



Kansas City Center for Anxiety Treatment, P.A.
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March 18th, 2021

To members of the Senate Committee on Public Health and Welfare,

I am writing today to express my strong support for pending PSYPACT legislation (HB 2209) from my perspective as a Kansas- and Missouri-licensed psychologist, PSYPACT E. Passport holder, owner and Director of a Kansas-based specialty mental health care, training, and research center, and a member of the Board of Governors of the Kansas Psychological Association.

KCCAT is the only specialty and intensive-treatment team-based center within 250 miles of the Kansas City area providing evidence-based treatments for anxiety, obsessive-compulsive, and related disorders across the lifespan recognized by the International OCD Foundation (iocdf.org) as an affiliate. As such, **KCCAT often works with patients not only across the State of Kansas, but across the midwest, and even across the country.** Additionally, given our location in Overland Park, KS, in the Kansas City metropolitan area, a large portion of our patients come to us from the State of Missouri. In my role as a clinician, I work with individuals of all ages with anxiety disorders, OCD and related disorders (Hoarding Disorders, Tics and Tourette's Syndrome, etc.), as well as related conditions such as depression, insomnia and eating disorders.

Prior to the COVID-19 pandemic, our center had already been practicing telehealth within the State of Kansas in order to **reduce travel burdens** on patients located outside of the Kansas City metropolitan area, and also to **conduct treatment sessions outside of the traditional office setting**, which can allow generalization of treatment skills to the home, school, or other important settings for the patient. However, given both our regional and national reputation, many patients would come to our center from out of state to receive intensive treatment services for a period of time before returning to their home state; in these cases our **ability to provide follow-up care was often limited**—at best, depending on the home state of the patient, sometimes negatively impacting the patient's recovery. In the fall of 2020 I sought out licensure in the State of Missouri as I saw the rapidly changing landscape in mental healthcare, particularly the need for accessible care via telehealth. Missouri has enacted PSYPACT legislation and I was able to apply for and receive a PSYPACT E. Passport in January 2021 and utilize this from my home office in Kansas City, Missouri.

As a psychologist practicing in the state of Kansas, I strongly support PSYPACT for the following reasons:

Patients are more mobile than ever before, and they expect their healthcare to be mobile as well. Currently, if a patient goes on vacation, moves out of state for college (or goes home during the summer after spending the academic year in Kansas), has an out-of-town work meeting or long-term assignment, or simply crosses the state line on daily basis (particularly relevant for my patients in the Kansas City metropolitan area), **my team has their hands tied and may have to put treatment on hold** or attempt to find a local clinician to continue care.

For those of us providing specialty care, often there is NOT a qualified local clinician accessible to our patients in their hometown, or sometimes even within their home state.

On this point, **PSYPACT increases access to care for Kansans.** According to the IOCDF Find a Therapist tool, there are fewer than 20 providers licensed in the State of Kansas who identify as providing the evidence-based treatment for OCD. Given the conservative estimated prevalence of OCD of 1%, this leaves fewer than 20 providers to treat over 25,000 potential individuals with OCD in the State of Kansas. This is just an example from the main population I work with, but there are many areas of mental health care that require a specialist for efficacious treatment. Kansans should not be denied access to the appropriate care simply due to a state line when other Americans are able to freely seek out experts for their particular concerns.

Adoption of PSYPACT makes Kansas an attractive state for psychologists. As PSYPACT legislation is now either enacted or pending in over thirty states, qualified psychologists will have options for unencumbered care of their patients and will likely factor this into career decisions. Fewer barriers to providing effective care can increase quality of life and job satisfaction for those providing care, and given the increasing burnout and burden on the mental healthcare system highlighted by the COVID-19 pandemic, it is imperative that Kansas adopt legislation that allows psychologists to not only practice in a way that supports best care for patients and also supports psychologists. As a Kansas business owner, I also worry that not adopting PSYPACT will add to difficulties in recruiting specialists to join our center, which then impacts our ability to adequately serve our patient population, local and otherwise.

I appreciate your consideration of PSYPACT, which I strongly believe would represent a significant step forward for mental health care in the State of Kansas. While I am not able to attend today's hearing due to patient commitments, I welcome questions which can be directed to me via email or phone (see below).

Sincerely,



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