Tuesday, February 06, 2017

Testimony SD House Health & Human Services Committee Proposed Legislation Nurse Practitioner and Nurse Midwife – Senate Bill # 61

Good morning, my name is John Mengenhausen; for the past 34 years I have had the honor of serving as the CEO of Horizon Health Care. On behalf of Horizon Health Care, Inc. (Horizon), I would like to thank the committee for this opportunity to share my thoughts and support for Senate Bill #61.

Horizon is a non-profit corporation known as a Federally Qualified Health Center (FQHC) that has been providing personalized, affordable, high-quality medical, dental and mental health care through rural, community-based network across South Dakota and will be celebrating 40 years of care in 2018. We strive to improve the quality of life for those we serve; to ensure that board and staff is competent and committed to excellence; to partner with other providers and community organizations so that our patients have access to coordinated care and vital support services; and to maintain our values while growing. We are governed by a community board of directors with a minimum of 51% of the board being users of their local clinic. As an FQHC we provide services to a medically indigent and medically underserved area, we accept assignment from Medicare see Medicaid patients and we offer our services on a Sliding Fee based on the Federal Poverty Guidelines.

With the proposed changes depicted in Senate Bill #61, it would help drastically in removing barriers to providing health care to our patients. In 2016, Horizon saw over 83,000 patient visits through 26 community health centers in 19
communities across South Dakota. Horizon’s geographical footprint in our rural/Frontier communities across South Dakota covers more than 26,000 square miles. A number of our clinics are in communities with populations less than 2,000, communities such as Howard, Plankinton, Mission, Martin and Wessington Springs and in most of our communities we are the only healthcare available.

Horizon employs a total of 38 APP of those 17 are Nurse Practitioners and several of them are solo providers in our rural communities. Under the current collaborative agreements, they manage our patient’s care; order, perform and interpret diagnostic tests; prescribe medications; focus on health promotion, education and prevention; and collaborate with the entire medical community to refer as needed. The proposed bill does not seek to change the scope of practice for a nurse practitioner and with the passage of SB#61 I truly believe the Nurse Practitioner will continue to collaborate with the physicians in our larger communities as they discuss the care needed for their patients. They are truly working to provide much needed health care in our rural/frontier communities across South Dakota.

On January 01, 2016 we merged with Prairie Community Health (PCH) another Federally Qualified Health Center (FQHC). PCH had clinics located in the northwest corner of the state and today Horizon operates clinics in the communities of Faith, Isabel, Eagle Butte, Bison & McIntosh and LaPlant. One of the initial struggles when we merged with PCH was finding appropriate coverage as a collaborating Physician to provide that requirement for our Nurse
Practitioners and Physician Assistants. At the time, we ended up contracting with a physician group from North Dakota to meet these requirement needs at a considerable cost of time and resources. We had to pay them to travel 135 miles one way to provide collaborative services in addition to their time for travel and time on site and availability when not on site. Recently, we hired an internal medicine physician based out of our James Valley Community Health Center clinic in Huron, SD. This physician is now acting in the capacity of the collaborating physician for the Nurse Practitioners in our northwest region. In order to fulfill our needed requirements of contact, our physician travels roughly 4 hours one way to provide supervision once a month. Effective October 2016 the VA Black Hills Health Care System did not renew the 15 year agreement for a CBOC in the communities of Isabel, Faith and Eagle Butte, leaving close to 300 veterans without health care.

You will hear from my colleagues from the SD Medical Association that the majority of the NP practice in an urban area and not in primary care, that may be accurate but I can tell you that a significant higher number of physicians practice in an urban area rather than a rural/frontier community. The passage of this legislation will NOT create two different standards of care as NP & PA have been providing care in rural communities for over 40 years. Nurse Practitioners are an integral piece of a complex puzzle of providing quality health care to a rural/frontier population as it becomes increasingly difficult to find physicians willing to travel considerable distances to provide collaborative services in a rural/frontier community.
Horizon is in full support of the proposed changes and look forward to the possibility of continuing to improve our access for our patients across the state of South Dakota. I am confident that our Nurse Practitioners will continue to seek collaboration and advice on patient care from the physicians they have worked with in the past in an effort to provide quality health care to their patients.

John Mengenhaussen, CEO