A report in support of the regulation of a health-related or non-health-related occupation must address the following issues as specifically as possible:

1) The harm to the public that is or could be posed by the unregulated practice of the occupation or by continued practice at its current degree of regulation;

   Physician assistants are currently licensed in Minnesota and this bill does not make any changes in how physician assistants obtain or maintain their license to practice.

   (2) any reason why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public;

   This bill makes no changes to any existing civil or criminal laws or procedures.

   (3) why the proposed level of regulation is being proposed and why, if there is a lesser degree of regulation, it was not selected;

   This bill seeks no change in the level of regulation or in the oversight of the practice of physician assistants. It deletes outdated language that requires physician assistants to have an "alternate supervising physician". The term “alternate supervising physician” is redundant and also creates “classes” of physicians that supervise physician assistant. This creates problems in large group practices where a physician assistant may practice with multiple physicians. In rural areas, physician assistant may also work with a host of locums physicians, which may change over time. Having to keep an updated list of "alternate" supervising physicians is time consuming and an additional administrative hurdle that in no way improves the safety of the practice or patient care outcomes. Surveyed PAs report that they have never had a surveyor request the document nor has the Board of Medicine made an inquiry.

   The bill also deletes the current requirement of physician assistants to give notice to their licensure board of their intent to practice. Physician assistants are the only licensed health care professionals in Minnesota with this requirement. It is an administrative process that has no benefit to patient care.

   The bill removes the current arbitrary cap on the number of physician assistants that a physician may supervise. The removal of this cap is supported by the American Medical Association, the American Academy of Family Physicians, the American College of Surgeons and the Federation of State Medical Boards.

   Finally, the bill directs the Revisor to correct numerous typos in state statute.

   (4) any associations, organizations, or other groups representing the occupation seeking regulation and the approximate number of members in each in

Minnesota;

The legislation is supported by the Minnesota Academy of Physician Assistants, which includes over 400 physician assistants practicing in Minnesota. Section 4 of the bill is also supported by the Minnesota Medical Group Management Association, which has nearly 700 members that serve clinics and patients throughout Minnesota. It is also supported by Allina Health, which has 42 clinics, 12 hospitals, more than 24,000 employees and more than 5,000 employed and associated physicians in Minnesota. Hennepin County Medical Center, which operates seven clinics in Hennepin County and has thousands of employees, supports Section 4. Essentia Health, which has hospitals and clinics in 39 Minnesota communities and over 12,000 employees, supports Section 4, as does Avera Health, which has hospitals and clinics in about a dozen Minnesota communities. Several statewide law enforcement associations are expected to endorse Section 4 shortly, as are other health care systems.

(5) the functions typically performed by members of this occupational group and whether they are identical or similar to those performed by another occupational group or groups;

Physician assistants practice medicine with physician supervision, which allows physicians to see more patients and concentrate their efforts on the needs of those with complex medical conditions. PAs work in a variety of settings and specialties, both in hospitals and in clinics. The majority of Minnesota's physician assistants practice in specialized settings (orthopedics, pediatrics, OB-GYN, psychiatry, etc.) with a minority practicing in primary care. The services provided by physician assistants are identical to services provided by physicians.

(6) whether any specialized training, education, or experience is required to engage in the occupation and, if so, how current practitioners have acquired that training, education, or experience;

Yes. Physician assistant education is modeled on physician education and is standardized through an independent accrediting body, the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The average PA program is more than 26 months long. On average, PAs complete more than 2,000 hours of supervised clinical practice prior to graduation. After graduation from an accredited program, a PA must pass a national certifying examination administered by the National Commission on Certification of Physician Assistants (NCCPA). In order to maintain certification, physician assistants must complete a minimum of 100 hours of continuing medical education every two years and pass a written generalist examination every ten years.

Minnesota currently has three accredited PA programs -- Augsburg College, St. Catherine's University and Bethel University. A fourth at St. Scholastica is

getting underway. The number of training programs in Minnesota is growing in response to the increased demand for proficient mid-level practitioners that can serve a variety of patients. It is hoped that these new physician assistants will help address the shortage of prescribers, including in psychiatry, in underserved areas of Minnesota.

Section 4 of the bill authorizes physician assistants to bill Medical Assistance for medication management and evaluation and management services provided to Medical Assistance enrollees in out-patient settings. These services must be provided under the supervision of a psychiatrist or neurologist.

(7) whether the proposed regulation would change the way practitioners of the occupation acquire any necessary specialized training, education, or experience and, if so, why;

No.

(8) whether any current practitioners of the occupation in Minnesota lack whatever specialized training, education, or experience might be required to engage in the occupation and, if so, how the proposed regulation would address that lack;

No.

(9) whether new entrants into the occupation would be required to provide evidence of any necessary training, education, or experience, or to pass an examination, or both;

Physician assistants beginning their careers must pass a national certifying examination after graduation from an accredited training program. They must then apply for a license to practice from the Board of Medical Practice.

(10) whether current practitioners would be required to provide evidence of any necessary training, education, or experience, or to pass an examination, and, if not, why not; and

No. All current practitioners must be licensed in order to practice and this bill does not change that.

(11) the expected impact of the proposed regulation on the supply of practitioners of the occupation and on the cost of services or goods provided by the occupation.

There is a significant shortage of psychiatrists that serve MA patients and provide medication management services. Allowing physician assistants to bill for medication management services provided to Medical Assistant patients in

outpatient settings will increase the availability of these services to Medical Assistance patients. The current prohibition on payment by the Medical Assistance program is a disincentive for clinics to serve this population and means that MA patients must wait for months, sometimes many months, in order to have a medication management appointment with a psychiatrist. Physician assistants practicing in psychiatry are currently providing medication management services to their commercial insurance/Medicare/work comp/self-insured patients. Medical Assistance patients in need of mental health services are the only group of patients for which physician assistants cannot provide medication management services and bill for those services. The change provided in this bill means wait times for Medical Assistance patients will be shortened and they will be less likely to need readmission. This is better care for the patients and also means cost savings for the State, which will be paying for fewer hospital admissions.

Subd. 3.Additional contents; health-related occupations.

In addition to the contents listed in subdivision 2, a report submitted by supporters of regulation of a health-related occupation must address the following issues as specifically as possible:

(1) typical work settings and conditions for practitioners of the occupation; and

Physician assistants work in a wide variety of settings including hospitals, clinics, nursing homes, rural health clinics, community health centers, etc. Physician assistants serving mental health patients needing medication management services work in psychiatry offices, community mental health centers and mental health clinics operated by health systems.

(2) whether practitioners of the occupation work without supervision or are supervised and monitored by a regulated institution or by regulated health professionals.

Licensed physician assistants practice under a supervision agreement signed by their supervising physician and under a license granted by the Board of Medical Practice.

What other professions are likely to be impacted by the proposed regulatory changes?

Deleting the outdated language does not affect any other profession. The deletion of the intent to practice provision brings physician assistants into conformity with the requirements for other licensed health care professionals. Allowing physician assistants to be reimbursed for providing medication management to Medical Assistance patients in outpatient settings will reduce the demand upon psychiatrists to see these patients. Many patients seeking to see a psychiatrist as an outpatient are told the wait can be six months. Psychiatrists that see Medical Assistance patients are often burdened with high case loads and low payments, which is a disincentive for other psychiatrists to serve this population.

What position, if any, have professional associations of the impacted professions taken with respect to your proposal?

No professional associations that provide medication management services to Medical Assistance patients receiving mental health medications oppose the bill. The Minnesota Psychiatric Society has reviewed the bill and report that they have no concerns. We are not aware of any associations that oppose the deletion of the outdated language. Section 4 of the bill (medication management) is supported by Allina Health, Hennepin County Medical Center, the Minnesota Medical Group Management Association and the Minnesota County Attorneys Association.

Several non-impacted professions have concerns with the medication management provision. The Minnesota Psychological Association and the MN Coalition of Licensed Social Workers believe that physician assistants currently providing out-patient medication management services should receive an additional two years of education before being allowed to bill Medical Assistance for these same services. Psychologists and social workers are not licensed to provide medication management services to any patients in Minnesota and this provision has no impact on their practice. They are joined in their concern by NAMI-Minnesota.

3) Please describe what efforts you have undertaken to minimize or resolve any conflict or disagreement described above.

As noted above, no concerns have been raised by any impacted profession. Multiple discussions were held with the Minnesota Psychological Association, the Minnesota Coalition of Licensed Social Workers and NAMI-Minnesota, but no agreement was reached. These organizations believe that mentally ill Medical Assistance enrollees should be seen only by psychiatrists for medication management. While understanding this position, the current shortage of psychiatrists in Minnesota means Medical Assistant enrollees would have to wait months for care that physician assistants practicing under the supervision of a psychiatrist are able to provide now. Waiting months for medication management services is bad care and harmful to these patients. As for their position that physician assistants currently practicing in psychiatry should return to school for two years, no physician assistant currently practicing in psychiatry is going to leave their practice (and income) for two years of redundant education in order to serve patients

enrolled in Medical Assistance, which may reimburse at rates below cost for the services provided.