

Healthcare on the Ballot

Marianne O'Hare: Welcome to Conversations on Health Care. This week, we welcome Sheryl Gay Stolberg of the New York Times, and Victoria Knight of Axios, two veteran health policy reporters on Health Care Issues on the Ballot this November.

Sheryl Gay Stolberg: If Republicans win control of the Senate, it is quite possible that we'll see Senator Rand Paul, Dr. Fauci's biggest nemesis on Capitol Hill, take control of the Senate Health Committee.

Marianne O'Hare: Lori Robertson joins us from FactCheck.org, and we end with a bright idea improving health and wellbeing in everyday lives. Now, here are your hosts, Mark Masselli and Margaret Flinter.

[Music]

Mark Masselli: Americans will soon have their opportunity to weigh in on the direction of the country. The midterm elections are about one month away, and many experts say health care is on the ballot. They mean that voters will choose candidates who will ultimately make vital policy decisions about who will get care, who will receive it, and how it's paid for.

Margaret Flinter: Two distinguished journalists are joining us to discuss Healthcare on the Ballot. Sheryl Gay Stolberg is a New York Times Washington correspondent covering health policy in over two decades at the time. She's also covered the White House, Congress and National Politics. And also with us, is Victoria Knight, Health Care Policy Reporter for Axios. She was previously with Kaiser Health News.

Mark Masselli: Well, we want to thank both of you for being here on Conversations on Health Care today.

Sheryl Gay Stolberg: Thank you.

Mark Masselli: Sheryl, let's start by asking you to give us your take on a recent NPR poll found that the top issue for all voters is inflation, but also that three quarters of Democrats said that Supreme Court's decision to overturn Roe v. Wade makes them more likely to vote. This midterm is being described as a clash between inflation and health care. I'm wondering how you see it. Is this going to be a health care election?

Sheryl Gay Stolberg: Well, I think it will certainly be an abortion election, a Roe v. Wade election. I think that we've seen that the Supreme Court's decision in the Dobbs case, has really upended what a lot of people thought was going to be a Republican, if not a rout, certainly Republican victories in both the House and the Senate, and now that's looking less so. Democrats are really energized to go to the polls, and they are angry and mad about this ruling, and they want Congress to do something about it. And we're going to see President Biden in fact talk about it. He's emphasizing this as a factor in the midterm. So I do think

abortion will play a role, and to a lesser extent, health care writ large, because health care is always an issue. It's so important to so many Americans. So, even when inflation is top of mind, health care is going to be on the ballot as well.

Margaret Flinter: Well Victoria, you've reported that voters in California, Michigan and Vermont will be deciding on constitutional amendments to protect abortion access. Kentucky and Montana voters will be voting on further restricting abortion rights and conferring legal rights on fetuses. How do you think all these ballot questions are playing out right now in these states?

Victoria Knight: Well, I mean we saw a great indicator in Kansas. They had a referendum on the ballot about abortion, whether to restrict it in the State of Kansas. That is a traditionally conservative state. Voters overwhelmingly rejected that, said, "No, we do not want to further restrict abortion access, or add that as a constitutional amendment." And there was a huge surge in women voters registering to vote in Kansas. And so I think that at least Democrats are hoping that that is going to -- a trend that's going to continue. So, as you said, there are - - in several states it's to increase access to abortion, or further protect it, and in two states it's to further restrict it. And so the thing that's a little different is for ballot referendums sometimes you need certain percentages of the population to vote for something and it kind of differs by state. So, it's a little different because it's not attached to a candidate, and so I think that's perhaps why we saw what we saw in Kansas, which was they rejected that amendment.

Mark Masselli: Sheryl, you reported on the Democrats passing the Inflation Reduction Act and how it will let Medicare directly negotiate the cost of prescription drugs and how this will ultimately result in cost savings. But, I'm wondering if there are enough Americans aware of this development. Is there enough time? Is this message breaking through?

Sheryl Gay Stolberg: Well, that's a good question. Before we get to it, I actually just want to jump in and say one more thing about abortion in the Congressional races. We're already seeing it play out in two very key races in Virginia. Those of Elaine Luria and Abigail Spanberger, two endangered incumbents who are emphasizing abortion, both are -- abortion rights. Both are running against women who oppose abortion rights. So that'll be kind of a good test in a swing state. As for the Inflation Reduction Act, a lot of Americans are actually aware of it. They're aware of the issue of lower drug prices. The Biden Administration has just announced that Medicare premiums will go down. So a lot of the seniors who we know vote in large numbers, will be feeling that in their pocketbooks. And people, you know, who take medicines that are expensive are following this. I do think that it's not

as much time frankly as the Democrats would have liked. But the fact that they got this law passed, and they took on the pharmaceutical companies who are, you know, kind of boogeyman in the public mind, is something that they're going to be talking a lot about on the campaign trail and already are talking about.

Margaret Flinter: Well, Victoria, maybe continuing in this area for a moment, you've written about the House Republicans' agenda called the Commitment to America, sounds vaguely reminiscent of the 1990s. But it includes wording about personalized health care, and lower prices through transparency, choice, and competition, all of which sounds like words and phrases very carefully chosen. What are the Republicans trying to communicate about their philosophy with this and what might we see coming as a result of that?

Victoria Knight: Yeah, the Commitment to America was released a couple weeks ago. Honestly, it's kind of vague on health policy priorities, and I think that's perhaps purposeful. I think that Republicans, I have talked to them in the House of Congress, asked them, House Republicans, what they want to do about the IRA, and they say they want to amend it or overturn it, they do not like it. They do not like these drug pricing provisions. They say, which is a classic argument, they often say, "It reduces innovation, and that competition is the best way to reduce drug prices." But the Commitment to America does not explicitly say that overturning the IRA or amending the IRA is a priority, and I think that's because Medicare negotiating drug prices has strong bipartisan support. If you look at the polling of the American public, consistently overtime, both Democrats and Republicans support this. And so I think they do not want to advertise this as a priority right before the midterms when it's overwhelmingly pretty popular with the American people. But we do know that it's something that they are thinking about. I know they're strategizing about it already, and so it's definitely something to watch if the Republicans do take over the House and potentially the Senate.

Mark Masselli: You know, we recognize that COVID was such a big issue two years ago in the Presidential election, but now it's barely getting political coverage. Sheryl, you did write about President Biden's statement that the pandemic is over, but you noted it received lots of pushback from victims' families and public health officials. But, from a policy perspective, is COVID over? Do you expect you'll be reporting on it as much as you have been in the past?

Sheryl Gay Stolberg: So, first of all, yes, his comments did rankle a lot of family members and people who are grieving. But also, yes, they did ring true with a lot of members of the public who have just gone on and who feel as if the pandemic is over. And for the vast majority of the public who are not immunocompromised, or suffering from a disease, are quite

elderly and otherwise vulnerable, you know, they are pretty much going about their lives. I do think we'll be covering COVID for a long time, maybe not as intensely as we have over the past few years, but the fallout from this pandemic is going to be very long term and it's going to be with us for a while. We have people who are suffering from Long COVID. We have children who have lost parents. We've got issues of pandemic preparedness and future debates on Capitol Hill about, you know, how to prepare for future pandemics. So, from a policy perspective, this pandemic is not over. And we also don't know what's coming around the bend, right? We can't predict the future. Lot of experts think that there is a fall surge coming. I think it is on voters' minds, but maybe not top of mind the way it was say a year ago.

Mark Masselli: Yeah.

Margaret Flinter: Victoria, so I want to go back to Medicare for a moment. The New Hampshire Senate candidate has actually advocated privatizing Medicare, and the President and others in his party are using this and some other statements to say that the Republicans will put the program on the chopping block if they gain power. Is this political rhetoric, or a real possibility? What's your thoughts on that?

Victoria Knight: I think it's more so a convenient political attack at the moment. As far as I know, from talking to most Republicans and Republican strategists, it's not a mainstream view within the party. It's some outskirts that are saying things like that, Senator Ron Johnson. But I think Republicans know that it's really embedded in the system, and it's popular; people like Medicare. So I think they're more focused on maybe like expanding Medicare Advantage options, or that's something they really like, which are private plans within Medicare. I don't see that as too much of a reality. But I think for the most part that is political rhetoric, but I do think that in this next however many days we have left, like they're going to try to get people on the record in these certain areas of is this something you would vote for, and is this going to be a policy priority? I think it's less likely that privatizing Medicare is an actual -- going to be an actual Republican policy priority. But I think it's [inaudible 00:10:42] popular with seniors, and I think they know that would not be popular.

Sheryl Gay Stolberg: It's long been said that Medicare is the third rail of American politics, and that's for a reason that nobody wants to touch it.

Mark Masselli: That's right. But Sheryl, you know Congress so well. And most voters probably overlook the fact that the leadership of important health committees will change if the majority party changes. And the Republicans are promising investigations of Dr. Anthony Fauci, NIH, if they control the gavel. What are they saying they want to accomplish if they get the power? And what do you think they'll achieve if the

gavels change?

Sheryl Gay Stolberg: So, Dr. Fauci, as I have written has become really a lightning rod for Republican--

Mark Masselli: He's retiring.

Sheryl Gay Stolberg: He's retiring, but he's not going away, trust me. And you know, just because he's retiring doesn't mean that if Republicans win control of Congress that they can't subpoena him to come testify. And I would be surprised if a longtime public servant like Dr. Fauci ignored a Congressional subpoena. They say they want to investigate a lot of things. They are particularly honing in on the origins of the pandemic. They've honed in on Dr. Fauci's finances. I should say that there seems to be nothing amiss about Dr. Fauci's finances. Senator Roger Marshall, a Republican from Kansas, helpfully made Dr. Fauci's portfolio public by putting it on the Internet, and there doesn't seem to be anything wrong with it. They want to investigate grants that his institute gave to an institute in Wuhan, China, where the virus began. But mostly, I think they want to make a lot of political hay, frankly, out of Dr. Fauci. And if Republicans win control of the Senate, it is quite possible that we will see Senator Rand Paul, Dr. Fauci's biggest nemesis on Capitol Hill, take control of the Senate Health Committee. And I can only imagine what that is going to look like, because the two of them have just gone at it, and there is no love lost between them.

And on the House side, I'm not sure who would take over the subcommittee, but it's possible that Representative Jim Jordan would be in a position. And he has really also gone after Dr. Fauci, and has said, basically, you know, we're going to investigate. And if you look on, you know, Republican leaning, like social media sites, or, you know, go out with Republican candidates, they have been talking about Dr. Fauci. At least, they certainly were earlier in the year when the Omicron variant was racing through the country, and lots of people were getting sick. But we will see a big change in health policy discussions, needless to say, if Republicans take charge.

Margaret Flinter: Well, a question to both of you really if we can stay with this for a minute. When we all wake up on November 9, do you think we'll have kind of a clear picture of where the country is headed on health care policy issues? Or, do you think we will see that the country remains quite split with very different opinions in different states and regions?

Sheryl Gay Stolberg: I'd put a period in the middle of that sentence and ask when we wake up, are we going to have a clear picture of where the country is headed. I think we have to worry about, frankly, a lot of things beyond health policy. We're going to have to worry about whether or not people accept the results of the election. If people do accept the results of the election, and there's a clearcut outcome, I suppose we'll

have some sense, although as Victoria mentioned, Republicans don't really have a strong proposal for say replacing Obamacare, or reducing prescription drug costs. They've been kind of vague about it. In terms of abortion, you know, I think it will be really interesting to see how these ballot initiatives that Victoria has written about will play out, and maybe we'll know more then.

Victoria Knight: Yeah, I think Sheryl is absolutely right. I think that it also really depends on what happens with the makeup of both chambers of Congress. What if we have a split Congress, you know, what if we have both Republican majority chambers, but then Biden has obviously still two years left in his administration, and so are they just going to be sending things to his desk that he won't sign? Just so much is up in the air that I'm not sure we can say. But yeah, for the Republican side, if they do take over at least in the house, there's going to be investigations, there's going to be the IRA. But past that, I'm not sure there's much specifics. For the Democrat side, I've heard some about wanting to make the ACA subsidies permanent. I'm not sure how much appetite there is for that. But I know it's something that like the Ways and Means Committee is definitely thinking about. And then past that, I think, like, implementing the IRA and seeing can they go farther with drug pricing, I'm hearing, you know, I've been trying to talk like what are you guys planning for the future? And it feels like they're all just kind of waiting to see what happens, so.

Mark Masselli: Let me pull the thread on that because two months ago, nobody thought the Democrats had a chance at all. Right? The President notched a number of wins, as you look at it right now. But your best sense of how this is going to turn out, gas prices were high, now they're low or lower. Is there anything that you see on the horizon that might cause either party something to worry about?

Sheryl Gay Stolberg: Well, I'm not going to go there and predict. I'd refer to the political report, just Google it and see what they predict. But in terms of unknowns on the Horizon, you know, Ebola is an unknown on the Horizon. There's an Ebola outbreak in Uganda. It's a strain. I don't want to scare people, but it's a strain that is not responsive to vaccines. If that comes over here, especially coupled with the monkeypox outbreak, which we haven't talked about, which seems to be kind of in a steady state now, not out of hand, you know, if something crazy like that happens, you know, then all eyes will be on the Biden Administration and Democrats for how they respond to it and we might not be talking so much about other things.

Victoria Knight: I think a little on the other side. I mean, we saw something came out about Georgia Republican Senate Candidate, Herschel Walker, about alleging that he paid for an abortion for someone that he had a relationship with, even though he has said that he is strictly anti-

abortion. We're just a couple of days into October, and that was October surprise I think. I think there potentially could be more that pushed these really close races one way or the other. Some of these races are just so tight in the Senate, especially the ones that Sheryl talked about earlier in the House as well, and so we just need to see what happens in the next month what else might come out.

Margaret Flinter: Well, we will continue to read your wisdom. But I just have one more question, I guess, as we head towards that November 9, and beyond health care, the whole issue of climate change and youth and new people coming into voting and exercising their right to vote because of an issue like climate change, which may with young people especially cross the Republican-Democratic lines, are you seeing this as a major galvanizing force in the elections this year?

Sheryl Gay Stolberg: That's a good question. You know, we don't often see a huge turnout among young people in a midterm election. You more often see young people galvanized in a Presidential year. Certainly when Barack Obama ran for President, we saw lots and lots of young people coming to the polls. But climate change is a galvanizing issue for young people. It's something that they are really passionate about. And I think it is bringing more and more of them into electoral politics, and lot of them are worried that the world won't be around, you know, by the time they get older. So, I do think going forward, we're going to see a real force of young people talking about climate change, getting politically involved because of it. I'm not sure it'll be that big a factor in these elections next month though.

Victoria Knight: Yeah. I was just pulling up the polling right before we were chatting, and climate change is one of the issues that's much lower down if you look at the top issues for voters in this coming midterms. It's below the economy. It's below abortion. I'm not sure it's as much of a motivator, though I do wonder if Hurricane Ian could push it a little more to the forefront. Just because if you look at these photos of Florida, you know, it's devastating, and it's pretty clear that climate change contributed to how bad this storm was. It's something that the State of Florida is going to still be dealing with and some of these other states that were hit as well, and so perhaps it could play some role but –

Mark Masselli: Maybe you can share with us sort of the last question of what are you incubating as a story, maybe not between now and the election, but what's on your mind as you sort of think about news and things that you're particularly focused in on?

Sheryl Gay Stolberg: Well, I'm interested certainly in the infectious disease threats that we have before us. So, is COVID going to make a resurgence? What's the administration going to do given that Congress hasn't given it any money to fight the pandemic and it's not going to? You know, will

monkeypox be steady stasis? Will we have this outbreak spread from Uganda? And again, the abortion rights issue is more than an election issue. It's an issue of people's lives. And you know, I've written about a doctor who helped a 10-year-old girl who was raped and got pregnant by her rape, this doctor helped her get an abortion and is now under investigation in Indiana. So, you know, we're going to see things playing out, the consequences of these and other decisions playing out in people's lives. That's what I'm interested in watching.

Victoria Knight: Yeah. I think it'll be really interesting to see, you know, depending on what happens with these referendums on the ballot, it's just going to contribute more to this patchwork of abortion policies across the U.S. and what does that mean for us as a country, what does that mean for people in those states. It's just we're so early in this post-Dobbs climate, and I think there's so much more to be seen. Something else I'm also really interested in, is the data privacy aspect around abortion. Data from your phone could be used to prosecute you for an abortion if you're in a state where abortion is illegal. We've seen some cases where those messages or data from your period tracking app could be used against you. And I think we're just going to see more, more of these cases like Sheryl was saying, of different aspects of the ramifications of Dobbs. Of course, I am curious about what the policy priorities will be for this new Congress depending on what happens with the midterm, as well as the leadership who will take charge of these key health committees and how will that play into what the priorities are.

Margaret Flinter: We're going to have some long nights in November as all this plays out. Sheryl Gay Stolberg with the New York Times, and Victoria Knight with Axios, we want to thank you so much for being with us and for your insights. And thank you to our audience for joining us. You can learn more about Conversations on Health Care, and sign up for more information at www.chcradio.com. Thank you both so much for the work that you do and for being with us.

Sheryl Gay Stolberg: Thank you.

Victoria Knight: Yeah. Thank you for having me.

[Music]

Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care 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: In a 60 minutes interview, President Joe Biden said the COVID-19

pandemic is over. “We still have a problem with COVID. We're still doing a lot of work on it. But the pandemic is over.” Biden said in the interview, which aired on September 18. Epidemiologists say there's no single agreed upon definition for what constitutes the end of a pandemic. And some say we're not there yet. For instance, around 400 people a day have died of COVID-19 in the U.S. during the first half of September according to the Centers for Disease Control and Prevention. As recently as August, the CDC specifically said that the pandemic was not over. Epidemiologists agree that the pandemic is no longer as dire as it once was. There are life-saving vaccines and improved treatments, and the public in large measure has already been infected at least once. But the death toll is still relatively high and the future is unknown. The U.S. and the WHO continue to classify COVID-19 as a public health emergency, and it has been renewed nine times since early 2020.

David Dowdy, an epidemiologist at Johns Hopkins Bloomberg School of Public Health, told us that he did not think there was a consensus on this question, since there was no consensus on a definition of pandemic. Still, he said that he thought it was premature to say the pandemic has concluded, and said there was uncertainty about what will happen over the winter. Multiple experts said they did not consider the pandemic over, and some said Biden was wrong. But others agreed with the President. Dr. Thomas Frieden, a Former Director of the CDC, told NPR that while COVID-19 was still a health risk that was still taking lives, “The pandemic as a phenomenon that ruled our lives for two years, that's passed.” Scientists have long known that the Coronavirus will not go away entirely and will remain an ongoing concern for a long time.

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, email 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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Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. According to Michigan organic farmer Michelle Lutz, health care spends too much time and money trying to fix the problems that are caused by a poor diet, that the powers that be at the Henry Ford West Bloomfield Hospital agree with her. For years, she had offered organic food growing and cooking demonstrations at the health care facility just

outside of Detroit. But when officials drew up plans to renovate the hospital three years ago, they decided to take it to the next level. And thanks to an anonymous donor, a million dollars certified organic hydroponic greenhouse and garden were built and Lutz was hired away from her farm to run the operation.

Michelle Lutz: We really wanted to change the way that food culture was done in a health care setting. When you have the opportunity to heal someone, it is very important that what they're eating becomes part of that plan.

Margaret Flinter: And what is believed to be the first of its kind on-site greenhouse at a hospital in this country, the facility now provides most of the nutritional organic greens, vegetables, fruits and herbs used in the food that is prepared there.

Michelle Lutz: The layout was very important so that we could have a very complex, diverse variety of herbs and produce for the kitchen to use. It's rather seasonal. In the wintertime, and in the fall, we change to more of a cold tolerant crop. Our temperature is never set above 70 degrees in that greenhouse. And then in the summertime, we're picking cherry tomatoes and we have sweet peppers and things like that that we will be supplying for the kitchen.

Margaret Flinter: Lutz says there's an educational component to the program that's ongoing and multigenerational.

Michelle Lutz: Right now, we are averaging 3,000 students per academic school year that go to our Healthy Habit Program. We have a demonstration kitchen inside of our hospital. And then we have the greenhouse right behind the hospital to make sure that we impress upon, especially our youth in our community, what does it take to have the foundation of healthy habits.

Margaret Flinter: And hospital chefs work to incorporate more super greens and medicinal herbs into their recipes, reducing the reliance on sugar and salt for flavors.

Michelle Lutz: You know, when the weather is nice, and our employees are often walking around, we know that our health care employees are sometimes -- their priority is to take care of themselves because they're so used to taking care of others. So it is not uncommon for a nice day for us to have a nice stream of doctors and nurses out there just to be in a beautiful setting and how therapeutic that can be, but to also have them ask questions about what it is that we're growing and how is that being used.

Margaret Flinter: The nation's first hospital-based year-round certified organic hydroponic greenhouse, one that provides fresh fruits and vegetables to patients who are healing and the clinicians working to heal them,

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improving health and wellbeing for the system community-wide, and teaching the next generation about the benefits of organic produce for a healthier diet--

Michelle Lutz: The idea of being just a hospital doesn't work anymore. You have to be a community center for wellness.

Margaret Flinter: Now that's a bright idea.

[Music]

Mark Masselli: I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

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Marianne O'Hare: Conversations on Health Care is recorded in the Knowledge and Technology Center Studios in Middletown, Connecticut, and is brought to you by the Community Health Center, now celebrating 50 years of providing quality care to the underserved where health care is a right not a privilege. www.chc1.com and www.chcradio.com.

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