



Testimony to the House Committee on Health and Human Services Senate Bill 32

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Mister Chairman and members of the Committee, my name is Kyle Kessler. I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. 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 SB 32 which would amend the Medical Student and Resident Loan Assistance Act to include psychiatry for medical student loan repayment. This would assist our state 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 Osawatomie and Larned.

Kansas has an estimated 230 licensed and board certified psychiatrists. Seventy percent of those are in Johnson, Douglas, Wyandotte, Shawnee, and Riley Counties. Thirty percent of those are over the age of 65. Outside of the northeast part of the state, Sedgwick County has the largest number of licensed psychiatrists and 31 percent of them are over the age of 65. These statistics underscore the need for Kansas to increase and improve its strategies for recruitment and retention of psychiatrists and compel aspiring physicians into this field.

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. The CMHC System in Kansas is an excellent example of the increased need for treatment as CMHCs provided treatment to 10,000 more Kansans last year than the previous year.

An article in *Modern Healthcare* published last week 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 Behavioral Health 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.”

Association of Community Mental Health Centers of Kansas, Inc.

Testimony Supporting SB 32

Page 2

Our Association has put forth an initiative known as Mental Health 2020 (MH 2020) to help address the workforce shortage of psychiatrists, to establish more community crisis stabilization centers and to restore funding for CMHCs that has eroded over the last ten years. SB 32 is one part of MH 2020. We ask you to support this legislation and pass it favorably out of Committee.

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