

Personal Testimony of a Psychiatric Nurse Practitioner in Support of BH 2256/SB 174

This letter is in regards to my own personal experience as a psychiatric APRN working in the state of Kansas. I have been a psychiatric APRN since 2015 providing mental health care to patients across the lifespan in outpatient, inpatient and correctional settings. Currently, I work for two federally qualified health centers (FQHC) in the state of Kansas, one in Newton, KS and the other in rural, southeast Kansas.

Kansas currently requires APRNs to have a collaborative agreement with a physician in order to practice. In my personal experience, this has caused a great barrier in our ability to provide care for patient and thus, decreasing patient access to care mental health care. It is well known Kansas has a shortage of psychiatrists. Not only do we not have many psychiatrists, but most of current practicing psychiatrists are near retirement age. To give an example of the shortage, at the FQHC I work for in Newton, we have only been successful at securing one psychiatrist for the four psychiatric APRNs on board. Our psychiatrist no longer even lives in the state of Kansas but has since, moved to Hawaii. He was kind enough to maintain his Kansas licensing in order to remain our collaborating physician. When I first came on board with the FQHC in southeast Kansas, we had one local psychiatrist and the rest of the psychiatric APRNs were contracted workers from a third-party telemedicine company who held Kansas licensing. None were actually local to the area, and neither was I. I made the commitment to drive 3 hours from Wichita to Pittsburg every Monday so I can serve my patients and be a presence for the clinic. The rest of the time, my work is done through the use of telemedicine from home. Since then, the company has expanded to a total of 6 psychiatric APRNs. The number of psychiatrists is still just one. I often wonder how much trouble we would be in if our collaborating psychiatrist is longer with us. This is the reality every single of one our APRNs faces daily in our professional career. This unfortunate reality came true for many APRNs over the past summer of 2020 when a well-known, well-loved psychiatrist suddenly passed away very unexpectedly. She was known to collaborate with many psychiatric APRNs who own private practices in the city of Wichita and surrounding areas. When this physician passed away suddenly, the psychiatric APRNs were place in a predicament that forced them to cancel all the patients on their schedule until they can secure another collaborating physician. This is not an easy task for many reasons: lack of psychiatrists, lack of psychiatrists willing to collaborate, cost, time and legality issue. This causes undue burden to the patients who are most in need of mental health care.

I truly believe that removing the requirement for collaboration and allowing APRNs to practice independently to the extent of our education/training will remove many of the barriers aforementioned. It will allow greater access to mental health care and let us serve the population that is in desperate need of care. I want to emphasize we do not want to be under the board of healing arts (medical/physician board). It is very conflicting to be under a regulatory board whom is actively opposed to our profession as this will be detrimental for APRNs moving forward.

Thank you for your time,
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