



Community Health Center of Southeast Kansas

Testimony – SB 193

Senate Public Health and Welfare Committee – February 21, 2019

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Senator Suellentrop and members of the Committee, thank you for allowing me to provide testimony in support of SB 193.

Background

My organization provides access to medical, dental, behavioral health and related services to all individuals regardless of ability to pay, with the goal of improving the overall health of the communities we serve. Last year we cared for more than **43,000 patients** during nearly **160,000 visits** to clinics located in Baxter Springs, Coffeyville, Columbus, Independence, Iola, Parsons and Pittsburg. We also provided school-based behavioral health services in eight school districts, serving **822** Kindergarten through 12th grade students in 22 school buildings.

Service Need

We currently employ 21 individuals who hold licenses with the Behavioral Sciences Regulatory Board, most of whom provide services directly to children within school settings. Although we are the largest provider of school-based behavioral health services in the state, the need continues to grow as more school districts recognize the value of on-site interventions and supports. Unfortunately, we find ourselves competing with neighboring states for qualified individuals to fill that need.

Situated in extreme southeast Kansas, many of our clinics are located in communities of a few thousand people 35 miles or less from Joplin, Missouri. Our Coffeyville clinics are just 37 miles from Bartlesville, Oklahoma. It is not unusual for practitioners to reside and be educated in Kansas, only to go to work in Missouri or Oklahoma, where they are readily granted licensing reciprocity. Unfortunately, we have not been able to say the same for those licensed in Missouri or Oklahoma who would like to work in Kansas, as higher reciprocity standards have often limited practitioners' options. For example, a potential candidate for CHC/SEK who had been licensed and practicing as a therapist in Missouri for four years, instead of the required five, was left with the choice of practicing in Kansas at a lower level of licensure (and therefore a lower salary), or continuing to work in Missouri, despite living closer to Pittsburg than to Joplin.

The passage of SB 193 would help level the playing field by allowing practitioners licensed in other nearby jurisdictions the option, through more equalized reciprocity standards, of choosing to work in Kansas. Opening the door a little wider for these practitioners has the potential to positively impact the ability of organizations such as ours to recruit qualified employees who can meet the social and emotional needs of our most vulnerable.

On behalf of our board, staff, patients and especially those we are yet to serve, I ask for your support of SB 193.

Thank you for considering my testimony. Best wishes as you deliberate on this matter.