

**Winston Fellowship Weekly Report**  
Week 4: July 10 – July 14

**Monday, July 10**

Todd Spangler, Director of Public Policy and Government Affairs, BD: In our conversation, we enjoyed hearing about Todd's path to his current location at BD, including his exciting work for Ford in Missouri on state affairs. I found it interesting to hear more about his current role within a for-profit, device company. We had not met with a medical device or pharmaceutical company until now so we enjoyed learning a new perspective on important healthcare policy, such as the medical device tax, the foundation for how the 2.3% came about, and FDA user fee agreements. In the end, he gave similar advice compared to other meetings regarding how to think about finding a placement, and specifically emphasized to keep in mind that "politics" will always play a role, regardless of where on the Hill we end up working. In a small world twist: I had tangentially worked with Todd's wife, Katy Spangler, on issues related to value-based benefit design while at the University of Michigan.

Dr. Cara James, Director of Office of Minority Health, CMS: Cara gave us refreshingly candid insight into the origin (in the ACA), purpose, shortcomings, challenges with a new administration, and success of the Office of Minority Health within CMS. Because of my interest in addressing social determinants through health policy, I appreciated our discussion about the ways OMH attempts to sensitively embed demographic data collection throughout HHS regulations. Cara also described how such a broad organization prioritizes their work, which is especially important because they are not a regulatory body but work to ensure access and quality of care for vulnerable populations (I asked specifically about access for people with disabilities and LBGQT education for physicians). Cara provided some names for us to follow up with in other offices of minority health in different agencies or offices, in addition to recommending we speak with people at ASPE, PCORI, the National Academies, and Robert Wood Johnson Foundation.

**Tuesday, July 11**

Dr. Melanie Egorin, Minority Professional Staff, House Committee on Ways and Means: Melanie and I had a one-on-one visit because Rachel was absent for a presentation to Health Affairs. Melanie and I spoke about the fellowship broadly and the advantages for a fellow working in this committee. In terms of policy we spoke a bit about risk adjusted payments in Medicare and Medicaid, as well as health tax issues such as the medical device tax (connecting the dots with our previous conversation with Todd Spangler – I wanted to get a new perspective on the same issue).

Caitlyn Stephenson, Chief of Staff, and Greg Mathis, Health Leg. Asst., Office of Senator Peters: While Rachel was absent, I scheduled a meeting with Senator's Peters from Michigan. The meeting provided a different perspective in the sense that Senator Peters' staff is relatively young, especially in terms of health. Peters is not on a committee of jurisdiction for health, but I asked nonetheless about Peters top priorities and the role he

plays in the repeal and replace debate being off-committee. I was surprised to hear some of the ways they were approaching health, if not from the normal channels (e.g. improving rural health through commerce legislation to improve rural broadband important for telehealth). We spoke about Michigan stakeholders and Caitlyn and Greg offered to put me in touch with some Michigan-based stakeholders from whom I may be interested to hear.

Dr. Beth Pearson, Health and Economic Policy Advisor, Office of Senator Warren: We spent a good portion of this meeting discussing the value of PhD working on the hill on health policy, which was a valuable conversation. In addition, we asked Beth about her opinion on typical member office questions, such as how her experiences elsewhere compare to working with Warren and what she does on a daily basis (i.e. deliverables). She described her work as fast paced, so not similar to think tank work, but that Warren's office does have a larger staff with advanced degrees than most. Warren is on the HELP committee and has put forth legislation on NIH and basic research funding, over the counter hearing aids, anti-kickback regulations. Specifically, for example, we discussed the Senator's decision not to vote yes on the 21<sup>st</sup> Century CURES Act.

Peggy O'Kane, Founder and President, and Paul Cotton, Director of Federal Affairs, NCQA: I was excited to meet with Peggy and NCQA because the organization has become an institution, and to the outside world looks a lot like a quasi-public organization. We received Peggy's much appreciated candid take on the transition from "volume to value" in the American healthcare system, and the challenges forward with healthcare quality – some new and some persistent (e.g. how to go about risk adjustment). I think an important take away from the meeting was Peggy's observation that "quality never happens by accident... [it's the result of] process design, engineering and systems." In addition, we heard from Paul Cotton, who provided an overview of how NCQA works with the administration and Congress on their legislation priorities. Although not lobbyists, the organization does significant non-partisan communication and education on the Hill. Paul and Peggy recommended we speak with AARP, the National Healthcare Council, and the National Association of Medicaid Directors.

### **Wednesday, July 12**

Jennifer DeAngelis, Senior Health Policy Advisor, Office of Senator Sheldon Whitehouse: Jennifer is easy to talk to and we enjoyed meeting with another member office. Because Jennifer has been working with Senator Whitehouse for a longer period of time than most advisors (around 8 years), she spoke about her relationship with Whitehouse and the long view of working in a member office. We also discussed Whitehouse's current legislative interests in healthcare, such as antibiotic stewardship, end of life care, and ACOs.

Taylor Hittle, Health Policy Advisor, Office of Rep. Markwayne Mullin: One theme of the fellowship thus far has been that we tend to learn something new at each meeting. During our meeting with Taylor, we learned a lot about the issues important to Representative Mullin, which included mainly the Indian Health Service. We had yet to discuss the IHS until this meeting. We also discussed her personal background and why she prefers to work on

the hill versus other jobs. She suggested that speak with Danielle Steel from Rep. Burgess' office.

### **Thursday, July 13**

Dr. Susan Polan, Associate Executive Director of Public Affairs and Advocacy, APHA: I was looking forward to this meeting because I have learned about the APHA before, and wondered how they managed to reconcile or prioritize the broad range of activities that would fall under public health. Susan discussed the changes in their policy, education, and advocacy strategy over time. She also highlighted that the APHA has three priorities: access to care, rebuilding the public health infrastructure, and health equity. I think the second priority is unique to the APHA. As Susan explained, the APHA is the only organization looking at the “big picture” of public health. She recommended that we meet with Representatives Murphy and Lewis' offices because they work a lot on public health issues, especially in terms of gun violence. She also recommended trade associations and specialty societies that work on a broad range of public health issues, including Planned Parenthood and the American Pediatric Society.

Senate HELP Committee, minority health team (including: Colin Goldfinch Remy Brim, Laurel Sakai, Maddie Pannell, Emily Schlichting, Osaremen Okolo, and Andi Lipstein Frestedt): We had a cordial, albeit short, meeting with HELP. Unfortunately, the newest repeal and replace legislation was coming out at the same time as our meeting, which forced some of the team members understandably to leave our meeting. We nonetheless got a sense of the different portfolios, the jurisdiction of the committee broadly, and how they operate as team. Interestingly we also learned a great deal about the relationship between the HELP committee and ranking member Senator Murray's personal office – the HELP health team effectively works as their health legislative assistants. I would like to hear more about Colin Goldfinch's work on ACA issues and individual marketplaces, in addition to Remy and Andi's work on drugs and public health, respectively.

Marc Garufi, Chief of Public Health Branch, Office of Management and Budget (OMB): We had a fun meeting with Marc, where he further explained the background, organization, and purpose of OMB as they relate to health. I was surprised with the extent to which OMB has a say in health policy and regulations. Marc's perspective as a non-partisan staffer within the office that acts as an extension of the White House was interesting. I think my main take away from the meeting was that OMB's role is not to tell an agency how much to spend but OMB is about “why” an office or agency spends money – the “budget” part of the OMB name can be misleading.

David and Elizabeth Abernethy: We had dinner at David Abernethy's house with his wife and Kerry. We really enjoyed the house, the stories, and the food!

### **Friday, July 13**

Liz Fowler, Vice President of Global Health Policy, Johnson and Johnson: Liz was one of my favorite meetings thus far, especially because she was not available during the interview process so neither of us had met her before as a board member. She provided an insider perspective on the ACA, from pre-conception and the white paper to passing the law and implementation. We also learned similar insight into the dynamics of previously passing Medicare Part D. In addition to these stories, we discussed her current role at Johnson and Johnson and why she enjoyed working for the company (e.g. “solutions driven”). Liz provided several names for us to meet when we travel to Boston, including Dr. McDonough and David Cutler.

Nico Janssen, Legislative Assistant, Office of Senator Cantwell: We asked Nico about Senator Cantwell’s current priorities, like other individual member offices. Specifically, we discussed collaborative health systems and the high quality systems in Washington such as the Boeing self-insured ACO model or UW medical. Nico also provided his perspective on ACA health delivery and payment reforms, noting that the ACA has not done enough to move most delivery systems and providers away from fee for service – potentially only making perverse incentives worse. We also discussed the “Basic Health Program” (Section 1331 of the ACA), which was a unique topic of discussion compared to our previous meetings.

Suzanne Yurk, Regional Counsel (based in Philadelphia), HHS: We were lucky to catch Suzanne while she was in town. She bought us lunch and we discussed her current work as Regional Counsel based in Pennsylvania. She has a unique job compared to many of our meetings, even the other healthcare lawyers. We discussed her current or most interesting cases, which included nursing home issues to tuberculosis and scabies.

Senate Committee on Finance, minority health team (including: Dr. Beth Vrabel, Liz Jurinka, Matt Kazan, Anne Dwyer (former fellow), and Arielle Woronoff): The meeting with Senate Finance (minority) felt the most like an interview compared to previous meetings. The team fielded some of our typical questions about the scope of their work, what each person on the team covers, and how they related to the ranking member. In turn, we were asked questions about our past work experiences, policy interests moving forward, and why we are both thinking about doing our placement with a committee. I look forward to meeting with Anne Dwyer in the future, specifically, to discuss her Medicaid portfolio more specifically