

WINSTON FELLOWSHIP REPORT: WEEK 3

July 5

John Rigg, HRSA and Former Fellow

We met John for lunch downtown and learned about his current position in the White House Leadership Program. He explained how he had been working on policy around behavioral health for veterans under the Obama administration and how his role had changed under the Trump administration to working on cultivating cross-agency data collaboration. Among other things, we talked about his time working for the Ways and Means Committee during his fellowship and how his responsibilities on the committee changed when he went from the minority to the majority after the 2006 election cycle. He recommended we continue to keep an open mind when considering placements for the fellowship but said he enjoyed his time working for the House.

Robert Moffit, Heritage Foundation

Dr. Moffit provided us with a thorough history lesson of the health care insurance industry's evolution during the first half of our meeting, bringing us back to the World War II era when between three to four percent of American citizens had health insurance. He explained that health insurance was offered as a means of increasing wages during wartime. Coupled with a boom in biomedical research, the rise in employer-based coverage created a new health care environment in which antibiotics and diagnostic technology were now available and people also had the means to pay for them, he said. He emphasized that the Heritage Foundation's position on health care reform has been informed by this history: To fix the health care system, we must first fix its financing. Dr. Moffit said he believes in a national tax system, which includes subsidies for the poor and tax breaks for employers who choose to offer coverage. When asked about the Heritage Foundation's previous support for the individual mandate and its current position in favor of continuous coverage, Dr. Moffit clarified, that, originally, he supported an individual mandate for catastrophic coverage only but recognizes the challenge of enforcing even that type of mandate in a society skeptical of regulations and composed of people who "hate being pushed around." He admitted that he was not sure that continuous coverage as a "stick" would work, either, and suggesting that the best approach to encouraging health insurance uptake would be through positive incentives to get coverage (e.g., through age-based tax credits or enrollment in preventive health programs).

July 6

Charlene MacDonald, Office of the House Minority Whip Steny Hoyer

Ms. MacDonald compared the time she spent working on the Senate Budget Committee with her current work in a leadership office with Rep. Hoyer. She said that during her time with the Budget Committee, her work focused in helping her team clear bills before they went to the floor, explaining that a lot of the work for that committee was very much "in the weeds." In contrast, her work in Rep. Hoyer's office is more individual in nature, as she is the lone health policy advisor. She discussed her close relationship with Leader Pelosi's office, providing the MACRA legislative

process as an example. Finally, we learned about her role working with the communications team to create the Democratic Party's message on various policy issues.

Leif Brierly and KT Kramer, Former Fellows

We met Leif and KT for lunch, sharing some of our experiences from the first two-and-a-half weeks of the fellowship. They both described the work they did in their respective placements – Leif at Sen. Michael Bennet's personal office (D-CO) and KT in the Senate HELP Committee. Leif explained the benefits of working in a personal office for a purple state and a senator on both the Senate Finance and HELP Committees, while KT described the work she did on the 21st Century Cures Act. We also discussed their approach to searching for a job at the conclusion of the fellowship and the reasons they decided to take jobs in the private sector rather than on the Hill.

Wendell Primus, Office of the House Minority Leader

At the request of Dr. Primus, we went back to his office to discuss my research on live discharges from hospice. I presented him with a brief one-and-a-half page summary of my research. He asked that I send him a follow-up email with suggestions about the type of authority Congress should give CMS.

July 7

Andrew Roszak, Child Care Aware of America

Andy took us to lunch near his office in Court House, and we learned about his unique career trajectory – from his background as a paramedic and firefighter to his shift toward law and then public health. Throughout these different roles, Andy implicitly emphasized the importance of working across siloes to develop creative cross-sector solutions to public health issues. He described some of the administrative and bureaucratic hurdles he has overcome in his emergency preparedness work, previously, at the National Association of County and City Health Officials and, presently, at Child Care Aware. In his current role, he connects parents – particularly military families – with regional child care services and develops infrastructure/plans to ensure such services are available to families shortly following emergency situations. It was fascinating listening to Andy describe these duties and the challenges with providing families with child care services nationwide: I had never been exposed to any of these sectors in my professional or academic life, and I thoroughly enjoyed the opportunity to ask Andy questions.

Keith Fontenot, Hooper, Lundy & Bookman

The first interviewee we met with significant OMB experience, Mr. Fontenot described his role working for the executive during ACA passage from 2009-13. Specifically, he explained the way he interacted and collaborated with senior administration officials in the White House and HHS to develop and push the ACA through the legislative process. He piqued our interest in OMB's role in health care delivery and reform, noting that OMB touches three areas: 1) regulations, 2) money, and 3) paper (e.g., policies, statements, and testimony). Interestingly, he explained how OMB's

role in the administration and health reform changed according to the year of the administration. The first two years, he said, OMB was deeply connected with the White House's policy agenda, but during the third year, when re-election became the focus, priorities shifted, and OMB was less central to the process. Mr. Fontenot also described various instances of competing visions clashing during ACA development, and said that he thought that was a good thing – that presidential power is well served by such diverse competing interests because policies are moderated to support a variety of positions and perspectives. Mr. Fontenot kindly provided us with additional recommendations for colleagues and friends of his with whom he suggested we meet.