizophrenia, schizoaffective disorder, bipolar disorder, eating disorders, major depressive disorder with psychotic features, and other psychotic disorders as defined in the current Diagnostic and Statistical Manual of Mental. Disorders. psychiatric treatment for children with emotional disturbance, as defined in section 245.4871, subdivision 15, or adults with serious mental illness in collaboration with a physician licensed under chapter 147. For purposes of providing ongoing psychiatric treatment for children with emotional disturbance or adults with serious mental illness, the practice agreement between the physician assistant and one or more physicians licensed under chapter 147 must define the collaboration between the physician assistant and the collaborating physician, including appropriate consultation or referral to psychiatry.

Physician assistants who meet the following are exempt from this section:

- (a) Completed a physician assistant post-graduate one year fellowship in psychiatry in one of the following inpatient units: Psychotic disorders unit, Geriatric psychiatry unit, Mood disorders unit, Child psychiatry unit or Dual diagnosis (substance abuse and mental health) unit; or
- (b) Completed a physician assistant post-graduate one-year fellowship in psychiatry in an outpatient setting such as adult outpatient clinics, child outpatient clinics, and telepsychiatry and outreach clinics.; or
- (c) Completed the NCCPA Psychiatry Certificate of Added Qualifications; and
- (d) Passed the NCCPA national Psychiatry Specialty Exam.