

Margaret Flinter: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the health care of the future. This week Mark and Margaret speak with Montana Governor, Steve Bullock, contender for the Democratic nomination in the 2020 presidential race. Governor, Bullock talks about his history of winning elections in a largely red state which voted for the current president by a 20% margin. He also talks about the need to get corruptive influences and dark money out of politics and his vision for how to improve healthcare and the need to address climate change.

Lori Robertson also checks in, the Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts, and we end with a bright idea that's improving health and well-being in everyday lives. If you have comments please e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to Podcast and you can also hear us by asking Alexa to play the program Conversations on Health Care. Now stay tuned for our interview with presidential candidate, Montana Governor, Steve Bullock, on Conversations on Health Care.

Mark Masselli: We're speaking today with Montana Governor, Steve Bullock, who is currently running for the 2020 Democratic presidential nomination. Prior to his election in 2012, Governor Bullock served as Montana's Attorney General, where he launched efforts to combat Citizens United. Previously, he ran a law firm in Montana, after having practiced law in Washington DC. Governor Bullock also taught as an adjunct professor at the George Washington University School of Law. He recently completed his tenure as chair of the National Governors Association. He earned his BA in Politics and Economics from Claremont McKenna College and his law degree with honors from Columbia Law School in New York. Governor Bullock welcome to Conversations on Health Care.

Governor Bullock: It's great to be with you both for sure.

Mark Masselli: Yeah. First of all, congratulations on your candidacy. You're part of a significant group of democrats who are battling for the 2020 presidential nomination and you're a democrat in Montana a state that went heavily for President Trump and yet you won by a sizable margin. Talk to our listeners about your ability to bring voters from different backgrounds together. What makes you uniquely qualified as a presidential candidate and what are some of the motivating forces behind your decision to run?

Governor Bullock: Sure, yeah. I appreciate that I was the only actually democrat in the country to get reelected in a state in 2016, where Donald Trump won.

He took Montana by 20 points, about 25% to 30% of my voters voted for Donald Trump and it's more marked than just winning election.

My legislature in my six years that I've been here has gone from a times about two thirds republican to about 60% now. But somehow, we've been able to get some of that politics out of there and actually get progressive and meaningful things done like healthcare or funding for education, kicking dark money out of election.

So, some of the unique qualifications, I bring to a big field is, if we can't win back some of the places that we lost in 2016. We're not going to win this race. I mean, I've said to people, I assure you that if I'm the nominee, I will win California, Massachusetts, Vermont, but we have to make sure that whoever is the nominee can also win place like a Montana or Iowa or Michigan or Wisconsin, because it does come down to government [PH]. I think far too often Washington DC is kind of a place where talking becomes a substitute for doing. I don't have the luxury of just giving big speeches, right. I have to see my constituents each and every day, and they expect me to deliver, and that's deliver everything from the services they expect out of government, they also deserve forward movement from government. I think, I do bring some things both geographically, generationally, and being able to win the sort of place that we need to make sure that we can win in 2020 if we're going to win this race.

Margaret Flinter: Well, Governor Bullock, you've said that you have some very good reasons for entering somewhat late into this political fray. Certainly earlier this year, we know you're very focused on the Medicaid expansion in your state. Maybe you could talk with us a bit about what must have been a bit of an odyssey. The most important thing is you're successful. Those tens of thousands of people got coverage. The question is, is there a playbook that comes out of this for how to work across party lines?

Governor Bullock: Thanks, Margaret. I think that there aren't. Actually, yeah, I signed my last bill on Monday, and I announced on the Tuesday thereafter. On the one hand, yeah, you could go back, Bill Clinton didn't even get in until October the year before. We actually first got Medicaid expansion passed in 2015, and we were going to reauthorize by ballot initiative in 2018, but tobacco companies actually spent \$26 million killing that reauthorization.

So, two months after that is when our legislature started, I had to make sure to get that through because there are 100,000 Montanans. The vast majority of whom are working they rely on that healthcare. I think the model even when we got through 2015, a time where Obamacare or the Affordable Care Act, wasn't quite viewed as favorably, as it was, is even today. How we got through is by doing a number of things, one of which is not making it all about the ballot

[PH] of the State House, but by going to rural communities. I'll never forget, I was in this one in this [inaudible 00:05:57] Montana, where population is 1,700 where during a town meeting, when the hospital administrator said, you know, "43% of the people walk through those hospital doors don't have health insurance" or the county commissioner noted that he had been born at that hospital and they lost that hospital, they lose that town.

So instead of making it about any sort of politics, about the importance of healthcare, in 2019, also did a big study and figured out that 57% of the businesses in the state have one or more employees on Medicaid. So, it's not just a program for, you know, those that aren't that wealthy or not working, it's also taking care of employers that unfortunately are unable or unwilling to pay their employees enough to have quality healthcare. What we've seen in Montana with 100,000, folks covered, 30,000 more have gotten mental health treat, 10,000 substance use disorder. We've actually put on, made a state website which shows county-by-county, the sort of preventative treatments people are getting locked away because we know that, you know, one way or another right, we're all going to take care of folks who don't have healthcare.

Mark Masselli: Well, let's pull the thread a little on the healthcare conversation. Certainly, we hear a number of candidates calling for Medicare For All, and there are others they have more sort of a moderate but progressive approach, opting to strengthen the Affordable Care Act. I'm wondering how you would describe your plan?

Governor Bullock: I think that we all hopefully agree that healthcare should be affordable and accessible for all. By the Affordable Care Act, which I think was actually the greatest advance in healthcare since Medicaid, Medicare were first pass, and Medicare as an example, you know, we've been continually building on to along the way. We still have about 25 million folks that aren't covered. Now, if we could expand Medicaid in the rest of these states that would cover about half, but what I would do is actually build on the Affordable Care Act, let's not start all, what I would do is a public option, first of all, an option where individuals could actually buy health insurance from the government instead of just the private market. Second which it is just a shame, well, it's actually embarrassing that like Costco could negotiate for prescription drug price, but it's still legal at the federal level. It clearly shows the corrupting influence of money in the system. I think we get [inaudible 00:08:33] medical billing and out of network charges with legislation at the federal level.

I don't think that the best policy or the best political solution, if we actually want to win this election is to tell about 180 million people that have employer sponsored health care that we're going to take all

that away, and that there will be no more a private market in this. I don't think that's the best policy, because once people dig in to what that might look like, you know, often the great majority folks say, "that's not the direction that I want to go." We have made great strides. We still have a lot further to go, but I don't think just tear it all down and starting all over, at least from my perspective, the best way to go.

Margaret Flinter: Well, Governor, you've had, I think, the incredible opportunity and given the incredible service as Chair of the National Governors Association, and I would imagine a chance to, you know, work shoulder-to-shoulder with other leaders about some of the unique challenges that are faced by the rural states and our country, particularly around delivering healthcare in rural regions. Share with our listeners, the solutions that you've advocated for around improving healthcare access in the rural states, and what would you continue to advocate for as president? Are there some bold new initiatives that you think rural America needs relative to healthcare?

Governor Bullock: You bet, Margaret, and we have about 20% of the rural hospitals right now at risk and closing in this country. If you live in a rural hospital, that town is gone. The viability of that community is at so much greater risk. I think, we have to do everything from ensuring there are ways that we have providers there to ensuring the way that there's financial viability. I mean a state like mine in Montana, we actually have two residency programs, one is the primary care residency. We just started the one in psychiatry as well because we know if an individual does a residency program in a community or region or in an area they are so much more apt to stay.

We've done both psychiatry and some other things through a program called Project ECHO, where it's essentially building case teams and doing work online, to start bridge some of these rural gaps or the largely geographic gaps, especially in areas where it's often mental health providers that are that much more challenging. I think we also have to look at reimbursement rates for rural communities, because at times they should be higher than their urban areas, just because you can't lose that connection in rural areas or really does got out places. We've done loan forgiveness programs, when it comes to rural areas, and the biggest and I think most important is the viability of Medicaid program. Making sure that you have Medicaid expansion because where if you have so many folks who don't have coverage and you don't have a reimbursement rate through Medicaid expansion, it's that much harder for those smaller communities and those rural hospitals to stay open.

I think those are just kind of the base level and even in some ways transcends beyond just healthcare to make sure that you're doing

everything from solid internet connectivity to creating job opportunities with either community foundations or smaller two year or four year colleges, because nobody should have to leave the place either they are raised or that place they love for sure.

Mark Masselli: Well, we're speaking today with Montana Governor Steve Bullock, contender for the democratic nomination and the 2020 presidential campaign. Prior to his term as governor, he served as Montana's Attorney General and was instrumental in the Citizens United case. Governor, I think it's fair to say you've had a clarion voice on this about sort of ironclad grip that big money has on lawmakers. You point specifically to the National Rifle Association, which just a few weeks ago was seemed to manage to influence the President to back away from his pledge to promote universal background checks for gun buyers, after devastating back-to-back mass shootings. Your pro Second Amendment and you say, we must address the nation's gun violence epidemic as a public health issue. I'm wondering if you could just talk to our listeners a little bit about where you come from on this issue.

Governor Bullock: Yeah, and you bet Mark, and where you start out was sort of the corrupting influence of money in our system, that really has been the fight of not only my ten years in public ops, but I think it's a challenge of our time. You go anywhere from gun safety to climate to why can't we negotiate prescription drug prices. So much of it is, I think, because in this post Citizens United world, Washington DC's influence and in too many states are basically, it's written by the donor. So, we have to address that if we're going to address anything else. As you know, yeah, I am a gun owner, I hunt 40% of households in this country, there's a firearm, but I'm also a father. I'm also someone that's tired of lowering flags as a governor, tired of my children having to learn active shooter drills. If we could ever look at it as a public health issue, not as a political issue, we could make substantial progress. When I was growing up, The National Rifle Association of gun safety was hunting, it was a shooting organization. Now it's more in the political organization, use [inaudible 00:14:22] like, I'll give you 30 million reasons why Donald Trump is doing exactly what he's doing. That's \$30 million that they spent on his election.

I remember back right after the [inaudible 00:14:34] all the nation's governors were in the White House for National Governors Association. At that time, President Trump had said, "We should let the universal background checks." Within a week, he reversed, after he spoke the NRA. I have lowered the flag seven times since then. He did the same thing right after El Paso in Dade.

A public health issue will look at it and saying there are steps that we can take, like universal background checks, vast majority of NRA

members and republicans think that would be a good idea. A public health issue would say safe storage, would say red flag laws, the ability to remove a gun where, you know, there's concerns that have been raised, and look, even the state of Indiana past red flag -- they're not the crazy liberal country [PH]. I'm confident when I can get some background, but I don't think we should even wait till then, I mean gun owners need to be calling on folks as well in DC to make some meaningful change because I think we're all just tired and worried about both our kids and safety of our communities.

Margaret Flinter: Well, Governor, I think one of the areas where you've really led is making this connection between some of these major social problems that are facing us and recognizing that they have a huge tie to public health and two areas that you've really led on were the areas of protecting the environment and also the reproductive health rights of women. Tell us what are the some of the policies that you are really advocating for it?

Governor Bullock: Here I am out in the West is an example, and fire seasons are 78 days long than they were 40 years ago. I mean, we need to take immediate and durable action when it comes to climate, and I certainly rejoin the Paris Accords, I would turn around and say, "It was great two weeks ago when even the auto industry said they didn't want to roll back these fuel efficiency standards." Right. The scientists say, "As a world, we have to be essentially carbon neutral net zero by 2050." [inaudible 00:16:47] I mean, one of which is the federal government has to be partners and has to be investing money both in research and development.

Another thing that we don't always talk about is, you know, even 1st George Bush, when he was president, he said, "Will address the Greenhouse effect with the White House effect", I mean, here was a republican president saying we have to address climate change. Now republicans wanting to acknowledge the climate change is real and human cost. We have to break those links because we can't wait another 30 years.

When it comes to the second issue that you raised, Margaret, we've been over 45 years with Roe v. Wade as the law of the land. My whole time in public office, I've protected the woman's right to make her own healthcare decisions. That's the decision a woman should make in consultation with her doctor. She so choose to serve family and her faith, but it shouldn't be the decision that I make, and we need to figure out when it comes to reproductive health, when it comes to healthcare overall. We stop playing the politics and say, let's empower the women.

Mark Masselli: Governor, you know, I wanted to get back to an earlier point on the politics, you're not on the next debate. We're months and months

away before the first vote is cast in Iowa and then we've got all the rest of states to deal with it and sort of, you know, what, how are you addressing this issue? How are you making an effort to reach out or pass the nationally televised debates? Where do you think you go from here?

Governor Bullock: You know, like on the one hand, I think that maybe the DNC's rules of getting 130,000 donors was well intentioned, but what it really has done has made campaigns spend all of their time and a lot of money on like Facebook and Google, instead of actually spending that money connecting with voters. Hopefully, I'll be on the following debate stage, and if folks go to see Bullock.com, you know, that counts. I think another thing that you point out, Mark, we're still over 150 days from any voter expressing preference, you know, it says early states that take a big field and bring it down to a smaller size and then as you go throughout the primary the voters can really take a look at. I mean, John Kerry was at 4% 31 days out from the Iowa caucuses, and it's the caucus goers that make those decisions.

I am in the, I don't know 15 or 16 weeks, I've been in this to Iowa on 10 separate trips. I have been in New Hampshire a number of times, continue to make sure that voters know they're the ones who are going to make these decisions. I trust voters decisions in that.

Margaret Flinter: We have been speaking today with Montana Governor, Steve Bullock contender for the democratic nomination and the 2020 presidential campaign. You can learn more about his work by going to SteveBullock.com or follow them on Twitter or Facebook @GovernorBullock. Governor, thank you for your dedication to public service for your commitment to the American experience and for joining us today on Conversations on Health Care.

Governor Bullock: Thank you.

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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 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: The Affordable Care Act open enrollment period for most states is coming up running from November 1st to December 15th. Let's take a look at how coverage of the uninsured has changed since the ACA was enacted in 2010. The National Health Interview surveys most recent report shows that in 2010, 16% of the population or 48.6 million

people were uninsured at the time they were interviewed, that figure dropped by 20 million to 28.6 million uninsured people in 2016.

Since then, under President Trump the figure has crept up rising by 1.8 million people to an estimated 30.4 million uninsured or much greater recent rise was reported by a Gallup survey. Gallup put the rise in uninsured adults at about 7 million compared with the last half of 2016.

Democratic presidential candidate Bernie Sanders has used a much higher figure that includes the under insured. He said in the last presidential debate that there were 87 million uninsured or under insured in the country now. A Commonwealth Fund study supports that figure. The study found, "Of the 194 million US adults ages 19 to 64 in 2018, an estimated 87 million were inadequately insured. The 87 million figure includes 24 million uninsured in 2018, 43.8 million who were under insured. The under insured measure includes people whose out of pocket costs were 10% or more of household income over 12 months." That's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

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

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Vaccinations are considered one of the great public health achievements of the 20th century, reducing fatalities for most common and fatal diseases by up to 99%, but in the 21st century, some of those numbers just started stacking up. As recently as 2009, only 45% of the nation's preschool aged children had received all of their recommended vaccinations and boosters. Researchers at the Children's Outcome Research Program at Children's Hospital in Colorado decided to take an in depth look at the problem. Dr. Allison Kempe heads up the Children's Outcome Research Program and she conducted a study on what would help to generate better compliance with required vaccinations. She found that when parents receive timely reminders from their state and local health departments, parents were much more likely to get the vaccinations and boosters for their children that they needed.

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Dr Allison: Our study didn't take away from the primary care providers, but it helped them to do the reminder recall for their practices centrally using a state registry.

Margaret Flinter: The research shows that one reminder message can be generated for an entire population. It takes the onus and the burden off of the primary care and pediatric practices.

Dr Allison: In the counties where this was done centrally, about 19% of children who are not up to date became up to date versus about 13% in the "practice space, recall state."

Margaret Flinter: The study also suggested as a cost savings as fewer children fall ill.

Dr Allison: I can tell you that there have been some studies in recent years showing outbreaks related to lack of immunization particularly pertussis, measles, even H. Influenza, and you know, you have one case of Hemophilus meningitis can cost tens of thousands of dollars.

Margaret Flinter: A State Health Department driven vaccination program that assists private practices and vaccine compliance for their patient population, improving vaccination rates of young and vulnerable children. Now that's a bright idea.

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

Margaret Flinter: I'm Margaret Flinter.

Mark Masselli: Peace and health.

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

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