

**Winston Fellowship Weekly Report**  
Week 1: June 19-June 23

**Monday, June 19**

David Abernethy and Kerry McAteer, Winston Fellowship: Kerry and David first welcomed us to the Winston office on G Street and provided direction on what to expect from the fellowship.

Rachel Nuzum, VP Federal and State Health Policy, Commonwealth Fund: I met alone with Rachel, my Winston Fellowship board mentor, for lunch. Rachel had important advice about our upcoming meetings, how to work with my co-fellow, what kind of questions to ask during our meetings, and we discussed our communication schedule. We talked also about my policy interests, which are wide and diverse but mainly included Medicaid and health delivery reform. She recommended that I use the meetings as opportunities to narrow my interests and understand where I would best fit for a placement. She also recommended several people with whom I should speak, including Oliver Kim, Frederick Isasi, Corey Uccello, and Scott Gottlieb, who all have a variety of perspectives on the healthcare system which Rachel thinks I may find interesting.

Mrs. Susan Winston: Mrs. Winston provided the historical and personal context of the fellowship, especially regarding its connection to the health ball and healthcare policy leaders during David Winston's career. I especially enjoyed learning about Wednesday dinners, which highlight the importance of personal networks and collegiality to hammer out important policy. She also shared her vision of the fellowship to remain bipartisan, broad, and a unique opportunity for recent graduates to learn the intricacies of policy creation and implementation – "4 years of education in 1," as she said. She emphasized keeping an open mind and not to forget the personal side of health policy.

Amy Hall, Minority Staff Director, House Ways and Means Subcommittee on Health: In addition to Amy, we met with the two other full time health staffers, along with two fellows from Brookings and Robert Wood Johnson Foundation. Ways and Means has broad jurisdiction over health due to the committee's focus on taxes and Medicare Part A. In addition, many of the taxes and subsidies related to the Affordable Care Act, thus the exchanges, fall under Ways and Means as well. We learned about the different committee jurisdictions between Ways and Means and Energy and Commerce, some of the differences between House and Senate, and more about the specific issues that the Committee is addressing right now. Amy and the others seemed keen to learn our interests and recommended that we also speak to other committees such as Energy and Commerce, which shares jurisdiction over Medicare Part B or has primary jurisdiction over important healthcare areas such as Medicaid.

**Tuesday, June 20**

Virgilio Barrera, Legislative Director, and Louis Agnello, Senior Counsel for Health, Sen. Martin Heinrich's office: During our meeting, we discussed healthcare issues important to

the office, such as rural health and telehealth, which are vital to a state like New Mexico. Mr. Barrera and Agnello provided advice for our placement and commented on the differences between working in the House and the Senate, and more specifically regarding the differences between working for a member and a committee. Working for a member would be more interesting if the member's interests and priorities aligned with your interests on a specific topic, and the member was in a relevant committee or leadership position to effect change. We polled their prediction on the AHCA and the most important aspects of any pending Senate bill to Senator Heinrich. They suggested we meet with Kim Corbin, formerly with Senator Stabenow's staff.

Joe Antos, American Enterprise Institute: We met Joe at the American Enterprise Institute's new office building near Dupont Circle for lunch. We first discussed the fellowship and specifically he asked how we felt the fellowship could improve marketing and outreach to different schools or more applicants. We explored the possibility of the AHCA passing and what a Senate version would look like, and what the political game plan could be to pass the bill. We had a lively discussion regarding Joe's impressions of CMMI and other reform efforts of the ACA, the role of government in healthcare, and the importance of financial incentives (or pressure) in health reform. We discussed briefly our policy interests but ran out of time to ask about his recommendations regarding other people with whom we should meet this year. We will follow up.

Mary Grealy, National Healthcare Leadership Council: Mary described the role of the NHLC and how the organization works to bring often-disparate healthcare stakeholders together based on similar fundamental principles, such as the power of competition and choice in healthcare. Mary provided her thoughts on a variety of topics important to the NHLC, including: Medicare (especially the future of fee-for-service Medicare), drug pricing and innovation, health information technology and patient safety, the role of consumer-oriented financial incentives, and others. We also covered the AHCA and her impression of what may happen with the Senate version. She described her hopes for future reform that allows more flexibility in Medicaid. She recommended that we speak with Rep. Greg Walden, Chair of the Energy and Commerce Committee, if possible.

### **Wednesday, June 21**

Tiffany Guarascio, Minority Deputy Staff Director, Committee on Energy and Commerce, Subcommittee on Health: Along with Tiffany, we also met with: Kim Trzeciak, Rachel Pryor, and the other staff members of the health subcommittee. After introductions, we provided an overview of our health policy interests. I described that I had interest in Medicaid health delivery reform, public health issues, and potentially drug pricing (based on my engaged conversation with Mary the previous day on the topic). The Energy and Commerce Committee has a surprisingly broad role on a variety of health issues of interest to both fellows, but primarily myself, especially given their jurisdiction over Medicaid issues. As with Ways and Means, we discussed the structure of the committee, how it differs from other House committees, their relationship with Senate and majority counterparts, and their daily operations. Tiffany and other recommended that we speak with Olivia, the current fellow, regarding her time with Energy and Commerce. In terms of other meetings,

they recommended Patrick Conway, Tom Frieden, Margeret Hamburg, Francis Collins, Andrew Snyder, and Henry Waxman.

Chip Kahn, President and CEO, American Federation of Hospitals: Chip explained his ideas and perceptions of the fellowship, including advice on our placements. Specifically, Chip advised that we ensure we know clearly who our mentor and supervisor will be before starting at the placement. In addition, he recommended that we speak with people in the administration (e.g. CMS). He gave us some contact information and suggested that we build up from the bottom within the organization(s) in order to make contacts on our own as we go. Like others, he suggested not getting wrapped up in what our jobs will be post-placement, but to enjoy our time while in our placement. Some people he recommended include Joe Grogan at the OMB, Lance Leggitt at HHS, and John Brooks at HHS, among several others.

Miraya Jun, former fellow: Miraya described her time working in Pelosi's office, and specifically working under Wendell Primus. Similar to previous conversations with Adrianna McIntyre, also a former fellow, she explained the virtue of working in a leadership office compared to a committee; i.e. management of a variety of legislation and the name opening doors.

#### **Thursday, June 22**

Margaret Garikes, VP Federal Affairs, and Thomas C. Roberge, Jr. (T.C.), Senior Assistant Director of Division of Congressional Affairs, American Medical Association: We met with both Margaret and TC, who were extremely helpful in understanding the policy process from the perspective of a large (one of the largest), and unique, trade association. Both had deep insight into the intricacies of the AMA's involvement in and lobbying around large legislation such as the ACA and MACRA, especially, and the organization's involvement in rewriting agency regulations based on those statutes. I learned a lot about their role than I knew before. Like others, we discussed their predictions into the AHCA vote, given that new news released the morning of this meeting

Bruce Fried, Partner, Dentons US: Although we were initially wary of a new stakeholder (a law firm), we quickly found our stride with Bruce. Foremost, we asked Bruce to explain the role that his law firm, and firms in general, play in the healthcare policymaking process. We also discussed his role in what was previously known as the Healthcare Financing Administration (now CMS). Through this discussion, we learned about the rulemaking process within an agency like CMS and the pros and cons of how the rulemaking process has changed over time. I found the broad role that the firm plays in direct policymaking with lobbying efforts (especially to administration), litigation, and through their large healthcare sector clients to be interesting. More in the weeds, we discussed policy issues mainly around ACOs, which is (one of) Brian's expertise. Brian recommended speaking with several people within CMS, such as Cheri Rice and Patrick Conway. Per our conversation about ACOs, he mentioned Clif Gaus as well – the head of the National Association of ACOs.

Chris Jennings, Founder of the Jennings Policy Strategies: Chris was keen to learn more about our policy interests and how our placements could best fit those and our future career aspirations. Based on our previous meetings with House committees and our conversation with Miraya about working with Primus, Chris gave his insight into the virtues and value of leadership versus committee. He strongly recommended ensuring that stakeholders were present on our list of meetings, given their strong and maybe growing role in the process. We discussed some policy issues such as the Cadillac tax, the stability of the non-group marketplaces, essential health benefits, and the new Senate AHCA bill's impact on these aspects of the ACA. Uniquely, Chris recommended that we speak with people at the Departments of Treasury and Labor, on which we will follow up. In addition, he recommended a variety of agencies to keep in mind, such as OPM, CMS, CDC, and FDA.

Tim Engelhardt, Director, Office of Medicaid and Medicare Coordination: We started our conversation discussing our educational and personal backgrounds. We then discussed the major issues facing the Coordination Office and the unique position, historically, the Office has had in healthcare politics – both externally and within the Centers for Medicare and Medicaid Services. Between the two of us, the dual-eligible population is of interest to both Rachel and I – representing an interesting policy issue that affects a significantly vulnerable and diverse population groups (e.g. aging and poor, people with disabilities, etc.). Many of the issues we discussed with Tim were quite technical but important to the actual lives of the dual-eligibles. I enjoyed our conversation about the Office's sometimes controversial demonstration projects involving nursing homes and other care delivery innovations. One broad theme precipitating from our meetings thus far is the vital role of aligning financial incentives with healthcare quality and cost goals, especially in healthcare system that relies heavily on publicly-funded, yet privately provided care coordination.