Bob St. Peter: Hello, my name is Bob St. Peter. I'm a pediatrician and the former president of the Kansas Health Institute. Today is June 4, 2026, and I'm in Topeka to interview Susan Concannon. Susan is from Beloit and was a member of the Kansas Legislature for twelve years, serving in important roles in health care, children's services, and the state budget. Susan, welcome, and thanks for being here.

Susan Concannon: Thank you. Thanks 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 oral histories of Kansans. This 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. Susan, again, thanks for being here.

SC: My pleasure.

BSP: Tell me a little bit about yourself, where you're from.

SC: I was born and raised in Salina, Kansas. I grew up east of Salina in the country and had a wonderful upbringing with a family of seven. We had every pet imaginable. I had a pony. I was a 4-Her.

I graduated from Salina Central High School. From there, I went to Bethany College, and I graduated with a Bachelor of Arts in psychology. I met my husband there, and we went to medical school together. I didn't go- to medical school.

BSP: It was a joint effort.

SC: It was a joint effort. I worked while he studied.

BSP: That's great. You were in Kansas City and also spent some time in Wichita during that training.

SC: Yes. At that time, the Wichita school was the third and fourth year.

BSP: Right.

SC: We did Years 1 and 2 in Kansas City, 3 and 4, and then he stayed in Wichita for his internship in internal medicine.

BSP: And from there you went to Beloit.

SC: Yes.

BSP: Tell me how that came about.

SC: We were obliged to go to a smaller community in Kansas because of the Kansas medical scholarship. We looked all over the state. We really struggled to find a community for an internist because he needed to have an intensive care unit to work with. We had given up on that size of smaller community and were considering paying the loan back. But when we got a phone call to come visit in Beloit, we were pleasantly surprised. They had a four-bed ICU and a very well-trained staff.

So, that's where we went. I didn't really expect that would be our forever home, but we fell in love with the community, and our kids started school there. They were entrenched in the community. So, that's been home for I don't know how many years, almost forty.

BSP: And a success story for the medical student loan program, keeping people in rural parts of our state.

SC: Yes.

BSP: He went there after graduating and forty years later is still practicing in Beloit.

SC: Yes, he is. He's maintained a relationship with the KU School of Medicine in Wichita. At one point, the residents would rotate through Beloit, the internal medicine residents.

BSP: With the ICU, that would be a good experience.

SC: Yes.

BSP: He specialized in internal medicine, which as you were saying, a lot of practitioners in rural parts of the state, family practitioners, internal medicine maybe does a little bit more specialized work so having the intensive care unit available was important to him.

SC: Right.

BSP: Not a lot of communities that size have ICUs.

SC: Yes. Very sick patients. We were able to keep them in the community at their hometown hospital. They get to the point where he'll transfer them, but—

BSP: Was the area that you grew up in, east of Salina, was that part of your district? I know your district came almost down to Salina.

SC: No, they would not have been that nice to me.

BSP: Okay.

SC: No, they gave me the west side.

BSP: Okay. Great. So, tell me how you got interested in politics. Where did you get your interest and just putting your name in the hat that first time?

SC: Growing up, my family was very apolitical. I know that my parents voted for both Republicans and Democrats. I didn't really know the difference. I married into politics. My father-in-law, Don Concannon, was the Republican State Committee chair for twelve years in the sixties and seventies. Then in 1974, before I met my husband, was the first time I heard the name Concannon because he ran for governor. He lost in the primary. That was the year that [Governor Robert F.] Bennett won. It was a five-way primary, and he lost to Bennett by less than 500 votes. At the time, it was the closest primary, but we've had a closer one more recently.

BSP: Yes, another Republican primary.

SC: Yes. There were several attorneys in the family, and I just enjoyed the discussions. Living in Beloit, I was involved in a lot of community service, and I enjoyed committee work, solving problems for the community, having a forward-looking attitude of how we can change to make the community better. I ran for city council and served on city council for one term. Then I ran for mayor and lost. As my father-in-law would tell me, "Everyone should lose an election once in their life."

SC: Eighties, early nineties, I became involved with the Kansas Medical Society Alliance, which was formerly called the auxiliary. One of the roles that I took on was working with the legislature, advocating for malpractice reform. I enjoyed that process and realized that the legislators were citizens. They're not all attorneys or—I think we get that in our head that we have to know all about the law before we can go serve. I really at that time got the bug that I wanted to run someday, but I was raising a family, and I needed to wait until my kids were grown before I actually decided to run for office.

BSP: I was looking at—it's amazing what you can find on the Internet. You didn't have opponents in many of your elections, either in the primary or the general election. How did you get recruited and sort of thrust into that role?

SC: I kind of thought it was never going to happen. The opportunity hadn't—I was good friends with Elaine Bowers—

BSP: Who was holding the seat at the time.

SC: But, you know, the year of 2012 with redistricting, they had trouble creating the maps, went to the judges. The judges came out with a new map late on a Thursday night. I got a call during lunch on a Friday. My husband and I were in Wichita that day for something. I don't answer the phone while we're eating meals. I looked at my phone, and I said, "Oh, it's a Topeka number," and he said, "Topeka calls are sometimes important. You'd better answer that."

So, I did, and it was a friend that knew that I was interested and knew with redistricting that I would be—and Elaine Bowers was going to run for the Senate.

BSP: Interesting.

SC: We drove from Wichita to Topeka, and I filed that day. The filing deadline was on Monday. I was unopposed. I couldn't believe it was kind of that easy. I paid for it later. I did have a couple of really tough primaries.

BSP: In '18 and '22. I was curious. The fact that there were a couple of years out of the six—the six elections you ran in, only two you had primary opponents, were those tied to sort of political issues going on at the time or just an interested candidate happening to be around?

SC: A little bit of both. The first one in '18, he was the mayor of Concordia, and I think he had a strong interest in getting involved. I think that some votes that I had taken maybe reflected not as conservative as some of the groups would like me to be. So, he had some support with some of the more conservative groups in the industry. Then the other one, he was not recruited at all. He just wanted to run.

BSP: Well, we'll get into some of those political tensions and even intraparty tensions on important policy issues a little bit later in some of our discussions, too.

SC: Yes. It's difficult when your party comes after you.

BSP: When I first moved back to Kansas in 1998, shortly after that, the chair of the Republican State Committee stepped down to run against the sitting Republican governor, and that was an eye-opener to say, "Gosh, this is some real intraparty tension here."

SC: Yes.

BSP: One of the issues that you've been involved with for many years in your role in the legislature is around Medicaid and how that Medicaid program operates in Kansas, and the longstanding and ongoing date about whether or not Kansas should expand Medicaid. I think my first question is, "Is it still an ongoing debate about whether Kansas should expand Medicaid, or is that debate settled now after ten years or so?"

SC: Well, that depends. I don't think it's settled. It depends on—it makes a difference what happens at the federal level now because I feel like they're kind of dismantling it. I can't remember which year that we stopped trying to introduce it during every session, probably '22. It's still on everyone's mind.

BSP: So, you think there is still a policy discussion around it, maybe it's just not as obvious as it was for several years?

SC: Not as obvious, not as intense, not as frequent. At some point, you've got to face the reality of the political winds that we have and move forward and wait for a better day.

BSP: I think in trying to think about expanding Medicaid, a good place to start is what's Medicaid, and let's just start with what is Medicaid right now. It's a very large item in the state budget, one that you as a legislator had to deal with frequently. Tell me how the Medicaid program is viewed in the legislature as a program that's been around for over fifty years now.

SC: Yes, and I was involved when I first came in with the vote to privatize. I think maybe they made the original vote the year before, and then there was a year delay before adding the I/DD, the Intellectual Disabled, and I think then we had, maybe we had the PD on there, too.

BSP: The Physical Disability in addition to the Intellectual Developmental Disability.

SC: Yes, I think both of those were added a year later. I was supportive of that. Managed care is difficult, but it just had to be done. It was really too costly, the way that it was being run by the state.

BSP: You mentioned privatizing it. We've talked in previous interviews with people about privatizing the child welfare system in Kansas. When you talk about privatizing Medicaid, let's just explore that for a little bit. What does that mean?

SC: So, Kansas chose to have three Managed Care Organizations which are the MCOs—well, more than three applied for it, and they contracted with three of them. They take on—the Medicaid recipients are divided amongst those three, and they take care of managing all of that.

BSP: Some states, patients that get medical care, the bills go straight to the state agency, and the state agency processes the bills and does all sorts of attempts to improve care and quality and those sorts of things. But in Kansas, we chose to contract that out to the MCOs, the Managed Care Organizations.

SC: Fee for service, that was the way that we were before, and then we transitioned in 2012 to '13 to the managed care. We paid per person a set fee, and then the Managed Care Organization finds out, they figure out a way to care for that person. They have some added incentives for them to have a healthy lifestyle. I think it's evolved into a really good organizational structure.

BSP: And the total spending on Medicaid in Kansas the last I looked was about 5.2 billion dollars a year. Because Medicaid is a joint program between the federal government and the state government, about 65 percent of all those Medicaid dollars are paid by the federal government. So, about a third paid by Kansas. But still it's the second largest item in the budget after education.

SC: Yes, right behind K-12. Well, I guess it's all of education. That's what it's seen as, when you ask about how is it viewed in the legislature, those who are not involved in the social services see it as a big money pit that goes up all the time in cost. But those of us who work with it realize that's just part of the public service.

BSP: You were on the Social Service Budget Committee at different points in time.

SC: Yes.

BSP: During your term in the legislature. So, you got to deal with those gnarly issues.

SC: Yes.

BSP: Do people think of Medicaid just as a welfare program? Is it for working poor? What's the conception across the street in the Statehouse about who's in the Medicaid program?

SC: Oftentimes I hear that they think that it's just the working poor. It's people who are being lazy who aren't taking advantage of opportunities given to them who are sitting in the basement of their mother's house eating bonbons. That's really not what we see. I think that there is—in every program, there's going to be some abuse of the system.

BSP: Yes.

SC: But, you know, sitting on the Bob Bethel KanCare Oversight Committee [Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight] has given me a lot of view and perspective of what others think by the questions they ask and that sort of thing. It seems like those types of questions come up from like a newer member. But once somebody's been on that committee for a little while and they see what we're dealing with, the people that are being helped by Kansas Medicaid, they understand that it's not just something to take advantage of.

We have an excellent inspector general. We did not have that position for the first few years of the program, and it was housed at KDHE [Kansas Department of Health and Environment].

BSP: Versus the Attorney General's Office?

SC: Now, it's over to the Attorney General's Office.

BSP: It got moved.

SC: Yes. I believe Steve Anderson is still in that position. We made sure that he has been funded to enough employees to find that fraud and abuse. I think we have an excellent program in Kansas that weeds that out.

BSP: It's such a big dollar amount, five billion dollars. Obviously, the legislature is looking to save money and reduce waste and fraud whenever they can. You were talking about sort of who benefits from the program. About two-thirds of that five billion dollars actually goes to care for the elderly and the disabled.

SC: Yes.

BSP: Two-thirds of all the Medicaid spending. Most of the enrollees are adults, pregnant women, and children, but they're relatively inexpensive to take care of. Two-thirds of the spending is on

the elderly nursing home care, long-term care and people with disabilities. So, when it comes to squeezing that budget down and affecting those sorts of people, it can be a tough road to hoe.

SC: Yes. In my early years in the legislature, in ’13, ’14, we were cutting the budget deep and they kept looking at those numbers and wanting to cut, but you just can’t. We did make some cuts at Osawatomie to the point that—the state mental hospital—and we lost our Medicare certification, and it was costing us a million dollars a month to cover for that because we were not receiving any Medicare, and I believe that went on for a year. That’s where we were making just cuts that were too deep.

BSP: That was a rough time.

SC: Very painful.

BSP: That hospital, that was very stressful for them obviously. I want to talk a little bit—before we begin to talk about expansion of Medicaid, let’s talk about one more part of Medicaid, which is who—from an income perspective, who’s currently eligible to participate in a Medicaid program? I looked up recent numbers that children—people under eighteen—are eligible up to a family income of about $80,000 for a family of four. That’s one parent, three kids; two parents, two kids. For a family of four, if you’re a child, you can get Medicaid coverage up to about $80,000 income.

If you’re a parent in that family of four, that same family of four, your family income has to be below $12,000 in order for the adults in that family to be covered by Medicaid. So, we’re talking about right now for adults, and I’ll say if you’re an adult that doesn’t have children, you’re not eligible for Medicaid at all in Kansas unless you have a disability or you’re an elder person, those sorts of things. But childless adults that are nondisabled in Kansas aren’t eligible at all, $12,000 if you are a parent, and for kids up to about $80,000 again for a family of four.

Those rules are up to states to debate and determine. It’s a federal/state joint program. Kansas has some of the less expansive income eligibility for Medicaid. Is that something that people talk about? For children, it is a federal level. So, that’s consistent. But for adults, was that something that came up when you’re talking about money, what level of income are we talking about? Where do most people think that you should be eligible for help getting health insurance?

SC: There was a lot of discussion about where those levels should land. The problem that we had with expansion discussion was what CMS [Centers for Medicare and Medicaid Services] would accept.

BSP: CMS being the federal agency that oversees Medicaid and Medicare.

SC: Yes. At the time that we were working on it, they were refusing states that would drop down to the 100 percent of the federal poverty level, which I don’t remember what that number was.

BSP: Right now for a family of four, that’s about $31,000 dollars, 100 percent of the poverty level.

SC: Yes. The way that the Medicaid expansion had it, 138 percent of the federal poverty level. Some of the states would compromise with the 100 percent, that was being turned down by CMS. So, even though we were having the discussion, we knew that we couldn't really jiggle that number around very much.

BSP: So, the Medicaid expansion, let's walk through the discussion about that a little bit, the way the ACA was designed, it was going to expand Medicaid in all states up to persons, up to 138 percent of the federal poverty level, which again today is about $43,000 for a family of four—so, still working poor, as you used the term before. So that was how the ACA was designed. But then several states were reluctant, and there was actually a lawsuit that went to the Supreme Court, and the Supreme Court said, "No, the federal government can't require this. They can allow states to do it; they can't require it." So, every state can make their own decision.

As of now, as of today, ten states have not expanded. Kansas is one of those states. A couple of them, they did finally get permission to do what you said, go up to only 100 percent. Wisconsin and Georgia I think have done that, but CMS, the feds were not real interested in doing that. They wanted to keep it at 138.

So, we're one of ten states that has decided not to expand Medicaid, and again, it doesn't affect kids. All the kids are covered up to two-and-a-half times the federal poverty level already. It's just increasing from that below $12,000 for an adult in a family of four up to about $43,000 that those people would be eligible.

So, yes, we're one of the states. Was that an issue about "Well, gosh, all of our neighboring states, for example, have expanded Medicaid." Most of the states that haven't are in the South, and then a couple of the ones up north have alternative-type programs, but we're sort of are an outlier in that way. Did that come up in discussion?

SC: A little bit later. Early on, Missouri hadn't—when I was working on it, Missouri hadn't, and there was a lot of discussion about the fact that we would have people coming across state lines then to take advantage of our Medicaid.

BSP: Moving to Kansas to get Medicaid.

SC: Yes. At the time, I don't think that we were working on it, I don't think any of the bordering states had expanded yet. They did that by a public referendum.

BSP: In Missouri, yes.

SC: In Missouri and Nebraska.

BSP: Nebraska, okay.

SC: Otherwise, I don't know that they would have gotten there either. Going back to the discussion of when it all started with the ACA [Affordable Care Act], one thing that I explained

to my colleagues and a lot of people don't realize that prior to Obamacare, the hospitals—and I'm going to oversimplify—but the hospitals would receive federal funding directly called DSH payments.

BSP: Disproportionate Share Hospitals.

SC: I was hoping you would say that.

BSP: DSH, Disproportionate Share Hospitals.

SC: Yes. They received money. With Obamacare and making the assumption that every state was going to expand Medicaid, they did away with the DSH payments. The hospitals just on the heels of going through sequestration, which that was—at that point, they were being paid for Medicare. They were being paid 100, 200, 3 percent of cost, and by each year, that ratcheted down to I believe 98 percent. So, their reimbursement rate is below cost. You're already losing some money there, and then they lost the DSH payments, thinking that that was going to come back to them through the state Medicaid program, and then we didn't expand.

BSP: I think that's a really important point, and even I think at the federal level, the American Hospital Association finally got behind Obamacare or the ACA because of that argument. "We're going to cut these other sort of indirect payments to hospitals for indigent care, but there's going to be so many more people covered by Obamacare or Medicaid expansion that the hospitals are going to come out doing okay in the end." Did that happen?

SC: That did not happen because we did not expand Medicaid.

BSP: So, the states that did expand Medicaid, maybe that was more of an even trade for the hospitals.

SC: Yes.

BSP: But states that didn't expand Medicaid—

SC: They're doing without. Once upon a time, if you had enough people with private insurance in your community, that helped you make it over the top. But through the years with the evolution of hospital finance, the private insurance industry now when they go to negotiate what they are going to pay you, the rural hospitals have no bargaining power. That's why you're seeing a lot of systems popping up to help them have some negotiating influence.

But with the rural hospital, if they're independent, they don't have any—the private industry is saying, "We'll pay you what Medicare pays you." They don't pay any better than that. They find other ways to survive, but it's really a struggle for the rural hospitals by not expanding Medicaid.

I remember in a hearing when the secretary of KDHE told me how much the rural hospitals would get as a total. A lot of the indigent are in the cities. It would go to the bigger hospitals because they take care of more of those patients. But to her it sounded like a very low number

that the rural hospitals would get, but what she didn't understand is that $300,000 to a rural hospital was a make it or break it.

BSP: Yes, that could be the difference between a positive 1 or 2 percent margin and a negative 1 or 2 percent margin.

SC: Yes. If it was positive, it would pay for a new physician to come to the community or a new piece of equipment.

BSP: Just to throw one more number out there, there's about 250,000 uninsured persons in Kansas, and the Medicaid expansion would cover about 63,000 adults, would be newly eligible for Medicaid if Kansas expanded. It could make a significant dent in the number of uninsured persons in the state.

SC: Yes, it could. There was a lot of discussion when I was new in the legislature about the Woodwork Effect. Remember that?

BSP: Yes.

SC: That people would come out of the woodwork that qualified already for Medicaid but were not—for whatever reason, had never accessed it. We really feel like at this point with all the discussion that they've already come out of the woodwork at this point. So, we're pretty confident with those numbers.

BSP: Yes. There are people that for various—the complexities of applying for Medicaid and having to recertify however often they're required to, there are some that could be on it, that are not on it. In a lot of cases, that's a situation where if the parents were eligible, they'd be more likely to get their kids on the program. But since so few parents are actually eligible for Medicaid, that affects the number of children enrolled, too. But yes, that woodworking effect was a big policy discussion for a long time.

SC: Yes. It really was felt like it would be way too many people coming on to the system.

BSP: Or as you said, I lived in Kansas City at the time. I was living about a block-and-a-half from Missouri. There was a lot of discussion about whether people would relocate in southeast Kansas and the metropolitan Kansas City area.

SC: But to your point about the surrounding states, it makes sense at this point that—we're an outlier, for sure.

BSP: Yes.

SC: We were told that they would struggle with it and fail, and they haven't.

BSP: Exactly. Then there's just the conceptual discussion of sort of the value of having people in your state with access to health care.

SC: Absolutely.

BSP: Yes. If you're not going to cover them through Medicaid or other insurance, what are the other mechanisms that states can use to provide care to those people through safety-net clinics and those things?

SC: Yes.

BSP: But when state budgets are tight. It's difficult to backfill some of those needs.

SC: I remember when we were moving to the MCOs, to the managed care, I remember Dr. Colyer coming when he was lieutenant governor, coming to my office and visiting about this gives us the opportunity to provide the right care, the right time, the right place. So, move forward a couple of years, and we're talking about Medicaid expansion, and I used that because that's exactly what it is. Medicaid coverage is good coverage, and they get the right care, the right time, the right place, and all of the providers would much rather see the patient in the office and have well checks and provide healthy information than to wait until they're sick and have all of that treatment done through the emergency room where you're required to take care of anybody whether they can pay or not.

BSP: And you're right. Having that transition to the managed care Medicaid system years before positioned Kansas well. And even since then, Kansas has been innovative in using managed care to expand to the developmentally and intellectually disabled population and other behavioral health services and stuff like that. So, in some ways, we've been leaders and others, particularly around the expansion, we're one of the holdouts.

SC: That was a really tough vote for me, by the way.

BSP: Which vote?

SC: When we added in the developmentally disabled because they did not want to be there. They did not want to be included, and I think that there might have been some that struggled, but we've gotten through a lot of that. It's really good care. I'm pleased with what we saw through the Oversight Committee, but it had to evolve.

BSP: That was a tough vote, a tough decision by the legislature, and a big priority for Governor Brownback and Governor Colyer eventually on that. I'm going to ask you to talk a little bit about inside baseball across the street in the Statehouse. We've sort of talked about this at a high policy level. What was it like being in the legislature between 2014 when states were first allowed to expand Medicaid under the ACA and when you left just a couple of years ago? What were those conversations and battles like? How did the committee work around those sorts of issues go? I know you were involved in very significant ways.

SC: It just made sense to me to expand. It was logical. I talked earlier about getting involved in politics, but I'm really not a very political person. I want to solve problems. I will work with

anybody that is willing to work towards solutions. And just sitting in the Health Committee and listening to the testimony of what Medicaid expansion would be, it just made sense. I from the beginning have been an advocate that this is something that we should do. I've worked around the hospital finance through the years and watched them adjust to the different federal laws. To me, this was just another adjustment. I was aware of the DSH payments going away and the fact that we needed that income flow back to our hospitals.

I wasn't really treated as an outcast, but I knew that I differed from many of my Republican colleagues on committee. By my second year, I was the vice chair of Health. I don't know if we had discussed that, but there was a resignation. We had had so many freshmen come in in 2013 that there really was a very short bench. So, they asked me to serve as the vice chair. So, I was a bit of an outlier with the leadership position on the committee. I was trying to walk that tightrope.

But then I didn't really have enough years behind me to be really out in front of it, of the issue, but because of my advocacy, I did lose that vice chairmanship and my position on the committee along with Don Hill and Barbara Bollier, both colleagues on the health committee.

BSP: They were also supporting Medicaid expansion and were taken off the Health Committee.

SC: Yes. They were Republicans that were removed from the Health Committee.

BSP: To those of us sitting outside of the legislature, when that happened, it sort of made us sit up and take notice. Is that something that had happened commonly? Was that a new thing that was happening?

SC: I was still in my first term. I don't know whether it was commonplace. I don't think it was. It blindsided me. I got a phone call in November that I would have a new committee assignment. At that time, I was no longer vice chair or a part of the committee.

I think that started an ugly trend. It's used now as punishment for votes. It happened again last session. But it kind of backfired because all of a sudden then, I'm getting contacted by media from outside of my area, Kansas City and Washington, DC and St. Louis. I developed some relationships then with some journalists that lasted really the whole time I was in the legislature. We would catch up with where Kansas was as far as Medicaid expansion.

But it kind of set me free. Then I didn't have to walk that tightrope anymore. I was devastated. I was really upset, but it gave me the opportunity of "Well, what else can they do to me? My district's already voted for me. They're my boss." So, I did lose an office over it. I made my new office as pretty as I could. But those kinds of things, the leadership can use to try to influence. With some people, that matters to them.

In my last three or four years, I would have freshmen come and say, "How do you get away with voting the way you do and still be friends with leadership and still be a committee chair?" And I said, "I drew that line back when I was brand new, and that's what you have to do. Just stand up

for yourself and what you believe in. Once you have that freedom"—they know, and they except that from me. They would be shocked if I didn't vote for it when it came to the floor.

BSP: So, you were able to take on other leadership roles in child services and other areas, not back in the health realm, but in some of the other realms.

SC: Yes. Not immediately. The first year—my new committee assignment was General Government Budget. That was very interesting because it gives you a wide range of budgets to look at and learn more about state government. So, I took advantage of it while I was there but still missed my Health Committee. I would go visit them and watch the committee when I could. But I was returned as vice chair the next year and then served at least one more term as vice chair.

Then I was told I would never chair that committee because of my support of Medicaid expansion, but that they did want to be able to place me somewhere, and they—

BSP: The three people—yourself; Barbara Bollier is a physician; Don Hill's a pharmacist. You're married to a physician and was very involved with the hospital in your hometown. So, three people who really had some insight into how health care and insurance works. That was a lot of intellectual capacity to lose from that committee.

SC: Yes, it was. I will say that it was very noticeable when I did go back to visit the committee. They would have a lot of informational hearings. They weren't digging deep into any topics really.

BSP: Those are tough issues that that committee deals with, not simple issues either.

SC: Right.

BSP: There have been several polls that have shown Medicaid expansion has a majority of Kansans who support Medicaid expansion. I think that there's an assumption that there's a majority of people in the legislature that, if they were able to vote on it, would vote for Medicaid expansion. How does the legislature work in a way that leads us to where we are now on the decision around Medicaid expansion, if those are really true? Maybe you don't believe what I said, that the public and members of the legislature would actually support it.

SC: I've seen the polling, more than one source that absolutely—and I talk to people in the public about it. It's generally considered kind of a stain on Kansas that we have not—one thing is that when legislators don't vote for it, I discover that when I'm around the state and talk to people that they like their legislator. They're one of the good guys. But really—and I'm not going to tell them that—I might tell them that they really should vote for Medicaid expansion, but I'm not going to tell them that they're not there to move things forward, that they're blocking us, but that is a frustration. It doesn't matter where I go, they're okay with their legislator. It's the other guys that are all a mess.

I think to the point that you're making, there are a lot of legislators that would vote their district and would vote yes for Medicaid expansion, but leadership wants to protect them from that vote because it's political. They've politicized it. It's political as far as the different organizations, the conservative organizations. They don't want them to have to deal with a primary against them. But then on the other hand, they don't want to have to vote no and be against what their community is asking for.

BSP: It's one of the tough issues that you guys face there.

SP: Yes. And the ways that they do that will be to keep a bill off of the floor that we could bring an amendment, a Medicaid expansion amendment.

BSP: Which was attempted a few times.

SC: Yes, and was successful once.

BSP: That's right.

SC: In 2019, when we pulled a bill out of committee and we had to vote—we had the votes to bring it to the floor, it was determined to be not germane. So then we had to make a really tough vote of disagreeing with the chair of the committee and overrule the germaneness issue.

BSP: Yes.

SC: I'll tell you, when it worked—I mean, we planned this for a long time, many secret meetings. When it worked finally—there had been a lot of years when I didn't know what to do. "Okay, now what? We have to start talking." But we were successful and we did pass it out of the House that year.

BSP: But it didn't become law because?

SC: Because it stalled out in the Senate. They had the votes there, too, but there are ways of moving things from committee to committee so that it doesn't get pulled out, and then, of course, the majority leader in the Senate [Jim Denning] came back with another bill the next year. He didn't have the votes. It had a whole different political atmosphere.

But I wanted to mention a little bit of the struggles that we would have because the arguments against expanding kept changing every year. When we first started, it was dealing with the fiscal note that they brought, which was a disaster. We shot holes all the way through the fiscal note.

BSP: The fiscal note saying that the cost to the state would be much larger than anticipated.

SC: Yes. And the figures that they used—I can't remember. It was so long ago. One thing stands out that when they did the calculations, they only figured that there would be forty babies born in the state of Kansas. That one just blew me away. There are numbers that can be adjusted with

how many people in the prison system and Native Americans and all of that helps bring that number down because they are already covered. Anyway, that was our first go-round.

Then the next year, it was that we were going to have a Republican president, and it was going to be repealed. We did have a Republican president, but Congress was not willing to take that away from their states. So, that didn't happen.

I'm trying to remember. The next one I believe was saying that we could not expand Medicaid until we did away with the waiting list for the I/DD PD [Intellectual/Developmental Disability and Physical Disability] wait list for services.

BSP: Say just a little bit about—that was a mouthful—who were the people on those lists?

SC: The intellectually disabled--, the intellectually developmentally disabled and the physical disabled-- there is a wait list that was an embarrassment to the state that was seven years long.

BSP: So, you're theoretically eligible for Medicaid, but the state didn't have the funding to provide those services to everybody who was eligible.

SC: No. They were being provided services, but the wait list that was brought up to use against the expansion discussion was for in-home services, but they didn't understand that.

BSP: They were getting a certain basic set of services, but not a particular add-on set of services.

SC: So, the IDD and the PD folks said, "Wait a minute. We're already getting Medicaid. Don't put us in the middle of this." They were very vocal that they wanted to see Medicaid expansion, that that was not a good argument. So, that argument only lasted a year although some people would still bring it up later. They just didn't understand. We did work on doing away with that list in more recent years, and I'm glad we did. That was an important part, but it was not the same issue.

Then entered the bishop and the Catholic Church got involved. The public would have to approve the constitutional amendment on abortion before they would get behind Medicaid expansion. Medicaid does not cover abortions. They're talking apples and oranges. That was not a good argument, and the bishop should not have gotten involved in that, but it is what it is. That's what stopped it that time around.

BSP: So, a lot of different policy approaches for opposing Medicaid expansion.

SC: Yes.

BSP: Maybe that one was a little more unique in Kansas, but these are common arguments being debated in Statehouses across the country.

SC: Yes, I believe so.

BSP: You made the comment at the beginning that you didn't think the debate and the discussion on this is over. It took I believe thirty years for all fifty states to finally adopt Medicaid once it was expanded. Arizona was the last state that adopted Medicaid thirty years after it had been created. So, I guess there's still hope.

SC: I have hope. When I left the Legislature, I can't remember when I had a conversation with Governor Kelly, but she said, "I just want you to make sure that when we pass Medicaid expansion, you come back for the signing." I said, "I will be here." It didn't happen under her term.

BSP: So, she'll have to come back, too.

SC: Yes. We'll meet up again someday.

BSP: Yes, that's great. Thank you for going in deep with me on the Medicaid issue.

SC: Yes, sometimes I get going on that. I get too into the weeds.

BSP: Well, you spent a lot of your energy addressing that program for a lot of people in our state that have benefited from it. So, thank you for all your work there.

BSP: I want to bring us back to a conversation about being in Beloit and the involvement, all the different areas that you are involved with in Beloit that affected the health and the well-being of the community, maybe not strictly medical types of things, but you've seen a lot and been involved in a lot in Beloit. Tell me about some of the things that you've done in your community that your community's done to try to make Beloit a better, healthier place for people.

SC: I did a lot of community service when my kids were young through my church and school and just different community projects. But when I really got in the thick of things was after I lost that mayor race, I was asked to be one of the leads in the capital campaign to build a new wing at the hospital. We raised a significant amount of money, and from that, we had some funds that we could use to develop a foundation.

So, I became the executive director and developed the Mitchell County Regional Medical Foundation. I started it, and I can't think of the name of it. Through that then, I worked on some grant writing. We had a team that worked on making it a more walkable community—so, lots of sidewalks being built still. We're still working on the plan.

One of the things we did was bought a house that's right next to the hospital that was from the Civil War era, and we call it the Perdue House because Dr. Perdue was the Civil War physician that he literally operated in the back room. It's just a really neat old house.

BSP: I've seen pictures. It's limestone and just classic architecture.

SC: We had to get some grants to do some work on it, but we developed our own little like Ronald McDonald House if you will. So, we have three rooms that—we're a small, critical

access hospital, but we're regional. So we end up with a lot of families that either have someone in the emergency room or someone in the hospital that need a place to stay. It stays quite busy, the three rooms. I worked on that in the early 2010ish era. That was kind of fun getting that started. Then the foundation has our offices also on the first floor of that building.

Then with the foundation, I did a needs survey of the community and discovered that transportation is a big issue. We started looking into what public transportation would look like. The grant that was issued in Beloit was to the senior citizens, but the seniors were about to lose that grant. I don't know if they knew this or not. They just weren't very good at grant writing.

So, along with the hospital administrator, I went to the seniors and had a discussion with them about us writing the grant, kind of taking it over as the foundation, but we would still provide for them, and we were going to develop a board and provide a position for the senior citizens on that board.

So, we wrote the grant.

BSP: Was this a federal or a state grant?

SC: State. Public transportation. We received the grant, and we went from having nineteen rides in June of whatever year that was. The next June, we had—I used to say this number all the time—640 or something like that. It was very, very needed. We won an award for small transportation system of the year, and we did have a board then. And we prioritized health trips. Now we don't have to do that because we have enough vans that are out and about, and we have gone regional. We've moved up into Jewell County and west to Osborne County.

BSP: Having practiced medicine for a number of years, it's amazing how often we assume patients aren't interested in being compliant and showing up for appointments, but when you realize the difficulty older citizens have, people with disabilities or people that don't have the financial resources, if they've lined up a ride with a friend and something happens to that friend, that patient doesn't show up for the appointment.

SC: Right.

BSP: From the doctor's office, it's "Oh, there they are again," but transportation is a major issue around health, and I would say the same thing around getting access to good food. If you don't live near a grocery store, you need to be able to get somewhere where you can get healthy food for your family. I think that's amazing. That was the foundation that worked with the senior citizen group to put that together.

SC: And then we developed a board, and it's Solomon Valley Transportation Board. We have a lot of our citizens who need to go to Salina for cancer treatment. Most of the time, that's where they're headed for cancer treatment. Then we used to have a lot of people travel to Concordia for dialysis on a daily basis. I don't know if that's still happening or not. Now we have a system where if you know your geography there, our van goes from Beloit over to the junction with I-135, and the Concordia bus comes down from the north and picks up our patients.

BSP: Transfers them.

SC: A lot of times we coordinate with them. And then a lot of times, the Salina van will come up and make a trip to Concordia

BSP: A major issue, a major challenge. That sounds like a good win for the community there.

SC: And going back home after being in the legislature, I did not want to get back into all of the things that—I didn't want to be looking over somebody's shoulder and saying, "This is the way we used to do it, and this is the way it should be." So, I had to find new things to get involved with, and I have.

BSP: Thinking again at the community level, one of the issues we've been talking about in this whole series is about how healthy we are as a state, as communities, as Beloit. I think we've talked a lot about insurance and health care, but we were just talking about lots of other things that we know influences how healthy we are as a community. There's a ranking of states that comes out every year the United Health Foundation puts out, and in 1991, Kansas hit a high spot. We were ranked 8th healthiest state in the country. Over the following decades, we fell to a low of 31st just in 2022. We've bounced back up a couple of spots. We're about 27th right now in the latest ratings. But that's the largest drop from #8 down to #31, the largest drop of any state in the country over that period of time.

We were both involved in a lot of health policy stuff over that time. So, gosh, how did we do that? I want to point out; it's not that health in Kansas got worse. People are generally living longer, deaths from lots of different things are getting better, smoking rates are down, those sorts of things, but we're not making as much progress as quickly as other states. So, our relative position is going down.

I know you've been familiar—you get inundated with rankings and things, county rankings, state rankings, but as a policymaker and your role there, how do you think about those sorts of rankings? Are they helpful? Are you skeptical of them? How can they be helpful to promote good policy discussion around health?

SC: I'm always skeptical just because I always check to see where it came from, what all they're measuring and that sort of thing, but you have to start somewhere. You have to measure and see where you're at. I think it should help us with developing policy. It becomes politicized. I strongly believe that our fall from grace has been with the cuts that we made in social services and with not expanding Medicaid. Access to care is such an issue. I can't even begin to go into that topic because it's so broad. I would think that that's probably our biggest downfall on there.

I would guess that the reason we popped back up a little bit is the work that we've done in the mental health arena and then the new hospital designation.

BSP: The rural hospital designation?

SC: Yes. I think that is and will be very beneficial. Every community wants to have a hospital. It's just what that looks like.

BSP: Is there anything that stands out in your mind—you mentioned a couple, but this is a long period of time. We're talking about thirty-five years. If you had to sort of find some common thread through that period of time of why we would have declined relative to other states as much as we have—again, that's a long period of time—what sorts of ideas would come to your mind?

SC: I've only been involved with the legislature for a portion of that time. I think that there's been a lack of respect for expertise. Again, that wouldn't go clear back to the early nineties, but I certainly saw that in the legislature with how people would be treated when they would come to testify in discussion of scope of practice issues and those types of things. If we're truly listening to what those providers, what their needs and wants are, I think that maybe some different decisions might have been made.

BSP: One of the areas that Kansas tends to lag other states in these rankings is around the supply of health care providers, particularly mental health and dental health services. You mentioned at the beginning of this discussion that you and your husband were brought to Beloit because of a scholarship program for KU medical students to practice in rural communities. How does the supply of health care providers—again, you mentioned mental health, dental health, how do you think that issue affects rural communities like Beloit and other communities around our state?

SC: I think that it ebbs and flows as far as the success. For many years, the program was not that successful because young people just didn't want to—they wanted to move to the cities. My husband and I were already married and had children by the time we moved to Beloit. But when you have some of the single physicians coming out of school, they usually want to go to the bigger cities. The restaurants, all of that, the younger people are used to amenities, and we can't offer all that. We offer a lot of other things, and that's what young people are starting to see now. I don't know if COVID had anything to do with that. I think it did. We have space and friendly and safe and good schools and all of that.

But, you know, back to the scholarship, when I was early in the legislature, we added—I think it was my bill—we added psychiatry because there's such a shortage, and it's not been successful. They just can't even find enough people to accept the money.

BSP: It's a challenge even in bigger communities like Topeka and other big cities.

SC: Yes.

BSP: We were talking before we started the discussion about, we have a new medical school in Kansas, an osteopathic medical school in Wichita. You were telling me the number of graduates that they've had recently.

SC: Yes, they just graduated, I think he said three weeks ago, that they graduated sixty, and fifty-eight of them had matched for their residency.

BSP: And there's a new campus going up in Wichita, downtown Wichita, a joint effort between WSU and KU around the health sciences as well. So, certainly training more doctors and nurses and other kinds of allied health professionals is part of the challenge.

SC: Those are a lot of discussions that I was lucky enough to be involved in on Appropriations. So, being able to advocate for that and for progress at the University of Kansas Hospital. I think that it was really painful to go through those years of so many cuts, but it was an interesting time to be in the legislature to see that all come back. The funding started coming back in, and we were able to revive the social services and then actually—we have a lot of shortage in the mental health arena, and for us to be able to add that new hospital in Wichita.

BSP: The behavioral health hospital, yes.

SC: And then the combination effort with the school. That's all very exciting and nice to see that move forward. I had a thought there, talking about appropriations. Can we back up to the discussion on Medicaid just a little?

BSP: Sure.

SC: With appropriations, there's been a major effort to improve the reimbursement rates with Medicaid. That's a long time coming. We were one of the lowest in the country. When I was mentioning the roadblocks to expanding Medicaid, that should not be a roadblock. I think that the providers would all tell you they would much rather their patients have coverage so that they could take care of them in the right place, the right time.

BSP: So, if a patient is uninsured, they have to get taken care of at a hospital or a doctor's office, they're going to get care. It might not be everything that a fully insured person might get, but they're going to get good basic care. So even with the low payment rates for Medicaid, if there was expansion and they were covered by Medicaid, the hospitals and the providers would be getting some payment for their services, maybe not as much as they'd get from a privately insured patient.

SC: Correct.

BSP: Is that what you're talking about for payment reimbursement rate?

SC: Yes, not even close. In fact, I've had clinics tell me that it cost them more to hire the staff to run the Medicaid through the system than what they bring in from it. They would just as soon they not even have it at the clinics. Now the hospital is a different story.

BSP: They have to see any patient that walks through their door.

SC: Yes.

BSP: And it's a challenge in every state, even states with expanded Medicaid and states with slightly better reimbursement rates. It's a challenge to get providers, doctors, specialists to participate in the Medicaid program because the payment rates aren't as attractive.

SC: Right. And they limit the numbers. My dentist just told me at my last appointment that she's no longer accepting Medicaid which is sad.

BSP: Oral health and mental health, as I said, were two areas where Kansas really lacks. The other areas where we tend to fall behind other states is around tobacco use rates and vaping now and obesity rates, which are again not things you necessarily think of as happening in a hospital or whatever, but certainly they happen at a community level.

SC: There again, if they're going to regular doctors' visits and they would have those discussions with their physicians on healthy habits, but if there's no coverage for them, then they wait for that heart attack to happen.

BSP: And all those other support services like transportation and access to healthy food, those sorts of things, yes. All right, good. I want to touch on another area that I know is near and dear to your heart, and that's around children's services and child welfare services. Talk a little bit about your involvement in those issues while you were in the legislature.

SC: When I told you that they said that I would never chair Health, "What could we do with you?" there was a committee called Children and Seniors. I thought that would be a good fit. I care about both children and seniors. I became chair of that committee. Probably my first term, we passed some important legislation then and had a lot of very important informational hearings. I was learning as I was chairing a committee.

But then it started the next term. I sat down with a good friend who is in the industry, and we went through a list of things that we saw were needed in the foster care realm. Let me back up. Two of the things that we did that first term was—and I went from working on Medicaid issues to the managed care child welfare system. There was no oversight. I mean, DCF, the Department of Children and Families, but no legislative oversight.

BSP: And that was that whole privatization of those services which happened before the Medicaid privatization even.

SC: Yes. It had been going for quite a while. I looked into it through legislative research. There was an oversight committee back in the early 2000s, I believe. It dissolved through the years. So we got a bill passed to establish a joint committee on child welfare oversight. We also at that point developed a senior care task force. So, we were dealing with the senior issues.

Then, unfortunately, the senior part was taken out of my committee, and it became Child Welfare and Foster Care Committee, and that was the time when we went through the list and we divided everything up between what needed to go be addressed by the agency, what needed legislation, what needed appropriations. We just worked from that list, and it's amazing, having a list, how

more efficient that was. So, that year, maybe the next two years, I think we checked about everything off of that list.

BSP: You chaired that committee until the time you left the legislature.

SC: Yes. We did some really big stuff with the SOUL [Support, Opportunity, Unity and Legal Relationship] permanency, family permanency, which allows older youth to find permanency with an important person in their life, a teacher or a church leader, someone like that that's important to them. We are the first in the country to do that, and we worked with the KC Foundation on that. Actually, the bill itself was written by young people who had aged out of the system.

BSP: I think that's an awesome part of that. I mentioned I am a volunteer with the court-appointed special advocate program [CASA]. We're just now starting to get training on that SOUL family permanency program. Hopefully, the fruits of that effort will continue to come to bear.

SC: Another thing that I'm really proud of was the legislative effort that we made to establish the CARE network. The CARE network, the bill itself was actually just developing a structured payment system to educate physicians across the state and pay them for their education time to identify abuse or non-abuse. When DCF gets phone calls with a complaint of a physical abuse, then they contact Children's Mercy [Hospital] in Kansas City or KU Wichita [Center for Health Care], and they have certain staff—

BSP: That are trained in that.

SC: Yes. It had been going on through Children's Mercy for a little while as a pilot. That was just in the northeast region of the state, and so then the bill that we had established it throughout the state. It's been going for a couple of years now. They do the training in the fall. It's both for physicians and mid-levels. It's in Salina. It's two or three days, and then they follow up with—they have a mentor, a physician that's already been through it, and then when they do one of these exams, they can take about three hours with all the testing. So, the set fee that the bill provided then would pay them for the x-rays and that sort of thing and the time and then also any follow-up phone calls, the time talking to their mentor, showing up in court, and all of that sort of thing. So, like I said, it's not—the public doesn't see that one in action, but it's there and it's working.

BSP: That's really important to document what happened or didn't happen in a case where that has been raised. We're glad we have trained professionals to help collect the information and evidence on that.

SC: Yes.

BSP: I wasn't aware of that program. That's great.

SC: It's I think one of my favorites. The whole thing is the process. You know, we talk about the process of things. When the lobbyist brought that bill in and showed it to me, I don't know what kind of mood I was in, but I said, "I'm not having a hearing on that." I think she was about ready to cry. Anyway, we had several conversations about it. It was actually a very good bill. I'm glad that I changed my mind.

BSP: You covered a lot of important territory during your time in the legislature. Thank you very much for all of that service.

SC: I enjoyed my service.

BSP: Any reflections on that decision to run for city council way back in Beloit all the way through serving more than a decade in the legislature and leadership in different roles?

SC: I enjoyed all of it. I can't say I enjoyed every single day. But it really was such an honor to be in the position and to represent the people at home that I love dearly and to be able to sit in those chambers and look at the beautiful paintings on the ceiling and the woodwork and think, "I'm so lucky to be here and get to be part of our state government." I made so many good friends, both legislators and the support system around the legislators and the lobbyists. It's like a big family. We fight a lot, but we all love each other. Even when we disagree, and I know that it's not the way that it used to be when Bob Dole and Tip O'Neill would fight and then go out to dinner together. But that's sure the way I'd like it to be. I think that I'm proud of my service being that way because I disagreed with a lot of my friends. We were able to disagree respectfully.

BSP: That's a good way to wrap a bow around this conversation. Thank you very much.

SC: Thank you. This was fun.

