

Congresswoman Rosa DeLauro

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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, interesting study published in JAMA internal medicine recently. Researchers looked at overall health data across 50 States and found that those States that expanded Medicaid or provided affordable healthcare option for the residents; well, their overall health matrix improved.

Margaret Flinter: One of the most basic tenets of the law was expanding health coverage to the tens of millions of uninsured Americans, many low-income Americans and that seems to be having a direct impact, not only on their healthcare access, but on their outcomes as well, which is really great.

Mark Masselli: Uh-um, those States with expanded Medicaid or access to low-cost insurance options. Those health consumers realized the benefit, they use more preventative care services and were less likely to require expensive emergency care.

Margaret Flinter: And what is also interesting is that the study compared results in three different States with three different approaches; Kansas, Arkansas, and Texas. Kansas expanded Medicaid, Texas did not, and Arkansas passed a modified expansion version. The evidence showed that in States with expanded coverage, there was significant improvement in overall health compared to low-income residents of States with no expanded coverage.

Mark Masselli: Speaking of access to care for all Americans, that is something our guest today is quite passionate about. Congresswoman Rosa DeLauro, she's dedicated her life's work to improving access to healthcare for all Americans. We are looking forward to that conversation.

Margaret Flinter: And Lori Robertson will be checking in, the Managing Editor of FactCheck.org; she is always on the hunt for misstatements spoken about health policy in the public domain, but no matter what the topic, you can hear all of our shows by going to chcradio.com.

Mark Masselli: And as always if you have comments, please email us at chcradio@chc1.com or find us on Facebook or Twitter; we love hearing from you.

Margaret Flinter: We will get to our interview with Congresswoman Rosa DeLauro in just a moment.

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

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Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines. A baby born with Zika related microcephaly has died in Texas due to complications from the condition. Microcephaly, an abnormally small brain and head is the hallmark birth defect connected to exposure to the mosquito born Zika virus and utero. Meanwhile the warning area for pregnant woman to avoid in Florida has expanded from Miami-Dade County and Broward Counties to Palm Beach County as well. More mosquito transmitted cases of Zika being reported along the coast there. Pregnant woman in the region are being urged to remain vigilant and avoiding mosquito exposure. OB-GYNs are also being particularly hard pressed to keep steady supplies of Zika testing kits for their very concerned patients. Antibiotic resistance has invoked fears among public health officials throughout the world. It has been linked both directly and indirectly to rampant use of antibiotics in meat production. Shareholder at a recent Yum brands meeting to mandate more action from company executives to scale back using meats raised with antibiotics. While Yum's Taco bell has promised to phase them out by next year and Pizza Hut as well. The same has not been promised for Kentucky Fried Chicken. Shareholders urging management to take action on that measure immediately. More than half the nation's hospitals are being called on the carpet for high 30-day readmission rates for their patients. Just under 2600 hospitals will pay a total \$528 million in penalties to CMS for failing to meet new guidelines on those readmission rates and the NIH is considering lifting a ban on the creation in the lab of so called Chimeras, part human, part animal embryos being created for more efficient biomedical research. There has been a moratorium on creating such hybrid embryos since last September, when the NIH devoted more attention to the ethical implications. Proponents of the measure say it will accelerate the pace of discovery in finding cures for some of the most prevalent diseases impacting human health. I am Marianne O'Hare with these Healthcare headlines.

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Mark Masselli: We are speaking today with Congresswoman Rosa DeLauro, 12 term incumbent democrat from Connecticut's third congressional district. Congresswoman DeLauro founded the Congressional Progressive Caucus, it's long advocated for issues, such as universal healthcare, equal pay, campaign finance reform, and saner gun laws. Representative DeLauro served on several subcommittees including the subcommittee on agriculture, rural development, food and drug administration. Prior to entering Congress, Representative DeLauro was the executive director of EMILY's List. She

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earned her dual Masters at Columbia in the London School of Economics. Congresswoman DeLauro; thanks so much for joining us on conversations on healthcare.

Congresswoman Rosa DeLauro: Well, I am so delighted to join you.

Mark Masselli: I want so sort of take a look at the sort of the public health issues and thinking that just a number of years ago, I think the world and certainly the U.S. was concerned about Ebola and now on our own doorsteps, the Zika virus has hit the continent with United States. You have had a clarion call that we should be really thinking about this in a much larger context, permitted health and I wonder if you could share with our listeners about how we might be prepared as a country to deal with all of these issues today, but also ones that we are not prepared for.

Congresswoman Rosa DeLauro: For me the thinking around this began with the Ebola crisis, where we found ourselves really running helter-skelter to look at funds, vaccines, diagnostics, and analytics. You know, we have at the Federal level a Disaster Relief Fund. So that if we have floods, hurricanes, fires; this money is in a place that can be accessed immediately rather than going through a lengthy appropriations process. Well, it dawned on me, why don't we have a Public Health Emergency Fund. We introduced it during the Ebola crisis and we didn't, you know, succeed. I also introduced it this year, the concept of a Public Health Emergency Fund. It would fund existing public health effort and it could help us fight the spread of life threatening diseases like Zika, right now and we have not allocated not a dime for Zika and the President asks for \$1.9 billion; the majority in the Congress has not been willing to either declare this an emergency for which we could bypass an appropriations process or appropriate the kind of money that we need for addressing the Zika crisis.

Margaret Flintner: I want to widen the lens a little bit and look at the question of how we fund health research in general in this country. You know, we've had Dr. Francis Collins and Dr. Anthony Fauci from the NIH on the show, really bemoaning the contraction of research funds. There is a billing congress, the 21st Century Cures bill that got some pretty notable bipartisan support, but hasn't made it all the way through and you've said that this bill is not the best pathway forward. Tell us about where you think it falls short and what's the better solution to the issue of funding research in this country?

Congresswoman Rosa DeLauro: You know, I am a 30-year survivor of ovarian cancer. I am alive today as I have said many times, because of the grace of God and biomedical research. Fifteen years ago, the NIH funded 1 in 3 meritorious research proposals. Today, the rate is falling to about 1 in 5. We are missing opportunities to work for cures, for life altering diseases and even though, last year in the Omnibus

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budget bill, we increased the funding for the National Institute of Health by \$2 billion. The National Institute of Health is about \$7.5 billion below where it was in 2010. Now, the 21st Century Cures Act, you know it is aimed at promoting biomedical innovation at the NIH and in the private sector, but it opens a door to under-tested and potentially unsafe medical devices and drugs. The bill urges the FDA, the Food and Drug Administration to approve even the highest risk medical devices based not on full control clinical trials, but on low quality evidence. They are troubling provisions on new drug approvals and that worries me. The Labor Health Education Human Services subcommittee, in a bipartisan way we doubled the funding for the NIH in the past. What we try not to do is to earmark where this funding goes. We need to leave the science to the scientists and rather than Congress dictating what kinds of research we ought to be doing and we have got to appropriate the funds that are needed in order for us to be able to come those cures.

Mark Masselli: Speaking of priorities, you know, I turned on the TV just a couple of months ago and there you were in a sedan. It took me back, you are sitting in it, the House of Representatives with your fellow colleagues, 34,000 destitute at gun violence and an intractable Congress, it seems lay out some of the laws that you think might have the greatest impact on reducing gun violence epidemic in our country.

Congresswoman Rosa DeLauro: It is an epidemic. You know, 90 people die everyday and we respond, you know, whether it is Orlando or in Newtown or Aurora, so forth, but every single day on the streets of this country, we are witnessing people dying from gun violence and I'll just be upfront with this; the gun lobby has an enormous control over the Congress. Even though when you poll the people in the United States, they want to see common sense gun laws and I was never more proud, you know, to be associated with an effort. The Senate has a filibuster and we were very, very proud of our Senators Chris Murphy and Dick Blumenthal, but on the House side, we don't have a filibuster rule, so we created our own effort and we literally violated the rules of the House, but we sat in. It's a great clarity, for the first time in a long time I think that members of Congress got their voice about why they were in the Congress. What we were sent there to do and to date, you know, we have not been able to have a vote. You know, if you are on a no-fly terrorist list, oh my God, how can we be allowing you to purchase a gun. A universal background check; for me I want to see a ban on assault weapons and the high capacity magazines. You know, today we are precluded from doing research at the Center for Disease Control on gun violence. There are some very common sense efforts in which we can move forward and this is not about taking everyone's gun away from them, but it is about ensuring that AR15s and other kinds of weapons of this sort don't find themselves in the hands of people, who will do great harm.

Margaret Flinter: You know, Congresswoman that we talked about two epidemics and we add to that another epidemic and that is the opioid. We have seen this around the country, 49,000 deaths per year in the country and President signed the Comprehensive Addiction Recovery Act, but made it clear, he wasn't happy with the funding that was available to support the measures in the bill. What are you seeing as

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the most promising solutions?

Congresswoman Rosa DeLauro: The President has made fighting the opioid endemic essential piece of his agenda. In May, the House of Representatives passed a series of bills, that could do some good, but they fall short in providing, there are no resources for treatment or for recovery. We should have not left Washington without addressing this crisis along with Zika and lead poisoning. The President proposed \$1.1 billion. I wish he had again asked for an emergency designation, so that again we could move quickly. One thing I have heard over and over and over again is this the need for increased access to treatment and the underlying issue of the affordability of treatment programs as a barrier to access, which is one of the reasons why I introduced a bill called the Access to Substance Abuse Treatment Act. It would provide a billion dollars a year to support community clinics and expand access to treatment for individuals with a history of substance abuse. You could support the innovative delivery of medication assisted treatment, expand substance abuse treatment to rural communities through the use of telemedicine. These are the kinds of initiatives that help to save life. We need to expand access to Naloxone, make this life saving resource more widely available. We know it as a heartbreaking epidemic. It touches every community across our country.

Mark Masselli: We are speaking today with Congresswoman Rosa DeLauro, 12 term incumbent Democrat from Connecticut's third congressional district. Congresswoman DeLauro founded the Congressional Progressive Caucus. Congresswoman DeLauro, I think probably two months ago, we had Mark Edwards on the show. Mark uncovered the Flint water crisis, but you know this is something that is not just limited to Flint in terms of our infrastructure and how do we ensure better oversight of the toxins that are making their way into the food and water being consumed in the country?

Congresswoman Rosa DeLauro: So accurate that this is obviously a serious problem, continues to be in Flint, Michigan and that is we all know was a government created disaster; 9,000 children with devastating lifelong consequences, but not too long ago, in New Haven, they identified 2,000 children with lead poisoning, the law about lead and paint went into effect in 1983 and you know again that there is no healthy level of lead for the human body and we need to act. The Center for Disease Control Childhood Lead Poisoning Prevention program was cut from \$35 million to just \$2 million in 2012 and I have fought very hard to have it restored. In 2016, the program received \$17 million. We still haven't fully restored it and I am proud to say my colleague, Congresswoman Esty and I have introduced a Healthy Home Tax Credit Act. The bill provides a \$5,000 tax credit to help home owners remove plumbing that contains lead. You know and they can apply it to lead paint and dust abatement, as well as raid on asbestos. We look at the problem whether is water, or whether its pipes, that's where this gets us into another area of infrastructure. We fall short in the United States in Federal Investment in infrastructure and rebuilding. What we need to move forward with in my view is a National Infrastructure Bank, which I suggested in 1994, taking a look at water systems in our schools, in our communities, in the regions. Local government can afford this.

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Margaret Flinter: You know, I want to pivot a little bit to a perhaps a more episode in American History and that's the Affordable Care Act, now just about eight years since it first came into being. A number of the nation's largest insurance service saying they are pulling out of the exchanges because they can't sustain their earnings with these plans and we've such success in millions of Americans accessing coverage on the health exchanges and may be they are going to be seeing fewer options next year and class of course continued to rise, so some tremendous progress, but how do you see the Affordable Care Act evolving in the coming years and what's your vision for how it might unfold, perhaps pending outcomes in the upcoming general election?

Congresswoman Rosa DeLauro: You know, after a 100 years we addressed our healthcare system and one of my proudest votes was for the Affordable Care Act, because as you pointed out, tremendous impact on the lives of Americans across the country, 20 million more Americans now covered; no longer exclusions for preexisting conditions, annual or lifetime limits on coverage. And I'll just make one other point on this is because I think the incredible strides that were made for women health and unfortunately, so much of this is unknown. There has been a bad job of talking about the Affordable Care Act and what it includes. I think one of the things we have to stop doing is the majority in the Congress has to stop dealing with this is to try to repeal the Affordable Care Act. When you implement a system as big as transforming our healthcare system, what are the unintended consequences and look at how one can address that. You know, when Social Security was implemented, there was great concern that it would never be able to work because so many people have the same name. How would they be able to get the right payment to the right person? Long in the short of it, I don't think anybody would talk about repealing this Social Security today. What we need to do is to take a look, as I said, on some of these unintended consequences and you know that my colleagues have voted more than 60 times to repeal. We have to address the issue of cost of premiums, which have gone up. We have to address the deductible, giving every State the choice of a Public Option Insurance Plan, allowing individuals below the Medicare age to opt into the program by providing the option to those who are 55 and older. The rising cost of prescription drugs. The other thing is we have to increase funding for primary care services. This is an investment. What we need to stop doing is re-litigating the Affordable Care Act and look at those areas where there have been unintended consequences. How do we make it stronger, tighter, make it more affordable. The insurance rates going up, one has to take a look at whether or not those are justified.

Mark Masselli: We have been speaking today with Representative Rosa DeLauro. You can learn more about her work by going to housegov/delauro or you can follow her on Twitter @Rosadelauro. Congresswoman DeLauro, thank you so much for joining us and for the great work that you do.

Congresswoman Rosa DeLauro: Thank you.

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Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about healthcare 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, in an economic speech, Donald Trump resurrected an old GOP talking point, claiming he'd save 2 million American jobs by repealing the Affordable Care Act. That's a distortion of a congressional budget office analysis. The nonpartisan CBO did find, I have screwed up already. I am just going to start all over again.

Mark Masselli: Cool.

Lori Robertson: In an economic speech, Donald Trump resurrected an old GOP talking point, claiming he'd save 2 million American jobs by repealing the Affordable Care Act. That's a distortion of a congressional budget office analysis. The nonpartisan CBO did not find that the Affordable Care Act would cause a loss of 2 million jobs. Instead, it found there would be a decline in the amount of labor workers choose to supply in response to mainly the insurance expansion provisions of the law. Republicans have been distorting this finding from CBO for years. A version of the claim made an appearance in the last Presidential election four years ago. What CBO has described is the reaction of workers to getting subsidies or a guarantee of not being rejected by insurers because of preexisting conditions. That guarantee of coverage and a limit on how insurers can place policies based on age could cause older workers to retire earlier, CBO found and those with income based subsidies effectively have a boost in income so they may not need to work as many hours. They also may not work more hours because the additional income could lower the amount of insurance subsidies they receive. CBO also found there would be some reduction in the supply of labor due to a Medicare payroll surtax on those earning more than \$200,00 a year or \$250,00 for couples. The total reduction in the supply of labor is equal to 2 million full time equivalent workers in 2025 CBO said. As then CBO director, Douglas Elmendorf explained in a 2014 congressional hearing, CBO doesn't use the term lost job, because there is a big difference between people who want to work, but can't find a job and those who decide not to work on their own and that's is my FactCheck 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

www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

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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. John Schultz 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. John Schultz: I have made this Google map smasher. 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 hands, put yourself on this map.

Mark Masselli: So, he founded the Enabled Network which has amassed thousands of volunteer makers providing cheap, but functional prosthetics for children in need.

Dr. John Schultz: I think we are currently pushing 5800 identified members in our Google Plus community and we have followings in the 1000s more. We know that we have delivered about 800 hands devices and we suspect there this 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. John Schultz: We are still working on opposable thumbs, we are still working on individual finger movements, these things grip or un-grip, that's all they do, so they are much functional than our biological hands and they are also less functional than a fancy myoelectric hand, but for kids, it's huge, because those expensive devices are typically out of reach for children, who would outgrow them, so doesn't make sense for them to get a fiber cast hands and you know our hands don't even pretend to look like regular hands. They look like superhero ironman hands and for that very reason, they are very popular with kids.

Mark Masselli: Enable, a global collaborative network of open source designs linking to makers with 3D printers to provide low cost prosthetic limbs to children and adults

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around the world, who might otherwise not be able to afford them. Now, that's a bright idea.

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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.

[END 25:00]