

**WINSTON FELLOWSHIP REPORT: WEEK 7****July 31**Frederick Isasi, Families USA

Mr. Isasi enthusiastically welcomed us to his office, where we discussed his time as a staffer on the Hill and his current work at Families USA as a patient/consumer advocate. Mr. Isasi encouraged us to think beyond our fellowship to consider the types of positions we want to have when we are done with our placements; this type of long-term thinking, he said, would serve us well when deciding where we want to land as a fellow for the next nine months. He also said that, in his experience, the successful fellows: 1) were inquisitive and intellectually curious, 2) exercised good judgment and an understanding of the existing hierarchies, and 3) showed a willingness and desire to do anything. Shifting to Families USA, Mr. Isasi said “we are the voice for the voiceless” – and spent a little time talking about some of the innovations going on at the state level on payment delivery reform, behavioral health integration, and housing, among other things. He said that the key to get both parties to the table on health care is to start by talking about efficiency and using data.

Marty Reiser, Office of the House Majority Whip

Having met with Charlene MacDonald in the House Minority Whip’s office a few weeks earlier, it was great to have the opportunity to meet with Mr. Reiser on the other side of the aisle. Mr. Reiser discussed his path to the Whip’s office, which included work at the RNC during the Clinton health plan debates in the 90s, work at a think tank, experience in the private sector, and work on the Ways and Means committee from 2011-14. Mr. Reiser observed that for the last several decades, Congress has passed major health care legislation every few years – and, given that pattern, it is currently overdue. In addition to discussing policy, we also learned about the role of the Whip’s office in the context of House leadership: Mr. Reiser said that, more than anyone else, the Whip is responsible for meeting with members and groups of members and interfacing with the 75 assistant Whips. Finally we expressed our concern for Mr. Scalise and wished him a speedy and full recovery.

Bobby Clark, Concordis

It was helpful to have a chance to meet with Mr. Clark, who had previously worked on the Hill (on the Energy and Commerce Committee), in the private sector, and as an appointee at HHS during the Obama administration. Like others, Mr. Clark emphasized the importance of finding an office on the Hill where we enjoy working for both the member and staff director. When asked to compare his experiences on the Hill and at HHS, Mr. Clark said that Hill staff members are close to the decision-making due to the absence of bureaucratic structures that exist at HHS. Still, he said that he enjoyed the opportunity to interact with other government agencies while at HHS – something he did not experience during his time on the Hill.

**August 1**

### David Bond, Office of Rep. Katherine Clark

Mr. Bond described his path from the campaign world after college to the Hill, where he worked with a couple other representatives before landing in Rep. Clark's office. He noted that the Congresswoman is committed to sponsoring bipartisan bills, Mr. Bond said. Specifically, we discussed her work on opioids and post-partum depression. Given the location of the district and the plethora of researchers and clinicians in the area, Mr. Bond said that his office has vast resources to pull from when working on legislation.

### Sophia Trainor, Office of Rep. Brett Guthrie

A senior policy advisor for Rep. Brett Guthrie, Ms. Trainor described the range of health issues the congressman has been focusing on over the previous few months. Because of his position as vice chairman on the Energy and Commerce Subcommittee on Health, Rep. Guthrie has focused much of his efforts on the AHCA and the opioid crisis. Specifically, she said he spent a significant amount of time educating his fellow congressmen and congresswomen on the details of the Medicaid program and why he thinks block grants are a bad idea. As we consider our placement positions, Ms. Trainor suggested we ask "what are my issues?" before accepting a position; she noted that valuable experiences will come from owning some kind of longer term project – however small – while helping the team respond to shorter term needs.

### Matt Eyles, Adrienne Morrell, and David Merritt, AHIP

With all the uncertainty around the Trump Administration's willingness to continue financing CSR payments to insurers for the individual marketplace, we had a brief meeting with representatives from AHIP. Mr. Eyles, Ms. Morrell, and Mr. Merritt explained their roles as executive vice presidents within the organization – for policy and regulatory affairs, federal and external affairs, and public affairs and strategic communication, respectively. Mr. Eyles explained how AHIP decided to take strong positions about certain parts of the AHCA and BCRA (e.g., the Cruz Amendment) but preferred to be less public about its broader stances on the bills to ensure a seat at the table during the negotiation process. The group admitted to extreme concern about the potential loss of CSR payments, noting the severe consumer impact.

## **August 2**

### Diana Meredith, House Committee on Budget, Minority Staff

With years of experience working on the House Budget Committee, Ms. Meredith described her office's role in setting fiscal policy and overseeing the Congressional Budget Office (CBO). She noted that because Democrats and Republicans have longstanding disagreements on budgetary issues, this committee is likely more partisan than most. She said in terms of approaching health care, Democrats believe that the system needs more revenues because the magnitude of benefit cuts needed to ensure fiscal sustainability would be cruel. Instead, Democrats believe in finding ways to increase efficiency in the system; over the long-term, she said the country will be better off economically if it has prosperity. On an annual basis, she said she responds to the president's

budget every year when it comes out (usually in February, but it has been later in recent years), and her committee holds hearings, normally with the cabinet secretaries, including HHS, Treasury, and DOD. She also discussed the support her committee provides to authorizing committees.

### Ed Grossman, Jessica Shapiro, and Michelle Vanek, Office of Legislative Counsel

It was interesting meeting with representatives from the Office of Legislative Counsel, as I had no prior knowledge of this particular office. Mr. Grossman, Ms. Shapiro, and Ms. Vanek have all developed expertise drafting health-related legislation, with decades of work in this office. They encouraged us, as potential future staffers, to fully consider the “problem” we are attempting to solve with a given bill before reaching out for their expertise. They also discussed their role as impartial and confidential counsel to their clients, who represent individuals on both sides of the aisle.

### **August 3**

#### Sara Rosenbaum, GW

It was a privilege to meet Ms. Rosenbaum, an author of many articles and papers Michael and I read during our graduate school studies. Most interestingly, we discussed the difference between research and policy analysis, which, she said, many people within the government confuse. Research, often a lengthy process, is about creating knowledge and evidence, while policy analysis – always quick-turnaround work – involves the aggregation of existing knowledge to inform solutions. On the Hill, she said, we will be focusing on the latter of these two forms of work, and the most helpful placement will be an office that enables to get first-hand exposure to rapid-cycle analysis products. She also suggested we consider personal offices on the Senate side for states that could have a lot of future action on Medicaid waivers, such as New York, California, and Massachusetts.

#### Tom Borck, Senate Budget Committee, Majority Staff

We had the opportunity to meet Mr. Borck from the Senate Budget Committee (majority) a day after sitting down with Ms. Meredith on the House side (minority), which provided us with a chance to ask more specific questions about the different dynamics on the House vs. Senate side in addition to the types of issues most likely to come up in each committee. Unlike in the House, Mr. Borck indicated that the minority and majority have a working relationship on the Senate side. Because Mr. Borck works primarily on Medicaid and public health issues, he described working on the BCRA and his role in helping ensure the bill stayed within the scope of the reconciliation process. We also spent a little time talking about the committee’s oversight responsibilities for CBO, which has come under scrutiny for its estimates on the recent health care bills.

#### Beth Fuchs and Jean Hearne, Health Policy Alternatives

Having met with dozens of private sector organizations around DC already, Michael and I found it interesting to learn about Health Policy Alternatives (HPA), which plays a slightly different role for its clients than many others. Dr. Fuchs and Ms. Hearne described the organization as working

in a Congressional Research Service (CRS)-like capacity for the private sector (both previously worked for CRS for a long period of time). HPA has a long-standing relationship with many of its clients – some, since the organization was founded in 1978 – and helps them navigate the legislative and rulemaking processes. Dr. Fuchs and Ms. Hearne said that oftentimes this work yields white papers, presentations, or larger analyses, in addition to supporting clients with drafting comments in response to proposed rules. Most of their colleagues have CMS background, they said, which helps them provide their clients with a unique and nuanced perspective on the rulemaking process.

### Andi Fristedt, Senate HELP Committee, Minority Staff

We had the opportunity to meet with Ms. Fristedt a second time to learn more about the HELP committee and a potential placement with the health subcommittee. Ms. Fristedt emphasized that fellows are fully integrated with the permanent staff, attending all meetings and receiving some portfolio of work – either to lead on their own or to collaborate with another staff member. In the fall she anticipated that the committee might need assistance on the public health and preparedness side, possibly on women’s health, and also possibly on FDA work. Unfortunately, she said that the committee already signed on a detailee and another fellow, the former of whom will likely work with Colin on the private insurance marketplaces. Still, she said that if one of us decided to join the staff and had a specific interest in that area, they might be able to work out an arrangement to carve out a small piece of that work.

### **August 4**

### Chris Dawe, Evolent

We had heard Mr. Dawe’s name in a number of other meetings, so it was great to have a chance to meet with him. With experiences working on the Hill (Senate Finance Committee), at HHS, and at the White House – in addition to his current job in the private sector – Mr. Dawe had a well-rounded perspective on the way health policy is made in DC. He said he had an incredible experience working for the Senate Finance Committee, so he strongly encouraged us to consider that office for a placement. In his current position at Evolent, Mr. Dawe works with a number of NextGen ACOs, helping them advance in their health IT and data analytics capacities, which are integral to effectively managing population health.

### Paul Edattel and Josh Trent, Committee on Energy and Commerce, Majority Staff

We finished the week back on the Hill with two members of the Energy and Commerce Subcommittee on Health on the majority side. Mr. Edattel and Mr. Trent discussed their experiences managing competing needs and priorities during the AHCA development process. Because the bill had to pass through reconciliation, they said they had to work with the Senate Budget Committee to ensure it could pass through scrutiny of the Byrd Rule once it reached the other chamber. They noted that the off-committee member involvement was much greater on this bill than most, which made the process challenging on their end. We also talked more broadly about the majority staff members’ positive working relationship with the minority subcommittee

staff and their activist approach to hearings, many of which serve as a means of educating members.