



**Testimony to
Senate Public Health & Welfare Committee
House Bill 2260**

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Chairwoman Gossage and members of the Committee, my name is Kyle Kessler, and I am the Executive Director for the Association of Community Mental Health Centers of Kansas. The Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the “safety net” for Kansans with mental health needs.

We appreciate the opportunity to provide testimony in support of House Bill 2260, which would amend the Medical Student Loan Program in two very important ways. It would increase the number of residency spots available and allow students to switch their specialty to psychiatry.

In terms of our history with this program, we successfully approached the Legislature in 2017 to amend the statute to include psychiatry for medical student loan repayment. Our reasoning then is similar to why we are here today in that we are continually looking for ways to assist in recruiting and retaining psychiatrists, of which there is a continual and ever-growing shortage. This would be especially helpful in rural areas of the state for mental health providers including CMHCs and the State Mental Health Hospitals (SMHHs) in Osawatometie and Larned.

According to the Kansas Health Institute’s recent report on the behavioral health workforce in Kansas, we have 300 psychiatrists that are physically located in Kansas and practice outpatient behavioral health, 95% of these individuals live in either Northeast Kansas (Kansas City - Lawrence - Topeka) or South-Central Kansas (Wichita - Hutchinson - Newton). This is a far fewer number than what is needed to meet the needs of Kansans, and for rural and frontier Kansas, the problem is far worse.

According to the American Medical Association, the number of adult and child psychiatrists rose by only 12 percent from 1994 to 2013, from 43,640 to 49,079. During that span, the U.S. population increased by about 37 percent; meanwhile, millions more Americans have become eligible for mental health coverage due to the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. Although the number of licensed psychiatrists is increasing, the sheer volume of mental health need is surpassing the status quo.

An article in *Modern Healthcare* published in 2017 explains the shortage in more detail by saying, “The number of newly trained physicians willing to enter psychiatry hasn’t kept pace

with the growing demand for care. In fact, there aren't even enough new professionals to replace aging baby boomer psychiatrists, who are starting to retire in droves." In the same article, Dr. Joe Parks, Senior Medical Director for the National Council for Mental Well Being and former Medicaid Director for the State of Missouri, states, "The recruitment rate into psychiatry has been flat for a couple of decades while the demand has gone up."

Thank you for the opportunity to appear before the Committee today, and I will stand for questions at the appropriate time.