



Testimony to the Senate Public Health and Welfare Committee

January 19, 2017

Madame Chairwoman and members of the Committee, my name is Robbin Cole. I am the Executive Director of Pawnee Mental Health Services. Pawnee is a licensed Community Mental Health Center and licensed Substance Use Treatment Facility serving ten counties in northcentral Kansas including Riley, Geary, Pottawatomie, Marshall, Clay, Republic, Washington, Mitchell, Jewell, and Cloud counties. Pawnee's service area is unique in that we serve counties which fall into four different population density classifications that are determined by the Kansas Department of Health and Environment (KDHE): semi-urban, densely-settled rural, rural and frontier. Pawnee provides services 24 hours a day, seven days a week, 365 days a year regardless of ability to pay. Pawnee served nearly 7,000 people in FY2016. More than 2,700 were seen for medication evaluation and management services.

I 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 amendment would be of significant benefit to Pawnee Mental Health Services in recruiting and retaining psychiatrists to our service area.

Ten years ago, medication evaluation and management services were provided in three of the ten counties we served (Manhattan, Junction City, and Concordia.) We employed five full-time prescribers which included three (3) psychiatrists (MDs) and two (2) Psychiatric Advance Practice Registered Nurses (APRNs).

Fast forward to today where medication evaluation and management services are provided in five of the ten counties we serve (Manhattan, Junction City, Concordia, Marysville and Clay Center.) We continue to employ five full-time prescribers but only one is a psychiatrist (MD) and four (4) are Psychiatric Advance Practice Registered Nurses (APRNs). We also contract with four part-time prescribers which include three Psychiatric APRNs and one board certified child psychiatrist (MD) who provides child-focused supervision for our Psychiatric APRNs.

The shift away from psychiatrists to Psychiatric APRNs has occurred due to the difficulty recruiting and retaining psychiatrists. Another change that has occurred due to the difficulty recruiting and retaining psychiatrists is the use of tele-video technology. Our Concordia office, which ten years ago had a full-time board certified psychiatrist, is served four days a week through tele-video technology. On-site service is provided one day a month. Our Marysville and Clay Center offices are served two days a month through tele-video technology.

Another reality we face is that our Medical Director (and only MD) is already beyond retirement age. We hired her when her predecessor retired from our organization. We hired him when his predecessor retired from our organization. Given the challenges we face with the recruitment and retention of psychiatrists, we dread the day she announces her retirement.

Thank you for the opportunity to appear before the Committee today in support of SB32. I am happy to answer any questions you might have.

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