



Minnesota Psychiatric Society

Improving Minnesota's mental health care through education, advocacy, sound psychiatric practice and achieving health equity.

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LEGISLATIVE COMMITTEE OVERVIEW –

The legislative committee of MPS will organize their efforts to advance Psychiatry by adhering to the following three guidelines. These guidelines will help organize the efforts of the committee and represent the values of the Minnesota Psychiatric Society. While the guidelines are broad, the lobbying and personal relationship building to achieve our goals shall be very specific and focused and fall under the larger guidelines. Not all legislative bills that appear in the legislature will be considered even if they fall within the guidelines. Decisions to narrow our scope and marshal our energies to achieve our goals are necessary. Remaining nimble during a legislative session to be most efficient while prioritizing the most important areas of interest requires the concerted efforts of leadership and cooperative work of the committee.

- To initiate and support legislation that would improve access to and quality of psychiatric services including bolstering prevention services and services to special populations such as the disabled, youth and seniors.
 - Examples: School linked mental health services grants; telepsychiatry, ED boarding.
- To resist and oppose legislation or administrative health practices that would increase inequities or undermine efforts to achieve health equity in mental health care or would harm the mental health and wellbeing of our citizens.
 - Examples: Scope of practice incursions by less trained or expert practitioners; loosening gun safety laws.
- To promote optimal conditions for practice and career satisfaction and advance and represent the profession of psychiatry.
 - Examples: opposing increases in medical license fees; advocating for expanding psychiatric residencies to alleviate the psychiatric workforce crisis.

INITIAL PRIORITIES FOR 2021-2 LEGISLATIVE SESSION

1. Support Adequate Funding for 988, mental health crisis and suicide prevention line, including funding proposals of at least \$0.12 on phone bills
2. Monitor and bring evidence to ensure the continuation of funding at par for audio-only telehealth for patients with mental illnesses and substance use disorders.
3. Advise the Department of Commerce in their parity studies, and work with the legislature to mandate stronger enforcement and to increase pay for the staff to do this.
4. As we monitor bill establishing a separate Department of Behavioral Health (SF2845) we highlight the need for empowered leadership who will be control BH policy and funding in an accountable manner. This leadership /funding needs to be dedicated to BH whether its freestanding or embedded within the DHS bureaucracy. This leadership needs to partner with psychiatrists and other BH clinicians.
5. Oppose legislation mandating automatic felony charges for assaults on health care practitioners (SC8879) regardless of the circumstances. Clinicians need to be empowered to choose actions that best balance ensuring safety for everyone while doing what's best for their patients and mandate law enforcement response to clinician complaints of violence.
6. Monitor competency restoration bill language (HF2725) so that psychiatric expertise drives creating an effective system while ensuring that public safety is preserved.
7. Require Minnesota Medical Assistance and MN Care pay for all necessary collaborative care services in all settings at a sustainable rate AND broadly publicize this fact and the details of the sustainable rate
8. Support bills that increase access to psychiatric and other related services.
9. Help shape social justice and equity efforts.