



November 21, 2014

Mark Schoenbaum, Director
Office of Rural Health and Primary Care
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164-0975

Dear Mr. Schoenbaum,

I am writing on behalf of the Minnesota Academy of Physician Assistants (MAPA) to provide comments on the draft recommendations of the Legislative Health Care Workforce Commission. We appreciate the time and effort of Commission members to study the challenges facing Minnesota's health care work force and to develop recommendations to improve access to care for Minnesota patients.

MAPA represents the over 2,000 licensed physician assistants (PAs) practicing in Minnesota. Physician assistants are a growing component of Minnesota's health care delivery and PA training programs are expanding rapidly. There are now three PA training programs (Augsburg College, St. Catherine's University and Bethel University) with a fourth (St. Scholastica) in the process of becoming accredited. The growth of PA programs has meant that the number of graduates has expanded from about 25 annually a decade ago to projections of over 100 within three years. This expansion is good news at a time when Minnesota is facing shortages of primary care and some specialty providers.

We echo the comments of several testifiers at the November 18th Commission hearing that the draft recommendations should be altered to be more inclusive in reference to providers. PAs and APRNs also provide primary care services and policies developed to promote primary care should include these providers.

We also suggest expanding recommendation 27 so that it would read "The legislature should identify and study expanding the scope of practice for health care workforce professions. Licensed health care professionals should not be barred from serving public program patients if their license allows them to serve patients with commercial, federal or work comp coverage."

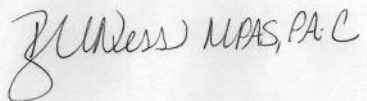
We make this recommendation in response to current state law (Minnesota Statutes 2012, section 256B.0625, subdivision 28a) which bars PAs from providing medication management services to psychiatric patients in outpatient settings if the patient is enrolled in Medical Assistance. PAs can currently provide these services in hospitals to MA patients and also

provide these services to all patients in out-patient settings EXCEPT Medical Assistance patients. This bar creates roadblocks to Medical Assistance patients getting their psychiatric medication management appointments when needed. Many Medical Assistance patients must wait months for their first follow-up visit after hospital discharge because they can only be seen by a psychiatrist. It also prevents continuity of care, because the PA that treated a Medical Assistance patient in a hospital cannot continue to treat the patient upon discharge. At a time when access to psychiatric services is a growing problem, particularly for Medical Assistance patients, it makes no sense to block access to PAs who are licensed to provide these services and are providing them currently to non-Medical Assistance patients.

This change is supported by the Minnesota County Attorneys Association, the legislative committee of the Minnesota Sheriff's Association, the Minnesota Medical Group Management Association and numerous health care systems, including HCMC, North Memorial, Allina, HealthEast, Fairview, Avera and Essentia. We would be happy to provide additional information if needed.

Again, we appreciate the work of Commission members to improve Minnesota's health care work force to assure that patients in the future will have access to quality services when needed.

Sincerely,

A handwritten signature in black ink that reads "Becky Ness MPAS, PA-C". The signature is written in a cursive style and is placed on a light-colored rectangular background.

Becky Ness, PA-C
MAPA Professional Practice Chair

CC: Senator Greg Clausen
Representative Thomas Huntley