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Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the health care of the future.

This week Mark and Margaret speak with U.S. Congresswoman Rosa DeLauro 3rd District Representative from Connecticut. She talks about bills just passed in Congress that will help Americans grapple with the health and economic effects of the ongoing coronavirus pandemic, as well as protections for coverage of COVID-19 testing and the need for sick leave for affected workers.

Lori Robertson also checks in, the Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and well-being in everyday lives. If you have comments, please email us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcast. You can also hear us by asking Alexa to play the program Conversations on Health Care. Now stay tuned for our interview with Congresswoman Rosa DeLauro here on Conversations on Health Care.

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Mark Masselli: We're speaking today with Congresswoman Rosa DeLauro, Connecticut's 3rd Congressional District Representative since 1991. Congresswoman DeLauro is Chair of the House, Labor, Health and Human Services Education and Related Agencies Appropriations Subcommittee.

Margaret Flinter: Congresswoman DeLauro is a founding member of the Progressive Congressional Caucus. She's been an ardent supporter of advancing universal health care throughout her career and long a champion of legislation that supports the health of women and children. She won the 2009 Health Policy award from the National Center for Health Research. Representative DeLauro, welcome back to Conversations on Health Care.

Rosa DeLauro: Thank you so much, and it's wonderful to be with the two of you and the work that is done at the health center is really know no bounds and your commitment knows no bounds to the people that you serve every single day. We know that our community health centers serve 23 million people, and oftentimes the primary care facilities suffer for patients. We're there with you 100%, promise you we're going to provide some more money for you in the Third Appropriations Supplemental Bill.

Mark Masselli: You know, we find ourselves in unprecedented times and the

coronavirus pandemic has taken hold on our shores, now really endangering the lives of so many causing these huge disruptions around the globe as well as here at home. The House just passed Families First in the Coronavirus Preparedness and Response Supplemental Appropriations Act aimed at providing both health and economic protections for individuals and businesses during the ongoing crisis. I wonder if you could share with our listeners a broader understanding of exactly what these bills will do.

Rosa DeLauro:

Sure, let me first say to you Mark and Margaret, we now have passed two bills. They are appropriations bills. What does that mean? These are the resources that the federal government is trying to provide to the individuals, to the institutions, that are really on the frontlines of this crisis. The first bill that we passed, which was about two weeks ago, was \$8.3 billion. What did it address? It addressed mostly health needs, money for the Center for Disease Control and Prevention so that we could get money to state and local governments about helping to have a public health infrastructure that could handle all of these efforts, money for the personnel equipment and masks for professionals and first responders to be able to be safe, money for the NIH, for vaccines, for research, etc. Mainly it focused on the health side of the equation.

The second bill, which was just passed, it's a bill that focused, if you will, on the economic issues that people are facing. It is about unemployment insurance. It is about paid sick days, paid family leave. It is about food security, making sure that families have enough food at this time if they've lost their job or their kids are out of school. It also said that even if you're uninsured, the test for the coronavirus would be made free, so again, focusing on the economic issues for kids and for families. It also included additional funds for the Medicaid program of which Connecticut will have an additional \$440 million coming to it.

Now, what we are in the process of doing is putting together a third appropriations bill for resources. That is in the making now, Margaret and Mark, and I've been on the phone all day listening to various groups from the Red Cross to the American Federation of Teachers from all the other education pieces. I have talked to the food security people. We're going to try to deal with the gaps that we were now faced with both health and both economic.

Margaret Flinter:

Wow, Congresswoman DeLauro, you're amazing in what you managed to accomplish and we are so appreciative. We can't help but remember that the last time you were on the show, you spoke about the need to create a public health emergency fund pretty prescient. Now here we are in the midst of a pandemic requiring exactly this sort of funding, so no surprised you were ahead of the curve in thinking

about this threat to public health in America.

As you craft this response and we talk about all the things that have mattered to you for so long, robust support for family leave, paid sick leave, economic assistance for business and health care organizations. I have a feeling you're not sleeping at night. What are you thinking about the ability of communities to grab on to these resources and run with it? Are you hearing from the groups you're talking to that they're prepared to spring into action when they get these resources?

Rosa DeLauro:

I will tell you, I have had over the last several days, what I decided to do was to have conference calls with all of -- and this is in the 3rd congressional district in my communities, conversations with professionals on the phone to help me answer the questions. I don't know all the answers, I'll be very honest with you. What we've done is to do meetings with chiefs of police by phone, with fire chiefs, with the superintendents of schools, with the heads of the colleges, heads of the hospitals, with the business community. You know I did a tele town hall meeting the other night, it's the second one that I have done. Today I met with the -- by phone, a food security groups. They are ready, they are willing, they are able, and they are ready to go. What do they need? They need the tools and they need the resources.

Obviously resources being first, but also trying to look at how you look at some of the regulations like on the whole food security area, how we make sure that we can ease the bureaucracy in order to be able to get food out to various sites so that school kids like we do in the summer program can go to that site and they'll be able to get food. In some places, it may be that whether it says that the child has to be present, if we can have something that doesn't make it so that you have to do it or less willing to do it. One of the things I have to be honest with you that I hear, and I don't have a real answer yet is the -- a personal protective equipment. Honestly, people are -- police, fire hospitals, health care workers, even like the soup kitchens, if they've got people as volunteers and they're serving food on the sidewalk they need to have protective masks. They need all of those things, there is a shortage.

I've been in touch with the appropriate federal agency. I was with them, I talked to them last night, and they are struggling to fill the national security stockpile. We're trying to do whatever we can in this direction. But I will tell you again, to go back to your question Margaret, our agencies, our institutions are ready to do their job and they have stepped up beyond stepping up.

Mark Masselli:

Congresswoman DeLauro, I want to pull the thread on that thought of we need to do more around providing the tools and helping on the regulatory relief. With all the swiftly moving disasters happening

simultaneously, some health protocols and regulations must adapt to meet increased demand of the health system. For instance, we saw the Department of Health and Human Services is relaxing restrictions on telehealth services for the nation's 44 million Medicare beneficiaries across the country in various states. Our state in Connecticut and across the country, many are expanding telehealth coverage for Medicaid recipients as well. Hopefully, this will extend even further. Just share a little more like you did with food security on the health side, how these latest developments supporting the extension of telehealth are so essential in both during the crisis and in terms of making our health care system more responsive and accessible to the population?

Rosa DeLauro: Now, that's very good point because, and I am proud to say that in that \$8.3 billion which we first did, this is two weeks ago, it included provisions to allow seniors to access telemedicine services for coronavirus treatment. Governor Lamont took a bold step on behalf of vulnerable residents. Connecticut as I understand it has just expanded telehealth coverage for Medicaid recipients as well. What I have found is that, look, what I found from the school system and in our conversations is how do we deal with the access? How do we make sure that we are dealing with the access for kids, for seniors, for all of these, for health care professionals? What we have to do is to look at what is it going to require?

I also heard this from the colleges, because their kids are online now. Well, how is it that we are transferring both education needs and health needs to deal with the telehealth efforts or the schooling by virtue of telecommunications here. These are new areas, probably shouldn't be more chartered now than uncharted. But let's take advantage of this moment and put some things in place that will allow us when we get past this pandemic that we have built into a system the kinds of infrastructure that allows us to deal with whatever else comes up. That's true of our public health system in our state and all over, and you are our public health system. In that area you know we're trying to go from four years to five years in terms of your extension, increase the funding for community centers, and allow you to be able to better do the jobs that you do.

Margaret Flinter: Well Congresswoman we have longer conversations to have with you about the way the relaxation of the rules around telehealth and the changes have allowed us to really rise ---.

Rosa DeLauro: I would like to hear about it.

Margaret Flinter: Yup, to rise to the occasion on this.

Rosa DeLauro: Do you have ideas and thoughts? That is what I need.

Congresswoman Rosa DeLauro

Margaret Flinter: Absolutely

Rosa DeLauro: I'm not an expert in this area but I'm happy to get to those who know what they're doing.

Margaret Flinter: Perfect, it's working and we want to talk to you about it. Part of that is we take very solemnly our responsibility to care for our own patients throughout this crisis but to also manage in the community. People can be managed in the community without sending them on to the hospital to the emergency room to try and keep people from progressing on because we know and we know from reading the statistics, and we saw some projections even for our own state, that one of the biggest concerns beyond the personal protective equipment even which is a huge concern, hospital beds and intensivists beds, ICU beds, and ventilators. We were noting the work of one of our good colleagues out in the state of Washington just standing up a 200 bed hospital in a soccer field in a matter of a couple of days to try and rise to the occasion.

From your perch in the federal government, you probably have a much better sense than we do about where we really stand as a country in the ability to rise to that level of the sickest people who are likely to be our oldest patients but also younger patients as we're seeing around the country. What are your concerns or assessment about our readiness for care at that acute level?

Rosa DeLauro: I have concerns. I won't sit here, I promised people when I spoke to them, that I'm not an alarmist and nor do I want to scare people, but I think that this is one of the areas where we have serious issues. We have to be able to provide the increased beds, acute beds for acute care patients. I think at this moment that we are not there yet and it's a direction we need to go. I mean, for instance, I got a call from a hospice here in the Branford area where they have 35 beds. Now what they can't do is to take people with coronavirus, but what they can do is to help ease the burden.

What we need to do is, look, United States has an enormous capacity to put together, actually, when we go to war we build roads, we build hospitals, we build bridges, we do all the infrastructure that we need to support our troops in the field. This is our troops, the first responders, the health professionals are our troops in the field, our hospitals. What we need to do is to mirror that kind of production at this time. I know our hospitals want one to see it and we're doing everything that they can to be able to take care of people. But they are feeling the shortage of both bed space and equipment.

Margaret Flinter: Yeah.

Mark Masselli: We're speaking today with Congresswoman Rosa DeLauro,

Connecticut's 3rd Congressional District Representative. She Chairs the House Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittee. Congresswoman DeLauro, you were mentioning that you've been holding tele town halls really to address concerns and frankly some of the misconceptions about this rapidly evolving crisis.

We were fortunate to have, about a month ago, Dr. Fauci who joined us from NIH. He was also talking about some things that have come to past for instance, even back then he was urging the adoption of social distancing. But it's only taken on hold very recently with a number of states. We saw California, today New York, and just a few minutes ago Governor Lamont in Connecticut put forward his stay safe stay at home initiative. We're seeing a lot of mixed messaging now going on across the country, what must be done to improve vital public health messaging really to, as you know, you're so close to the population. You're really an anxious public.

Rosa DeLauro: It's a very, very anxious public. I've listened to people on to tele town halls where thousands of people are listening and participating or even just leaving my office last night and a woman just said, I don't know what to do. I don't have any sick days. I don't -- I'm frightened, should I get a test? Should I not get a test? First, let me just say, Anthony Fauci is the gold standard as I think you agree.

Margaret Flinter: Absolutely.

Mark Masselli: Yeah absolutely.

Rosa DeLauro: Looking at infectious diseases, and I tried to take my lead from him and what we do in putting together our appropriations bills. But, in some places, and I'll be honest, I was shocked to see on the beaches in Florida quite young people are there spring vacation, etc, I think all those years ago [overlap] vacation. But we ought to just say no, I mean, honest to God, we should shut them down because the young people seem to feel that they are impervious to all of it, and it is not true. It is just not true. In some instances, you're looking at stay safe, stay at home, and that has got to penetrate the psyche of the country which is not used to this. Americans are used to being out on the streets free, do what you want it etc. For the moment, we can't do that, and I think that both state and federal government have to be present in terms of making sure that the public is safe and have to take the precautions that we need to do that at this juncture.

Margaret Flinter: Congresswoman, we've been talking a lot about what the federal government can and should be doing for the American people and what the state government should be doing. This is government's moment perhaps. But we also are always reminded of John F. Kennedy's ask not what you can -- what your country can do for you

but what you can do for your country. Certainly you just highlighted the most important thing is those who are not essential frontline emergency responders, health care providers and like should stay home. They should stay home, take care of their family, take care of their immediate contacts, but what else? What would you be urging Americans to do right now as we have to collectively come together to get through this crisis. Do you message to the American people about how they can help, what they can do?

Rosa DeLauro: Yeah, well, I think they are, Margaret, I think the overwhelming instinct of Americans is say, how can I help in this crisis? They are they are doing that. Some are on a one-to-one basis in their own neighborhood. Maybe they're dropping off at a porch food for someone or saying can I go out to the grocery store for you? Can I go to the pharmacy to get your medication? What is it that I can do to be helpful? Can I be a volunteer to drive with meals on wheels? Obviously those people have to be vetted, and get all the health and safety precaution. But people are really wanting to help to make a difference, and that is wherein our strength lies, and where our strengths to get by this pandemic, because we will, we will. There's no question in my mind, and it's tough going through now, and it's very, very stressful. But it's like all hands on deck.

While we are -- and you know you talked about state, the federal government, we have the obligation to provide the money so that we have enough pharmaceuticals that we -- looking at the therapeutics, that we are looking at equipment, that we make sure that people kept the kind of income assistance that they need if they're lost their job and they're out of work. What we can do in that regard, in the short term, their kids are out of school, but let's really try to look to our own community, our own neighborhood and say, how can I be of help to that person next door who may be less fortunate than I am, and provide them with some help. That's happening. I think it's happening all over our state and all over this country.

Mark Masselli: Well, that's an inspiring message. I think we're all inspired by all the people who are doing it. I know, on behalf of our organization, the Community Health Center, but also the other two grade health centers you have in your district Fair Haven Health Center and Hill Health Center. We're appreciative of the work that you do, not only in the district, but how you've really -- you have such an influence across the country focused in on special populations. The work that you do, the dedication that you provide is tremendous and inspiring and thanks on behalf of all those special populations that you're so focused in on committed.

Rosa DeLauro: Thank you very, very much and, we are partnership.

Margaret Flinter: Absolutely.

Rosa DeLauro: We do get to where we want to go and to meet the challenges and that has to be done together. Just a message to the public, be safe. Listen to what these health professionals, the scientists are telling you, stay at home, wash your hands over and over and over again. Take good care of yourselves and your family. Those of us who where we are, it is our moral responsibility to get to you what you need and to get to those professionals who are in your service. This is a trying time, but it's one as I said earlier, we'll get through it, we will.

Margaret Flinter: Good. Well, we'll get through it will be our mantra. We've been speaking today with Congresswoman Rosa DeLauro Connecticut's 3rd Congressional District Representative about the coronavirus pandemic. You can learn more about the particulars of the important legislative initiatives we've been discussing but going to her website delauro.house.gov and get regular updates by going to her Twitter page @RosaDeLauro. Congresswoman DeLauro thank you for your lifelong dedication to public service for your commitment to improving the health and well-being of all Americans and, of course, for taking the time to join us on Conversations on Health Care today.

Rosa DeLauro: Thank you, looking forward to the day when I can hug you guys.

Mark Masselli: We are too.

Margaret Flinter: Or at least shake hands.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: President Donald Trump touted two drugs including one currently on the market for other uses that he said show “really good promise as therapies to COVID-19” the disease caused by the new coronavirus. But he left the misleading impression that the drugs were approved to treat the coronavirus and available for “immediate delivery.” In fact, neither of the drugs the President highlighted at a press conference on March 19th have been approved by the Food and Drug Administration for use as therapy for COVID-19 though the FDA is moving forward rapidly with clinical trials. The FDA is “looking at drugs that are already approved for other indications” and that doctors can currently prescribed off label.

FDA Commissioner Dr. Stephen Hahn said the FDA plans to study the results of those drugs and hopes that they can be offered as bridge therapies as they await completion of clinical trials for a vaccine which

may take a year. “We need to make sure that these sea of new treatments will get the right drug to the right patient at the right dosage at the right time.” Hahn said speaking just after Trump. “As an example, we may have the right drug, but it may not be in the appropriate dosage form right now, and that may do more harm than good.”

Trump first mentioned Chloroquine an old drug used to prevent and treat malaria as well as to treat rheumatoid arthritis and lupus. Trump said it has shown “very, very encouraging early results for use in people who have contracted the novel coronavirus.” An article published in February in Nature found that the drug limited infection of the virus in cells grown in the lab and the authors recommended it be assessed in human patients. It is currently being tested in clinical trials in China, where it is included in government guidelines for treating coronavirus patients. Hahn said, Chloroquine is approved for the treatment of malaria and arthritis. The FDA is considering an expanded use trial of patients in the US, “to actually see if that benefits patients.” Hahn declined to speculate on how long it might take before Chloroquine might be approved for use for COVID-19.

As for the other drug, Remdesivir, Trump misleadingly said “that drug also has been approved or very close to approved in that case by the FDA.” That drug has only been approved for a clinical trial not for consumer use. Dr. Anthony Fauci Director of the National Institute of Allergy and Infectious Diseases has said that if all goes right, the drug could be ready for mass production by June. That's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at www.chcradio.com. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. For all the people in the world without limbs, acquiring prosthetics can be costly and out of reach. It's especially challenging to make prosthetics for children since they are in constant state of growth. Rochester Institute of Technology Scientist Dr. Jon Schull stumbled upon a clever and affordable solution provided online open source templates to anyone anywhere in the world who has access to a 3D printer and provide prosthetic hands for next to nothing.

Dr. Jon Schull: I've made this Google Maps mash up. If you have a 3D printer and

you'd like to help put yourself on this map, and if you know someone who needs a hand, put yourself on this map. By getting something like this get going.

Mark Masselli: He founded the e-NABLE Network, which has mast thousands of volunteer makers in upwards of 40 countries around the world providing cheap but functional prosthetics for children in need.

Dr. Jon Schull: I think we're currently pushing 5800 identified members in our Google Plus community. We have followings in the thousands more. We know that we've delivered about 800 hands devices and we suspect that comparable number have been downloaded by people we can't track because we put all of our design on the internet.

Mark Masselli: The movement has grown so rapidly, the simple limb designs have become more sophisticated as recipients of the prosthetic devices provide feedback for designers to make more efficient devices.

Dr. Jon Schull: We're still working on opposable thumbs, we're still working on individual finger movements, these things grip or ungrip, that's all they do. They're much less functional than our biological hand and they're also less functional than a fancy myoelectric hands, but for kids it's huge because those expensive devices are typically out of reach for children who would outgrow them, so it doesn't make sense for them to get a \$5,000 or \$10,000 hand. Our hands don't even pretend to look like regular hands. They look like superhero Iron Man hands, and for that very reason they're very popular with kids.

Mark Masselli: e-NABLE a global collaborative network of open source designs linking to makers with 3D printers to provide low cost prosthetic limbs to children and adults around the world who might otherwise not be able to afford them. Now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

Female: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcast. If you have comments, please email us at www.chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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