

To: Representative Kristin Bahner

From: Dr. Jonathan Uecker – Psychiatrist, Medical Director Nystrom and Associates

DATE: 2/6/2024

Regarding: Support for PAs practicing in mental health

I am writing in support of your legislation that will increase access to psychiatric services by removing a provision that restricts physician assistants (PAs) from providing care. Subd. 5 of Stat. 147A.09 is a redundant and confusing provision that places arbitrary limitations on PAs serving patients with mental illness. This clause is unnecessary as PAs are already required in Subd. 3 to maintain a practice agreement with physician review. The practice agreement describes the scope of practice of the PA and is reviewed annually by a Minnesota-licensed physician to ensure that the PA is working within the appropriate scope for their area of medicine. Further, Subd. 5 uses terminology not defined in the statute, making compliance and regulation unclear for health systems and employers seeking to utilize PAs. Striking this clause is not a change in the scope of practice, but a clarification of existing regulation.

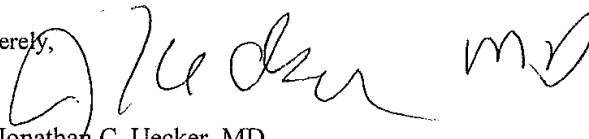
I have worked with PAs for over 20 years providing collaboration and regulatory review of PA practice agreements in my role as Medical Director at Nystrom & Associates. Our group currently employs 22 PAs who capably and safely provide medical diagnosis and ongoing management for our patients with a wide spectrum of mental health disorders. My experience validates that PAs are well-trained and provide high-quality care within their scope, which expands access for patients. PAs partner readily with our physicians whenever needed for the benefit of the patient. These collaborative discussions are most often initiated by the PAs themselves as they are indeed proficient and trained to know when to reach out for additional support to ensure safe care for patients with mental illness.

Subd. 5 is not needed to assure that PAs will appropriately collaborate with physicians as this is a tenant of their training and the expectations of the standards of care in medicine for any specialty, not only for PAs, but also for NPs, and Physicians alike. PAs are already more restricted in regulation than NPs and this additional clause only adds to the complexity of hiring and utilizing PAs. Our practice employs PAs and NPs in the same clinical roles and both professions go through an identical onboarding process within our practice, with PAs at times providing mentoring to NPs. Therefore, in my experience, it does not follow logic that PAs would have significantly more restrictive language than NPs, who do not have any such mental health restriction.

According to the US Health Resources and Services Administration (HRSA), 80% of Minnesota counties qualify as mental health professional shortage areas. The Minnesota Department of Health (MDH) notes that as a result, primary care providers, including physicians, PAs, and NPs, are being required to “fill the gap.” Singling out PAs to limit their ability to meet care needs for mental illness by placing additional restrictions that do not exist for other professions only creates confusion and limits the full utilization of PAs as part of the solution to address critical care access needs for patients. Instead, MN should endorse the federal 21st Century Cures Act, which defines PAs as “high-need providers in mental health.”

Minnesota should not be seeking to restrict PAs from being part of the solution. The current law does not serve patients.

Sincerely,



Dr. Jonathan C. Uecker, MD