



March 14, 2018

**Testimony to Senate Public Health and Welfare Committee  
on Senate Bill 438**

Madam Chair and members of the Committee, my name is Dr. Laura Sidlinger. I am employed as the Director of Medical Services of Valeo Behavioral Health Care, the fourth largest community mental health center in Kansas. I serve as the Chair for the Kansas Community Mental Health Centers' Organization of Medical Directors and Psychiatric Staff. I am here today representing my Medical Director colleagues and patients, and to share the challenges faced in community mental health centers.

As a doctorally prepared nurse practitioner, I hold dual national certifications as an Adult Nurse Practitioner in the primary care setting and as a Psychiatric Mental Health Nurse Practitioner. In the last ten years, I have served Kansas consumers in a primary care safety-net clinic, a primary care clinic embedded within a community mental health center, and as a psychiatric medication prescriber in a community mental health center.

It may surprise you to know that one in ten adults in Kansas suffers from a serious mental illness. Mental illness does not discriminate based on age, sex, race, religion or socioeconomic background. Some of the most common disorders include major depression, anxiety, schizophrenia, and bipolar disorder. These illnesses can be significantly debilitating and up to 40% of persons with these diagnoses are untreated. Persons with mental illness are more likely to lack basic education, become incarcerated, be unemployed or under-employed, over utilize emergency department services, have insecure housing or be homeless, require hospitalization and attempt suicide than their non-mentally ill counterparts. The annual cost burden of untreated serious mental illness in Kansas is estimated at \$1.17 billion.

There is much media attention regarding persons who commit crimes and who have mental health diagnoses. The reality is that persons with mental illness are two and half times more likely to be victims of violent crime

○ 5401 SW Seventh \* Topeka, Kansas 66606  
Phone 785.273.2252 \* Fax: 785.273.2736

○ 330 SW Oakley \* Topeka, Kansas 66606  
Phone 785.233.1730 \* Fax: 785.233.0085

24 HOUR CRISIS LINE  
234-3300

○ 2401 SW Sixth \* Topeka, Kansas 66606  
Phone 785.357.0580 \* Fax: 785.233.1450

○ 400 SW Oakley \* Topeka, Kansas 66606  
Phone 785.783.7599 \* Fax: 785.354.1068

than perpetrators. But to be fair, 5-10% of violent crimes are committed by individuals with mental illness. If schizophrenia is the diagnosis and not well managed, the odds of becoming violent increases nine-fold. It is vitally important that persons with mental illness are able to receive appropriate care as part of an active crime prevention strategy.

Several factors have influenced the management of mental illness in our Kansas communities including the closure of state hospitals and private psychiatric facilities, reduction in the number of in-patient hospital beds due to lack of funding and changing reimbursement models, and the relocation of the Menninger Clinic out of state. According to the Department of Health and Environment, 100 of the 105 Kansas counties have a mental health care provider shortage. Currently, Kansas Community Mental Health Centers have a deficit of 68 clinicians. It would take at least 38 new hires to remove the Health Professional Shortage Designation for mental health in our state.

In Kansas, much of the mental health prescribing services are being provided by Advanced Practice Registered Nurses with expertise and certification in mental health care. For example, in southwest Kansas one psychiatrist covers 13 counties; consumers in this area are more likely to regularly see a nurse practitioner. Unfortunately, there is a decrease in the number of physicians entering psychiatry and fewer which can be recruited to rural and frontier areas. The outcomes for consumers of mental health services provided by nurse practitioners are equal to the care provided by our physician colleagues.

In the last two years, nurse practitioners in mental health centers have experienced a dramatic increase in the number of prescriptions requiring a prior authorization by Medicaid before the medication can be released by the pharmacies to the consumer. This results in delays in care and interruptions in medication adherence. Physicians had been granted "gold card" status in mental health centers, exempting them from the prior authorization requirement. In my clinic, nurse practitioners provide 94% of the care. It is not uncommon for my staff to receive up to 30 requests for prior authorizations in a day. Each prior authorization can take anywhere from 15 minutes to days to process, depending on the response time in the provider services departments of the Managed Care Organizations. All community mental health center nurse practitioners prescribe in collaboration with a psychiatrist. We mutually agree to practice within specific guidelines for the most effective care. Nurse practitioners in community mental health centers should be focusing their care on patient needs rather than processing unnecessary paperwork.

I have not met a consumer who wanted to have a mental illness—no one chooses this. Mental illness is a neurochemical imbalance which can be managed. With adequate personnel and appropriate therapies, quality of life can be improved.

As we de-stigmatize mental illness, we must be able to provide Kansans with adequate care. Many mental disorders can be medically managed, to the point of full remission of symptoms. Please vote in favor of the changes proposed in Senate Bill 438 to decrease barriers to high-quality specialty care for some of the most vulnerable Kansans.

I appreciate the opportunity to speak on behalf of my colleagues and patients from the community mental health centers. I will stand for questions at the appropriate time.

Laura Sidlinger, DNP, APRN-C, PMHNP-BC

[lsidlinger@valeotopeka.org](mailto:lsidlinger@valeotopeka.org)

785-783-7515

