Winston Fellowship Weekly Report

Week 7: July 31 – August 4

Monday

Frederick Isasi, Executive Director, Families USA:

In addition to discussing Mr. Isasi's transition to FamiliesUSA from the National Governor's Association, Mr. Isasi provided enthusiastic advice regarding our fellowship placement and how to ensure we get the most out of the experience. He drew from his experience working on the Hill himself and as well as bipartisan organizations like the NGA. Like some other meetings, he pitched the idea of working for a specific Senator (on a committee of jurisdiction) in order to get connections with state issues, such as public health and Medicaid innovation, depending on the member's interests and enthusiasm towards health. Regardless, he emphasized that our number one priority should be to own something during our placement. He further emphasized three characteristics important to Hill work: 1) be inquisitive, 2) have strong strategic judgment (remember there is still a hierarchy on the Hill) and 3) exhibit the willingness to do anything.

Marty Reiser, Deputy Policy Director, House Majority Whip:

We appreciated Marty's perspective on the passage of the Affordable Care Act, and some of the nuanced disagreements that transpired on the House side, such as the diminishing role of cost containment over time, to the chagrin of conservatives. Further, I personally thought it was interesting to hear his take on the trade off between expanding Medicaid coverage in the ACA to the "able-bodied" versus increasing funds and quality for those already in Medicaid. For the future, he noted that even the whip's office does not have a clear picture of healthcare reform, although cost sharing reduction payments are on everyone's minds, along with some changes to 1332 waivers to improve state flexibility in health delivery reform. We enjoyed our conversation with Marty and getting a sense of the strategy in the whip's office. We wished Representative Scalise a full and expeditious recovery.

Bobby Clark, Co-Founder, Concordis:

Mr. Clark discussed his background before, during, and after health reform. We enjoyed hearing about his transition from the federal government to starting his own consulting company. I think his experiences affirm that some kind of expertise or ownership from the fellowship would be a useful tactic; it seems he was able to translate much of what he did on the Hill to the Administration and then now to gaining business. We also talked about our placements and his perspective on the Hill versus working in the administration, in general, which fit themes we have heard in previous interviews.

<u>Tuesday</u>

<u>David Bond, Deputy Chief of Staff, Office of Congresswoman Clark:</u>

We have not met with many Democrats on the House side, so we gained a new perspective from Mr. Bond. Like other people we have met, his transition to the House and with Congresswoman Clark came from work on campaigns rather than direct policy work. We

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discussed Rep. Clark's major health policy interests, including women's health, childcare, nutrition, and mental health for mothers and children, all of which are well-integrated policy problems. He mentioned that Clark was a strong believer in bipartisan work, and rarely submits a bill without a Republican counterpart. Because Clark also represents a biosciences heavy district of Massachusetts, he also emphasized her involvement in biotech policy and NIH funding.

Sophie Trainor, Senior Policy Advisor, Office of Congressman Guthrie:

We appreciated Ms. Trainor's longer-term perspective on healthcare policy in the House. Like others, she mentioned that CHIP reauthorization is imminent, but uncertain whether either chamber would attempt to include other health reform efforts within CHIP. She mentioned that, unlike a more traditional process, off-committee members have been a significant hurdle for healthcare legislation, which is something we may continue to hear in the future on such a divisive issue. She recommended meeting with people in Senator Murray's office.

<u>AHIP</u>

- Matt Eyles, Executive VP, Policy and Regulatory Affairs
- Adrienne Morrell, Executive VP, Federal and External Affairs
- David Merritt, Executive VP, Public Affairs and Strategic Initiatives

Our meeting this week with AHIP was cut short because of an important conference call, but Matt has already reached out to apologize and reschedule a new meeting in the future. Because of the time restriction, we dove straight into one of our central policy questions: what is AHIP doing regarding cost sharing reduction payments? Coincidentally, the phone call that limited our meeting was on this very subject. In short, AHIP is currently living month to month on the issue and doing significant education to the Hill and journalists. They emphasized that removing CSRs would simply exacerbate current problems, leave more markets without insurers, and cause financial challenges for insurance companies. In addition to CSRs, they mentioned that some form of universal reinsurance and changing the tax credit structure to allow more benefit flexibility would be other priorities.

Wednesday

<u>Diana Meredith, Deputy Chief of Staff, House Committee on Budget (minority):</u>

Ms. Meredith was a fun meeting and we enjoyed her clever words of wisdom from her long-term perspective on the Hill. She was one of many people we have met in our meetings that only stumbled upon healthcare, but have since become an expert. We discussed her specific role and daily activities on the Budget Committee, such as their oversight relationship with the CBO and other committees like Energy and Commerce and Appropriations. She expressed concern that the CBO will continue to face backlash, with hearings scheduled by her majority counterparts for this fall. In addition, we discussed the minority position on fiscal policy as it relates to health, such as the need for systemic approach to "efficiency" (including but not mainly market-based) and the role of taxes to generate revenue.

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<u>Ed Grossman, Senior Counsel, Jessica Shapiro, Counsel, and Michelle Vanek, Counsel, House</u> Office of Legislative Counsel:

The House Office of Legislative Counsel is a unique place and one of the most opaque congressional institutions that we have met with thus far. The website was helpful, but we certainly learned a lot more about in the meeting than we would have otherwise. I think the office has a very difficult position, especially in the House where they have a lot of members to answer. We discussed specifically their strictly non-partisan and confidential role in formulating and drafting legislation. The technocratic nature of their office stands in stark contrast to the rather political offices we met with earlier this week, even committees, but the culture reminds me of other places like GAO or CBO. In the end, I will especially take to heart some of their policy words of wisdom based on their years of working on legislation, such as: always keep in mind what problem you are trying to fix.

Thursday

<u>Sara Rosenbaum, Harold and Jane Hirsh Professor of Health Law and Policy, GW University</u> School of Public Health:

We had a great chat about our placements and her perspective on important issues, like the new CMS administration and the future of Medicaid. For me, she further emphasized the role that individual states and waivers will play in future healthcare delivery innovation, for better or worse. One specific piece of wisdom I will keep in mind is her take on the current political divide over healthcare. The two parties have very different perspectives on the role of "collective action" in society as a whole, which creates significant challenges when trying to fix health insurance markets, for example. She recommended that we meet with MACPAC if we get the chance.

Tom Borck, Budget Analyst, Budget Committee (majority):

Tom gave us a great overview of the function of the Budget Committee from the Senate perspective anyway. It was a helpful coincidence that we recently met with Diana Meredith on the House Budget Committee minority, in order to compare and contrast perspectives and have better questions for Tom. We asked about the relationship between the current majority and the CBO, and what future action may arise. Further, we learned more about the growing importance of the reconciliation process, which involves the Budget Committee. In terms of future healthcare legislation, he mentioned that repeal and replace was not entirely dead, given that reconciliation could occur until a new budget was introduced. He recommended that we meet with Matt Hoffman in the Speaker's office.

Beth Fuchs, Principal, Jean Hearne, Principal, Health Policy Alternatives:

We enjoyed learning more about Health Policy Alternatives, which has a unique, horizontal structure and diverse clientele. Most of the staff have Hill or Congressional Research Service background, which translates well into their current work providing health policy analysis and educational services to the private sector. I found their work for trade associations interesting, specifically; they will conduct member surveys to help associations to better establish their policy positions. We also discussed our backgrounds at length and their thoughts on our

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placements, which is always welcomed from such experienced staff. They encouraged us to have a meeting with people at CRS, and will follow up with some names and connections.

Andi Fristedt, Senior Health Policy Advisor, Senate HELP Committee:

We met with Ms. Fristedt as a follow up conversation to our first meeting with HELP which was somewhat cut short earlier in July. In this meeting, we asked more pointed questions about what it would be like to work on HELP as a fellow, and what projects we may end up working on given their best guess of future legislation. She made a solid pitch for HELP and the Senate, especially given the positive relationship between the Chairman Alexander and Ranking Member Murray, which may lend to bipartisan bills in the future. We discussed the possibility of marketplace stabilization package, public health and pandemic preparedness legislation, and other issues that may be attached to CHIP reauthorization. We will continue to stay in touch in the next few weeks.

Friday

Chris Dawe, Vice-President of Transformation, Evolent Health:

Chris graciously took us to lunch in Ballston. We discussed his career trajectory and his current work at Evolent Health, which works with providers across the country to transition their business and operations towards value-based care. I think it is always interesting to hear about innovation happening on a much smaller level than national health policy, especially health systems or at least the state level. We also gained valuable insight from his experiences working in the administration and on the Hill.

<u>Paul Edattel, Chief Counsel Subcommittee on Health, and Josh Trent, Deputy Chief Counsel, Energy and Commerce Committee (majority):</u>

One of the most valuable components of this fellowship has been the bipartisan exposure to the Hill, from member offices to committees. Mr. Edattel and Mr. Trent were happy to meet with us despite the busy weeks that preceded the current recess. We learned a lot about their role in the AHCA negotiation and the preparation that went into that bill. They both emphasized, as others have as well, the role that off-committee members played in AHCA, in contrast to regular procedure. We also learned more about the special considerations necessary putting together such legislation for reconciliation from the House side, which includes more Senate, Budget Committee, and Parliamentarian involvement than normal. Similar to their minority counterparts, we also discussed their day-to-day activities such as member education on healthcare issues.