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Mark Masselli: This is Conversations on Healthcare. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, here we are in the dark days of summer. Congress is off on their summer recess. It is also time that campaigns kicking to high gear leading up to the mid-term elections.

Margaret Flinter: Well, it's kind of hard to imagine what platform some members of Congress are campaigning on Mark. It's been deemed by the (inaudible 0:24) Trust as the least productive Congress since 1948.

Mark Masselli: True to fore, Margaret. Instead of passing immigration legislation or any other essential legislation, the house only managed to agree on one thing besides increasing funds to help the overall of the Veterans Health Administration and that is to sue the President for delaying small business mandate in the healthcare law for one year.

Margaret Flinter: According to a number of political strategists, the Affordable Care Act is kind of seizing to be the hot bud an issue for the American people that it was in 2010. I think frankly it's just working for so many millions of Americans already, the efforts to undermine a law could in fact backfire on those who try to use opposition to the law as leveraging their campaigns.

Mark Masselli: But the law is running the gone let of the number of legal challenges, Margaret, including a recent lower court ruling issued diametrically opposed decisions on the legality of the tax structure to underwrite purchases of health insurance on the exchange. It's a measure that will likely put the healthcare law right back in front of the Supreme Court. The issue is something our guest today knows quite intimately.

Margaret Flinter: Health Economist and MIT Professor Jonathan Gruber have been analyzing health policy and modeling health performs strategies for decades. He was the key architect of the Affordable Care Act. He has got some unique insights into these recent court rulings, and he has a long view on where he things health reform is headed into the future.

Mark Masselli: As we look at some of these congressional actions and court rulings, it's important to go back to understand the original intent of the law which is to make health insurance accessible and affordable for all Americans and to strive for what near universal coverage can mean for the nation's health and that's improved population health overtime.

Margaret Flinter: And Lori Robertson checks in as she does every week. She is the Managing Editor of FactCheck.org and always on the hunt for misstatements spoken about health reform in the public domain.

Mark Masselli: Well no matter what the topic, you can hear all of our shows by going to chcradio.com and if you have comments, please e-mail us at info@chcradio.com or find us on Facebook or Twitter because we would love hearing from you.

Margaret Flinter: We will get to our interview with Jonathan Gruber in just a moment.

Mark Masselli: But first, here is our producer, Marianne O'Hare, with this week's Headlines News.

[Music]

Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. The march of the Ebola Epidemic has brought awareness to the crisis closer to our backyard. Two Americans working in Sierra Leone and other areas where the epidemic has spread had been doing extremely poorly after contracting the disease until they were given an experimental drug and showed almost immediate dramatic improvement from the deadly virus already which has been Sub-Saharan Africa health workers on the ground are having an extremely difficult time with containment of the illness because incubation is generally a week to ten days and health officials are not able to keep family members and communities adequately isolated. The experimental drug made from a tobacco derivative hasn't been tested for efficacy in humans until now. Health insurance and the Affordable Care Act - Florida is one of the states that shows not to expand Medicaid Coverage for more of its uninsured population living near the poverty line, about a million still uninsured in the Sunshine State, neither did the State set up a state based insurance exchange which would have facilitated state residents seeking insurance plans online under the Affordable Care Act. Proposed insurance rates are coming up for 2015 for Floridians seeking to purchase insurance on the open individual market and rates are predicted to go up, more that 13% next year while Floridians who purchased coverage through the Federal exchange not only qualified for subsidies, their insurance rates aren't expected to increase more than three percent in the same year. In a world of rising obesity, is it this loss or the gluttons leading to that increase. According to a recent finding in the Global Burden of Disease, America leads the world in obesity rates with about 50% of the population either overweight or obese, but are we fatter because we are eating more or because we are more sedentary. Well according to a recent study, it was noted Americans aren't really eating that much more but we are far more sedentary across all demographic groups. Back in the 1980s up to 90% of people reported doing at least some physical activity in their leisure time. Now up to half Americans say they are not active at all.

Bottom line well (inaudible 4:41) seem to be winning in this race across the weight gain line. Experts estimate only 1 in 10 American actually move during their workday, sitting in cubicles for most of their time in front of a computer and at time must be made either before or after work to get that 30 minutes a day recommended by Federal Guidelines. I am Marianne O'Hare with these Healthcare Headlines.

[Music]

Mark Masselli: We are speaking today with Dr. Jonathan Gruber, Professor of Economics at the Massachusetts Institute of Technology. He is also Director of Healthcare Programs at the National Bureau of Economic Research, one of the key architects of the Massachusetts Health Reform Legislation. Dr. Gruber also advised the Obama administration on the Creation of the Affordable Care Act. He has published over a 140 research articles and he has written several books on the Economics of Healthcare including the popular graphic novel 'Healthcare Reform'. Dr. Gruber is a member of the Institute of Medicine, a member of the American Academy of Arts and Sciences and was voted one of the 25 most innovative and practical thinkers of our time by Slate Magazine. Dr. Gruber welcome back to Conversation on Healthcare.

Dr. Jonathan Gruber: Good to be here.

Mark Masselli: Yup. Jonathan it's been a number of years since you have been on and we have watched the role out of the Affordable Care Act unfold overtime. Numerous legal challenges also continue to be waged against it and you recently found yourself at the Centre of one of these decisions the DC Circuit Court ruling on a literal interpretation of the wording in the healthcare law that says residents and states who don't create their own exchanges and there are about 36 of those, who purchase insurance on the federal exchange cannot take advantage of the tax subsidy to offset purchase of health insurance. So illuminate our audience of why this wording there was so important in the case and were you quoted accurately in the filings?

Dr. Jonathan Gruber: Yeah. I just remember when the healthcare law passed, the plan was always to go to conference to resolve the differences between the house, that want the National Exchange and the Senate that want the State Exchanges. So they essentially had to sort of patch together a version of the Senate Bill that could be acceptable to both houses, and since that was a sort of a rough process though, there ended up being some essentially typos in the bill, things just weren't cleaned up and one of those things was despite the fact the bill said that exchanges could be running by the State or Federal government, one piece of the bill says that subsidies shall be available on state exchanges. Now that same piece references other piece of the bill which says but there is also a federal backstop to state exchanges and unfortunately, it wasn't spelt that explicitly that sort of typo has become the basis for a law suit against the law.

Now, no one who worked on the law and wrote the law has ever said they intended the law to work this way. That was never the intention of the law to (inaudible 7:31) available to the state exchanges. In fact it would be stupid to write a law to set up these federal exchange backstops and not have subsidies available. Nonetheless because this typo in the law exists, this lawsuit has gone forward.

Margaret Flinter: So I would like to talk a little more about the potential threat that the ruling poses to the healthcare law given how many states did not opt to do a state exchange. Some analysts have called it the most serious legal challenge yet to the integrity of the Affordable Care Act and the US district court of Virginia delivered the diametrically opposed ruling to the DC Circuit Court decision. So still fluid and unresolved. This is clearly an example of language that could be constituted as contradictory to the intent of the laws you have just described. What do you anticipate will happen next in regards to this latest (inaudible 8:14)?

Dr. Jonathan Gruber: Well I mean in terms of the seriousness, on one hand it is less serious in a mandate case because it is sillier. It really sort of makes no sense to the lawsuit. There is really no coherent legal theory here in my view. On the other hand, (inaudible 8:27) make the way to Supreme Court and Supreme Court decided to centrally ignore the intent of the law and interpret this little language that would be a serious threat basically in the roughly 35 states that have Federal exchanges, you would end up with essentially health insurance being unaffordable for, on the order of 85% of the people who are buying through the exchanges now, that would mean they wouldn't buy, that would mean the exchanges would collapse and the central Affordable Care Act would not work in the states that did not have state run exchanges. Now what's true is a number of those states would quickly figure out a way around that. Those states would do things like have the Federal Government administer something they call the State Run Exchange. So for the blue states, I think it would just be a hassle, not deadly but the red states the ones that have already refused to expand Medicaid presumably would agree with me and presumably deny even more of the citizens right to health insurance.

Mark Masselli: You know when I get back to the issue of the exchanges, the whole people started as the program matured, they got a little better at it. What's your assessment of current state of online on insurance exchanges nationwide as well as the Federal exchange and do you expect any improvements to be rolled out as we get near the open enrollment?

Dr. Jonathan Gruber: I think the front end of the Federal Exchange that is the consumer piece is working great. They solve those problems pretty quickly actually, and its working fine. I think there still are some backend issues about interacting with insurers. They still need to be worked out. So I think round two will go better than round 1 but I imagined there will still be some glitches and like

the big issue is, even if situation reports of the law gives no way to the victory and play up all the glitches. So yes there will be glitches. Things will go wrong but what's important for your listeners, the people who (inaudible 10:18) is look at the big picture and so on average how it's working. The difficulty for **supporting** the law is what opponents do is immediately when one of arguments is proven wrong, they just (inaudible 10:29) to another one without admitting the argument was wrong, you know, we heard all through the fall and exchanged the (inaudible 10:34) well they didn't they worked fine. So I think it's just a matter of really setting a tone and explaining to people that you know, overall its doing well even if there are some remaining glitches.

Margaret Flinter: I think a recent common wealth report showed 81% of Americans who gained coverage under the Affordable Care Act are optimistic that their coverage will be satisfactory moving forward and of course the subsidies are a big part of that because they helped to fray the cost of purchasing insurance and the other happy group seems to be the insurance companies, which I know early on you were making the point that the insurance companies should benefit from this so if you were seeing the law, worked pretty much the way it was intended so far. When you look back now on that first open enrollment period, what were the big successes of that first open enrollment and where did it fall short in their estimation?

Jonathan Gruber: Fundamentally it is working the way we have supposed to. The basic three legged stool of fixing insurance markets and mandating coverage and subsidizing coverage are working well. I think what I really miss; I think our analyst missed is how central the actual administration exchange was to making this law work well. I think we all just have to pay attention to policy details and didn't pay enough attention making the trains run on time and I think we learned our lesson. We got burned in the fall and (inaudible 11:44) law. What's good is that problem got fixed pretty quickly at the Federal level and little morning slowly but still being fixed at the state level and I think that's the main lesson we have learned. Going forward, I think there is going to be a lot more focus on understanding that the administration of this stuff really matters and it is not the policy that matters.

Mark Masselli: We are speaking today with Dr. Jonathan Gruber, Professor of Economics at the Massachusetts Institute of Technology. He is one of the key architects of the 2006 Massachusetts Health Reform Legislation. Jonathan let's take a look at Massachusetts. The first goal of the law was to gain coverage for the citizens to help eliminate health disparities in Massachusetts. How has that reform impacted population health in Massachusetts and then also maybe pull the threat a little on their next phase as they start to think about payment reform.

Jonathan Gruber: Really fundamentally there are two problems of our health care system. The first is an access problem and the second is cost problem. You know, you have (inaudible 12:40) problem. You know, where outcomes are

terrible, but actually if you look at the data, our outcomes are people who were in the system are quite good. The outcomes problem is really just a manifestation of the access problem, and we saw that in Massachusetts there was a terrific study, that was done which showed that mortality rate fell considerably among the groups that benefit from the Massachusetts Healthcare Reform. Indeed it looks like we saved about 320 lives a year for expanding healthcare and that is because of expanding health insurance coverage. So I think the population health affects have been positive and that reflects the fact that remember this law is not about ripping up to some starting over, it's about fixing the cracks in the existing system and basically what that says is we did administer that. With those populations that were really most subject to medical risk, we went into health films and now it's at that stage for now moving on to the next stage which is actual thing about cost control. Now in one sense we have already started, in fact cost growth over the last four years has been this lowest has been since we started recording healthcare cost first. Was that the last I think it is still an open question but I think we need to move on and take on that next battle but we can't do it until you get everyone into the system and I think we have done that?

Margaret Flinter: Maybe you can assure this more about the cost contained issue. I know that it has been illusive in Massachusetts and everyone was very clear, you know, the first goal was to get the plan up and running and then think about the cost. Contained a little bit down the line but you may be tell us how that is growing because I think we did like the Massachusetts a little bit as the first state down the path of this universal healthcare.

Jonathan Gruber: Now the original Massachusetts law did nothing for cost control. Cost grew at exactly the same rate as the nation. But the original law ct wasn't trying to do cost control. I mean, I sort of say criticizing the Massachusetts law for not controlling cost, is like criticizing the Red Sox for not winning the the Super Bowl. It's not the thing we are trying to do. They have won the World Series. That was great. Now if we think about cost control that's a much, to be honest, that's a much much harder goal. We have struggled for a longer time. Massachusetts did pass somewhat aggressive cost control law. Costs have grown slowly in the state although once again and I think not appreciably slow in the nation as a whole. I think it's really going to be a question and it's going to be a much longer run question to evaluate. We would be humble and recognized that we do not quite know exactly what to do to control off care cost. I am patient in saying that we are going to learn but it's going to take time. You know, unfortunately, humble and patience not two words you would use to describe politicians, so it's going to be much more difficult process politically.

Mark Masselli: Yeah, trying to describe the public's mood we see at least the polls and that I would suggest as opinion people who have got insurance through either exchange or happy the national view seems to be a little less rosy. We have the Supreme Court's hobby lobby decision allowing corporations to avoid

certain birth controls. They have thrown quite a bit of confusion in the (inaudible 15:29) of course that has Republicans voted to sue their President who voted to obviously overrule the ACA numerous times. How do you see the healthcare law surviving intact?

Jonathan Gruber: Well I think the battle is already won. The healthcare law is going to survive. Now, let's look at what survive means. There is a worst case scenario. The worst case scenario is that it survives intact in only the blue states. The worst case scenario is that this law suits somehow despite any logic persuades the Supreme Court and in the (inaudible 16:04) States decide they only want to be a part of the healthcare law but that's a worst case scenario. You know, I think the expected scenario is this law to get seen for the sham that it is and that basically the law survives and that slowly over the time, as people benefit from it, and the national attention pivots to other topics, it slowly gains acceptance, but I think you know, what's striking is even if the law has been successful, the public opinion has gotten worse about it. I think what that reflects is the fact that as I said the most Americans are not affected by this law and so we would becomes what most Americans read and see and as we go into a typical hotel lobby in America (inaudible 16:42) is on. It is just a question of as people to get know more and more people who benefitted from it and as you say (inaudible 16:48) will benefit from it, love it. Hopefully, those opinions will swing.

Mark Masselli: Weren't you surprised that given the healthcare lobby even in the red states that we haven't had more traction you know, maybe not Texas but Pennsylvania or some other of these states where the healthcare industrial complex if you will hasn't really squeezed out the state government to move into the Medicaid program.

Jonathan Gruber: You know I am really surprised. I am surprised as someone who sells public policy and I mean you know, as a healthcare expert I am quite frankly surprised to speak on political economy. Yeah, I mean when the supreme court decision happened, you know, basically the reaction of (inaudible 17:33) like don't worry about it the states will extend Medicaid, why wouldn't they, right, I think the fact that so many states have managed to essentially fool their citizens into not understanding what a good deal this is for the state. It is sort of amazing and frustrating.

Margaret Flinter: Yeah I though one of rules of behavior, which you don't vote against your own economic (inaudible 17:42).

Jonathan Gruber: You think about, you take the state of Florida there are 1 million uninsured people below poverty line. So by turning down to expansion what the state of Florida is saying we are going to turn down the opportunity for the Federal government to pay to help a million citizens and at the same time injection billions of dollars into our state economy. I mean literally no one is work off in Florida, no one. The lowest income people get free health insurance the

higher income people get the benefits of stimulus of the state. It sort of like you said it rejects any model I (inaudible 18:27) is how people should vote. It's really frustrating as an academic as it is as a public policy advocate.

Margaret Flinter: We have been speaking today Dr. Jonathan Gruber, Economist and Professor at MIT and Co-Architect of the Massachusetts Health Reform as well as The Affordable Care Act. You can learn more about his work by going to economics.mit.edu/faculty/gruber. Jonathan thanks you so much for coming back on Conversation on Healthcare today.

Jonathan Gruber: My pleasure.

(Music)

Mark Masselli: At Conversations on Health Care, we want our audience to be truly known 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: Well we continue to see democrats and republicans attack each other over the affordable care act and Medicare. For instance in the Montana, (inaudible 19:27) an ad from the republican candidate Steve Dyane features a 67-year-old breast cancer survivor who says the ACA puts her Medicare at risk. Meanwhile an ad from the democratic candidate (inaudible 19:40) features senior woman claiming that (inaudible 19:43). We are seeing similar misleading Medicare claims and raises across the country. First the republican add. The claim about the breast cancer survivors Medicare being at risk is based on the tired attack that democrats cut more than 700 billion dollars from Medicare to pay for Obama Care. The Affordable Care Act doesn't slash 700 billion dollars from the current Medicare budget. Instead this is a cut in the future growth of spending over a decade and the slower rate of growth which applies to payments made to hospitals and other non-physician providers extends the solvency of the program. It remains to be seen whether this would translate into reduced services. In terms of breast cancer however, the ACA expanded benefits for mammograms covering them fully without cost sharing from Medicare beneficiaries on a yearly basis. Now the Democratic ads. It features three senior women one of whom says that Representative James voted to cut Medicare benefits, a reference to James's vote for Representative Paul Bryan's Ryan's budget plan. Bryan's proposal for Medicare with next ACA's free preventive care including cancer screenings and flu shots, and it would get rid of the laws closing of the prescription drug Donnatal. The relatively few seniors have drug caused high enough to put them in that coverage gap. So far roughly 16% of Medicare beneficiaries have saved money on prescriptions thanks to the ACA's expanded benefit. And that's my Fact Check for this week. I am 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 would like checked, email us at chcradio.com, we will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Tens and millions of people around the world have conditions that make it impossible for them to speak on their own requiring them to adopt a computerized voice box for communicating. Perhaps the most well known of these folks is the physicist, Stephen Hawking.

Stephen Hawking: I wouldn't have seen that it was fairly obvious what I meant.

Margaret Flinter: The problem is that sound of Hawking speaking through his voice box is the same voice sound say that a 10-year old grow with a neurologic disorder might be forced to use this well because there just haven't been many voice options on the market.

Dr. Rupa Patel: In the US alone, there are 2.5 million Americans who are unable to speak and many of them use computerized devices to communicate.

Margaret Flinter: At a recent Ted Talk, Speech Researcher and Innovator Dr. Rupa Patel shared a program she has launched that can change that reality vocal id.

Dr. Rupa Patel: I thought there had to be a way to reverse engineer a voice from whatever little is left over. So we decided to do exactly that. We set out to create custom crafted voices that captured their unique vocal identities.

Margaret Flinter: Creating a voice bank of donor voices that will allow voices to be individualized for each unique patient seeking to communicate through an electronic voice box.

Dr. Rupa Patel: Why don't we take the source from the person we want the voice to sound like and borrow the filter from someone above this image and size because they can articulate speech and then mix them because when we mix them, we can get voices as clear as our surrogate talker and is as similar in identity to our target talker. It's that simple.

Margaret Flinter: Since its popular to Ted Talk in February, 16,000 people have signed up to be voice donors at the Human Voice Bank initiative. So volunteers like this little girl will read a series of simple phrases over a several hour period.

Female: Things happen in pairs. I love to sleep. The sky is blue without clouds.

Margaret Flinter: And then those phrases are matched with the voice footprint of the patient being provided for.

Female: This voice is only for me. I can't wait to use my new voice with my friends.

Margaret Flinter: Such speech synthesis will give that person the dignity of a speaking voice that is as close matched to your own identity as possible. To take that dream from the lab and into the real world, Dr. Patel who is a Professor of Computer Engineering at North Eastern University has launched the website vocalid.com.

Dr. Rupa Patel: I imagine a whole world of surrogate donors from all walks of life, different sizes, different ages, coming together to give people voices that are as colorful as their personalities.

Margaret Flinter: And with the Bank of Voice Donors now building around the world, Dr. Patel expects that patients with conditions ranging from muscular dystrophy to Lou Gehrig's Disease or stroke will one day be given the chance to communicate in a voice made just for them. The Human Voice Bank Initiative matching vocal donors with millions of people who seek to authentically communicate with friends and family in a voice that most closely matches what would be their own. Now that's a bright idea.

[Music]

Margaret Flinter: This is Conversations on Healthcare. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli. Peace and health.

Conversations on Healthcare, broadcast from the campus of WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.