

Katherine Hayes – Health Policy Director at the Bipartisan Policy Center

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret, I think we are going to see some of the Trump administration health policy start to come into focus. Seema Verma has advanced toward her ultimate role as administrator of Center for Medicaid and Medicaid Services and it signals a more conservative approach towards funding of health programs governed by CMS, which impacts over a third of Americans.

Margaret Flinter: With the rhetoric that's coming from the Trump administration and from HHS Secretary, Tom Price, has been pretty clear. Secretary Price is seeking significant reductions in the Medicaid program and they are supporting the GOP leadership for changes that will impact Medicare down the line as well. So, with that in mind, Seema Verma was selected for the post.

Mark Masselli: She has worked to advance policies that are aligned with more austere approach. She helped vice president Mike Pence's home State in Indiana set up an alternative to the Medicaid Expansion Program. It covered more uninsured poorhousers, but they had to pay for more of their care out of their own pocket than those typically covered by Medicaid.

Margaret Flinter: And you know, Mark, physicians in Indiana report they have been quite favorable of the approach, because they at the same time received more compensation in recent years under Indiana's Medicaid expansion.

Mark Masselli: And it's something our guest today is watching; Katherine Hayes is Director of Health Policy at the Bipartisan Policy Center, a nonprofit, nonpartisan, Washington think-tank, started by former members of Congress from both sides of aisle, whose mission is to foster bipartisan efforts to advance important social policies.

Margaret Flinter: And they have produced a very detailed report on how the programs governed by CMS should continue to be supported in the new administration so that important gains in population health are not negatively impacted.

Mark Masselli: Lori Robertson also stops by, the Managing Editor of FactCheck.org, but no matter what the topic, you can hear all of our shows by going to www.chcradio.com.

Margaret Flinter: And if you have comments, please email us at www.chcradio@chc1.com or find us on Facebook or Twitter, because we love to hear from you. Now we will get to our interview with Katherine Hayes in just a moment.

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Mark Masselli: But first, here is our producer Marianne O'Hare with this week's Headline News.

Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. The Republican plan to repeal and replace ObamaCare has seen the light of day. The plan being promoted by house speaker, Paul Ryan would eliminate the insurance marketplaces that have helped millions of poor and uninsured Americans gain coverage. Instead, there would be a new set of subsidies based on a person's age, not their income. The plan would also phase out support for States that has helped them pay for the Medicaid Expansion, which has also led to millions more Americans gaining health coverage across the country. Right wing conservatives and Congress don't think it goes far enough to reduce government health spending and there is already pushback from a number of consumer rights organizations; AARP, the largest advocacy group for the nation's seniors is decrying the GOP Health Plan saying it will have a negative impact on a large swathe of the nation's ageing population. Syphilis is on the rise, part of a growing trend in recent years of a spike across the spectrum of sexually transmitted diseases, but Syphilis which was largely considered eradicated by the CDC back in 2000 has boomed back into existence in certain sectors of the country, Louisiana, Georgia, parts of California, areas grappling with poverty and where women have little access to prenatal care, meaning they are not being tested for the presence of STDs before they deliver their babies leading to a spike in the birth of Syphilis infected babies. Public health officials are warning State Health Departments to get a better handle on the problem. The American Girls Doll Brand has been a hit with the generation of girls designing dolls that represent an interesting cross-section of races and historical periods, giving kids an opportunity for positive messaging. Now, American Girls is entering the medical realm, offering an addendum kit that helps girls connect with the challenges of keeping up with type 1 diabetes. Children traditionally have a tough time managing type 1 diabetes, which requires finger-pricks, insulin checks, carb counting, and a whole host of other preventive measures. The diabetes care kit comes with doll-sized accessories including blood sugar monitors, insulin pumps and the like, which the girls can use to act out the very scenarios they must deal with in their own lives. According to an article in the New York Times on this new phenomenon, parents and children are like are raving about the American Girls diabetes care kit. I am Marianne O'Hare with these Healthcare Headlines.

Mark Masselli: We are speaking today with Katherine Hayes, Director of Health Policy at the Bipartisan Policy Center, the only Washington D.C. think-tank dedicated to promoting bipartisan solutions to the nation's biggest challenge. Before that, Ms. Hayes served as the Associate Professor in the Department of Health Policy at George Washington's School of Public Health. Prior to that she served as Vice President of Jennings Policy Strategies and also worked in both Houses of Congress as a health policy advisor to both political parties and also served as Program Consultant to the Missouri Medicaid Agency. She earned her

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law degree at the American University, Washington College of Law. Katherine, welcome to Conversations on Healthcare Today.

Katherine Hayes: Thank you for asking.

Mark Masselli: We've been a fan of the Bipartisan Policy Center for a while now, launched 10 years ago by a number of Congressional Veterans from both sides of the aisle, who saw the need to create a nonpartisan think-tank to tackle some of the nation's toughest social challenges including healthcare and sadly, it seems partisan brinksmanship has ascended to new heights. Now, I think it is fair to say it's bipartisan and we are seeing this manifest again. I am wondering if you could share with our listeners, the current reform climate and where you may see the seam of opportunity, particularly as it affects the nation's vulnerable populations.

Katherine Hayes: Well, first of all I would to make a point that you know healthcare is very personal. Families are asked to pay premiums, you know, for an insurance policy that, you know, if they are healthy, they may not need, they incur more cost in the form of deductibles and co-insurance, when they are most vulnerable. Generally, Democrats and Republicans think of healthcare from opposite ends of the political divide. Republicans tend to value personal responsibility and allowing the States to have threshold, while Democrats tend to value providing Federal assistance to low-income population, so that they have coverage and having some minimum Federal standards as a backstop in case States don't, in their view, protect consumers. In 2009, Democrats and Republicans weren't able to find a common ground between these two opposite poles and so Democrats ultimately decided to go it alone. There was no Republican buy-in and the GOP has spent the last six years trying to undermine and repeal a law that they believe is wrong for the American people. Now, they are risking doing exactly the same thing. Repealing the law and putting in place a reformed structure based on their values. So we know that at least for the next few months, we are going to have to go through this wrangling process, but at the end of the day, the only way to end this battle and to have a healthcare system that is a blend of the two ideologies is to compromise and this is especially important for low income populations, who have trouble affording their deductibles and co-pays or have trouble even finding providers to begin with.

Margaret Flinter: Well, Katherine, I do think there is this one area, where there seems to be agreement and that is that we always need to protect healthcare for the nation's most vulnerable and that is the children, but at the moment we are not even sure what will happen with that and this new iteration of health reform, you've noted that the Bipartisan Policy Center has just released a detailed report urging Congress to continue current funding level for the nation's safety net health programs, such as CHIP, The Children's Health Insurance Program and the nation's community health centers until at least 2020-2021. Could you talk

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about what's its stake here and what your research suggests would be the best stop moving forward?

Katherine Hayes: This whole issue, these expiring programs, they don't expire until September, they've sort of been lost in this battle over health reform and what, I think, people tend to forget is, you mentioned, is that these are historically bipartisan programs. The Children's Health Insurance Program was enacted almost 20 years ago and the fathers and mothers of that program were Ted Kennedy, a Democrat from Massachusetts, former first lady Hilary Clinton, J. Rockefeller from West Virginia, the Republicans were Orrin Hatch from Utah, John Chafee from Rhode Island, and more recently Senator Chuck Grassley from Iowa has been very engaged. The community health centers have been around for about 50 years and it has long enjoyed bipartisan support; so one of the big concerns is that these programs, as I said, are just being lost in the shuffle here and States are really at a loss of what to do. Their fiscal years begin, most of them, on July 1st of this year and so they are sort of operating in the dark here. They are having to put their budgets together not knowing, you know, they are assuming, I guess it's going to continue, but they don't what the MAT rates will be, they don't how much it will be, so we really need to get this uncertainty out of the way right away and then continue with the discussions on health reforms.

Mark Masselli: Your reports have outlined some pretty specific guidelines for what you think is essential if the level of coverage for the nation's vulnerable population is to be made, so what are you calling for Congress to do specifically in your report?

Katherine Hayes: Well, we are asking them to extend the program for another four years. First, we know its probably going to take a couple of years to sort out whatever is going to happen on health reform and we are asking them to continue the same level of funding that they have had for the last two years and we have to remember that this program covers, you know, almost eight and half million children and if that doesn't move forward, it's almost a perfect storm, you know, these expiring programs and the uncertainty in the health insurance markets, particularly in the individual market that is generated by the Affordable Care Act today. So, we are asking States to continue covering the Medicaid populations that they have been covering and continuing to provide the increased MAT rate, that means the Federal Government pays a greater percentage of the funding until 2019 and then we begin to phase it down.

Margaret Flinter: Well, Katherine, we talked about the Affordable Care Act and we've seen more than 20 million Americans get health coverage, some through the online insurance exchanges and 85% of those who purchased insurance and exchange received some kind of subsidy and then we had the Medicaid Expansion being covered through the Federal Matching Program and all this looks like it could be in jeopardy, one of the ones that certainly concerns people

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is the whole issue of block grants for Medicaid, which would mean less financial support for the States. What are your recommendations for continued Federal Matching and other financial support for the States?

Katherine Hayes: I worked on The Hill back in 1995 and 1996, when we had the last Block Grant Debate. In 95 and 96, there was an attempt to block grant, the Medicaid Program and welfare and at the end of the day, they were not able to get agreement on the Medicaid Block Grant. It actually passed Congress and President Bill Clinton detoured it and that was because of the significant cuts in the Medicaid Program and if you look at the TANF Program. That program which was block granted really has not grown at all since 1996. So, I think there's a concern if you move forward with a block grant, particularly among the governors that they are going to see the same sorts of things. One out of every four Medicaid dollars are spent on long-term services and support; for the elderly and disabled under age 65 and with 10,000 baby boomers turning 65 everyday and enrolling in the Medicare Program, we are going to see in 20 years a huge rush of individuals as they hit their 80s, who are going to be in need of long-term care and we don't have a Federal program for that, all we have is Medicaid, so people spend down all of their resources and end up qualifying for Medicaid, ending up in either a nursing home or in some cases they can get services in their home, but there is this very large population that is very hard to control and it's only going to get worse, so I can't blame governors for being concerned about this.

Mark Masselli: We are speaking today with Katherine Hayes, Director of Health Policy at the Bipartisan Policy Center, the only Washington D.C. think-tank dedicated to promoting bipartisan solutions to the nation's policy challenges. You know, you've talked earlier about the values that Republicans have and the values that Democrats have and it seems like they are both from Venus and Mars , but we are down here on Earth having to resolve these issues and Margaret, we remember we had David Gergen on the show.

Margaret Flinter: Absolutely.

Mark Masselli: Who, talked about this issue of, it wasn't a settled matter when it was done in a partisan way; tell what the bipartisan center is doing on trying to bring people together that find that seam of opportunity and collaboration so that we can move in that direction?

Katherine Hayes: Well, the Bipartisan Policy Center has a long history of working on health reform. In fact, the first report that came from the Bipartisan Policy Center was the leader's report that was put forth by four Senate majority leaders, two Republicans and two Democrats, it's Tom Daschle and George Mitchell, Bob Dole and Howard Baker, the four of them really sat down and worked to try to get a compromise and many of those components were included in the Affordable Care Act, those bipartisan underpinnings. Since that time, BPC has been working in a number of areas, mostly trying to help bring down the cost

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of healthcare in the form of delivery system reform. Looking at patients with multiple chronic conditions and trying to figure out the best way to pay for those patients to help better coordinate that care, improve quality, and hopefully over time lower costs. We've also been working on coverage issues such as the Children's Health Program and these other safety net programs and we've also began an educational series. Right now, it's very hard for either side to sit down and talk about bipartisanship. I think we are going to have to watch this game play out over the coming months. For something to be sustainable, they are going to have to have bipartisan support. So, what we are doing is serving as a resource right now and we are holding educational events on some of the more compelling issues to try to get people on a level playing field in terms of their understanding. We will be putting out a couple of issue briefs on some of the bigger issues.

Margaret Flinter: You know, Katherine, it occurs to me that over the years since the Affordable Care Act was passed, we just haven't heard so much about the numerous programs that were created under the Affordable Care Act that have had an impact on population health and I think they've gotten lost a little bit in the heated rhetoric of the past year as well. One example of that is the Maternal Infant and Early Childhood Home Visiting program, other programs focus on helping with Addiction and Mental Health needs in the community and your report analyses the impact of programs like these and how they make a big difference on long-term health outcomes and population health. Perhaps you could share with our listeners some examples of the programs that you've analyzed and why losing support for these programs would board ill for population health?

Katherine Hayes: You know, in addition to the 20 million people that have gained insurance coverage, there are lot of people who don't have insurance coverage. Those who have not chosen to purchase health insurance or for whom it is still not affordable. There are also a lot of underinsured individuals. You know, a lot of the plans that are offered through the marketplace have really high deductibles and to know that you have to pay five or six thousand dollars when you are going into get health services, you know, a lot of families just don't have that kind of money lying around. So, there are a number of programs that help fill the gap there. One has been around for over 50 years, which is the Community Health Center Program. Community Health Centers are located by definition in medically underserved areas, both urban and rural; they require to accept any patient regardless of their ability to pay and they are required to provide comprehensive primary health care services, you know, services that aren't covered under traditional health insurance policies such as transportation, translation, and sometimes case management. In fact now, we have recently issued a few reports in our delivery system reform area that give additional flexibility to some of the managed care plans under Medicare and Medicaid to really take a look at some of the additional social services and support that really might help people including for example you have a diabetic, who, they don't have a refrigerator, if it's working, and they can't store their insulin, so some

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plans might be able to purchase a small refrigerator to store their insulin. Another issue is meals, home delivered meals, a lot of senior citizens, particularly those with physical limitations and cognitive impairment really need help. In addition, home modification. There are plans and healthcare providers that can go into the home and take a look at where the hazards are. They can put up grab bars when they are needed and those sorts of things. Another program as you mentioned is the Maternal and Infant Early Childhood Home Visiting Program, really helps individuals, helps parents improve, both maternal and newborn health. It helps prevent childhood injury and malnutrition, helps to reduce emergency room visits, and helps with school readiness, so all of these things can be done through these programs and finally at the National Health Service Corps, which too has been around for a long time. There are more than 9,000 health professionals that are part of the National Health Service Corps and they are deployed all over the country in medically underserved areas, where they can't attract physicians. In fact, one of my former colleagues in the Senate was a National Health Service Corps volunteer and she ended up doing a fellowship in our office, but she was stationed in a community in Alaska that was only accessible by plane, so these are just such important places that we need to make sure we fund.

Mark Masselli: We are proud to have been speaking today with Katherine Hayes, Director of Health Policy at the Bipartisan Policy Center, asking Congress to continue to support for the nation's safety net providers, community health center, and children's health insurance program. You can learn more about their work by going to bipartisapolicy.org or you can follow their work on Twitter at [bpc_bipartisan](https://twitter.com/bpc_bipartisan) or at [jetthayes](https://twitter.com/jetthayes). Katherine, thank you so much for joining us on Conversations on Healthcare Today.

Katherine Hayes: Oh, thank you both very much.

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 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: In his first address to a joint session of Congress, President Donald Trump said "ObamaCare premiums nationwide have increased by double and triple digits" and he went onto give the average 116% increase in Arizona as an example, but that State was the only one to have a triple digit average increase in premiums on the Affordable Care Act exchanges, where individuals who buy their own insurance get health coverage. The average nationwide exchange was 25% increase from 2016 to 2017 in premiums among the 38 states that used healthcare.gov for their exchanges. Ten of those States had single digit increases or a decrease. The numbers for the second lowest cost Silver Plans for a 27-year-old and it is worth noting that 84% of the 10.4 million

Americans with marketplace coverage in the first half of 2016, received tax credits and there was wide variation in the average increase by State. Trump has repeatedly cited the high end of that range, Arizona's average 116% premium increase, but Indiana, at the other end of the spectrum had an average 3% decrease. As we said, such a widespread in the numbers makes the report right for cherry picking and that's my FactCheck 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, Lori Robertson, check it out for you, here on Conversations on Healthcare.

Margaret Flinter: Each week conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. Each year more than one million babies die at birth and another three million die within the first few weeks of life, often from preventable causes. Newborns and particularly primis 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: My team and I realized what was needed was a local solution. Something that could work without electricity, that was simple enough for a mother or midwife to use. We needed something was portable, something that could be sterilized and reused across multiple babies and something ultra low cost compared to the 20 thousand dollars that an incubator in the U.S. costs.

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: What you see here looks like a small sleeping bag for a baby. There's no seams inside, so you can sterilize it very easily, but the magic is in this pouch of wax. This is a phase change material, it is a wax like substance with a melting point of human body temperature and then when it melts, it is able to maintain one constant temperature for four to six hours at a time, after which you simply reheat the pouch and it creates a warm microenvironment for the baby.

Margaret Flinter: And Chen and her developers have managed to keep the cost of the Embrace Baby Warmer at around \$25 per unit. Since launching the product in 2010, they estimate that over 150 thousand babies' lives may have been saved with the device. A low cost high-tech portable temperature regulator

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designed to regulate primi's 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 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 wesufm.org and brought to you by the community health center.