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Moderator: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the healthcare of the future.

This week hosts Mark and Margaret speak with Dr. Rachel Levine, Assistant Secretary for Health at the U.S. Department of Health and Human Services, the first transgender presidential appointee alleviated to a high level post in U.S. government. Dr. Levine discusses the Biden administration's emphasis on health equity for the LGBT community and vulnerable populations, and is a Pediatrician with an emphasis on mental health for kids. She examines the impact of the pandemic on child health and the need to advance Telehealth to reach more people.

FactCheck.org's Lori Robertson checks in the Managing Editor looking at misstatements about health policy in the public domain, separating the fake from the facts. And we end with a bright idea that's improving health and well being in everyday lives.

If you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcasts. Now stay tune for our interview with Dr. Rachel Levine here on Conversations on Health Care.

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Mark Masselli: We're speaking today with Dr. Rachel Levine, Assistant Secretary for Health at the U.S. Department of Health and Human Services; the first openly transgender person to be confirmed by the Senate. Dr. Levine previously served as the State of Pennsylvania's, Secretary of Health and before that physician general.

Margaret Flinter: Dr. Levine was Professor of Pediatrics and Psychiatry at Penn State College of Medicine, Chief of the Division of Adolescent Medicine and Eating Disorders at Penn State Hershey Medical Center. Dr. Levine we welcome you today to Conversations on Health Care.

Dr. Rachel Levine: Thank you so much. It's a pleasure to be here.

Mark Masselli: Oh it's great to have you and you know your personal story really informs your mission at HHS. And you've joined the agency, what I would say is really concerning time as there is a record number of anti-trans bills that have been making their way through state houses, although there is some good news that the Supreme Court just decided, not to take up challenging one case involving trans youth choice of school bathrooms. And I'm wondering if you could talk about the dangerous level, I think you've called this some draconian

measures that are happening in number of state houses and how they could impact health equity, health outcomes for the LGBTQ community, especially for youth populations.

Dr. Rachel Levine: Well, I do feel that these bills are draconian. I think that the genesis of a lot of this legislation unfortunately is political. And that it's being used as a potential wedge issue in the next election. But what you have to remember is that this is directly impacting the health and well-being of transgender youth. Transgender youth are very vulnerable and are at-risk of harassments and bullying. And so it is really particularly important for us to advocate for transgender youth. And these laws prohibiting their participation in activities and sports and the most egregious in terms of preventing their access to gender affirming medical care, really are going to harm transgender youth.

Margaret Flinter: Well, Dr. Levine, you've advocated for a long time for more integrated approach to child and adolescent health. And that we've certainly seen. What a terrible toll, it's taken on the mental health of children and adolescents in the community health center world that we're part of. This integration, has always been kind of a norm not the exception, but not so much around the country or as a standard of practice. How is HHS going to address the crisis of child and adolescent behavioral health needs in the country going forward? And what models do you think are going to be most effective?

Dr. Rachel Levine: Now we're very concerned about the mental health challenges that we were going to see during the COVID-19 pandemic, and as we eventually come out of the pandemic. Adolescent mental health concerns have been really part of my career through Academic Medicine and into public health. So what we're going to be doing is actually through the secretary's Behavioral Health Coordinating Council, so Secretary Becerra, is very concerned about these issues. And he has brought back a crosscutting council which will work with collaboration with all of our different offices throughout HHS.

One of the specific subcommittees in priorities at this council is child and adolescent mental health. You know COVID-19 has been such a challenge for young people and you can think of it as almost being a generational trauma for young people with the challenges that they have faced. And so we're going to be working with experts across the country on how we get like data, about that issue, and then how we intervene and help young people struggling with their mental health concerns.

Mark Masselli: Well the pandemic has really laid bare the flaws within our American Health System and how they disproportionately impacted, not just the LGBT community but vulnerable populations across the board. And I know you're going to be participating in a panel this week on how community health centers can help develop protocols that are

vital to serving these populations. I wonder if you could talk about some of the more important initiatives under the Biden administration, aimed at addressing health inequalities and the role that community health centers can play in this work all across the country.

Dr. Rachel Levine: Health equity is an absolute priority of President Biden and the administration as well as a priority of Secretary Becerra. We also have another coordinating council the Health Disparities Council which I'm very pleased to be one of the co-chairs. And we're going to be looking at the impact of COVID-19 as well as many different other health equity issues for vulnerable populations, I mean that includes the African American community, that includes the Latinx community, the American Indian Native Alaskan community. I mean the pandemic has impacted these vulnerable communities more than others. And this really underscores the profound disparities in health that we see in our nation.

So we're going to be looking to make health equity a cross cutting issue in everything that we're doing. And of course HRSA will be right at the table, and we would be looking at the way that community health centers can serve to promote health equity itself, and the way that they really do serve all communities particularly vulnerable communities. HRSA really is the agency that outside of public health people don’t know much about, but it is a very, very powerful agency in terms of its impact on many of these issues. And our community health centers are really a gem of our healthcare system.

Margaret Flinter: Well, thank you for that. And I want to say, we really appreciate the work of HRSA. We're all worried obviously about the rise of the Delta variant. We're so proud of the great work that’s been done around vaccines. We're so worried about that last big group of people that haven't gotten vaccinated yet. And now we've the FDA with, yeah they are warning about possible cardiac side effects among people though I understand from what I read anyway, more transient than anything permanent. But one of the big concerns at HHS as you all come together every day, to talk about latest vaccine developments, the rise of the Delta variants spread, what are you saying to people about what needs to happen next?

Dr. Rachel Levine: Well, you know under the President’s leadership we've made so much progress in terms of our vaccination effort. 87% of all seniors have received, getting at least one shot, and 75% of individuals over 40 and 70% of individuals over 30. But we're having challenges with younger people. We're having challenges with teens and particular challenges with young people, 18 to 26, and who might be somewhat complacent that they will not suffer the negative effects of COVID-19, especially in light of the Delta variant that is incorrect, the Delta

variant is increasing in the United States. The Delta variant has been shown to be more contagious, more transmissible than the previous variants and there is evidence that it can be more virulent, meaning need to more severe disease, more hospitalizations and possibly more deaths. And it will really impact any unvaccinated community whether that's a geographic community or an age group. And so we're seeing more younger people who have gotten ill and have gotten hospitalized. So you know the message is that these vaccines are safe. These vaccines are effective and they are more important than ever right now, because of this Delta variant.

Now the issue in terms of the heart impacts, really is very limited. The data from the CDC and that was reviewed by the Advisory Committee and Immunization Practice, shows that if you look at you know a million doses of the vaccine, there are you know maybe 20, 30, 50 young people who might get a very, very mild and transient inflammation of the heart on a myocarditis, that will go away either with no treatment or limited treatment within a short period of time. That's compared to hundreds and hundreds of young people out of a million that might contract COVID-19, several hundred that might be hospitalized and a few that could even pass away.

So the data is very clear that the benefits of the COVID-19 vaccine, the benefit of our safe and effective vaccines significantly outweigh any potential side effects, outweigh the risks. So the bottom-line is that our vaccines are safe and in the face of the Delta variant they are more important than ever. So really this is a call to action for people to get their vaccination so we can stop the spread of this dangerous variant of COVID-19.

Mark Masselli: We're speaking today with Dr. Rachel Levine, Assistant Secretary for Health at the Department of Health and Human Services; the first openly transgender person to be confirmed by the United State Senate. You know I want to go back to the pandemic I think there is probably the only silver lining for some of us, was the promotion of Telehealth across the pandemic. Many of us had been waiting for a long time and it really allowed many of us to build very robust systems, and reaching to vulnerable populations who hadn't been reached before. I saw that the Secretary Becerra was advocating and supporting the work that's going on in Telehealth. And I'm wondering if you could share with us, how HHS is going to provide ongoing support for the expansion of Telehealth. I know you're very concerned about rural populations, the ability to do this by audio as well as audio and video. So tell us about the types of investments that might be needed? And how do you see that potential payoff for the expansion of Telehealth?

Dr. Rachel Levine: Well, COVID-19 has really helped usher in a new era, in terms of

Telehealth and telemedicine. And this is a priority of the Secretary and the priority of my office. And we'll work really across HHS on continuing these advances in Telehealth and system. And so the federal government did put in many measures in place during COVID-19 to make Telehealth easier. This does include HIPAA flexibility for Telehealth technology. Medicare and Medicaid policy, so we're working with CMS on that in terms of waivers and regulatory changes, making it easier for providers to deliver Telehealth services to Medicare and Medicaid patients and to get reimbursed for that. Providers can deliver Telehealth services across state lines. So there were Telehealth licensing requirement in interstate context that were waived. Prescribing controlled substances including medication for opioid use disorder such as Suboxone. So there are a lot of these measures. We're going to have a department wide group looking at which are the priority measures, which absolutely have to remain in place.

Another model that I wanted to kind of emphasize is a model that we used in Pennsylvania. It was first developed in New Mexico. Project ECHO was developed by the University of New Mexico. And it's a guided practice model which really helps rural areas that are serving underserved communities, remote areas of Pennsylvania or remote areas of New Mexico and other states. It's a hub-and-spokes knowledge sharing approach where content experts, expert teams, for example the University of New Mexico where it was first developed, but in Pennsylvania at Penn State Health, led virtual clinics. They would talk to rural providers about delivering best in practice care. We used this in Pennsylvania first in terms of opioid treatment. And I know Penn State now is using it for COVID-19 evaluation and treatment, and many, many other conditions. So it really is such an innovative way to use Telehealth.

But I do want to emphasize something that you mentioned, is that you know we've to be careful of the healthcare disparities in terms of Telehealth. Not everyone in our country especially in rural areas have access to broadband, not everybody has great computers like we're using right now to be able to do these type of visits. So auditory only Telehealth, is a very important aspect which is a priority as well.

Mark Masselli: You know, Margaret, doctor just mentioned our good friend Sanjeev Arora, who we worship here.

Margaret Flinter: Absolutely and we couldn't agree more when people think about Telehealth, thinking about that component of Telehealth, about how we moved the needle forward for everybody. You know and in this period of time I would have noted so many milestones, one of the milestones that we noted recently here was the 40th anniversary of the AIDS epidemic and we were honored to have Dr. Fauci, back on

the show with us. And it was very hopeful when he suggested as we're talking about COVID and the vaccine that's a remarkable science and the years that went into developing that vaccine, might also pave the way for a potential vaccine for HIV. And I think he said within a decade which kind of took my breath away after 40 years.

Can you talk about our efforts here in the United States, and globally to address the ongoing epidemic of AIDS and perhaps to look forward to a day when we might end this epidemic?

Dr. Robert Levine: Well, thank you for that question. So I mean I started my residency program, my internship in New York City in 1983 at Mount Sinai Hospital. And I was in pediatrics, so I saw a different side of the HIV/AIDS epidemic. And what I saw primarily we're infants that we're impacted because they get HIV from their mother who might have had HIV from the number of different causes. And those infants passed away and then frequently their mother and potentially their father passed away. And the HIV epidemic was devastating.

And so we've made so much progress on so many fronts. HIV testing now is easy, it's fast, it's safe, and it's confidential. And there are 1.2 million people approximately living with HIV, and take their HIV medication, maybe one pill a day that where it's a chronic illness. But they are living long healthy lives and U=U, undetectable means untransmissible, and they have essentially no risk of transmitting HIV to others. But we've a long way to go because you know one in eight still don't know they had HIV. So they are not able to access these lifesaving medications and these needed services.

So to really end the HIV epidemic, we really have to support not only those living with HIV that we know of and who we're supporting with medication, but support the people who have undiagnosed HIV. We've to support them in terms of access to testing and to treatment services. This is a strong health equity issue. But we also have to continue to expand pre-exposure prophylaxis, correct. I mean we've a once a day medicine that can prevent someone from getting HIV. When I was an intern, in 1983, that would have seemed like a miracle. And we've to continue to expand access to PrEP and to PEP post-exposure prophylaxis, syringe service programs. And so you know ending the HIV epidemic is a core strategy for the Office of the Assistant Secretary of Health. We seek to reduce new HIV infections by 90% by 2030.

We talked about community health centers, they are a key component to this effort. And these health centers have prescribed PrEP to 63,000 patients. Just this past March, HRSA announced nearly $99 million in funding, through HRSA's Ryan White HIV/AIDS program to extent access to HIV care, treatment, medication and essential support services. So you know the Biden-Harris administration is

committed to this funding as well as for example the Ready, Set, PrEP program so these are priorities for the Secretary, for myself and across the administration.

Mark Masselli: Well that's great, important goals, but good news in terms of the work that's being done all across the country. You know we witnessed some disturbing trends in the wake of recent events. And we've seen some true assaults on science and scientists like Dr. Fauci and yourself. And thank you for being a clarion voice and standing tall and speaking truth in science to power.

And yet we see over the last number of years that trust is eroded in some of our really revered organizations like the CDC and HHS. How do we address this misinformation, campaigns that are really undermining the credible work that's being done by these agencies, in advancing public health and trying to save lives, especially during this?

Dr. Rachel Levine: I mean COVID-19 has been much more challenging in the United States than it was in Pennsylvania, where I was the Secretary of Health, because it has been politicized. And many aspects of our response to COVID-19 such as mask wearing, such as the vaccination has been politicized. And that makes it much more difficult. These are public health issues, they are not political issues. And so we need to keep politics out of public health and we need to continue to emphasize, proven scientific methods both for medicine and for public health. You know as develop, the scientific methods that have developed these amazingly effective vaccines that we're working to distribute.

So you know NHHS, Dr. Fauci, myself, Dr. Walensky, Dr. Murthy, our great Surgeon General, you know we're going to work to get the best information out there to as many people as we possibly can and stick to the science, to educate people about COVID-19 and other medical and public health issues. This is a particular priority of the Surgeon General to counter misinformation that the public gets through social media and other ways. So I think that we can and I firmly believe that we'll learn the lessons from COVID-19 and we'll build back a healthy future for all of us, and to heal as a nation.

Mark Masselli: For all those parents out there who have two to 12 year olds, when do you think we'll hear the results of the clinical trials that are going out and that those of vaccines might be available for that age group?

Dr. Rachel Levine: Well, first it's important to emphasize that we've a safe and effective vaccine for 12 through 17 years old. So right now the Pfizer vaccine has the authorization from the FDA for teenagers 12 through 17. So I would certainly encourage all parents to have their teens vaccinated, especially in the phase of the new Delta variant. So those clinical trials for younger children are going on right now for the Pfizer vaccines and

the Moderna vaccine. I can't put a date on science so I can't tell you when those clinical trials will be completed and they will be able to present their data, to the FDA for consideration and then to the CDC advisory committee for their consideration. Hopefully by the end of 2021, but those studies are going on right now and we'll remain positive [inaudible 00:21:36] that they will show the safety and the effectiveness even for younger children. And we can start that vaccination program as well. But we'll wait for science and the results of the clinical trial.

Margaret Flinter: We've been speaking today with Dr. Rachel Levine, Assistant Secretary for Health at the U.S. Department of Health and Human Services, learn more about her work by going to www.hhs.gov/ash or follow her on Twitter @HHS_ASH. Dr. Levine we want to thank you for your innovations, for your efforts advancing child and adolescent's health and mental health and for trailblazing a way forward for equity and inclusion for the LGBTQ community. And thank you so much for joining us today on Conversations on Health Care.

Dr. Rachel Levine: Thank you, it's a pleasure to be here.

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Mark Masselli: At Conversations on Health Care we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. Politics. Lori, what have you got for us this week?

Lori Robertson: Thousands of pages of redacted emails to and from Dr. Anthony Fauci are now publicly available. Some of those messages have been distorted in viral post including emails about the effectiveness of hydroxychloroquine. Viral claims baselessly suggest that the emails prove Fauci lied to the public about hydroxychloroquine. An antimalarial drug touted by former President Donald Trump in 2020.

One story shared on Facebook points to a February 29th, 2020 email sent to former Vice President Mike Pence and copied to Fauci. In the email two doctor suggest the drug could be effective against COVID-19 and suggest the U.S. government conduct or fund studies. Fauci forwarded the email to a Deputy Director who works in Microbiology and Infectious Diseases writing "please take a look and respond to them. Thanks."

In another February 2020 email, a pharmacologist at the FDA inquired with Fauci on whether there was any data to substantiate a publication from China that hydroxychloroquine or chloroquine could decrease COVID-19 infections and lung disease. Fauci wrote back,

"there are no data in this brief report, and so I've no way of evaluating their claim".

It's worth noting that the government did fund a study evaluating the drug's efficacy for patients hospitalized with the disease. That and a string of other studies did not find it helped hospitalized COVID-19 patients. That includes other Randomized Controlled Trials, the gold standard in science. The FDA issued an emergency use authorization for hydroxychloroquine and chloroquine in March 2020, allowing adult and some adolescent patients hospitalized with COVID-19 to obtain the drugs from the Strategic National Stockpile, if a clinical trial wasn't available. But the FDA revoked that authorization in June 2020, finding that the drug was "unlikely" to be effective in treating COVID-19 for the authorized usage. It also said that the known and potential benefits of the drugs no longer outweigh the risks.

In short the email cited as a supposed smoking gun about hydroxychloroquine simply show that some people wrote to Fauci, expressing the possibility that the drug could be effective against COVID-19. His responses show he engaged with the emails, they don't prove that hydroxychloroquine was an effective treatment against COVID-19 or that Fauci hid it from the public. And that's my fact check for this week; I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked e-mail us at www.chcradio.com, we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Pregnancy is normally an exciting time for most women, but according to the research an estimated 10% of prenatal women experience some kind of depression during their pregnancy. And many are reluctant to treat their depression with medication for fear of harming the fetus.

Cynthia Battle: In fact a higher percentage are experiencing lower grade depressive symptoms so they might not meet full criteria for major depressive episode, but they are having significant symptoms that are getting in the way of feeling good. And left untreated those mild to moderate symptoms can progress in some cases lead to a more serious post-partum depression.

Mark Masselli: Dr. Cynthia Battle is a psychologist at Brown University with the practice at Women's and Infants Hospital in Providence. She and her

colleague decided to test a cohort of pregnant women to see if a targeted prenatal yoga class which combines exercise with mindfulness techniques, might have a positive impact on women dealing with prenatal depression.

Cynthia Battle: That was a typical kind of hatha yoga that would include physical postures, breathing exercises, meditation exercises, and we enrolled 34 women who were pregnant, who had clinical levels of depression, they all had medical clearance from their prenatal care providers and they would come to classes and we measured their change in depressive symptoms over that period of time.

Mark Masselli: Not only were women able to manage their depressive incidents, they also bonded with other pregnant women during the program, and found additional support from their group.

Cynthia Battle: And the initial signs in this research are really encouraging. So we found that women on average were reported that they were reporting much less.

Mark Masselli: A larger study with controlled groups is being planned with the assistance of the National Institute of Mental Health.

Cynthia Battle: Women who are depressed during pregnancy unfortunately do often have less ideal birth outcomes. So one thing we're interested in seeing is when we provide prenatal yoga program, can it improve mood and then can we even see some positive effects in terms of the birth outcome.

Mark Masselli: A guided, non-medical yoga exercise program designed to assist pregnant women through depression symptoms, helping them successfully navigate those symptoms without medication, ensuring a safer pregnancy and a healthier outcome for mother and baby, now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health

[Music]

Marianne O'Hare: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at www.chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community

Dr. Rachel Levine

Health Center.

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