# Proposal Summary/ Overview

### To be completed by proposal sponsor. (500 Word Count Limit for this page)

### Name: \_\_\_Rep. Becker-Finn

### Organization: State Representative

### Phone:

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*Is this proposal regarding:*

* *New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A.*
* *Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B.*
* *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

MHPs: Psychologists, social workers, LPCCs and LMFTs

2) Briefly describe the proposed change.

Allows supervision hours to be earned via real-time video instead of in person.

3) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

HF2743 Becker-Finn, Edelson also a co-author

Still working on Senate author

### Questionnaire A: New or increased regulation (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

### This questionnaire is intended to assist the House Health Finance and Policy Committee in deciding which legislative proposals for new or increased regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

### This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee’s public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

### A response is not required for questions which do not pertain to the profession/occupation (indicate “not applicable”). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

### New or increased regulation of health professions is governed by Mn State 214. Please read and be familiar with those provisions before submitting this form.

### While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1. **Who does the proposal impact?**
2. Define the occupations, practices, or practitioners who are the subject of this proposal.

Psychologists

Social workers

Licensed Marriage and Family Therapists

Licensed Professional Clinical Counselors

1. List any associations or other groups representing the occupation **seeking regulation** and the approximate number of members of each in Minnesota

To be clear, nobody is seeking additional regulation. This is common sense de-regulation.

So far the National Association of Social Workers and MN Coalition of Licensed Social Workers are publicly supportive

1. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

Mental health practitioners statewide in every setting

1. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

Does not apply

1. **Specialized training, education, or experience (“preparation”) required to engage in the occupation** 
   1. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?
   2. Would the proposed regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear these costs?

Practitioners would no longer need to spend time driving back and forth and risking their health to gain in-person supervision hours. This bill would save time and money and would particularly benefit rural practitioners who may not have easy access to a supervision in-person nearby.

* 1. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

Not sure – we can research if you really need this info. This bill came from practitioners asking me to make this change during an ongoing pandemic.

* 1. If current practitioners in Minnesota lack any training, education, experience, or credential that would be required under the new regulation, how does the proposal address that lack?

Does not apply

* 1. Would new entrants into the occupation be required to provide evidence of preparation or be required to pass an examination? If not, please explain why not. Would current practitioners be required to provide such evidence? If not, why not?

See above

1. **Supervision of practitioners**
   1. How are practitioners of the occupation currently supervised, including any supervision within regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

Currently, practitioners are required to have a number of supervision hours before full licensure. Current statutes require a significant number of these hours be obtained via in person meetings. This bill allows practitioners to get their hours via real-time video (Zoom, etc.)

1. Does a regulatory entity currently exist or does the proposal create a regulatory entity? What is the proposed scope of authority of the entity? (For example, will it have authority to develop rules, determine standards for education and training, assess practitioners’ competence levels?) Has the proposed change been discussed with the current regulatory authority? If so, please list participants and date.

There are current regulatory entities for each of the four types of MHPs. This bill would not change any of that.

1. Do provisions exist to ensure that practitioners maintain competency? Describe any proposed change.

See above

1. **Level of regulation (See Mn Stat 214.001, subd. 2, declaring that “no regulations shall be imposed upon any occupation unless required for the safety and well being of the citizens of the state.” The harm must be “recognizable, and not remote.” Ibid.)**
2. Describe the harm to the public posed by the unregulated practice of the occupation or by the continued practice at its current degree of regulation.
3. Explain why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public.
4. Explain why the proposed level of regulation has been selected and why a lower level of regulation was not selected.
5. **Implications for Health Care Access, Cost, Quality, and Transformation**
6. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

This bill makes it easier for practitioners in rural areas to become fully licensed. It also saves them time and money no longer needed for transportation. They could see more clients instead of driving to an in-person supervision meeting.

1. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

This bill will make it easier for MHPs statewide to gain full licensure by making it easier to obtain supervision hours.

1. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

no

1. Describe any impact of the proposal on an evolving health care delivery and payment system (e.g., collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?

This bill is possible because technology has evolved and it is now very easy to have real-time video conferencing.

1. What is the expected regulatory cost to state government? Is there an up-to-date fiscal note for the proposal? How are the costs covered under the proposal?

No cost

1. **Evaluation/Reports**

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

1. **Support for and opposition to the proposal**
2. What organizations are sponsoring the proposal? How many members do theseorganizations represent in Minnesota?

This didn’t come from a lobbyist. This came from practitioners talking to me about how ridiculous it was to drive back and forth to have in-person supervision during a pandemic. I represent approximately 40,000 people and have also heard from many practitioners outside of my district who support this.

1. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

NAMI

National Association of Social Workers

MN Coalition of Licensed Social Workers

1. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

None

1. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

## Does not apply