



Improving lives for adults living with mental illness as well as maintaining the viability of providers through one voice for quality adult mental health services.

February, 2017

To: MN House Health and Human Services Reform Committee Members  
From: Mental Health Providers Association of MN (MHPAM)  
Re: Support for HF 1561

Members of the MN House Health and Human Services Reform Committee,

Thank you for the opportunity to submit written testimony regarding our strong support for H.F. 1561 (Rep. Hamilton), which would allow Mental Health Practitioners to provide certain services via telemedicine. We are submitting this written testimony on behalf of the Mental Health Providers Association of Minnesota (MHPAM). MHPAM is a non-profit organization of providers representing both for-profit and non-profit mental health providers in the state of Minnesota. These organizations provide a variety of mental health services for adults throughout Minnesota such as: Intensive Residential Treatment Services (IRTS), Assertive Community Treatment (ACT), Adult Foster Care, Adult Rehabilitative Mental Health Services (ARMHS), Crisis Residential Stabilization Services, Targeted Case Management, and many others. The mission of our organization is "Improving lives for adults living with mental illness as well as maintaining the viability of providers through one voice for quality adult mental health services."

As you may be aware, current MN statute allows Mental Health Professionals to provide care by telemedicine in certain situations. This has allowed for innovative and cost saving partnerships between rural hospitals and mental health providers focused on the delivery via telemedicine of high quality, safe, mobile mental health crisis services. However current MN statute does not allow trained Mental Health Practitioners to also provide these services via telemedicine, and that policy is limiting the potential of these innovative partnerships and therefore access to crisis mental health services in rural Minnesota hospitals. We believe Mental Health Practitioners, who currently are allowed to provide face-to-face mobile crisis mental health services, should also be allowed to provide that care by telemedicine as this will allow for expanded reach of services. Allowing Mental Health Practitioners to provide crisis mental health care by telemedicine will allow for the delivery of safe and quality mental health crisis services to a population that may otherwise lack access to quality mental health care. Mental Health Practitioners do not function independently, they are always supervised by a Mental Health Professional who endorses or amends the conclusions that the Mental Health Practitioner comes to in a crisis assessment or intervention.

Many of you may recall that key state leaders met for much of 2016 as part of the Governor's Task Force on Mental Health to "develop comprehensive recommendations for improving Minnesota's mental health system." Recommendation #9 of the final report states that the state should "implement short-term improvements to crisis response" including, among other things "implementing telehealth solutions". HF 1561 is a clear and specific step forward in implementing this telehealth solution. We ask that you support HF 1561, as by allowing Mental Health Practitioners to provide telemedicine as well as by addressing the current limitations on the number of allowed encounters, we can move our state towards the important goal of providing more Minnesotans with access to critical, high quality, crisis mental health services.

Sincerely,

Jeff Bradley, Thrive Behavioral Network LLC, MHPAM President, [jeff.bradley@thrivebehavioralnetwork.com](mailto:jeff.bradley@thrivebehavioralnetwork.com)