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Mark Masselli: This is Conversations on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, the Senate has launched another attempt to find ways to dismantle the Affordable Care Act, they put a provision in their tax overhaul bill that would eliminate the individual mandate which requires Americans to carry health insurance or pay a tax penalty, the GOP leadership are calling this a windfall for Americans but it's really not that simple.

Margaret Flinter: And while the removal of the individual mandate would indeed save tax dollars and that's an estimated \$300 billion, there's a reason an estimated 13 million fewer people would have health insurance within 10 years of eliminating the mandate and that would indeed save the government some substantial money but only because they would no longer be covering subsidies for people buying insurance on the exchanges.

Mark Masselli: The elimination of individual mandate would essentially entice younger healthier people to stay out of the insurance pool leaving older sicker people in the coverage pool and that would ultimately mean much higher rates for everyone.

Margaret Flinter: But Senate Republicans have a narrow margin to get their version passed all it takes is a couple of Nos among the GOP and the bill will not clear the chamber.

Mark Masselli: In the meantime Margaret we're the midst of open enrollment and the ACA is still the law of the land and that leads us to our guest today.

Margaret Flinter: Joshua Peck is the Cofounder of Get Covered America, a nonprofit organization that's made up of former employees of the Centers for Medicare and Medicaid Services especially targeting parts of the country where there has been political resistance to the Affordable Care Act.

Mark Masselli: Looking forward to that conversation Margaret and hearing more about Get Covered America.

Margaret Flinter: And Lori Robertson will stop by, the Managing Editor of FactCheck.org, but no matter what the topic, you can hear all of our shows by going to chcradio.com.

Mark Masselli: And as always if you have comments, please email us at chcradio@chc1.com or find us on Facebook or Twitter; we love hearing from you.

Margaret Flinter: We will get to our interview with Dr. Joshua Peck in just a moment.

Mark Masselli: But first here's our producer Marianne O'Hare with this week's headline news.

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Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines. \$504 billion per year, that's the calculated annual toll of the opioid epidemic in this country for 2015 alone. The Council of Economic Advisers just released a report detailing the scope of the economic impact from the opioid epidemic recalculating earlier estimates after taking into account nonfatal costs of opioid misuse disorder including healthcare cost, treatment for substance use and criminal justice and incarceration costs as well as lost productivity, based on the new findings the council is doing economic analysis of potential interventions to the crisis. While Pres. Trump has declared the opioid crisis an emergency, he has issued no new funding for confronting the problem as of yet.

Meanwhile the Centers for Medicare and Medicaid Services is moving ahead with plans to attempt to curtail opioid abuse among Medicare recipients as well as dual eligible seniors of rules of restrict special enrollment for the Medicare Part D program and would also allow plans to set up a drug management program for members deemed to be at risk for opioid abuse disorder those plans could limit members' access to coverage for opioids to a narrow list of prescribers or pharmacies.

Meanwhile Purdue Pharma makers of OxyContin being sued by a number of states municipalities for allegedly pushing the highly addictive narcotic on unsuspecting clinicians and patients, attorneys general alliance states are moving ahead with lawsuits to recoup losses incurred from the high cost of treating those suffering from addiction citing the company's aggressive marketing tactics as the primary force behind the rise in opioid abuse and overdose deaths, 60,000 Americans overdosed in 2016 alone. Purdue is reportedly considering a global settlement that would cover all the state and county governments who filed suit that's avoiding added scrutiny should those cases go to trial.

Seniors in the US seem to be the poor relations when compared to their counterparts in 10 other wealthy nations in fact they rank last in overall outcomes and experience with the health care system. The Commonwealth Fund's 20th international health policy survey revealed that compared all the other countries which have some form of universal health coverage for citizens US seniors don't gain that coverage until the age of 65. The study is showing, they were far more likely to forgo medical tests or

medications because they simply couldn't afford them here, conversely in the UK, France, Norway and Sweden 5% or fewer seniors reported skipping needed care due to cost concerns. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Joshua Peck, Cofounder of Get America Covered, a nonprofit entity dedicated to helping Americans gain health insurance coverage under the Affordable Care Act. Prior to starting this agency, Mr. Peck served as Chief Marketing Officer for the Center for Consumer Information Insurance Oversight and the Office of Communications at the Centers for Medicare and Medicaid Services where he was responsible for the enrollment and retention of healthcare.gov consumers. Previously he was a senior advisor to CMS and served as deputy director of the New Media at the DNC, he earned his bachelors in education from Brandeis. Josh, welcome to Conversations on Healthcare.

Joshua Peck: Thanks so much for having me.

Mark Masselli: Yeah. Well we seem to find ourselves in the midst of really new kind of open enrollment for insurance coverage under the Affordable Care Act open enrollment began November 1 on the federal exchange healthcare.gov as well as on a handful of state exchanges. But there's a new twist this year the enrollment period was cut in half by the current administration and the marketing funds and navigation supports which we've all come to rely on have all been but eliminated under the current administration, and you ran the marketing strategy for healthcare.gov prior to the new administration help them understand the complexities of that marketing strategy across the country and why are these recent developments so concerning to you?

Joshua Peck: So the most important thing to keep in mind is that outreach is proven so we have years of testing that has shown that television ads reminding people about deadlines, that they work, we know which of these kinds of outreach together can enroll different types of consumers. So when the Trump Administration announced that they were cutting the outreach budget by 90%, it had a direct and quantifiable impact on what enrollment was going to look like this year. Approximately 1.1 million fewer people would get enrolled by early next year as a result of this cut to outreach and you know open enrollment period has been shortened this year from 90 days to 45 days and moving that final deadline to a brand-new day it creates consumer confusion because they're not sure when the deadline is, and when you pair that with cut to outreach it really sort of makes the problem even worse.

Margaret Flinter: Well Josh, there had been so many policy challenges to the health law but with all these challenges we have the latest attempt, the Senate's tax reform bill that would eliminate the ACA's individual mandate requiring Americans to have health coverage or pay a penalty, help us understand from your perspective what this latest legislative attack on the Affordable Care Act might mean and how do you think it's going to play out?

Joshua Peck: Well I mean this is an attempt to destabilize the market, when you reduce the number of people who are enrolling in coverage the individual mandate plays especially important role in making sure that the people who are enrolling in insurance are representative of society as a whole. We know that when people understands the role that the mandate plays in getting balance group of people to enroll and the fact that it makes premiums lower for everyone there's widespread support for it. So what we are seeing is very specific attempts to undermine the ACA using that particular provision to do it and the consequences based on that the CBO's estimates would be really really devastating.

Mark Masselli: Josh you know I think back to the passage of Medicare and Medicaid in the 60s and there were many substantive changes that got made over the decades but I know we had Andy Slavitt who was former CMS acting administrator on the show who I also understand as part of your Get America Covered, and he discussed why repairs versus repeal was the best approach. I'm wondering what issues with the health law could have been remedied with some targeted strategies.

Joshua Peck: You know I had the pleasure of being a CMS for the 50th anniversary of Medicare's passage, what's so different of course is that the Affordable Care Act has been really the target of partisan attacks since they won but that's not something that Medicare ever experience. I think that there are plenty of opportunities to make improvements to the Affordable Care Act, so one is increasing the amount of financial help that's available to people so whether that's making plans more affordable for lower income consumers or whether that's making plans for middle class consumers who are just missing the financial help that's available currently I'm certainly supportive of that. I think making sure that Medicaid expansion continues as planned, it's really tragic for people who don't make enough money to qualify for financial help, but their state hasn't expanded Medicaid to cover them for people who fall in that gap it creates a pretty tragic situation. And then the third would be the public option, one of the things we're seeing in the marketplace is that as insurers are finding their feet we're not seeing as many people in the marketplace to give consumers all of traces that we would like to give them so I think the public option is one way to solve that problem. Outreach plays a very important role in the running of the federal marketplace what we're seeing with

the Trump Administration is that this budget has been drastically cut. So one of the recommendations that I would make would be restoring that budget and potentially even increasing it. The California State exchange put out a paper earlier this year suggesting that the federal exchange was grossly underfunded even when we had the full outreach budget that we did last year to think nothing of the cut budget this year.

Margaret Flinter: Well I want to talk about Get America Covered for a moment, you committed to filling that big messaging void around the country especially in the 39 states that are reliant on the federal exchange. So talk with us about how your team at Get America Covered is working in these states and the strategy that you are using to get the word out.

Joshua Peck: So Lori Lodes, my cofounder when we created Get America Covered, first off Lori and I worked at CMS together working on outreach and education for the last three years so when we left we took with us the sort of best practices about what works, what doesn't. Now as a nonprofit with a shoestring budget many of the doors that would have been open to us when we had a \$100 million budget are firmly shut so we are putting together basic information for consumers; when is the deadline; how affordable are plans. Second, we're working with national and local media to get the word out, this year that's even more important and the Health and Human Services hasn't been working with media this year almost at all. And we are working with businesses, with celebrities, with influencers to tap into existing networks share this information organically. Our biggest challenge going from having sort of the power of the federal government to help get this message out we recognized that there are really significant limits to the impact we will be able to have in this capacity.

Mark Masselli: We're speaking today with Joshua Peck, Cofounder of Get America Covered, a nonprofit entity dedicated to helping Americans gain health insurance coverage under the Affordable Care Act. Josh I really couldn't agree with you more that outreach and education are so important and there's so much about the plans that consumers are not aware of. And I think one of the big ones is that millions of consumers will qualify for a significant subsidy and in part because the President has cut off federal subsidies to insurance companies to help them lower the cost for consumers, wonder if you could break that down and tell consumers about what other details like that might be very important for them to understand.

Joshua Peck: So when people are shopping for health insurance on the federal exchange, we know that the most important factor for them is cost. And it's worth saying that people often assume even before they look often instead of looking they assume that health insurance is just too expensive, they assume it costs hundreds of

dollars a month. And the reality is before the ACA that was true, what people don't always appreciate is that financial help is available if you make as much as \$49,000 you are typically eligible for a financial help, a family of four would be typically eligible for financial help up to about \$98,000. I think last year 8 out of 10 people qualified and so for the last four years most people have been able to find plans for \$75 or less, this year however because of this shenanigans of the Trump Administration there is a very unique phenomenon for people who receive financial help on average prices are lower this year. In fact they are the lowest [Inaudible 00:14:19] and 4.5 million uninsured people can find a plan that costs them zero dollars a month.

Mark Masselli: Oh my God.

Joshua Peck: So their monthly premium is zero and many of these are bronze plans so their deductibles are higher but there's no question the zero dollar plans are a far better option than being uninsured so large numbers of people have access to plans this year that have very very low dollar monthly premiums.

Margaret Flinter: Well Josh, I think I'd slide in one more for people purchasing insurance which is that those essential preventive benefits that were wired into the Affordable Care Act are available upfront with no co-pays and no deductibles so Josh if I can, maybe just talk a little more about the social media strategy, you've got some real celebrity power, you've got former president Obama, journalist Van Jones, actors like Alyssa Milano and Bradley Whitford and others offering their social media platforms to help spread the word. Talk about the social media strategy that you are deploying as we enter these final few short weeks of open enrollment.

Joshua Peck: First off I would say our strategy is really born in necessarily we are really dependent on people who have large followings who are committed and willing to get the word out. So our national co-chairs Van Jones, Alyssa Milano, Bradley Whitford, they have all really sort of committed to getting the word out about open enrollment and so the strategy for us is really looking at these final weeks of open enrollment so last two weeks and frankly even the last week are just so especially critical for people. So the plan is to really tap into the networks of these celebrities and influencers to reach their followers to make sure that the uninsured have this very basic information. The final deadline to enroll is December 15 and most people can find plans for \$75 or less and of course millions of people qualified this year for a zero dollar monthly premium.

Mark Masselli: So that strategy seems to be working and everyday I am sort of listening to these numbers about people who are enrolling I don't want to low anybody into

apathy because it is a short window. But what do you think is driving all these huge turnouts early on, what's your thoughts?

Joshua Peck: So we are thrilled by the performance we have seen in the first two weeks looking at new enrollment cumulatively I think we're up 53% over last year there is a great demand for health insurance is incredibly strong. I think that one thing that might explain the numbers is that the availability of these low-cost plans they I think are particularly enticing and I think really have the potential to be a game changer this year. However I think it's also worth saying that when it comes to those plans my chief concern is that the uninsured are not aware that they exists but I think one thing that is very much is likely helping this year, is that. I think the second thing to keep in mind is that we have a long way to go and it's important that we keep the momentum that we're seeing up. It's also just important to recognize that the impact of outreach which we would let off this discussion with you know the sort of recognition that there is a proven connection between outreach and enrollment so the proven impact of outreach all happens in relatively close proximity to the deadline. And so these first couple of weeks what we're likely be seeing is this is a natural demand, but as we get closer to the deadline those dynamics could change because we know that that's when outreach had to get impact, that's when people are most likely to respond to it, there are folks who are certainly not [Inaudible 00:18:12].

Margaret Flinter: We have been speaking today was Joshua Peck, Cofounder of Get America Covered, a nonprofit entity dedicated to helping Americans gain health insurance coverage under the Affordable Care Act. You can learn more about their work by going to getamericacovered.org or follow them on Twitter @GetUsCovered. Josh, thanks for the work you do and for joining us on Conversations on Healthcare today.

Joshua Peck: Thanks again for having me.

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Mark Masselli: At Conversations on Healthcare, 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 US politics. Lori what have you got for us this week?

Lori Robertson: President Donald Trump issued an executive order in October related to the Affordable Care Act. The order instructed the Department of Labor, Health and

Human Services and Treasury to consider proposing regulations on Association Health Plans short term insurance and employer health reimbursement arrangement. The order said that those items were alternative to insurance under the Affordable Care Act that subject to mandate. The ACA requires insurance on the individual or small group market to cover certain benefits and limit out-of-pocket cost.

Trump's order also mentioned selling insurance across state lines to “Facilitate the purchase of insurance across state lines” and to develop healthcare at “Affordable prices”. We looked at the issue of selling policies across state lines before and what impact it might have on premiums on the individual markets where those without employer plans or government plans like Medicaid by their own coverage. If insurance companies could sell across state lines and state regulators didn't have to follow ACA requirements would premiums dropped significantly? Joseph Antos, a healthcare expert with the American Enterprise Institute told us that while there could be some reduction insurers will still be locked into the cost of health services in a given geographic area so a cheap plan in an expensive locale would still have to be priced higher if sold in a high cost area.

Linda Blumberg with the Urban Institute said that some people could see a big drop in premiums if insurers significantly curtailed benefits selling plans without much insurance protection to healthy people, but that would also drive up premiums for those wanting comprehensive insurance and in states that want to have insurance regulation. It's also unclear how much insurers want to sell plans across state lines, Aetna's CEO said earlier this year that the idea is outdated because insurers now are aligned with networks of providers that they create in certain area.

The American Academy of Actuaries said this year that cost savings from negotiating provider networks can be larger than savings gleaned from differences in benefit requirements but it may be difficult for insurers entering a new state market to negotiate with providers. It remains to be seen what the agency secretaries will propose based on Trump's executive order. And that's my fact check for this week, I am 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 would like checked, email us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

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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. Currently some 30 million Americans have Type II diabetes and that number is expected to climb substantially in the coming decades patients who are newly diagnosed often find it difficult to process the behavioral change required to keep their disease in check. So Amazon the creator of the interactive voice technology known as Alexa and pharmaceutical entity Merck teamed up to launch a competition for developers to create a tool using existing technology that would help folks better manage their diabetes. The winner Sugarpod developed by Seattle based startup Wellpepper.

Anne Weiler: We already had interactive care plans for people with TYPE II diabetes they were mobile so we sat down and brainstormed and we came up about 20 different ideas and what we thought that was the most interesting was this integrated care plan that included a device which is a voice powered scale and foot scanner that looks for diabetic foot ulcers. And we thought that the scale was a nice way of fitting into a routine that someone already had in their day.

Mark Masselli: CEO Anne Weiler says they were intrigued by the opportunity to incorporate Alexa's voice technology for coaching purposes along with some simple technologies that exists including a scale and an image scanner.

Anne Weiler: The three components are voice enabled scale and foot scanner, a mobile care plan because voice isn't always the best interface and then a voice interaction that could happen with any sort of Alexa device.

Mark Masselli: Chief Technology Officer Mike Van Snellenberg said creating a user-friendly interface was important and they got great feedback from consumers who said they quickly adapted to their Sugarpod interface.

Mike Van Snellenberg: You need to have very low touch lightweight interaction and things that don't interfere with a person's life and can kind of gently nudge them in the right direction. I think voice is a great application for that, it's a devices that lot of people already have in their homes.

Mark Masselli: While weights are measured in feet photographs Alexa offers suggestions for weight management diet and exercise goal and other behaviors that will empower patients to make lasting behavior changes. Sugarpod, a simple constructed Alexa enabled weight and foot ulcer scanner that empowers newly diagnosed diabetes patients to shift their behaviors to better manage their disease leading to better diabetes management for patients and providers, now that's a bright idea.

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Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Conversations on Healthcare, broadcast from the campus of WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.