

Mark (00:04)

Policymakers in the new administration continue to make major decisions that affect the healthcare of all Americans. Expert reporters are joining us from Washington to break down the latest development.

Michael McAuliff (00:16)

I have a story out this morning on, on whether there's any prospects for extending those subsidies, that do expire at the end of the year. And I spoke to some of the lead Republican sponsors of a bill that would do that. And to be perfectly honest with you, they didn't seem really convinced that this was gonna go anywhere.

Margaret Flinter (00:33)

Our guests today are Sandhya Ramen, healthcare Reporter for Congressional Quarterly and Roll Call, and Michael McCullough, who covers policy for Modern Healthcare.

Sandhya Raman (00:43)

The main thing for me that, that stuck out is, you know, how do you bring some of these ideas to fruition? you know, there's a lot of calls for research into various things, but at the same time, you know, the, the White House budget request, calls for a 40% decreased NIH funding.

Margaret (00:59)

This is Conversations on Healthcare.

Mark (01:13)

We begin with a few thoughts about the tragic event of recent days. We send our heartfelt condolences to the family of Charlie Kirk. Political violence can never be a way to solve differences. We started conversations, Margaret, to create an opportunity to have greater dialogue and understanding. We must all continue to work toward that goal. Now let's turn to our reporter round table. Michael, welcome back to Conversations on Healthcare and Sandhya. thank you for joining us for the first time.

Michael (01:43)

Thanks.

Sandhya (01:44)

Thanks.

Mark (01:45)

Well, let's start, with, HHS Secretary Robert F. Kennedy Jr. A question for both of you. There have been an overwhelming number of calls for Kennedy's resignation specifically, because of how he's handled this year's COVID vaccine. and this follows the news that Kennedy forced out the CDC Director over a refusal to follow his wishes on vaccine po policy. Can you give our listeners an update on what's happening right now?

Michael (02:13)

Well, the most recent thing I saw today was a group of, Democrats on the House Energy and Commerce Committee are, are asking for explanations about Susan men's firing. but I haven't heard anything new on, on, on Mr. Kennedy resigning at all. And I would be very surprised, to see that happen. I think in as long as he has the full support of President Trump, he's gonna, he's gonna be there because like, if you go back even to his confirmation hearing when there was a, a lot of concern about his views on vaccines and some other things, ultimately the Republicans got in line and, and voted for him. And although, you know, Dr. Bill Cassidy on the Help Committee has certainly raised some concerns, and he doesn't like some of these stances, he hasn't said the man has to go. So I think that's, that's, we're in that holding pattern until, until something new happens, until he loses, the confidence of the president.

Sandhya (03:05)

I think next week is gonna be really telling, the senate help committee is having Susan Manarez testify. and, you know, kind of hearing for her publicly for the first time, just speak about, you know, what happened there in the, her very short tenure. And I think that'll answer some of the questions that, you know, bill Cassidy and some of the others have been a little bit more, unsure about, you know, that they've said that they wanna hear a little bit more on, and, you know, how that goes could have an impact. But, you know, like Michael said, I haven't heard as much in recent days of new folks other than, you know, a lot of the medical groups, a lot of Democrats. And, just last week, the Trump's surgeon General from his first term, Jerome Adams, also calling for, RFK Junior to step Down.

Margaret (03:54)

We'll look forward to that next week. and Michael Secretary Kennedy also made news this week by releasing his Make America Healthy again, report focused on children's health. We've all been reading it. It seems to leave supporters and critics without the details perhaps that they were looking for. But Michael, let's start with you. What are your thoughts about it?

Micheal (04:16)

Yeah, I think that's exactly right. There's a lot of calls for studies and things like that in there. there are, sort of a lot of repetition of the points that he has raised, concerns about autism and vaccines, and some of the broader health things that are, are less, of a concern for the sort of healthcare industry. But, but they're all in there and still most of it is sort of reports and things like that. There I did notice some things about, a call to really push for transparency in, in hospital pricing and things like that, that, that the industry really cares about. But I think most of it is sort of in the realm of, of studies and, and we'll see what happens. And the last I heard about the big autism study, it's, it's not done yet, so we'll have to wait until that that is released. it's supposed to be within weeks, but if it wasn't, if it was still being written last week, I'm not sure if we'll actually see it.

Margaret (05:10)

Sandhya, do you wanna comment on the MAHA report at all?

Sandhya (05:13)

Yeah, I think there were two things that kind of struck me. One was that some of the things that were notably missing, there's no mention really of, of gun violence and among children and how that's a, you know, a leading cause of death for, for kids. And, you know, it looking at sort of the whole picture of, of, you know, improving children's health, and, and not a lot on like tobacco and things like that and other leading cause of, of death among adults. But I think the main thing for me that, that stuck out is, you know, how do you bring some of these ideas to fruition? you know, there's a lot of calls for research into various things, but at the same time, you know, the, the White House budget request, calls for a 40% decreased NIH funding, which is, you know, where so much of that research is. and, and Congress hasn't kind of come together on what they do plan to do that. We're still, we're still hammering that out before the end of the year. But, it's unclear how some of those things would come without that money. You know, even a lot of the food type, language in there, you know, we've had the cuts to snap earlier this year through the one big, beautiful bill. So there seems to be a little bit of a disconnect between how we get some of these goals accomplished if we aren't, you know, funding the money for making them happen.

Mark (06:26)

You know, Sandhya, let's, let's turn to the government vaccine panel, which we'll meet, to consider revisions to the childhood vaccine schedule. And the secretary has reorganized the panel, and I'm wondering if you think this will be the next controversy, to hit?

Sandhya (06:44)

I mean, I think that, you know, in the lead up before the, the two days of, of ASIP next week, we've had a lot of people calling to reschedule it, as one of the big reasons that they're having frustrations with, RFK Junior, just because of some of the things that have happened before, in, in the first time. And just, you know, we're at this critical time where even when people have been told that they can get the COVID vaccine, they're having issues across the country being able to access it depending on where they live or having to pay out of pocket, and not being able to afford that. So I think it will be really interesting to watch if it does not get delayed. And if we end up seeing more people appointed before then, there have been some rumors that, that he'll appoint the rest to fill up all of the slots on it. and some those names have been circulated, but it's, it, I think that'll also play a factor in what we'll kind of see there next week.

Margaret (07:39)

Michael, I, I wanna, pull the thread a little bit. You mentioned, with the Maha report, the, the long-awaited report on, autism, and the fact that it's not ready yet, but there's also, it seemed to me in, in kind of reading between the lines, two things. One, there hasn't been much written about the study itself, or not that I think has been, generally made widely available. I think in, in the research community, people are used to having more details on, on the study. I, I wonder if, if, that is something that you've, noted or if there's been much discussion in the circles, that you're in. And the second, is how much, of the research in the MAHA Report seems to rely on Veteran Affairs, Veteran Affairs as patients and the VA as data for the reports they're using, which is a little bit unusual, from what we've seen in the past. Any, any thoughts on that? Does that strike you at all from the...

Michael (08:34)

I don't have much in the way of thoughts on the VA stuff. I haven't really followed that very closely, but I did hear an awful lot of, researchers complain about this really compressed timeline for coming up with what's supposed to be a sort of authoritative and definitive, definitive report on autism. Like there've been people who have researching this for decades, and, you know, they make small advances, they make some fairly broad conclusions, like the determination that vaccines do not cause autism. That's broadly supported by a whole cadre of reports. But, you know, figuring out what the causes are, are, is extremely complex. And I haven't heard of any researchers who are, convinced that you can, you know, in a few months put together a sweeping conclusive report. So I think when it does come out, if it does come out, there will be a lot of skepticism in the research community.

Margaret (09:24)

It will be widely read, that's for sure.

Michael (09:27)

Yes. It will certainly widely read.

Mark (09:29)

For both of you the Affordable Care Act. We have a, a trigger date by the end of the year that action needs to be taken. What are, what are we hearing? I know there was a committee meeting the other day and a loss of consternation about how, this might be handled over the next few months, maybe sometime in September. What are you all hearing?

Michael (09:49)

Well, I, I have a story out this morning on, on whether there's any prospects for extending those subsidies, that do expire at the end of the year. And I spoke to some of the lead Republican sponsors of a bill that would do that. And to be perfectly honest with you, they didn't seem really convinced that this was gonna go anywhere. They thought that the leadership was much more focused on, the government shutdown and the politics around that and, and avoiding a government shutdown. And that they would perhaps, you know, be more, receptive to discussions about the Affordable Care Act, you know, after they deal with that. But that puts you right up against when open enrollment is coming, you know, prices are already set, people have to sign up, and when they see that that sticker on, on what their healthcare is gonna cost, you'll probably start seeing a lot of people, you know, bail out of it. You know, on the other hand, I have heard from some Democrats who think they can use the government funding sort of leverage point to get those subsidies extended, at least for a brief period of time. so we'll sort of, you know, it gets really murky with the politics and, and how that will actually play out, We're actually pretty close. Yeah.

Mark (11:02)

Certainly The politics, they've pushed everything off on the work requirement and the impact on Medicaid to the end of 2026 or a after the election. It's surprising this one, is, is being left out there, alone because it will impact, millions of Americans.

Michael (11:22)

Yeah, well, the, the, it's difficult for Republicans. They spent a long time, you know, trying to repeal Obamacare. it's very popular at this point with many of their constituents. So they're sort of stuck and, and members of their base still really distrust it. So they're in a tough place politically. And when they didn't address it in the big sweeping tax bill, a big part of the reason was that political tension and the cost, it's very expensive. I think the 10-year cost is something like 335 billion. So, you know, you're trying to at least partially fund your tax cuts to, you know, put another 335 billion on that. It's very hard for, for them, especially when you have conservatives who don't want, you know, Obamacare to exist at all. So, you know, there's a lot of pressure from the ground up from people who use the Affordable Care Act to get their insurance, but there's also a lot of sort of ideological pressure, from the right to prevent this from happening and a cost pressure. So it's gonna be, quite hard to extend these subsidies, I think.

Sandhya (12:28)

I would add on, it's, you know, even as of this morning, it's, it's all been so in flux. you know, here at the Capitol this morning, you know, Democrats from both chambers were, were huddling and they did a press huddle, you know, just a couple hours ago. And, you know, they emphasized they really wanna do this, but it didn't seem like it was the be all end all for, for getting, you know, a, a deal breaker for necessarily in the next few weeks, as long as they come to some sort of very bipartisan agreement to keep the government funding open. But then,

you know, even, some of the Republicans that, that me and my colleagues were talking to were, you know, saying like, expect, you know, the unexpected to happen. So like, we're not sure, you know, is it, you know, as, as the jockeying goes forward in the next few weeks, if, if it can get across the finish line in exchange for something else?

Margaret (13:15)

Well, maybe, a question for both of you. we're, in the middle of September, it's been, quite a year, 2026. And, a question to both of you would be, if we look back to January, it could be synonymous with, layoffs and early retirements and reductions in workforce throughout multiple levels of government, certainly at H-A-H-S and, NIH and CDC, and I'm sure other departments as well. you know, the, the, statement from the administration was these agencies were overstaffed and they were ineffective. What are you, seeing and reporting on in terms of the impact of so many people leaving? And these were often pretty senior, highly experienced people as well as I'm sure some newer people, the impact of people leaving those federal healthcare rules.

Michael (14:06)

Sandhya, do you wanna start with that?

Sandhya (14:07)

Yeah, so, so I think it depends, you know, from agency to agency, there's some that, you know, we've been hearing it's harder to get some of the things done that they have in the pipeline, especially if, you know, there are new kind of regulations of things they need to work through and comb through, or having folks that, that might not be their specialty, but this, you know, task of someone that was, you know, let go earlier is now on their plate. I think something that I've been looking at more is some of the, the, the contracts and the grants that, you know, are not, fed out to places across the country where people, you know, researchers, and, and folks like that, people at nonprofits that are, not seeing that money trickle out. And so they're also, you know, making those layoffs, making decisions about what kind of services and research they can do, and kind of looking to the future on that. and some of that has just really been in flux, especially, you know, if their lawmaker has been able to, to reach out and get, you know, some, some of that funding reinstated. Some of those folks may be kept on board, but a lot of states, I think are, are making decisions about, you know, how do we keep this program going? is there room in our budget to, to kind of fill in the gap, especially when maybe we have less money to play with because of, having to, you know, fill in the gaps for things like Medicaid and SNAP based on what we had with reconciliation this year. So it's, it's been a mix, and I think that, with so much going on, it can sometimes get easy to, to, to, to push this one aside, just because, you know, the, the conversation of the day might be, you know, what is happening with vaccines or what is happening with other aspects of public health, but it's still a, an important thing to be watching.

Michael (15:48)

What I've been mostly hearing. And I, I don't really cover the agencies in the level of detail that Sandhya probably does, but, there's real morale problems in, in addition to an enormous workload, and responsibilities that some people just aren't required, to do or, or weren't expecting to do. So they're trying to backfill, and it's just a really stressful, difficult situation as you could imagine. But I, one of the, one of the agencies that I really do cover a lot just for, for many years is the, the 9-11 health program, which is in, in NIH under the CDC. they're supposed to have 134 or 135 people, they've got 80, right? Today is the anniversary of the September 11th attacks. Yes. And they haven't been able to get any firm commitments just to do all the hiring that they need. they've got all, they can't do meetings with the public, and they've got all these diseases that are fairly rare, that are cropping up in the nine 11 community, but they can't get the agency to sign off on whether or not they should be part of the program because there aren't the professionals there to do the work, and they can't have the conversations with the researchers and the hospital officials in the outside community. So it's really hampering that effort. And I, and I am sure that if you look across the, the agency, you would find all the agencies in the, in the HHS, you would find similar sorts of things where normal processes that, that help folks in the country just can't happen because they don't have the people to execute them. And it just happens to be that today's the 9-11 anniversary, and I, I know a lot about that one, so, yeah. but I, I bet you that's going on, in a lot of places.

Mark (17:28)

Yeah. I know you're, reporters and not odds makers, but the government might shut down. I'm wondering what each one of you thinks about that, and maybe to get a little, the detail one issue, Margaret, we know this, that millions of Americans across the country rely on telehealth being, allowed, and that also is at play. I believe. Maybe you could sort of handicap what you think, the chances are the government's gonna shut down and then maybe shine a little light on what you think's going on in the telehealth exceptions, exemptions.

Michael (17:59)

Well, I think the September 30th deadline is, the odds are relatively low. I think that it will shut down then. I'm, I, I'm pretty confident they would come up with a stop gap. Okay. As for telehealth, it's nearly universally popular, amongst, you know, the folks in Congress. However, there is a cost to it, which is why they haven't simply permanently extended it. It'll probably get done. Could there be a lapse? There could be. I would've, I would suspect that they probably extend some of these, more important healthcare programs a little bit longer than whatever stop gap they come up with to keep the government open, because, there'll be a political brawl over that. And, and really honestly, predicting the ultimate outcome, is pretty hard. 'cause I do think they'll probably have a short stop gap, but after that, who knows?

Sandhya (18:53)

You know, I have been thinking a little bit for a while that there likely will be some sort of shutdown just because there has been so much tension. I don't know that it would necessarily be right away, kind of like Michael said. And kind of the options that they've been floating to kind of, move things along, have, have not been perfectly aligned. I mean, next week they're, they're hoping to do, you know, house Republicans wanna do a, a clean CR until November, December. And then I think you have the people that, you know, we get back to the ACA tax credit. It's like, if you are not including that, do we want to include go forward with that? Then, then there are folks that, you know, the, the tax credits are non-starters. So then they, they might not vote for the clean cr. and then there's, you know, also been the hope of, you know, at this point in time, you know, at least doing some of the funding bills, maybe not HHS, but some of the ones that are a little easier to get across the finish line. And, you know, if you add that to funding for everything else, it gets more complicated to get some of the votes there. And just, I, I think the, the mood in, in Washington has been, you know, a lot of people are frustrated if you talk to some of the Democrats, they're, you know, worried that, you know, they might, vote for funding that gets, you know, pulled back and rescissions are not doled out. And, I think that it's tough, to, to see, you know, them kind of come together on something right now.

Mark (20:22)

And only gonna get tougher as the two congressional seats are gonna be filled. And it looks like they'll probably go to Democrats. So the house margin will be much narrower.

Michael (20:32)

Oh, yeah, absolutely. And just, just a, just a little quick reminder of how uncertain things are. Last December, we had a bipartisan deal signed off on by the leadership that was days away from passing, and Elon Musk tweeted, and the whole thing fell apart, and all those healthcare items went by the wayside, and we're still waiting to pass them. So that's how uncertain and how unpredictable Congress can be these days.

Sandhya (20:58)

I do think that, you know, if we do get whatever type of funding, whether it's for two weeks or two months or a year, it's been pretty standard that a lot of the healthcare extenders kind of get coupled onto there. So, you know, I would, I would expect, you know, for whatever length of CR we would get, we would get, you know, a telehealth extension for that, or funding for things, that have been, regularly extended things like, you know, the National Health Service Corps, you know, community health center funding, special diabetes program, things like that. Generally, you know, get paired with that and, and would get moved along, but maybe not a longer extension given how many things are at play.

Margaret (21:38)

Well, thank you for that. And, I think we can say from the fields, if the extenders don't get extended, you'll have lots to report on about what happens, beyond the beltway, within the healthcare communities. And Michael, I wanna thank you for, acknowledging, for everybody that this day that we're, speaking with you on is, nine 11 and, always a somber day for all of us in this country to remember back, to that day. So thank you for, for raising that. You know, this was, kind of, late breaking, news that, I read, I believe yesterday, and I don't know if you wanna comment on it, but it was, the Secretary of Education, speaking on, mental health screening in schools and really op-ed piece Yeah. Kind of in an op-ed piece laying out that, you know, inappropriate, we shouldn't be, maybe we cause more mental health problems by screening and raising these issues. Sort of hadn't heard, recently so much from the Department of Education after a lot early on. Wonder if you have any comments. Is this kind of a new role for the Secretary of Education to, go into the health dimensions of, children in the schools in this way and, and comment on policy?

Michael (22:50)

Well, I think it's not entirely unprecedented. I, I've certainly heard previous education secretaries talking about the sort of whole child and, and all the needs that need to go into that, but I, I don't, and I believe there's an, an op-ed between with Kennedy and, Linda McMahon that sort of talks about this. That's what I, so she's sort of doing it, in joint with the HHS secretary. But I really don't think I've ever heard, top government officials say that we should provide less mental healthcare for children. I mean, I, I, I can sort of get their underlying argument that, you know, having a an overall healthy life would, you know, perhaps lessen the need for some of these things. But I don't think I've ever heard, a professional at the top of these agencies say, no, no, less, less mental healthcare for children. That's, that one is unprecedented for me.

Mark (23:40)

You know, earlier in the year, Congress passed the HR one, that contains significant healthcare cuts. And Michael, you've reported that providers are finding ways to adapt. can you share some of the strategies that people are using?

Michael (23:54)

Yeah. Well, I, I went to, Adams County in Pennsylvania, because it's a pretty rural county, but it also has some small urban centers, and they're all looking at their spreadsheets. You know, it's, it's the administrator's version of doom scrolling because they're, they're anticipating what they're gonna lose, right? so they're really leaning into technology as a way to try and make themselves more efficient. Now, they were already doing that, but, to sort of quote them, this has really spurred that on, like, they have, a couple of AI programs that they're using, to help, especially with, sort of intakes and discharges, right? So they can compile that data much more easily. They have these, really interesting, remote nurse stations, virtual nurse stations they call them, where they can have one nurse in a central location, say in Gettysburg, you know, monitor a room or a ward in another part of the state, and it'll light up yellow. If somebody starts changing their behavior, it'll light up red if they're getting near the edge of the bed and they can say, Hey, you got, you gotta go get over into that room. So they're doing a whole bunch of, and robotic surgery, they're really trying to improve how much they can do with robots because they have a quicker surgery time, a quicker recovery time, and the patient can go home much sooner. So they have more bed space. It's just much, much more efficient. On the other hand, you do all of that, if you do lose the amounts of money that they're worried about, then they have to start looking, do we close remote clinics? Right? Do we not upgrade to the latest technology to keep our new technology up to speed? So they're really weighing all of these things and trying to anticipate where it's gonna hurt the most. And they're also working with their officials, like they're talking to the state officials. 'cause the state will have to implement all of these new requirements for, for all the, you know, work requirements and whatnot in the new, in the new law. And perhaps they can get their lawmakers to mitigate some of this. So they're really, they're work really working on all of those levels.

Margaret (25:58)

Well, certainly one of the trends over recent years, and there has seemed to be a, a interest in acceleration of that is the conversion of Medicare from what we call traditional Medicare to getting everybody in Medicare advantage plans, really privatizing Medicare. Any thoughts on how that is proceeding and whether you see a increased emphasis on advancing that in the country?

Michael (26:22)

I personally haven't. I mean, beyond the normal trends, I, I've seen a little bit of a backlash, in the last couple of years. So I think that trend is probably slowing down just a little bit. but at the same time, you know, if you're, especially if you're poorer, Medicare Advantage covers a whole lot of other things that you, you can't get from, Medicare, even if you buy a Medigap policy, you still gotta get, you know, dental and vision and things like that. So, so that trend is still there, but I, I haven't seen sort of an overt push, at least not in the industry because of so many of the problems with prior authorization and denials and things like that. So it seems to be a little bit in a sort of, holding pattern right now. And there's all that legislation in Congress and, and the regulations that the, previous and current administration have proposed to deal with some of the, kinks in the system. so I think people want to see how that kind of works out before they decide, you know, which, which direction to push hard in. I mean, that, that's just my feeling, and based on what I've been seeing.

Mark (27:27)

And what are you hearing from maybe for both of you about the upcoming, midterm election? I know Michael, you've written about, can, interesting candidate recruitment strategy. and, just wondering how you all think, what's playing out now is very much focused about, the midterms.

Sandhya (27:47)

I think something that we're already seeing is how much healthcare is becoming, you know, the issue, which is different from what we saw, you know, last election where I think that it was, it was one of the issues. And in, you know, some cases it was emphasized higher up, but when we saw, you know, how people voted, it was, you know, a lot of, you know, you know, cost of living increases and, and immigration was, was really high up on the list. But now I, I feel like, you know, even if you look at some of the town halls with, with current people, in office, it, it's really brought up as, you know, I have, you know, concerns about this. I wanna know if this is gonna be yanked, can I still, you know, go to the doctor here. So I think we'll really see more of that emphasis on the Democrat side at least just, you know, how, important of an issue that is. But for Republicans, I think it'll be a little interesting 'cause they've already started kind of rebranding, the, the reconciliation law that, that they passed this year and kind of, you know, changing how their messaging on it. So I think they're understanding that it will be a big issue and just kind of figuring out how they can brand it a little bit differently. and I think definitely what happens with the ACA tax credits, whether or not they're extended or not, you know, when people will see that sticker shock, in the coming months, that will be a big thing for, you know, kind of how that's messaged on based on whether that's there for folks, next year.

Michael (29:13)

Yeah. Well, I, I'm still seeing on the Republican side, they're leaning very hard into, the taking the dangerous people off the streets argument and on the, tax cuts, it's all about how Democrats opposed, or Democrats wanted to raise taxes is usually how they, they put it, you know, by thousands of dollars on middle class voters. But at the same time, and as I wrote in the story, the whole big, beautiful bill has spurred a bunch of folks in the healthcare sector to come out and run for office. And just, I guess it was just yesterday or the day before when the Democrats had their sort of, weekly press conference after their meetings. I don't know if you can see this, but the backdrop was just healthcare. Everything up on their little poster board was about healthcare. So it, it, it tells you very clearly that the Democrats are going to lean incredibly hard into all of the healthcare issues. and that will be probably the defining issue unless some crazy new thing happens, in 2026, which I found really interesting because healthcare was kind of a back burner issue all the way through the 2024 campaign, right? Democrats talked about it sort of as a broader part of their agenda, but they didn't focus on it really hard the way they are now. And this bill passing has really focused everyone's attention on healthcare, again.

Margaret (30:42)

Back to 2008. And we really want to thank you Sandhya and Michael for joining us. Thank you to our audience for being here. And a reminder, please subscribe to our videos on YouTube, find us on Facebook and x, and please share your thoughts and your comments about this program. Take care, and be well.

(31:03)

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