

**Testimony re: SB 174**  
**Senate Public Health and Welfare Committee**  
**Presented by Sonia Slaba**  
**on behalf of**  
**Kansas Advanced Practice Nurses Association**  
**February 18, 2021**

Mister Chairman, Members of the Committee:

My name is Sonia Slaba; I am an advanced practice registered nurse (APRN). I hold three certifications as an advanced practice registered nurse. Why? Because there are limits to my scope of practice. I graduated from the University of Kansas as a family nurse practitioner in 2000. I wanted to do anesthesia, which was not within my scope as an APRN. I returned to anesthesia school and graduated in 2006 from Texas Wesleyan University. I worked as a certified registered nurse anesthetist after graduation.

I lost my brother to suicide in 2015. After his death, I found a new passion- mental health. I wanted to focus on mental health and add those services to my practice. I returned to school again and obtained a psychiatric mental health nurse practitioner degree from Washburn University.

During my work in the mental health field, I have discovered mental health services are greatly lacking in Kansas. According to the American Foundation for Suicide Prevention, suicide is the 9th leading cause of death in Kansas. Suicide is the 2nd leading cause of death for ages 10-44. It is also the 4th leading cause of death for ages 45-54 and the 8th leading cause of death for ages 55-64. It is also the 17th leading cause of death for ages 65 and older. **These statistics mean so much more to me as my brother's death is counted as one of those statistics.**

I am part owner of a clinic that provides mental health services. Our supervising physician is 73 years old. The harsh reality is that if he were to stop practicing today for any reason (retirement or death), our clinic would have to cease practicing- leaving all our patients without mental health services. If I could not find another physician to sign a CPA (difficult in today's landscape), we would have to close permanently. The patients would have to find services in an already too congested mental health system.

I am part of the ICT street team, an organization serving the homeless population in Wichita. Volunteering with the ICT street team has opened my eyes to mental health and how it afflicts our very own community and most of our homeless population. This has proven challenging as our collaborating physician has placed limits on what we can treat. She is not comfortable treating pregnant women, so we cannot offer expectant mothers any treatment for example. I have two collaborating physicians (one for our clinic and one for the street clinic). I have volunteered with Via Christi Medical Mission at Home: A Day of Free Healthcare for two years in a row. I had two different collaborating physicians for that as well. I have had four collaborating physicians in the last five years. We collaborate with other healthcare professionals such as psychiatrists, therapists, and social workers daily- this new bill would not change that.

This is the time to increase access to healthcare- we are already practicing collaboration- please remove the restrictive barrier of a written collaborative practice agreement. The law needs to be updated to meet the evolving real-world healthcare.

Nurses account for the largest number of healthcare workers globally, with over 19 million licensed worldwide. Nurses often find themselves on the front lines of serving the most vulnerable and filling the gap in communities without access to physicians.

The opposing side has voiced fears that we are a danger to patients, and if this bill passes, we will be performing brain surgery. As you have read, I have continued to develop and evolve my scope of practice by completing programs through accredited schools to meet the requirements for each specialty I practice.

I echo The American Nurses Association belief - health care advances, health care demands and overlapping responsibilities are inevitable in our current and future health care system. Patients' interests are best served by a health care system in which many different types of qualified professionals are available, accessible, working to their full scope, and working together – collaboratively.

Please support SB 174. Thank you

Please see Attached: Increase Access to Mental Health Care in Kansas

# Increase Access to Mental Health Care in Kansas

Support Full Practice Authority for APRNs.

## Access to Mental Health Care in Kansas

- Kansas ranks 36th in access to mental health care.
- According to 2020 HRSA data, 102 of 105 counties in Kansas are mental health provider shortage areas.

## APRN Provided Mental Health Care

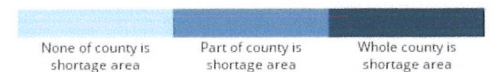
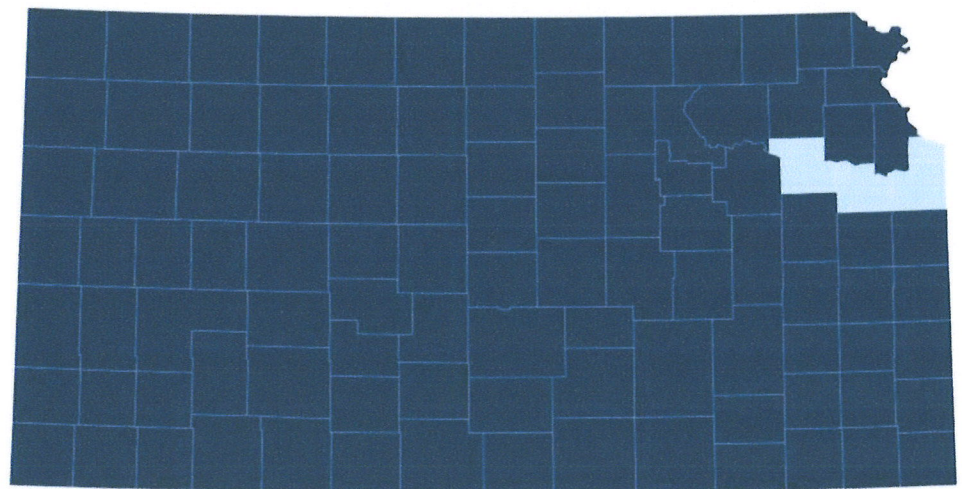
- Certified psych / mental health advanced practice registered nurses are educated and licensed to provide the full range of mental health services including assessment, diagnosis, treatment, and prescribing.

- Between 2006 and 2011, mental health related visits in U.S. community health centers (CHCs) were twice as likely to be serviced by nurse practitioners than physicians in full practice versus restricted states.

- A 2020 study found that policies that restrict full practice authority for psych/mental health APRNs' harm "our behavioral health care system by exacerbating provider shortages, increasing health care costs, reducing access and discouraging innovation."

- Difficulty in finding a physician to enter into an agreement with delays access to APRN psychiatric services and delays needed psychiatric medication management.
- Safe and quality mental health APRNs in Western Kansas have opted to work in Colorado for a better regulatory environment due to restrictive collaborative agreements.

Health Professional Shortage Areas: Mental Health, by County, 2020 - Kansas



Source: [data.HRSA.gov](https://data.HRSA.gov), October 2020.