



A dose of medicine in legislatures

Retired physician, and current Kansas lawmaker, believes the medical principles used to treat patients can inform, improve state policymaking

by Kansas Sen. Barbara Bollier (Barbara.Bollier@senate.ks.gov)

Are pain medications, particularly opioids, being overprescribed? Who should decide? Is this a legislative issue, or an issue to be decided at the practitioner level? Is scope-of-practice a “turf issue,” or a matter of public safety? What is the definition of palliative care, and who should determine that definition?

These are but a few of the issues that I have faced as a legislator in Kansas. I am Barbara Bollier, a retired anesthesiologist, former state representative, and now a sitting state senator.

“How did you switch from practicing medicine to a career in politics?” is a question that is asked of me with amazing frequency.

People are perplexed by the thought of me spending years and years going to school, completing a residency, and then practicing anesthesiology — only to stop and instead seek elected office.

While on first blush it may appear to be two paths that are light years apart, for me, the two are amazingly similar and deeply related in their opportunity to serve others.

After stopping my active practice of anesthesia to stay home with our two children, I became heavily involved with The Center for Practical Bioethics, an organization whose mission is to call attention to ethical issues and to develop programs, policies and publications that address them. The center’s unique approach of putting practical solutions into action exposed me to the need for those who “know” medical issues to be at the table writing health policy.

Excellent template for policy work

Once elected, I was appointed to the Kansas House Health and Human Services Committee. In that capacity, I was immediately able to incorporate the thought process used to care for patients into my approach for evaluating public policy. In medical school and residency, we were taught to use the

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“SOAP” format to write a progress report on our patients:

- **Subjective** — What is the problem at hand?
- **Objective** — What are the facts of the patient’s condition?
- **Assessment** — What is the diagnosis and how is the patient faring?
- **Plan** — How will you treat the patient to address the problem?

SOAP not only provides a foundation for good care at the hospital; its principles can help us make sound policy in state legislatures. A perfect example of how I’ve used this approach (as well as my medical knowledge) involves the question of whether to expand Medicaid.

The problem of 150,000 people continuing to lack affordable access to health insurance was a clear and urgent issue for my state — from the actual health impacts on those individuals that lack access to preventive medicine, to the economic impact of caring for those people without compensation (due to the lack of insurance), to the overall societal costs of people being unable to work because of health problems.

The diagnosis could be looked at on an individual level (for example, the effects of diabetes or high blood pressure or cancer on a single person) or on a more global level (for example, failing rural hospitals unable to be compensated for the emergency-room care that they must provide under federal law).

After careful review, the “P” in my “SOAP” note was to advocate for passage of Medicaid expansion in Kansas. Unfortunately, I then discovered where the practice of medicine and public policy diverges — politics!

In medicine, there is a health care “team.” Even though there may be differing opinions on the diagnosis or treatment plan, those issues are always addressed, and a course of action is reached. The patient is never abandoned.

In politics, the team is often split between Republicans and Democrats. In medicine, we are taught that the patient’s ethics trump our own. In politics, one group’s ideology is deemed “right” or “wrong”; consensus is often not the goal, and the issue is all too often left to another legislative session.

But the problem does not go away.

For me, the ways of politics have occasionally interfered with my legislative “SOAP” notes. In 2015, an early attempt to expand Medicaid proved unsuccessful, and two fellow legislators and I were removed from the House Health and Human Services

Committee because of our support of the idea. By 2017, I had been elected to the Senate, and chosen by the Senate president to be vice chair of the Public Health and Welfare Committee.

For two years, I have been working diligently alongside fellow committee members in pursuit of much-needed policy additions and changes. This has included issues such as palliative care, vaccinations, scope-of-practice laws, care of our elderly and continued advocacy for Medicaid expansion. Although expansion was passed by the Kansas Legislature in 2017, politics superseded again with a governor’s veto of the bill; a veto override failed in the House.

With \$3.3 trillion, or 17.9 percent of U.S. GDP, spent in 2017 on health care, the issue of how we approach health care policy remains critical in all state legislatures. We must grapple with issues that lie at the difficult intersection of health, ethics and public policy.

For me, I have had the privilege of impacting people’s health both at the individual care level and the public-health policy level. Both types of work require supporting and maintaining what is good; identifying what is not working or causing harm; reviewing the data; and, ultimately, effecting change with an ultimate plan.

I believe that the lessons I learned in medical practice provided an ideal model for developing policy, not just for health but for all issues: Rely on a team approach, agree on a course of treatment, and never abandon the patient (or, in the case of the state legislator, the policy issue at hand).

While my advocacy for a bill, as opposed to a patient, has continued to be met with some backlash because of politics, my training as a health provider has provided an excellent template for policy work as a public servant.

Sen. Barbara Bollier, a retired physician, has been a Republican member of the Kansas Legislature since 2010 — first in the House and, since 2017, in the Senate.

Submissions welcome

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