

WINSTON FELLOWSHIP REPORT: WEEK 1**June 19, 2017**House Ways and Means Committee, Minority Health Staff

Our first official meeting as Winston fellows was with the House Ways and Means Committee Subcommittee on Health minority staff. More than anything, I was struck by the breadth of responsibility on the shoulders of such a small number of full-time staff members – three. As neither Michael nor I have prior Hill experience, we spent a lot of time during our discussion learning about the jurisdiction of the Ways and Means Committee relative to the Energy and Commerce Committee. When asked about the issues they expect to spend time on over the next year, staff members mentioned tax reform and DSH payments, noting that future work is dependent on what happens to the AHCA bill in the Senate.

Susan Winston

Meeting Mrs. Winston at the end of our first day of the fellowship was a great opportunity: She provided us with context for the rationale behind the initial launch of the fellowship and the first health “prom” 30 years ago. She also shared a personal perspective on David Winston, describing his path from Boise, Idaho, to the military, to California – and finally, to DC. Throughout his career, his goal was to provide the “greatest amount of health care to the greatest number of citizens without the country going broke,” she said. When asked about the most important aspects of the fellowship, Mrs. Winston pointed to the breadth of exposure, encouraging us to be prepared for new opportunities when they present themselves.

Erin Richardson

Erin welcomed us as Winston fellows on our first day with dinner at Rasika in Penn Quarter (one of her favorite restaurants in town). She provided us with her words of wisdom about the fellowship, reminding us to take advantage of the once-in-a-career opportunity to spend a year simply learning and talking to some of the most prominent leaders in the field. Enthusiastic about all that awaits us, Erin emphasized that we should try to focus on the present and not worry so much about our placements this early in our tenures.

June 20, 2017Virgilio Barrera & Louis Agnello

Having met with committee staff the previous day, we had the opportunity to talk to Virgilio Barrera (Legislative Director) and Louis Agnello (Senior Counsel for Health) in Sen. Martin Heinrich’s office. We spent a portion of our meeting discussing the differences between the day-to-day operations of personal offices and committee offices, and the types of responsibilities we might have in each during our placement. Specifically, Mr. Barrera suggested that staff in personal offices spend a lot more time fighting for “good” policy, whereas committee staff members are often the recipients of policy proposals. We also discussed differences between working in the

House and the Senate, as both Mr. Barrera and Mr. Agnello had previously worked in the House. They noted that Senate offices tend to have larger staff and more seasoned professionals, on average, and that there is often more politics on the House side. Finally, we discussed their projections for the AHCA Senate bill. Unlike many others we had spoken to, they suggested that a bill that passed the Senate might be too moderate to pass the House.

Joe Antos

Dr. Antos treated us to lunch in the new AEI building on Mass. Ave. near Dupont. Both Michael and I spent time talking more about our professional experiences and what we hoped to gain from our respective fellowship experiences. Naturally, conversation quickly turned to a policy discussion about the AHCA and impending Senate plan. Dr. Antos said he wished reform efforts focused more on bottom-up approaches rather than top-down mandates, which he suggested was the problem with the ACA. He discussed the importance of integrating research into policymaking and suggested that, as a health care system, we ought to focus efforts on making claims easier to manipulate so that we can be more efficient in analyzing data to inform policy.

Mary Grealy

Ms. Grealy introduced us to her organization, the Healthcare Leadership Council, which, she said, was founded on the idea that if we believe in innovation and forward progress, we must work across traditional siloes. As such, the organization includes 50 members from every major health care stakeholder group (e.g., patients, providers, payers), all of which are “early adopters” of various reform efforts. She said that her organization acts as an educational resource, focusing on helping clients answer two questions: 1) What do you want the system to look like in the long term? And 2) what principles do we all share? Ms. Grealy said that HLC has established buy-in for this approach to cross-sector collaboration because its member organizations recognize that issues affecting one stakeholder group today will affect another tomorrow. Specifically, she mentioned that members all agree in the importance of working on data/analytics with the goal of achieving widespread interoperability. But, she said, some issues are more difficult to develop consensus on, providing the example of the 340B drug pricing program. During our conversation, we also discussed the AHCA bill and the potential path forward. Ms. Grealy provided some insights, suggesting that, among other things, she expects to see age- and income-related tax credits (not just age like the original House plan) and the use of 1332 waivers to allow for flexibility in amending essential health benefits at the state level. Finally, we discussed her current efforts to try to repeal the Independent Payment Advisory Board, which had been established by the ACA, but never got off the ground for various reasons.

June 21, 2017

House Committee on Energy and Commerce, Minority Health Staff

We spent part of the morning meeting with the minority health staff on the Energy and Commerce Committee. The seven individuals who participated in the discussion represented the full spectrum of health issues over which the committee has jurisdiction – public health issues, women’s health, food-related policy, tobacco, health information technology, durable medical equipment,

Medicaid, long-term care, CHIP, prescription drugs (through the FDA), ACA-related private insurance, and Medicare Part B. In addition to reiterating some of the differences between the House and Senate committee structures, interviewees spent a large portion of the meeting detailing the many processes associated with preparing for, holding, and following up on committee/subcommittee hearings. The staff emphasized the importance of E&C committee meetings, noting that the health subcommittee holds more hearings than most committees. We learned about the importance of messaging in crafting an effective context-driven agenda for hearings. Based on this understanding, staff members said they look for appropriate witnesses, develop hearing memorandums, craft questions for committee members to ask during hearings, and develop counter-arguments to majority committee member arguments. Staff members suggested that, depending on the outcome of the AHCA bill, some of the most prominent issues on the agenda for the next year might include: the over-the-counter drug user fee program, Medicare extenders, and CHIP reauthorization (a “must pass” bill). Finally, they recommended a number of individuals – on and off the Hill – with whom we should speak in the coming months.

Chip Kahn

We met Mr. Kahn for lunch at Tortilla Coast, a lunchtime staple near the House. We spent much of our time together discussing the fellowship – and how Michael and I could make the most of our experience. Mr. Kahn recommended that we consider offices based on direct mentorship opportunities with staff members, suggesting that the best experiences stem from cultivating strong professional connections with a more seasoned staffer in a personal or committee office. To get a more well-rounded picture of policymaking, he also recommended a number of administration officials with whom we should connect during the fellowship. We also briefly discussed the topic on everyone’s mind right now: the future of the AHCA. Mr. Kahn said he did not know whether the bill would pass the Senate – or what it would look like – but he hypothesized that it would most certainly pass the House, likely unaltered, if it passed the Senate.

Miraya Jun

Miraya met us in Eastern Market at Peregrine Espresso during her day off (she is currently working as a nurse in town). We learned about her time working for Rep. Nancy Pelosi during her tenure as a Winston fellow. Miraya said it was a great opportunity, and she learned a lot – but she warned that success in that office depends on advocating for and proving oneself. She said that she started out as more of an intern-level worker and had to move her way up the ranks over the course of the nine months. As a nurse now, Miraya said that she appreciates her time as a Winston fellow because it has provided her with a firm grasp of the inner workings of the health care system, enabling her to navigate the industry with more confidence.

June 22, 2017

Margaret Garikes and T.C. Roberge

We met Ms. Garikes and Mr. Roberge for lunch at Bistro Bis near the Senate. As this was our first meeting with representatives of a major lobbying/advocacy stakeholder group, we spent a lot of time learning about the AMA’s internal policies and procedures as well as its external interactions

with the administration and the Hill. Both Ms. Garikes and Mr. Roberge explained the AMA's internal democratic processes for developing consensus on specific policies among member constituents – as well as the challenges associated with working with disparate provider groups across the country to develop policy. The two noted that the AMA works a bit differently than other similar health care stakeholder organizations, which often develop policy in Washington, rather than giving equal weight to its consistent members outside the Beltway. Describing the way the AMA works with the Hill to develop policies, Mr. Roberge provided a detailed example of his experience working on the MACRA legislation. Such work relied on numerous meetings with the Hill. Ms. Garikes then described her role on the back-end implementation side of the legislation, interfacing with the White House and Department of Health and Human Services to assist in the development of regulations. Seasoned veterans at the AMA, both Ms. Garikes and Mr. Roberge said they love their jobs at the AMA – specifically citing the great team they work with as the reason for this. When asked for input on our placement choices, both Ms. Garikes and Mr. Roberge suggested we focus our efforts on the Hill.

Bruce Fried

We traveled to Mr. Fried's office on 19th and K at Dentons to learn about his work in health care law – an area of the health care industry to which neither Michael nor I had ever been directly exposed. We spent the first part of our interview discussing Mr. Fried's experience working for the then-Health Care Financing Administration as director of the managed care office during the Clinton administration. As we had not yet spoken to administration officials, I asked him to discuss the rulemaking process from the internal CMS perspective. He described the challenges of reconciling public comments on proposed rules and publishing final rules in the Federal Register. He also mentioned barriers he faced working on Medicaid and Medicare managed care programs at a time when uptake in such plans was so low. Mr. Fried also discussed the work he and, more broadly, his law firm focuses on currently, discussing, specifically, his work on developing regulations for accountable care organizations and mentioning a number of other issues, including: fraud and abuse, Medicare Advantage plans, technology, non-profit health care financing, tax issues, etc. Mr. Fried summed up the conversation by noting that “law is the codification of policy.”

Chris Jennings

Mr. Jennings met us at Paul in Metro Center, near the Winston office. We spent most of the conversation talking about our placements and how we could make the most out of our fellowship. He suggested that, thinking ahead to our future careers, we should consider that there is a bias in the outside world to committee positions on the Hill, so we might want to seriously consider House or Senate committees for our placements. In the near term, he provided some additional suggestions for meetings we ought to schedule, specifically noting that the Treasury and Labor departments should not be forgotten for their respective roles in health care financing. He additionally suggested we reach out to individuals at the VA, OPM, and offices within CMS (i.e., Medicare office, Medicaid office, CCIIO, Office of Health Reform, and Administration on Aging). We also discussed the current AHCA Senate bill and Mr. Jennings' projections for its future passage.

June 23, 2017

Tim Engelhardt

Our meeting with Mr. Engelhardt was our first entrée into HHS and the administration. Having worked in the Federal Coordinated Health Care Office since it was established by the ACA, Mr. Engelhardt shared his unique perspective on the role of the “duals office” and its broad objectives. We discussed the challenges of working for an office with a mission that crosses divisions and agencies and the administrative barriers to working across federal programs. Still, he said, the opportunity to work on behalf of a specific population group – rather than for a program – and with bipartisan support was a rare one in the federal government, one that he does not take for granted. More specifically, we discussed the Financial Alignment Initiative (also referred to colloquially as the “duals demonstrations”) and some of the intricacies of implementation, including the imperfect decision to create a system of passive enrollment. Mr. Engelhardt also asked me about my research work evaluating the CMS Nursing Home Value-Based Purchasing Demonstration several years ago, and we compared the structure of that program with the nursing home demonstration his office is currently overseeing to reduce all-cause hospital readmissions among dually eligible nursing home patients.

Cybele Bjorklund

I met Ms. Bjorklund up in Friendship Heights at the end of the day on Friday for our mentor-mentee introductory meeting. Among other things, we discussed my early thoughts on a placement office, and she noted that, while she was probably biased from personal experience, I ought to give preference to committee offices on the Hill. She encouraged me to reach out throughout the next few months – and then during my placement – whenever I had a question. We also talked a bit about her career trajectory and her decision to take a position at Sanofi.