



# MICHIGAN PSYCHIATRIC SOCIETY

A District Branch of the  
American Psychiatric Association

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## MPS Officers

### Who is MPS

The Michigan Psychiatric Society is a state specialty medical society, and a district branch of the American Psychiatric Association. Founded in 1908, MPS has served as the voice of Michigan psychiatry for more than a century.

### Mission of MPS

**Our mission** is to represent the interests and professional needs of psychiatric physicians in Michigan while striving to ensure quality care for people with mental disorders and their families through promotion of education, research, and advocacy.

The following page illustrates some concerns that the Michigan Psychiatric Society has with Senate Bill 826, introduced by Senator VanderWall

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Dear Sir or Madam:

The State of Michigan nobly strives to ensure that its citizens have access to the highest quality mental health care. In its efforts to aid its residents, the State is considering expansion of the scope of practice for nurse practitioners (NPs) and physician assistants (PAs), also known as mid-level providers (MLP). This expansion is misguided.

MLPs may argue that scope expansion will improve access in rural areas. However, given that only 5.5 percent of NPs practice in rural areas, expansion does little to grow access in rural areas<sup>i</sup>; there is no reason that this is different for PAs. Flawed research has attempted to claim equivalency between physicians and MLPs. This research suffers from (1) short time frames, (2) only mildly ill patients, and (3) MLPs practicing under close supervision.<sup>ii,iii</sup> Furthermore, expansion decreases quality of care throughout the State by allowing individuals to circumvent an educational process refined over more than nine centuries to protect patients.<sup>iv</sup>

Expansion of scope for MLPs places the independent provision of mental health care into hands that are at best inadequately prepared for the responsibility. **Psychiatrists are medical school trained physicians who are the best prepared to serve and protect patients with mental illness.**

	Physicians	PAs	NPs
Education (credit hours)	288	228	168
Clinical Training (hours)	12,000	2,000	750
Continuing Medical Education (CME) (hours per year)	50	0	12.5
Total Training, 35 Year Career (hours)	> 14,000	2,228	1,168

Table 1: Comparison of education and training differences between Physicians and MLPs.



The education of psychiatrists is carefully standardized to ensure that they meet expected training expectations. They take 3 required licensing exams at different stages of medical school, 4 required in-service exams through residency, and a board certification exam after residency that is repeated every 10 years. Comparatively, standardized testing of MLPs is minimal.

Under the close supervision of psychiatrists, PAs and NPs may help to increase access to mental health care. However, as independent practitioners, they start with dangerous knowledge and clinical training gaps that substantially widen over time due to trivial continuing education requirements. This limited training results in both riskier care and the potential of millions of dollars of unnecessary medical spending.<sup>v,vi</sup> That is, expanding the scope of practice for MLPs in the tenuous hope of increasing access to care instead increases the risk of exposing Michiganders to harm.

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<sup>i</sup> Lin, G & Burns, PA (2013). The geographic distribution of nurse practitioners in the United States. *Applied Geographic Studies*, 1(4).

<sup>ii</sup> Laurant, M et al. (2018). Nurses as substitutes for doctors in primary care. *Cochrane Systematic Review*. <<https://doi.org/10.1002/14651858.CD001271.pub3>>

<sup>iii</sup> [www.physiciansforpatientprotection.org/does-science-support-NP-independence](http://www.physiciansforpatientprotection.org/does-science-support-NP-independence)

<sup>iv</sup> Custers, EJFM & Cate, OT (2018). The history of medical education in Europe and the United States, with respect to time and proficiency. *Academic Medicine*, 93(3S): S49-S54.

<sup>v</sup> Hughes, DR, Jiang, M, & Duszak, R, Jr (2015). A comparison of diagnostic imaging ordering patterns between advanced practice clinicians and primary care physicians following office-based evaluation and management visits. *JAMA Internal Medicine*, 175(1):101-107.

<sup>vi</sup> Hamani, A, Rastegar, DA, Hill, C, & al-Ibrahim, MS (1999). A comparison of resource utilization in nurse practitioners and physicians. *Effective Clinical Practice*, 2(6): 258-265.

## Senate Committee Clerks

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**From:** Fedele, Stephanie <sfedele@oaklawnhospital.com>  
**Sent:** Wednesday, June 3, 2020 5:00 PM  
**To:** Senate Committee Clerks  
**Subject:** Vote "No" on SB 826

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Dear Ms. Dorbeck, Senate Health Policy Committee Clerk,

I am writing to the committee regarding the proposed changes to the Michigan Mental Health Code by Senate Bill 826. The proposed changes would allow PA's, NP's, and clinical nurses specialist-certified the same authority to create clinical certificates that has so far been reserved for MD's, DO's, and PhD's. It makes sense that something as significant, and legally defensible, as a clinical certificate should be completed only by those with the most advanced educational backgrounds in the areas of medicine and mental health. MD's, DO's, and PhD's, by title, are the most able to render "competent clinical opinions" regarding whether an individual is truly in need of (involuntary) mental health treatment.

PA's, NP's, and clinical nurses specialist-certified are an important part of our mental health teams, however, their education is simply not as advanced as those who currently have the authority to clinically certify an individual. As a Master's level clinician for the past 16, I have an advanced degree, and an abundance of experience, in the mental health field. However, even having more mental health specific education than PA's, NP's, and clinical nurses specialist-certified does not make me qualified to clinically certify someone. If we Master's level mental health clinicians (whose degrees are all about mental health specifically) are not allowed to complete a clinical certificate, I would think it unreasonable to propose those with less mental health specific education qualified to clinically certify an individual. I am sure there are certain PA's, NP's, and clinical nurses specialist-certified who do have advanced degrees specifically in mental health. However, many do not. I think something as potentially life-altering as an involuntary admission for an individual should be determined by the most highly qualified professionals.

Further, allowing PA's, NP's, and clinical nurses specialist-certified the same authority to oversee and/or determine the need for seclusion and restraint bears the same problems. I sincerely hope the Senate Health Policy Committee will take my thoughts into consideration when contemplating the changes proposed by SB 826. Please vote "No" on this bill.

With respect,

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Certified Therapist in EMDR  
EMDRIA Approved Consultant  
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