Bob St. Peter: Hello, I'm Bob St. Peter. I'm a pediatrician and the former president of the Kansas Health Institute. Today is May 5, 2026, and I'm in Topeka to interview Brenda Landwehr, a former state legislator and advocate of many health policy issues that we'll talk about today. Thank you for being here, Brenda.

Brenda Landwehr: Thank you for having me.

BSP: This interview is part of the Kansas Oral History Project, exploring health issues in Kansas. The Kansas Oral History Project is a nonprofit corporation that collects and preserves conversations with Kansans. The series is supported by donations from generous individuals and a grant from the United Methodist Health Ministry Fund. Our videographer is former State Representative Dave Heinemann. Brenda, thanks for being here.

BL: I appreciate being here. Thank you.

BSP: I look forward to the conversation. So, we're both from Wichita. Tell me about your roots in Wichita and growing up there.

BL: Oh, my gosh. I was born and raised in Wichita, actually kind of towards the north end of town. It's funny. I talk about north, south, east, and west. Today, it's nothing like that.

BSP: It's changed.

BL: Yes. The west is a lot further west. The north is a lot further north. Towns that you had to drive fields to get to. Now they all blend in with Wichita.

BSP: Yes.

BL: I met my husband in Wichita. We'll have been married in June forty-six years, two boys.

BSP: Congratulations.

BL: Thank you. Eight grandkids. They're all in Wichita. I'm just like totally blessed.

BSP: That's great. They're all still around there, all your grandkids.

BL: They're all still there, yes.

BSP: That's really neat. You mentioned meeting your husband. You not only met your husband, but you guys had some business interest at a pretty young age when you were in Wichita. Tell me a little bit about that.

BL: Well, I'd have to say that was my husband. He's quite the entrepreneur. Yes, we had a high-end electronics business for about fifteen years and then went from that to specializing in

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Medicare sups, Medicare Advantage plans, long-term care insurance, and disabilities for veterans. That's what we still do today.

BSP: I know you've had some personal experience in your family with the need for these sorts of services and long-term care insurance. Is that what got you interested in the business? Or how'd you end up in that business?

BL: No, when we sold the electronics business, David was a stockbroker for a while, and he just started seeing us—he's trying to help people do some financial planning, how important the long-term care side of things was.

BSP: Yes.

BL: We had actually dealt with my mom for the last ten years of her life and knew what the strain was, both financially, mentally, and physically to deal with, and then David had a couple of his friends that their mothers that their mothers ended up with Alzheimer's. He watched what they had to go through financially. So, he saw the benefit of long-term care insurance protecting your assets and giving you better choices.

BSP: This was in the early nineties. So, this was before people were commonly talking about long-term care insurance.

BL: Yes. It was. I think at that time, you would market people 65-plus. Today, it's closer to 50, 55-plus. The earlier you buy it, the better off you are economically.

BSP: Those were busy years, and you had young boys in the house. Tell me about some of the things that you got involved with around them in school. I know you had a lot of different activities that you were engaged in.

BL: They got involved in Boy Scouts and Cub Scouts. I thought that was so much better than Girl Scouts. You just did a lot more outdoors things. It was really family oriented. I headed up what would be considered a PTA in the school that they attended. That was very rewarding and it kept me in tune as to what was going on. My husband and I would both volunteer for computer classes and stuff. And then baseball, oh, my gosh, we were—

BSP: You were a coach?

BL: Well, I was for a couple of years, yes, when they were smaller. But then they get bigger, and I can't catch them anymore. They're throwing too hard. But I did that for a couple of years. They played a lot. We traveled a lot. We had another one that did baseball and golf. It was rewarding, and you just don't realize how fast time flies until your kids, they're leaving home, and you're kind of like, "I wanted you to grow up, but I really didn't want you to leave." But then they bring you grandkids, and you're like, "Okay, life's good."

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BSP: That's awesome. From all of that, your business interests, engagement with things in the community, talk to me about how you got interested in running for the legislature. How did that come about?

BL: I've always been one of those people that it's like put up or shut up. You can only complain so long. At some point, you have to take action. Actually my husband was looking at it because he had been talked to by a couple of people to maybe looking at running for state rep. We just decided because we had just started the insurance business. So, it was new, and we didn't see how we could financially afford him to do that. So, I thought, "Well, you know, I think that this is something that I could do."

So, I just jumped in with both feet. People had no idea who I was. I wasn't politically engaged with folks. I just did it.

BSP: This was in '94?

BL: 1994. I had a three-way primary, and then I took out the incumbent Democrat.

BSP: Tell me about your district. You said you grew up on the north side of Wichita. Tell me a little bit about your district. I know the districts that you represented and lived in changed over time, but talk to me a little bit about—what was your district like? Who were you representing?

BL: We had a really good crossbreed of some really high-end areas, and we had the middle, and then we had some very low-end areas as far as economics. I felt like it was a good representation of what Kansas was. It was a great district to be a part of.

BSP: There was some redistricting that happened a couple different times. You were around long enough to see a few redistricting chapters. Talk to me a little bit about that. How does that happen? How did that affect some of your decisions?

BL: On the redistricting?

BSP: Yes.

BL: It really didn't make a whole lot of difference. We didn't make drastic changes when we did it. The first redistrict I dealt with, I ended up adding like three precincts. You had people that were living not really center of town but just outside of the center of town. As their kids got older and their kids left home, they were going further out west.

BSP: Yes.

BL: So, the district had to pick up more precincts. I was in the legislature from 1994 to 2012, and in 2012, the legislature drew some maps or tried to draw some maps. People didn't like it. So, the judges drew maps, and when they did, that district totally changed. It was not conducive to a Republican.

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BSP: So you decided not to run at that particular point in time?

BL: No, I ran. I lost. I ran in 2012.

BSP: And then you ran for a Senate seat?

BL: Well, I was going to run for a Senate seat, but then someone else stepped in that I thought was a better fit.

BSP: I remember when you left the legislature for that period of time, you'd been involved in so many health policy issues, I think I said to you, "I think we'll see you back here," and I don't think at the time you were totally sure, but then you did decide to come back, ran. Tell us about when you got back in and did win re-election.

BSP: Oh, my gosh. It was not on my radar. My husband and I were snowbirds, and we were absolutely loving being snowbirds. It was enjoyable. Then we bought a new house that put me into a different district. I get a call one day. It's like, "Brenda, your rep's not running, and we need you to run." I said, "Oh, no, I don't think we should do that. If you think I didn't have a filter then, honey, it's in the negatives now. I'm older, and I just say what I want to say."

But we prayed on it, and we talked to the kids. My husband and I talked about it. For some reason, we just decided that, "Let's give it a shot." I haven't regretted a bit of it. What I was able to do, and a lot of that had to do with the leadership that we had, was phenomenal in the area of mental health and health care.

BSP: That was 2017.

BL: My first year back.

BSP: And stayed in service until 2023.

BL: Yes. and just to show you know I wasn't coming back, I actually took my KPERS in 2016.

BSP: Is that right?

BL: Yes. So, I wasn't planning on coming back.

BSP: I remember you not sounding real enthusiastic about it. We'll talk a lot about some of the issues that you got involved with over that period of time. If someone asks me, "Who's Brenda Landwehr? Tell me a little about her," I would describe you in a couple of ways. I would say, "Very interested in education issues, mental health, children's issues, and, of course, health policy issues." I also would say that I viewed you as maybe—you'll have to tell us a little bit about how the inside workings go but as one of the touchstones for the conservatives in the legislature, both your first period of service and your second period of service. Tell me a little bit about how you see yourself and your identity as a politician for more than a thirty-year span in the Kansas legislature.

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BL: Oh, my goodness. I've never really thought about this, but I felt like I didn't say things that were untrue, and if I found out that I misspoke, I didn't have a problem with going back and apologizing for that. I was willing to speak to both sides and to anybody and everybody. I think that by doing that, it allowed me the ability to move through the process I think a lot smoother.

BSP: What would you say as a conservative, and you described yourself as a conservative, what are the values that motivate your engagement in policy and how you approach that broad range of policy issues that I mentioned? We'll get into some of those. How do you approach policy just from a philosophical value perspective?

BL: I think that no matter what your beliefs are, and I'm real strong on the pro-life issue, less taxes, you shouldn't be afraid then to look at the opposition or have conversations with those on the opposition and find out, "Why do they believe the way that they believe?" I think that that's important to do in order for us to be able to not only sell legislation when we're in there, but to also be able to craft proper legislation.

BSP: I know that I had the opportunity to work with you in a thing called the Legislative Health Academy.

BL: Yes, I remember that.

BSP: Many years ago. And that was one of the principles of that academy was to try to support healthy dialogue in exchange among people with different ideas.

BL: And we definitely had some healthy dialogue.

BSP: We had some great dialogue.

BL: But we learned a lot. I enjoyed that. I think after the day was done, and we worked together, sitting down and just getting to know some folks, that's one of the things that—

BSP: I think there might have been some cigars and whiskey involved.

BL: There may have been, yes. It was in Wichita, and I could go to the house and bring those back. So, yes, I did that.

BSP: The whole concept of the Health Academy and the exchange back and forth after hours, an opportunity to get to know people, to me, those were some of the more valuable things that came out of that, not just the learning about different policy issues, but those relationships and interactions.

BL: You got to learn other legislators. And then you could go back. You could have conversations with them. I think that's one of the things that's important, especially during the session, and if you can do it outside of it, it's good, is to meet. There's a couple of places that legislators will go to after their day is done, after their last meeting. They've had their dinner.

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They go back and start talking, and you're dealing with people you don't get to see all day long because you get focused on your committees, and that's pretty much about what you do, whether it's with the lobbyists you deal with, with the staff you deal with, committee members.

So, to get to visit with other folks and learn their opinions and learn things about them, and it's important—one of the things I felt was very important for me was relationships. Actually, when I came back to the legislature, I had what I considered a newbie. He said, "Brenda, I just don't know about you being conservative." I said, "Well what do you mean? You don't know my credentials or what?" He said, "Well, it's the people you deal with." I said, "Well, explain that to me." He mentioned some Democrats and some more moderate Republicans. My response to him was, "Do you really think I pass anything by myself?" No, I don't. It takes both sides, and I can tell you that there's times that I've gone to my Democrat colleagues, and they've actually helped.

BSP: You talk about those relationships and the importance of them in being effective as a legislator. Some observers of politics, both at the state level and nationally, say that that's really changed over time. The people in Washington, maybe the people in Topeka, don't get to know each other at the personal level and how important that is in helping them be successful. Did you see a change over the period of time that you were in the legislature in how those relationships worked?

BL: Oh, I think there's a big change. I think you started watching the partisanship just increase, increase, increase, and create a bigger wall because there was a time in my first term as a legislator where we had NRA [National Rifle Association] Democrats working with our NRA Republicans. We had pro-life Democrats working with our pro-life Republicans. We could cross issues. And today what happens now—and I think this part's kind of sad. It's a conversation I've had with my Democrat colleagues. It's like, "Where's your voice? Where is your voice? I think you should be heard."

I've had times over here that I'd get a text from the speaker saying, "I really could use your help on this." If I agreed with it, fine. I'm all in, and I'll help. But if I disagreed with it because it violated my ethics, values, or morals, then, no. You've got to be able to tell your friends no. That's what happens over in Topeka here in the Capitol. People are afraid to tell their friends no, and you have to be able to do that.

BSP: Yes.

BL: As you know, one of my very, very dear friends is Representative Barbara Ballard out of Lawrence. Barbara and I, our grandkids have grown up together in some ways, we had disagreements, but we had here a couple of years ago, there was something she was very, very passionate about, and it was really hard for me to tell her no. I didn't waver from it, but we talked about why am I coming from that perspective, and guess what? Then we're off having drinks later in the evening. You've got to be able to tell your friends no.

BSP: I would agree with your observation that it changed over the twenty-five years that I was here in Topeka. I think it makes it harder to address the really tough issues. Many of the issues that you really focused on and cared about were issues that would have required partnership with

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Democrats and people with a different approach to policy around children's issues, behavioral health, engagement in the foster care system, and those sorts of things. I can see why you found that necessary to do in your time.

BL: Foster care was a really tough one when we went to the quasi-privatization because it's not true privatization. Did it need to happen? I think it did. I think that the Secretary of DCF [Department of Children and Families] has a very tough job because even though I think we've had secretaries that their heart was really where it belonged, the problem was is getting the workers of the field to actually have that same heart. We always have bad apples in any profession that we have out there.

BSP: Just for people who aren't as familiar with it as you are, when you say the privatization of the foster care system, just in a nutshell, can you describe what that involved?

BL: Instead of it all being run by the Department of DCF, they actually went out and contracted with private contractors so that then they deal with the foster care kids on a direct basis along with DCF.

BSP: So, DCF provides oversight, but the actual hands-on work with the kids and the families is through these contractors.

BL: Yes.

BSP: Okay. When did that first get implemented roughly? I'm thinking it must have been the mid-nineties, somewhere in there? The mid-to-late nineties?

BL: It might have been late nineties. Mid or late nineties, yes.

BSP: Looking back on that now, thirty years, what do you think? Has it played out the way you anticipated? What have been some of the wins and some of the challenges from that?

BL: Like I said, when you've got to have the number of personnel that you, I think that is the weakness within that system. I remember when Joyce Allegrucci came on board with Governor Sebelius at the time. She was very interested in that area. She and I would travel and meet with judges because it's like, "What are the judges saying? What's their perspective?" No one had heard back from them.

From that meeting, I started holding roundtables in the interim with judges at the table. At first, they didn't want to come. "What are they going to do? They're just going to beat up on us." But we convinced them it wasn't that way. Then after that first meeting, we had other advocates within that system that wanted to play a part in that. I loved the idea of roundtables because people get to talk instead of just testifying and then having to sit back down and have someone else saying stuff, and they'd like to really respond to that, but they can't. That's kind of how the committee format works. You get up to testify. You say it. We ask you some questions. You sit down, and you're done.

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But in the roundtable, you can keep going. It just opens up doors. I don't know how many times I've sat there, I've used it for bills. I'd say, "I'm struggling with a bill" because it's complex, and we're just trying to find, "What is that little peanut we did?" and you're sitting there in that committee, and all of a sudden, the lightbulb comes on. You're like, "Yes, that's the path. That's how we need to do this."

BSP: I remember a number of roundtables on different topics that you facilitated through your role with being chair of different committees. Let's follow a little bit this children's issue through. There was the privatization of the foster care system, and then you were involved in it as the chair of the Joint Committee on Children's Issues, I think a couple of different stints, and maybe rotated between Chair and Vice Chair between the chambers. And then you chaired the Mental Health Modernization Committee, which wasn't exactly the same thing, but there's again that theme there. Talk to me about some of the big issues around mental health and behavioral health, why you were involved in those issues, what you cared about.

BL: I've dealt with it with friends and family. I kind of had a little passion for it. I think where things really started to come to a head was, I sat down with a social worker at one of the school buildings in my district. As I was sitting there talking to her, what a child went through to get services, where they had to go, how they had to leave school, etc., and I kept hearing the word "disconnect." That's just kept popping in my mind, disconnect. What happens when that child has a meltdown at 10:00 on Saturday night? That social worker at the school is not available to him or her. They have to go find a stranger. That means now you've got to get someone up to speed on your story, why you're there. Why are you having this? What's causing it? Whereas by bringing the services into the school, which is what we did when we created the K to 12 mental health program, we provided the ability for kids to meet with a social worker, counselor in the school so they didn't have to leave school. They didn't lose academic time. And then sometimes they were one on one. Sometimes they were in group settings.

Then you might find out as you're meeting with these children that the reason they're acting out is that they had a family member pass away or some trauma has occurred in their life. Well, who else is having that trauma? Maybe Mom and Dad, yes. So, Mom and Dad were actually able to come to the school and visit with the same counselor, whether they did that together as a family unit or not. And one of the things that we didn't pay attention to when we designed this program was in small towns, what does everybody know in a small town? Your business. But if you're going to a school to get mental health services, they don't know your business, and that worked out to be a really big positive.

We started out with a pilot program.

BSP: In Wichita?

BL: No, we did six districts.

BSP: Around the state.

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BL: Around the state. We got buy-in from the superintendents and everybody. We met. We designed it, and then we went out and we created a director's position because we needed someone that could monitor this all the time as it's going on so that little hiccups or little design changes that needed to occur, we could make those changes immediately. We didn't have to wait for the legislature to come back or anything else like that.

I actually picked up a dear friend of mine. She had just retired. She doesn't like me to mention her name. So, I won't do that for her, but she retired and I called her and I said, "Did you really want to retire? Would you like a new challenge?" She jumped in, gung-ho with this. I give her a lot of credit for how the success of the program—we were able to come in and tweak that. And we also had the most data-driven program that I'm aware of in the legislature. We monitored these kids, whether it's with attendance, tardies, disruptive in class. Did they graduate? Did they complete the program? It's like ten or twelve different pieces of criteria out there. We know where the program's any good.

But one of the most exciting things is the number of suicides that that program has prevented. I mean, one life is worth that program. The first year we had it, we had a young girl that after—she was in foster care. The foster care kids were our primary—they were kind of our alpha, and the other kids were the betas. This young girl, they found out—she had bounced from home to home, facility to facility. She had enough credits to already graduate. They were able to work with her, get her on the track where she needed—it was just an exciting story. I get chills when I think of these stories.

BSP: And you're talking specifically about the MHIT, the Mental Health Intervention Team program that you were the champion for.

BL: Yes.

BSP: It started with this pilot and then spread to most of the areas of the state.

BL: Yes. The sad thing is, it's still a pilot because it's not in law. The House actually passed it one year with 116, 120 votes, something like that. But the Senate just does not see a need for this program. It's very frustrating that we have legislators that don't understand it. They're like, "What kind of services do these kids need?" Well, all kinds of services because growing up, and you're probably in the same boat, when bullying occurred at school, and you went home, the bullying stopped. Today, the bullying continues because of social media. It's 24/7.

BSP: It's online.

BL: So, it's 24/7. I think it's even uglier than the bullying that we dealt with when we were at school.

BSP: This happened towards the end of your time in the legislature, your second round here, but it's sort of a bringing together of your longstanding interest in education and school issues, child welfare issues, mental health issues, really all wrapped up in this particular program.

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BL: Yes. I have to say that the MHIT program is my only regret, that I didn't get that passed into law.

BSP: Formalized.

BL: The other things we did I think is really wonderful.

BSP: Through the Behavioral Health Modernization task force? What other things were you referring to? In mental health?

BL: Well, the Mental Health Modernization, I really wish someone would pick up that gauntlet because the two years that we met with it, and KHI [Kansas Health Institute] played a very big part in that, because we had a handful of legislators, but we had probably thirty, forty people that were ad hoc members that just dealt with—

BSP: Judges, police officers, people from all over the state.

BL: You name it, that had a background in it. Then we broke them up in subcommittees. We said, "Okay, what are the four key things that we want to target?" They got divided up into four subcommittees. They picked their own chair. No legislator was allowed to chair it because we didn't want legislative input. We wanted the people that are actually doing the work. We wanted to hear what they had to say. I think that that truly made a big difference.

BL: So we came back in, and it's like, "How do we prioritize these things?" These are low-hanging fruit. They don't cost any money. They just maybe need some legislation or they need a tweak somewhere, and that's easy to do. So, we start knocking some of those other things off. This here might require an appropriation. Well, how much is that going to cost? Where do we find that appropriation? How do we get to it?

It was kind of exciting after we got those reports out there to go back. I was probably the only one doing that, checking off that list because I wanted to see those checkmarks.

BSP: One of the issues that that task force looked at specifically was the number of beds in Kansas for mental health. Talk about the outcome from that focus.

BL: That's kind of interesting. When I first got in the legislature, I was actually involved with the closure of two state hospitals in Kansas, and that would be Topeka State and Winfield. The goal was that the money would follow the client. Well, guess what didn't happen? The money did not follow the clients.

BSP: The patients went to the community, but the money did not necessarily follow it.

BL: It did for a while, but then it kind of headed off. In fact, one of the big things, and this is what made the Mental Health Association such a big part of the closure of those hospitals is that we made our community mental health centers, required them to take care of these patients and to intervene with these patients if they were identified to them as such.

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But it just didn't happen, and in fact, when I first got back—and I know I'm regressing just a little bit—

BSP: No, this is great.

BL: When I first got back, and I was put back on Appropriations, which I absolutely loved, I noticed that the grants to the community mental health centers had almost been cut in half. How is this possible? One day, we had to keep a complicated procedure simple. There was going to be a reversal of eighty million dollars of SGF that was going to come back to SGF.

BSP: State General Funds.

BL: State General Funds. It was kind of like watching it cross the room. I thought, "I'm going to take forty million of that dollars." I leaned over to my colleague, Representative Ballard, and I said, "You know, Barbara, I think we can do something with this. Help me brainstorm real quick." We were doing it on the fly. We found three or four smaller programs. The bulk of it went to those grants. I think that just really got me focused. What have we done? We made a promise, a commitment to people that we're going to take care of them.

So, what the Mental Health Modernization, the beds are a big issue. We have no beds that are voluntary participants at all. We don't have any available to do that with our state hospitals. So, we're building a brand-new state hospital down in the Wichita area. The reason for that is not because of me. It was that the bulk—

BSP: It was one of the recommendations, one of the issues that was looked at in the Modernization task force.

BL: Right because the bulk of the people in Osawatomie were from where? South central Kansas. So, this way here, this hospital, once it's up and running, it's going to take a while, once we can get it running because right now, we have such a backload for psych evaluations in our jail. We are holding people in the Sedgwick County Jail, waiting for psych evals. Then you think, "Why can't that be done? That's a couple of visits, right?" No, these psych evals are six months or more to actually get through them.

So, the bulk of the beds will be to get that dwindled down. Then we'll be able to have some more voluntary beds which will be a really good thing. But it's ironic that we did what we did and didn't complete the project.

BSP: Didn't complete it. Now, I'm going to jump around a little bit. Talk to me about the certified community behavioral health center designation and why you felt like that was an important program to support.

BL: It strengthened our community mental health centers for one. It improved their reimbursement rate, for two. They were more on the level of what we call our federally qualified health centers, FQHCs, that were getting closer to cost versus whatever the Medicaid

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reimbursement rate was. And there was a lot more criteria that they had to follow. Again, we could track because it was mandated. It was actually a demonstration grant that came down. It was while I was out of the legislature. It would have been probably maybe fourteen, fifteen, somewhere in there, and for some reason, the state didn't participate in that demonstration grant, which I think was a big, big loss. I felt like that was a bad thing to do.

We decided, "Well, you know what? Let's don't wait for the feds to come back in and possibly hand us some money to get this created." We just decided to put it into the legislation, and then all of a sudden, the next thing we know, the demonstration grants get reopened again. So, we were able to use part of that into our program, which expedited us opening. We couldn't put all—I want to say it's twenty-four—don't quote me on those numbers—we couldn't do them all at once because it's about a two-year process, and it's about two to three million dollars to get one of them up and running.

BSP: Get them certified.

BL: So, that was phased in over a few periods of years.

BSP: I saw in something you wrote you thought that was—you ranked that as one of the most important developments in health policy in thirty years for our state.

BL: Well, it is because it requires them to provide more services, and it requires them to do follow-up with services. That's a really big deal. But I think probably the thing that enhances that is the 988-suicide prevention line.

BSP: Talk about that.

BL: I'm very proud of Kansas because I remember attending an ALEC meeting—

BSP: ALEC is the—

BL: American Legislative Exchange Council, one of the many groups that legislators can participate in.

BSP: It typically has a reputation of being more conservative on the political spectrum.

BL: Yes, and states were struggling with getting 988 up and running. Kansas had theirs. It was so neat to be able to say that we had done that. That was a two-year process for us to get people to understand how important it was because this gives you—instead of calling 911, you call 988, and who do you have on the line? Not a dispatcher. You have a behavioral health specialist. They can get you your services, whether it's sending out a team to get out there to your home to meet with you. Maybe you just need somebody to talk to, but it can get you help.

BSP: I've seen recently some national studies showing the impact on youth suicides in particular of those suicide hotlines. So, we were one of the leaders in that.

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BL: You know, people say Kansas can't lead because they think, "Kansas, really?" No, we can. We're pretty innovative people. When we go back to the community behavioral health centers, I don't know if any other states have done it, but at the time, we were the only state in the country that actually put it into statute.

BSP: Talking about Kansas leading, let me switch gears just a little bit here. One of the themes that we're exploring in this whole series of interviews is the state health rankings. The United Health Foundation every year for decades now has put out a state health ranking, and Kansas hit a high spot in the early nineties. 1991, Kansas was ranked 8th. Over the decades since then, we've slid down to the low thirties. We're now at about 27, ranked 27th among all the states.

Let me ask you first—you're maybe a little bit of a skeptical look at me—let me ask you first about rankings. How does somebody like you up to your eyeballs in health policy, mental health services, children's services, how do you think about rankings like this when they come out? Then I want to talk a little bit about how policymakers could think about rankings and how they could be helpful. Kansas has dropped over that period of time from '91 until now, looking at this very broad set of measures of health and well-being in the state. Again, how should policymakers view that information?

BL: I think it should be a concern for them. Is it accurate? We don't know that, but it's a measurement of some sort. You've got to start somewhere. I can tell you that we watched us being on the bottom of mental health, and we've really increased in that. I can't tell you where that number's at today. So, that's a big deal. One person like myself, I can only take on so much at one time. I'm taking on an issue, but then if I have the responsibilities of chairing a committee, being members of other big committees, you can't bite off more than you can handle at a time.

So, it's kind of sad. We're picking—"Okay, this is the one issue. We're going to focus on this. We're going to get this done. This is the one that will come after that and come after it." Mental health is just the one that I just immersed myself into.

But they can make a big difference if they pay attention to that. And here's what I wanted to add: Talk to the experts. When I get into these, I am not a health provider in my private life. I never have been. So, what did I do? I went out to the experts. So, whether it's polling the lobbyists, it's polling the associations and picking their brains, and finding the people that are willing to sit and have those discussions with you.

It was so exciting. Again, I'm on the mental health. I apologize for it. But it was so exciting the day that I got a call from Justice Luckert, and she talked about doing a judicial medical summit. That was exciting because if we can get services to these folks—here's the other thing, if the MHIT program, if we can keep them out of our juvenile justice system and our Department of Corrections, that's a huge win. That's kind of what she was looking at.

And one of the things I was trying to work on before I left was visiting with judges and family court because if kids in family court, they need services because Mom and Dad, they're fighting, it gets vicious in family court.

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BSP: Yes. All of those issues, you're talking about how mental health impacts the schools, the juvenile justice and criminal justice system, jails—

BL: Business. The loss of productivity.

BSP: Yes.

BL: Even on a state level, what it costs us.

BSP: It's one of those issues that has tentacles that reach many, many aspects of our society. Let me go back to the rankings issue a little bit. If you look broadly at the rankings, a few of the areas where Kansas tends to do worse, one is in the supply of behavioral health providers and oral health providers, but we're not doing well compared to other states in terms of the number of professionals, behavioral health professionals that we have. Some areas of the state are affected more than others by that. Tobacco use and obesity are other areas where Kansas doesn't do as well. Talk a little bit about behavioral health work force and providers. I know you've had your fingers in some of those issues, too.

BL: Well, the Mental Health Association came to me, and they said, "Brenda, we've got this idea that they're doing and looking at in other states. It's a "Behavioral Center of Excellence." That took us a couple of years to get that legislation put together, and it is to help focus on "How do we grow the providers that we need out there to provide services? How do we start creating some entry-level programs?"

So, if you have a child that has never thought about having the ability to go to college. Maybe their parents didn't go to college. They didn't think they could afford to go to college. These are things that they're trying to look at, and how do they help that child? It may be getting them into a two-year junior college, for example, getting them a certification that gets their foot in the door, and then trying to figure out, "Now, how do we help this student get scholarships and things to be able to pay for it?" But we've got to also get into our schools, excite these kids on this field, let them know there's an opportunity.

BSP: About it is a future career opportunity.

BL: Absolutely. And we have—Bob, I'm sure you're very well aware of this—we have a health care crisis, period. The shortage is huge, just huge. The nurses have been a major deal. I was very, very disappointed with the Board of Nursing because we asked them. We begged them to bring us changes and ideas and tweaks that could be made because who's better to make those decisions? I don't know all of their inner workings and how they could maybe get us some entry levels. Unfortunately, the head of that refused to do any of it.

But I will say that the BSRB [Behavioral Sciences Regulatory Board] board actually came in and provided us the legislation, and we worked—

BSP: BSRB, Behavioral—I'm not going to be able to pull that out—behavioral science professionals.

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BL: Yes. Your social workers, etc. They actually came in. They gave us that legislation, and we could run with it, and make some of those changes in there and tweak some.

BSP: That's where what you were talking about came from, those ideas from them?

BL: Yes.

BSP: Well, definitely the provider supply is a big challenge for our state and behavioral health providers in particular. And in particular for kids, right, being a pediatrician and all the work that you've done with the child services system, finding the behavioral health services for children when they need it is extremely difficult.

BL: It's hard. That's what makes that MHIT program so important to be out there for those kids.

BSP: They can get the services in the school.

BL: In the schools. If you think about it, you have an appointment at 2:00. So, Mom comes and picks you up at maybe 1:30. You have an hour appointment. Then it's thirty minutes back. You've already lost two hours if you even went back.

BSP: Of school time.

BL: Of school time, even if you went back. It may be like, "Oh, they've only got an hour late. You'll go back tomorrow." That's a lot of downtime. Whenever you pull a child out of the classroom, that's huge for that child to lose that.

BSP: Yes.

BL: It's important for them to be in there, getting their education.

BSP: Absolutely. I want to shift gears a little bit to health insurance and state budgets and federal budgets. A lot of people I don't think understand what makes up the bulk of the state budget. You've been a vice chair of the Appropriations Committee. You've been the committee chair on Health and Human Services. This is right up your alley in talking about this. You spent a lot of years pushing numbers around with that. But tell us a little bit about how a legislator thinks about the state budget and health care costs and Medicaid in particular.

BL: I think you could probably count on one hand the number that pay any real serious attention to that because it's complex. It's very complex on how you deal with that. I think it's more again finding a legislator that's interested enough to find a piece to actually dive into it and see if it can be made better or improved. That means building a relationship with the secretaries of the agencies that are involved in the social services budget area and kind of picking their brains a little bit. We've had a very broad perspective of secretaries and some of them, I served with in the legislature, and we had disagreements, but we could sit down, and we could discuss those,

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and guess what? We came up with solutions for problems because I brought in my perspective. They brought in theirs. It's like, "Oh, here's a lightbulb moment."

It's having people that are willing to take the time. There are members that will ask to be on Appropriations because "It's the most powerful committee up there." Then they get in there and find out how much work you have to do. If you're going to be good, you have to really research. That's why I talk about, Bob, to get involved in a topic or an issue up there, to do it justice, you have to have the time to really do research, not that we don't have our research staff, but they're only going to look at things from a broader perspective. I always want to get down into the nitty-gritty of it to really understand that, so I know what I'm talking about.

BSP: So, Medicaid is the second largest item in the state budget, next to education, and the biggest driver of two factors. One is the number of people in Medicaid, and the second is how much is spent per person in Medicaid. We can talk about how that differs by different groups that gets Medicaid—children, pregnant women, disabled, those sorts of things. I have to bring up Medicaid expansion. I have to at least touch on that issue. The number of people in the program is one of the biggest drivers of the cost of that program. It's already the second largest part of the state budget. There has been—we're one of ten states who has not expanded Medicaid, and there's been a lot of discussion back and forth on that. What do you see as the main arguments that are made in favor of not expanding the Medicaid program at this point in time? We could go back to ten years ago, well, more than ten years ago now when it first came out, but it's still an ongoing issue. That is one Medicaid issue that more than a handful of legislators seem to get engaged with. Just tell me a little bit about that debate. You were in the middle of it for lots of years. What's that debate about?

BL: I've been out of the legislature for two years. I get a little bit rusty going into the details, but I'd have to say that until the state gets very serious on weeding out the fraud in Medicaid, I don't see why we want to expand that and create more fraud. The second thing is, do we really want to make people more dependent? At what point, if we have a problem within budget years like we did after 9/11, I'm never going to forget that we had to come in in December, representing—David Adkins was chair of Approps, and we had to sit there, and we cut the current budget.

BSP: And you weren't cutting fat. You were cutting muscle.

BL: We had already said that we were going to be spending for people. I know that—let me use the children's health program. At that time it was called CHIP.

BSP: Yes. HealthWave, I think particularly in Kansas, they called it HealthWave.

BL: Yes. I think our cap was at that time, for me it was around 200 percent, and Missouri had gone up to 3 or something like that. Anyway, they were having to cut people off of services. Kansas didn't have to do that.

BSP: Because we had already sort of constrained the expenditures on that program. So, you didn't have to cut anything out.

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BL: If you expand on that and you get into a budget crunch, what are you going to do? I don't want to pull people away from their services. I never wanted to see us put ourselves into that position. So, I think Kansas has made the right decision on that.

BSP: By holding off on that.

BL: A lot of my friends would disagree with me, but that's okay.

BSP: It's been an active area of debate and continues to be.

BL: I think a lot of people you hear talk about it, Bob, I'd lay 10 to 1, if you ask them to get into any details of it, they couldn't tell you. They're just doing a soundbite.

BSP: Sure. I'm going to push just a little bit on this issue. Your district, you described a little bit the demographics of the districts that you represented, the Medicaid expansion group, so to speak, is roughly—again, I've been away from the numbers now, too, but maybe between $12,000 and $30,000 of income for a family of four, maybe up into the higher thirties. That's the range of the population that would potentially be covered by Medicaid expansion. So, they're working. They're earning income as a family. Again, I'm guessing your district has a lot of people that fall in that income range. But how does that play from a constituent—you had to hear about this from your constituents. And I want to ask if it's not insurance expansion, what are some of the other things that are available to try to make sure that people in that working poor sort of category are able to get health services that they need?

BL: I think, Bob, we've had a lot of that in place for a lot of years. If you look at the health care side, if you look at our federally qualified centers, we refer to them as our FQHC, there's your health care side. That's also your dental side. Until we went to the new system of having MCOs in place for managed care—

BSP: The Managed Care Organizations.

BL: We didn't have dental, but now they've been able to provide some dental services. But you can get that through the FQHCs. In fact, the FQHCs, many of them have either got a room in some of our school buildings, or they've even built a building, a clinic, next to it—so there's no reason for someone not to have access to health care. There just is not in Kansas, irregardless of your ability to pay. I can tell you that from experience because at one point, I was a single mom, and I didn't have health insurance, and I knew where to find those places. There's a lot of clinics outside of the FQHCs that provide those services as well.

Then you have on the mental health side, our CCBHCs, they can't turn anybody away. Even the CMACs couldn't turn anybody away.

BSP: Certified Community Behavioral Health Centers.

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BL: They can't turn anybody away. They can get those services. I think between what we've done with our K-12 mental health program, the 988-suicide prevention line, I think we're connecting that more with the people, and they're starting to learn more about it.

BSP: I think federally the argument—there have been many discussions over the years, over the decades about Medicaid expansion, and that's always the federal response as well. "We'll beef up the federally qualified health center budget, provide point-of-care access for people versus more traditional insurance coverage."

BL: And I think one of the other arguments on the expansion is our reimbursement rates have been low for so long. So, we're not doing justice to the providers that are willing to take Medicaid. That's the other thing we're running into, is providers don't want to take Medicaid, one, for the reimbursement rate, and because you're dealing with some populations that are not really good about showing up for their appointments, and that's really difficult for them to deal with. So, I know that Representative Will Carpenter out of El Dorado spent the last two years that I was in the legislature of really beefing up those reimbursement rates.

BSP: Was that through the Health and Human Services Budget Committee?

BL: No, he did that through the Social Services Budget Committee.

BSP: That's what I meant, yes.

BL: He got in there. It's something I always wanted to do. I got so tied up on other things, but Will was able to get in there and understand each one of those and how much we could afford to look at, and where we should be with it. Are we where we should be? No, we're not, but we're making the grounds to do that. I hope that they continue to work on that. So, let's get our reimbursement rates up first, and then we can talk about expansion.

BSP: Okay. I have a feeling this will continue to be a topic of discussion in the legislature.

BL: I would agree with you.

BSP: We've talked a lot about your history with Wichita. You've been there your whole life. There are some exciting things going on in Wichita now. Talk to me a little bit about the biomedical campus and the partnership between WSU and KU and other things that are going on there.

BL: Oh, my gosh. It's going to be phenomenal. They're building a brand-new facility. I want to say it's like 471,000 square feet, and I think six levels, something like that.

BSP: Right in downtown.

BL: Right in downtown Wichita. Currently KU has a medical school in Wichita and has for many, many years, but it kind of sits out in a neighborhood, and it doesn't have access to restaurants or any entertainment.

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BSP: That opened when I was in high school, and we used to ride our bikes by there and were like, "What are they building?" Right at the overpass.

BL: Of Ninth and 135. It was an old hospital is what it was. It will be very, very exciting, I think for the KU med students to be able to come into a facility that's going to have—not that KU Med has slighted their students on things, but there will be a whole lot more current technology that they can get their hands on and stuff, and at the same time, Wichita State will bring their health care students over. So, that's going to be just very, very exciting, I think.

And catty-corner from the Bio Med is an osteopathic hospital that's now been in operation I want to say—

BSP: An osteopathic medical school, right?

BL: Yes, medical school, excuse me. I said hospital, didn't I?

BSP: Yes.

BL: That's been in operation for about four or five years now. That's exciting. The COMCARE, which is our CCBHC down there in Wichita, they're moving their offices down there. So, it's kind of creating a health care corridor to put everything in one place so that people have access to what they need. I think we'll see things beyond just the schooling and stuff at the Bio Med. I think you're going to see new technology and things come out of that. I think you're going to be able to do a lot more research, I think better research. So, it's exciting. It's about to open up some time in either '26 or '27.

BSP: That's when they'll have students in there?

BL: Well, that's when they said they would open, and what that means, I cannot tell you exactly.

BSP: And the osteopathic medical school there, they've been around, you said, four or five years. So, they've geared up and probably are graduating full classes at this point.

BL: They're close to that, yes.

BSP: Great. Well, that could address some of the issues we've talked about today in terms of the workforce shortage, the new graduates coming out of osteopathic school. I don't know what they're talking about in terms of the number of students on the Wichita campus. Maybe that will increase—and I know they really focus on primary care, training primary care doctors there, which is certainly one of the areas they need for the state and all the Allied Health roles that you mentioned that WSU brings as well.

BL: I think it's going to be wonderful, to have two great universities like that to come together and focus on something that's very, very important for all the citizens in Kansas is going to be very exciting. It's about time that Wichita got something like that.

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BSP: Great. Well, maybe that's a good place to wrap up our conversation. Thank you very much for joining me.

BL: Thank you for having me. This was very enjoyable, and I hope I was helpful.

BSP: Yes, very much. Thank you.

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