TESTIMONY TO HEALTH HUMAN SERVICE COMMITTEE
MARCH 3, 2016

By Michael Southern, APRN

Good afternoon. My name is Michael Southern, I am a psychiatric nurse practitioner. I am a business owner who was born and raised in Southwest Kansas (Garden City). My job is to help people with mental health conditions by providing medication treatment and management. I am trained to provide therapy for groups, individuals and families. I graduated from Wichita State University with a Master's degree in Science/Nursing. I hold National Board Certification as a Psychiatric Nurse Practitioner.

My position was considered unique by my colleagues because as a business owner who functions under the current statute that requires a physician signed- practice collaboration agreement I face multiple obstacles. Current statute requires a physician agreement to be signed once a year. On the surface this sounds like something anyone could live with for being allowed to have a private practice. For me, this has been quite problematic in my current practice as well as to many other psychiatric APRNs.

The most glaring rural mental health care problem is that Southwest Kansas has one psychiatrist that is THE psychiatrist for 13 counties served by 4 offices of Community Mental Health. AND…He plans to retire this year. It is extremely difficult to recruit psychiatrists to western Kansas. We have had positions posted for both the medical director of our 10-12 bed psychiatric unit as well as a psychiatrist for Community Mental Health for nearly 3 years. According to data from KDHE, 100 of 105 Kansas counties are designated mental health provider shortage areas; the entire western half of Kansas. Recruiting physicians to southwest Kansas is like rain in southwest Kansas- a several year drought with no expected relief.

In terms of mental health treatment there are five APRNs practicing at the community health level. I am the only private practice provider for psychiatric medication management in our little corner of the state. In return for my "collaboration agreement" with my medical doctor/psychiatrist, I compensate him one thousand dollars a month as well as pay his liability insurance. I am also paying a second psychiatrist who lives in Wichita 650.00 monthly as a back-up just in case something happened to my primary collaborating physician as he too is of retirement age.

What does this shortage mean to me and the people of Western Kansas?

Finding a medical doctor to collaborate with is extremely challenging. I worked hard to secure a collaborative practice agreement with a psychiatrist who used to work in Western Kansas but has since moved.

I have to pay a premium price to secure this collaboration (currently twenty one thousand dollars annually- None of my patients see my collaborating physician. I manage their mental health plan of care independently. He is available for consultation if needed. Obviously, paying such a premium is frustrating. What I worry about most is what might happen to my practice, my

livelihood and the patients I provide excellent care to should something happen to my collaborating physician and I have no other medical doctor available to immediately step in.

To date I have seen 10,000 people and drove three hundred thousand miles in Southwest Kansas to provide services. Please note that I could drive that distance into Colorado, a border state, where APRNs have full practice authority**. COLORADO DOES NOT REQUIRE A COLLABORATIVE AGREEMENT WITH A PHYSICIAN TO PRACTICE. NURSE PRACTITIONERS CAN OPEN A BUSINESS/PRACTICE AND WORK TO THEIR FULLEST ABILITY CARING FOR PEOPLE.**

The Federal Trade Commission states: Restrictive Physician Supervision Requirements Exacerbate Well-Documented Provider Shortages.

Mental health care in southwest Kansas may cease to exist unless a psychiatrist can be recruited to sign the required practice agreement so that the psychiatric nurse practitioners can continue their practices. What is annoying is that it's not about the psychiatrist "directing" plans of care because it's the NPs who are doing that. It's about a paper signed by the psychiatrist.

Rural Community Mental Health is so shorthanded that they have started using Telemedicine (Computer medication treatment and full psychiatric evaluations) from psychiatrists that live hundreds of miles away. While this may be a crutch to help the huge problem of the psychiatrist shortage, it would seem more prudent to hire nurse practitioners who can provide face-to-face cares; further, passing our bill would ensure they could practice without the need of a physician signed agreement, or simply put, allow the NPs to do what they do best- take care of people. **The FTC recommends viewing competition and consumer safety as complementary objectives and they note the potential benefits of improved competition in the provision of services**

In closing, Committee Members- As you tackle the problems of rural health care, my colleagues and I would appreciate your support of APRN practice, as it would help us to continue mental health care in southwest Kansas. Even more importantly, would be that we pave the way so that we can increase the number of mental health providers in all of Kansas. As a businessman I would ask that **you consider the need for fair completion.** In their report on APRN practice the Federal Trade Commission concluded that **expanded APRN scope of practice is good for competition and consumers.**" I am very grateful for this opportunity to speak with you today.

Thank you.