



February 2024

Dear Legislator:

The Minnesota Psychological Association strongly opposes HF3494/SF4124, the bill that seeks to remove additional collaboration requirements for physician assistants to provide ongoing psychiatric treatment for children with emotional disturbance and adults with serious mental illness. As psychologists deeply invested in mental health care, MPA believes this bill overlooks crucial concerns regarding the qualifications and training necessary for providing psychotherapy, particularly in sensitive cases involving psychiatric care.

Less than four years ago, the language of Minn. Stat. 147.09, subd. 5, which this bill would repeal, was agreed to by PAs and the professions of psychology and psychiatry, as well as the mental health patient advocacy community (e.g. NAMI, Mental Health MN). We have not heard a rationale for repeal of this patient safety law. The bill proponents claim that hospitals are confused by subd. 5, and have hesitated to hire PAs in behavioral health. CentraCare and Hennepin Health do not have these concerns. Allina does not hire PAs for mental health. The Minnesota Hospital Association does not have a position on this bill.

While physician assistants play a vital role in the healthcare system and can fill a widening gap in psychopharmacological treatment, it is essential to recognize the specialized expertise required for psychotherapeutic treatment, especially when dealing with vulnerable populations such as children with emotional disturbance and adults with serious mental illness. Unlike physicians who undergo extensive training in psychiatry as part of their medical education, physician assistants typically do not receive comprehensive training in psychotherapy or psychiatric care as a core component of their curriculum.

Allowing physician assistants to provide psychotherapeutic treatment without adequate training and supervision poses significant risks to patient safety and quality of care. Therapy for individuals with emotional disturbance or serious mental illness demands a nuanced understanding of psychological principles, diagnostic criteria, therapeutic techniques, and ethical considerations, which are not adequately covered in the training of physician assistants.

Furthermore, physician assistants are paid at a higher rate than Mental Health Professionals (Licensed Psychologists, Licensed Practitioner Clinical Counselor, Licensed Independent Clinical Social Worker, etc.). As a result, this bill would cost our healthcare system more money due to PAs' higher rate while they provide reduced quality of services compared to other

MHPs who are more trained and experienced in the care of for children with emotional disturbance and adults with serious mental illness.

Additionally, effective collaboration between healthcare professionals is paramount in ensuring holistic and evidence-based treatment approaches for individuals with complex mental health needs. By removing collaboration requirements, this bill undermines the importance of interdisciplinary teamwork and consultation, which are essential for delivering comprehensive care and addressing the diverse needs of patients.

Instead of bypassing collaboration requirements, MPA urges policymakers to prioritize strategies that enhance access to qualified mental health professionals, including psychiatrists, psychologists, and licensed therapists, who possess the specialized training and expertise needed to deliver effective psychotherapeutic treatment. This may involve expanding mental health workforce development initiatives, increasing funding for psychological and counseling academic programs, and promoting interdisciplinary collaboration models that leverage the strengths of various healthcare providers.

In conclusion, MPA strongly opposes the proposed bill to remove collaboration requirements for physician assistants providing ongoing psychiatric treatment. Upholding rigorous standards for mental health care delivery is essential to safeguarding patient well-being and promoting the highest standards of clinical practice. MPA urges lawmakers to reconsider this legislation and instead focus on strategies that prioritize patient safety, quality of care, and professional accountability in the field of mental health.