Young, and experienced, legislator helps lead minority caucus while also working across aisle on policies such as improving health care policies in underserved communities

by Mitch Arvidson (marvidson@csg.org)

Tom Demmer came to the Illinois General Assembly as one of the legislative body’s youngest members — a 26-year-old who already had served on his local county board and worked as a White House intern. It didn’t take long for Demmer’s older colleagues to take note of his leadership qualities and potential. By age 30, he had joined the House Republican leadership team as deputy minority leader in 2018 (the No. 2 position in his caucus).

Demmer is now nearing his eighth year of service, and stands at an unusual juncture in his legislative career — still a young lawmaker, but one with considerable experience. He aims to make the most of both. “I try to be informed by those (past legislative) experiences, try to learn lessons, and gain some of the context that you get by having been through different situations,” he says. “At the same time, you want to make sure you don’t develop cynicism or the perspective that, ‘I’ve seen this before and it won’t work.’”

That impulse may be especially hard to fight for a longtime Republican legislator in Illinois. Since Demmer took office in 2013, for example, Democrats have had control of both houses. Yet Demmer has found ways to make his mark on policy, particularly in areas such as health care and the budget.

“Being in the superminority does not mean you can’t have a real impact on policy,” he says. “You just have to be able to spot those opportunities and make the most of them.”

In a recent interview with CSG Midwest, Demmer spoke about his leadership style, his policy priorities and accomplishments, and his perspective on legislative service. Here are excerpts.

Q When were you first elected to the Illinois House, in 2012, you were in your mid-20s. But now you’ve been a legislator for almost eight years. How has this mix of youth and experience served you as a legislator?

A When I first ran, age was definitely a factor. I tried to approach it from the perspective that a legislature should have a wide variety of people to reflect the wide variety of residents in the state. Just like we talk about geographic diversity, racial and ethnic diversity, I think having age diversity is a strength too. There were people in the House in their 60s and 70s, and there should also be people in the House in their 20s and 30s. I tried to position that issue as a positive to bring to the table rather than a liability. In the time that I’ve served, there’s been a unique chance to use my generational perspective, or the things that younger folks would be more accustomed to working on. I’ve been able to work on a number of tech issues, been able to work on some things that affect young families, and been able to bring some of my personal experience, or generational experience, into the mix.

Q You now serve as deputy House minority leader. How do you approach this leadership role, especially with your caucus being in the superminority?

A I really enjoy having the chance to serve in (that leadership position). It pushes me to try to get the perspective of not just my own district or my own personal opinion about things, but really try to understand where everyone in our caucus is coming from — the priorities they have, the things they’re trying to accomplish, the feedback they’re getting from their districts across our broad and very diverse state of Illinois. We have people who come from very different walks of life, and that’s a strength of a legislative body.

Being in the superminority changes the approach that our caucus takes. We understand that if there’s a proposal that we’re opposed to, the Democratic majority doesn’t have to consult us. … But there are still meaningful ways and opportunities for bipartisanship. I’ve worked on the state budget the past few years, and we’ve done it in a bipartisan way. I’ve also worked on a lot of health care policy. We have a longstanding tradition of bipartisanship in approaching Medicaid and health care issues.

Q You are director of innovation and strategy at KSB Hospital. How have your roles in government and health care informed one another, especially during the COVID-19 pandemic?

A I’ve tried to bring some of those lessons learned in the hospital world to better frame some of the discussions we’ve had in the policy world. During COVID, for example, what were the pressures that were facing hospitals or health care providers? They were thinking about capacity, about PPE (personal protective equipment) supply, about staffing challenges. If a doctor or a nurse or a technician has to stay home on a quarantine, how can you replace that person? In some areas of the state, you don’t have a backup. Understanding that point where policy meets operations is an important part of government. It’s a really complex line to walk because of the different experiences people have.

In Illinois, we have everything from large, world-class academic medical institutions all the way down to very small, critical-access hospitals that are miles away from their next neighbor. The operations side of that looks very different, so it’s been helpful to look more at that intersection of policy and practice.

Q Looking forward, what are your legislative priorities for the fall and beyond?

A One issue that I’m spending a lot of time preparing for, hopefully it will happen in this fall veto session, is around hospital transformation. We passed a Medicaid provider assessment program this year, and a component of that was to dedicate funds to try to help improve health care delivery in at-risk neighborhoods — in places where the hospitals have been struggling with declining volume, some operational challenges of recruitment and coordination of care, those kinds of things. So we set aside a specific amount of money for that (program), and we’re working with a bipartisan, bicameral working group to come up with some rules and guidelines for how that funding can be awarded. It’s a very interesting and very rewarding process to be involved with, thinking about how you can have the biggest impact in improving health outcomes in some of the most disadvantaged parts of Illinois. The other key item that’s on the agenda just got accelerated in importance because of the announcement of the planned closure of two nuclear power plants in Illinois, one of which is in my district (Byron). It’s a huge challenge for that small community. … There’s been an ongoing discussion about energy policy, and the announced closure of these plants has added urgency to that discussion. That’s something I didn’t expect to be involved in this fall, but definitely will now be because of the impact on my district.

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