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Mark Masselli: This is Conversations on Health Care I'm Mark Masselli.

Margaret Flinter: I'm Margaret Flinter.

Mark Masselli: Well Margaret interesting development and omit the opioid crisis the US Surgeon General Dr. Jerome Adams has issued a national advisory to the nation that all people who are close to someone at risk for overdose be equipped with a ready dose of Naloxone, the highly effective antidote to overdoses. It's an interesting idea in the wake of the opioid crisis which shows no sign of slowing down.

Margaret Flinter: Well Mark it's an absolutely pragmatic idea. The responsibility for this has fallen on first on first responders both the police and of course the EMTs or call to the scene of an overdose. Communities are overrun with the opioid crisis, budgets are being tapped out just from stockpiling the Naloxone which is also known as Narcan and perhaps most importantly there can be lag time between a 911 call placed by a family member, a friend or a loved one or even a bystander and the Naloxone being administered in time. Having friends or family members nearby who are equipped and trained to administer the antidote has save lives and would save more lives if we followed the surgeon general's recommendation.

Mark Masselli: Margaret it's a terrible tragedy that roughly a 115 people are dying by overdose every day in this country. The surgeon general noted that while policy makers are working to put better strategies in place to address the overall crisis, this will save lives in the short run.

Margaret Flinter: Mark this conversation reminds me of a former guest on the show Dr. Leana Wen, remember?

Mark Masselli: Oh yes.

Margaret Flinter: Baltimore's health commissioner. She issued a standing prescription all of the region's pharmacies for anybody who wanted to obtain the Naloxone. They've actually had to start rationing the antidote in their city which is just unconscionable in midst of this public health crisis.

Mark Masselli: The amount of money being spend on rehab for those struggling with addition has gone up noticeably in the past year. Insurers have been reluctant to approve paying in for rehab and other mental health services, so this is a positive change.

Margaret Flinter: Speaking of insurance coverage Mark the administration cut this past year's open enrollment period in half and spent very little money marking the Affordable

Care Act. According to the latest numbers, about 400,000 fewer Americans signed up for health coverage and that is of great concern to us as well as to our guest today. Debra Ness is the President of the National Partnership for Women and Families, and her organization was instrumental and helping to craft a number of key elements of the Affordable Care Act. We're very interested to hear her thoughts on the current state of health reform in the United States.

Mark Masselli: We're also interested in listening into Lori Robertson who stops by, she's the managing editor of FactCheck.org. No matter what the topic you can hear all of our shows by going to chcradio.com.

Margaret Flinter: As always of course if you have comments please email us at chcradio@chc1.com or find us on Facebook or Twitter because we love to hear from you. We'll get to our interview with Debra Ness of the National Partnership for Women and Families in just a moment.

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

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Marianne O'Hare: I'm Marianne O'Hare with these health care headlines. What is the most concerning topic of the minds of American voters? In the HuffPost YouGov poll of a thousand US adults. Health care topped all other subjects as primary concerns for those planning to vote in the upcoming election. According to the poll 30% of those poll listed health care as their number one concern gun legislation and immigration received about 25% each. Democratic pollsters have been gazing Americans reaction to the merit attempts by the GOP leadership to undo the Affordable Car Act which has actually steadily gained in popularity among Americans over the past several years.

Meanwhile, according to a Kaiser Family Foundation poll most Americans who purchase insurance coverage on the exchanges say health coverage and the peace of mind from being covered are the primary reasons why they purchase coverage not because of the individual mandate that required all Americans to have coverage or pay a penalty. A majority of those poll however are worried about what will happen to their health coverage as they watch repeated attempts to undermine the law.

Meanwhile, Virginia appears poised to enact Medicaid expansion in that state which could lead to health coverage for some 400,000 poor and working poor residence in that state, enough republican voters in the state have switched away from the party line to endorse the measure. Two republican state senators have said they will vote in favor of Medicaid expansion, if approved Virginia will become the 34 state to expand Medicaid under the Affordable Care Act. Health care spending meanwhile does continue to be a

cause for concern for all health consumers and state governments. California is launching a measure a bill that would give the state power to set health care cause across the board for hospital pricing to doctor's visit. They are expecting a significant pushback and powerful battle from the hospital and medical lobbies. I'm Marianne O'Hare with these health care headlines.

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Mark Masselli: We're speaking today with Debra Ness President of the National Partnership for Women and Families, nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace and access to quality health care for all. Prior to that Ms. Ness served as Executive Vice President of the National Partnership. Ms. Ness served on the Executive Committees at the Leadership Conference on Civil and Human Rights and is a member of the Board of Directors at the National Committee for Quality Assurance NCQA. She earned her undergraduate degree in psychology and sociology from Drew University and her master's of science from Columbia University School of Social Work. Debra welcome to Conversations on Health Care.

Debra Ness: Thank you for having me.

Mark Masselli: We just mark the 50th anniversary of the assassination of Dr. Martin Luther King Jr. who said that of all of the forms of inequality injustice health care is the most shocking inhumane. For nearly 50 years your organization has been advocating for policies that eliminate health disparities and really focused it on women and children. You've been a major force behind many important policy initiatives that have advance the cause of health equality in this country. I wonder if you could highlight some of the most important health care issues women have faced in what role the National Partnership for Women and Families played in addressing some these issues.

Debra Ness: Well I'll start by really reinforcing what Dr. King said, it's unconscionable to think about people not getting basic health care they need in a country like the United States of America. When I think about the progress that we've made particularly from a women's lens there are quite a number of really important steps we've taken, Supreme Court decisions like Roe v. Wade giving women the ability to have autonomy over their reproductive health and destiny. Most women understand how important access to contraception and family planning services, access to safe legal abortion services if needed, it affects your education, it affects your ability to be in the work place. I think about Medicare and Medicaid as two extraordinarily important programs in ensuring that the people in this country get health care regardless of income. If we didn't have Medicare in place, when you think about how many people struggle to make ends meet when they retire. If you had to add the complete cause of health care to that so many more people would be living in poverty particularly women.

Medicaid is an enormous part of our health care and that it is responsible for paying for more than half of the births in this country. It also paid for the – it's the primary funder of family planning services for women in this country, and it also covers the other end of the spectrum. It's the primary source for paying for nursing home care. Talking about the progress we've made, the Affordable Care Act the ACA that too was an extraordinary breakthrough for this country. It expanded coverage for millions of people, and it also expanded Medicaid for millions, and it became an important way of lowering what was really a pretty shameful uninsured rate in this country. We're fighting still, sometimes to hold on to what we've already gotten as much as we've gained in the way of coverage, one of the things that we're painfully aware of is the extent to which we have real disparities in how people get health care is how they fair with that health care across gender and across race and ethnicity and socioeconomic lines.

We know that in the United States black women are three to four times more likely to die from a pregnancy related complication than white women. We know there are huge gender disparities, so women in pain are much more likely to get sedative while men are much more likely to get actually pain medication. In the last year we have spent an enormous amount of time fighting the legislative repeal of the Affordable Care Act which would have taken coverage for millions of people. We are still fighting to protect the ACA but the administration that we have now is using all sorts of regulatory ways to actually undermine that coverage, and they couldn't get where they wanted to go on outright repeal of the law. Instead they're doing what we would refer to as regulatory sabotage. We have a huge amount of work to do, health care is an extraordinarily important piece of the puzzle that goes into women being able to achieve equity and all families being able to achieve economic security in this country.

Margaret Flinter: Well Debra it seems like we've made progress on the policy side, we also made a lot of progress just on the science side. We would say we have far safe way far more effective methods of contraception, safer ways of getting them to women. Without the Affordable Care Act and some of the changes that came along that people aren't always so mindful of like the equal treatment of women in terms of the cost of health insurance. The inability to exclude people for preexisting conditions, these are big things that I'm not sure the public still realizes how much of a gained this represented for women. I wonder if you could speak about those two issues specifically.

Debra Ness: Within our by definition pretty disadvantaged by the fact that they are both the primary users of health care because of their reproductive health systems and because they live longer they use more services than men, they tend to be more prone to certain chronic diseases. Prior to the ACA they were automatically charged more for the health care coverage that they needed. Just by virtue of being a women you are automatically charged more for an insurance plan than men were. That became illegal

under the ACA, another thing that happened under the ACA is that there was no longer the possibility of plans capping your coverage at a certain amount. Imagine if you're a woman with cancer and you get pretty far into your treatment, now you're supposed to have chemo or radiation and your plan tells you that sorry you've now exhausted your benefits and you're out of luck. Preexisting conditions hit women particularly hard, they were including in that definition of preexisting conditions things like Cesarean infection. If you had a C-section you are considered somebody who had a preexisting condition. If you had been the victim of domestic violence, they were considering that a preexisting condition. Another thing that the ACA did was that if you have a health plan you have to cover certain basic benefits, certain categories of coverage, and that was really specifically important to woman because one of the things that health plans would often leave out of their coverage especially on the individual market was maternity care.

In the individual market if a woman wanted a plan with maternity care usually they were priced so high they were unaffordable or they had things like a 17,000 dollar deductible before you even got any reimbursement, so it made maternity coverage out of reach. All of those were important gains we've made through the ACA, and it really meant that when you are getting coverage you are going to get meaningful coverage. The ACA has a provision and it say but you cannot discriminate against people based on their gender but also based on their race or ethnicity or sexual identity or disability. That was going on, and it's one of the reasons why we're working so hard to preserved protection in the ACA.

Mark Masselli: We're speaking today with Debra Ness President of the National Partnership for Women and Families a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace and access to quality health care for all. You have been working hard on so many fronts and I was amaze to know that the organization was a key player in the passage of the HITECH Act. Over this past 10 years there's been this incredible transition from paper records to electronic health records and I'm wondering if you could talk to our listeners about the role you played and continue to play as we watch the health industry move into the digital age.

Debra Ness: We have been involved in that as a policy advocate, we formed a coalition of many consumer groups to work with us on this issue. We had a lot of influence as the HITECH Act was rolled out and helping to shape the policies and focus of that law. We believed it was really important for the medical world to come into the modern age, there is no other industry where we're still doing things on paper. In fact health care has advanced so much and gotten so complicated, it's very dangerous to be doing everything on paper. From a safety and quality point of view think about how important it is that when you go to a doctor in one place for one thing that there'd be a record of information that that doctor can easily access to know what other things might be going on in your health record. Medication interactions, whether or not you've had certain

test, whether you have other kinds of conditions. Having the right information at your finger tips when you're treating somebody is a question of safety, it's also a question of coordination, it's still a pretty fragmented system and often one hand doesn't know what the other is doing and that means it becomes the patient's responsibility or a care givers responsibility to tout paper records from one doctor to another.

Think about the burden and amount of error that can creep into the process, and it also causes enormous cost to the system and hassle, how many people get repeat test or unnecessary producers or wrong diagnosis. Think about the cost of the patient to the system to the employer or the government, and think about the burden in today's busy world of people trying to do all this coordination and getting their doctors to communicate with each other. We knew that from a safety, a quality and a cost perspective it was important to move in this direction. We also knew that we live in a world where people increasingly are being ask to make decisions, tough decisions about their health care and actually put a lot of money into their own health care. You want to know what's going on with you, you have a right to know like why is the doctor making certain recommendations. All of that comes with having better access to information and that only comes if we can get things digitalized.

Margaret Flinter: You know Debra another area where there's been progress but more work needed, and that your organization has dedicated a concerted effort is the whole issue of medical and family leave protections for tens of millions of American workers and their families and of course this is especially true for low wage workers. I know that you have been able to make some progress in a number of states to provide vulnerable workers with paid sick leave, tell us about those efforts and some of the successes you've achieved on that front?

Debra Ness: Well, we live in a world where most adults work and there come times when people get sick, when people need time in order to either take care of themselves or their loved ones. We're really proud of being of the group that passed the Family Medical Leave Act now 25 years ago, but that was unpaid leave and still the people who really needed to use it so many of them can't afford to take it because it's paid. It only covers large employers, so what do you do when you get sick or you need preventive health care or your kids need to get immunize, what do you do when your child is sick? If you're somebody who is a low wage job where you're unlikely to have any paid sick days at all, that's like 80% of low wage workers don't have a single paid sick day.

You're often making a choice between whether you stay home with your sick child or you potentially lose part of your paycheck or your job. We are fighting for people to have the right no matter what kind of job they're in to earn paid sick days. Right now we have been successful in nine states plus the District of Columbia and 32 local jurisdictions. We're making progress, but we really need a national paid sick days law

and the other thing we need is paid family and medical leave. We really all need the ability to take paid family and medical leave when there's a crisis. We've made progress in some states, we have five states that will have paid state leave laws of their own but that's still a far cry from everybody in this country, and it's why we need to pass something called the family act which would guarantee paid family and medical leave for everybody.

Mark Masselli: Debra listening to the great that you're doing, tell us about how people engage your organization and how they might join in on the causes?

Debra Ness: Well I would say please come to our website nationalpartnership.org, there's lots of opportunity for action and we'd love for you to sign up for our emails and we'll put you to work. You can follow us on Twitter it's Twitter @NPWF.

Margaret Flinter: Great, we've been speaking today with Debra Ness President of the National Partnership for Women and Families a nonprofit, nonpartisan advocacy group that's dedicated to promoting fairness in the workplace and access to quality health care for all. You can learn more about their work by going to nationalpartnership.org or follow them on Twitter @NPWF. Debra thank you for your advocacy, for your work and for joining us on Conversations on Health Care today.

Debra Ness: Thank you so much Margaret and Mark it's been a pleasure.

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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 health care reform and policy, Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a non-partisan, 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: This week we'll turn to the public health issue of guns. Our readers asked us if the Obama Administration had legalized bump stocks for semi-automatic rifles, as President Trump claimed in a tweet. Well no federal law explicitly addresses bump stocks. The Bureau of Alcohol, Tobacco, Firearms and Explosives ruled 10 times between 2008 and 2017 but certain models could not be prohibited under existing gun laws. A bump stock is a device that can be attached to the rear of the semi-automatic rifle to make it shoot almost as fast as a fully automatic weapon. The device has became part of the gun debate in October after 64 year old Stephen Paddock used AR style rifles fixed with bump stocks to shoot people attending an outdoor concert in Las Vegas killing more than 50 people. That issue is whether the devices meet the definition of machine gun under federal firearm laws which have prohibited the transfer and possession of a machine gun since 1986.

Federal law defines a machine gun as a weapon that quote, “Is design to shoot, to shoot automatically more than one shot without manual reloading by a single function of the trigger.” It’s true that under Obama the ATS ruled that it could not prevent the use of certain models of bump stocks , but it also made a similar ruling in April 2017 under the Trump Administration. The ATS in the late March proposed a rule to clarify that a machine gun does include bump stocks type devices. Gun rights groups and advocates however had said that any final rule could be challenged in court. 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 CHCradio.com we’ll have FactCheck.org’s, Lori Robertson, check it out for you, here on Conversations on Healthcare.

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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. Each year more than one million babies die at birth and another three million die within the first few weeks of life. When babies are born prematurely the risks escalate. Newborns and particularly preemies have a considerable amount of difficulty regulating their own body temperature, and without access to incubators babies in the third world often succumb to hypothermia. That got former Stanford MBA student Jane Chen thinking how do we develop a low cost solution to the problem.

Jane Chen: Something that could work without electricity. We needed something that was portable something that could be sterilized and reused across multiple babies, and something ultra low cost compared to the 20,000 dollars than an incubator in the US cost.

Margaret Flinter: Speaking at a recent TED Talk Chen said that they developed a cocoon like device called simply Embrace, a thermal body wrap that encases the baby and helps regulate body temperature for up to six hours.

Jane Chen: Looks like a small sleeping bag for baby it’s waterproof, but the magic is in this pouch of wax. It’s a wax like substance with a melting point of human body temperature. You can melt this simply using hot water and then when it melts it’s able to maintain one constant temperature for four to six hours at a time.

Margaret Flinter: Chen and her developers have managed to keep the cost of the Embrace baby warmer at around 25 dollars per unit. Since launching the product in 2010 they estimate that over 150,000 babies lives may have been saved with the

device. A low cost, high tech portable temperature regulator design to regulate preemies body temperatures to ensure that they not only survive premature birth but ultimately thrive as well, now that's a bright idea.

Margaret Flinter: This is Conversations on Health Care I'm Margaret Flinter.

Mark Masselli: I'm Mark Masselli, peace and health.

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