



Jacked up premiums & chaos? Why your health care is on the line this November

“For people losing patient protections and coverage outright - for even those not directly affected - it will likely mean increased premiums and the destabilizing of the healthcare system that we all rely on.” - Anthony Wright

911. What's your emergency?

America's healthcare system is broken and people are dying.

Welcome to **Code WACK!**, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host, **Brenda Gazzar**.

(music)

This time on **Code WACK!** What's at stake in health care with the upcoming federal election? Would Donald Trump really try to repeal the Affordable Care Act and how is **Families USA**, a leading national, non-partisan voice for healthcare consumers, responding? To find out, we spoke to **Anthony Wright**, Families USA's new executive director. This is the second episode in a two-part series. Welcome back to Code WACK! Anthony.

Welcome back to Code WACK! Anthony!

Wright: Great to be back.

Q: So what are some of the major campaigns that you're running right now at Families USA?

Wright: Well, we're mindful of the election season that we're in, and our health care is very much on the ballot. We're concerned about the future of the Affordable Care Act and all of the key protections that are within it for people with preexisting conditions, the additional coverage that people have for literally 45 million Americans that are dependent on it and all the other safeguards. We know that there is a big issue in contrast with regard to reproductive health care and access to abortion and other treatments and reproductive care.

Within the Affordable Care Act space, there is the debate around what we do with the enhanced tax credits that provide a guarantee that you don't have to spend more than 8.5% of your income on coverage that is worth hundreds or even thousands of dollars to many people that those premiums will spike if that help is not renewed.

Oh, no!

That's something that Congress is going to have to deal with over the next year. Another major contrasting point in this election is around prescription drug prices and the ability to negotiate for the best possible price using the power of Medicare. The Biden-Harris administration just announced the significant \$6 billion of reductions that they were able to negotiate for just the top 10 drugs in Medicare as the start of the new authority that they have under the Inflation Reduction Act. However, there are folks who wish to repeal the Inflation Reduction Act. That's something that's listed in the Heritage Foundation's Project 2025. It's something that's listed in other of the plans that some folks have depending on who gets elected. So I think we have a real contrast whether it's defending these key moments and access to health care, whether it's reproductive health, whether it's the Affordable Care Act, whether it's the enhanced tax credits, whether it's the ability to negotiate for prescription drugs or the ability to build on all of those things.

Whether we can actually negotiate not just for those 10 drugs, but for more discounts, for more drugs, for more people, not just within Medicare, but without

– whether we can have greater affordability in our healthcare system. And both in terms of providing assistance through these tax credits, but also dealing with the root cause of high health costs whether it's inflated prescription drug prices or high hospital costs, et cetera, whether we can build on the Affordable Care Act and provide additional coverage and affordability assistance and of course the effort of pushing back on the rolling back of access to abortion and reproductive health and whether we can codify Roe vs. Wade and other protections. So those are some of the things that we're focused on right now with regard to the election.

Wow. So a lot is at stake here with this upcoming election.

Wright: But my hope is that we can move forward on some of these efforts, whether it's expanding coverage, whether it's dealing with holding the industry better accountable for quality and equity. Just to take an example where there's live examples in the Congress is around maternal mortality and just the huge disparities we see with regard to both mortality rates for pregnant people and for children, especially with regard to whether it's African American birth or just generally and what can we do to make sure that we have a reduced health disparities with regard to racial ethnic disparities, but also just improved outcomes overall.

Q: Got it. That's a lot to keep an eye on. So let me ask you, if the Affordable Care Act is repealed, what can Americans expect to face?

Wright: So we do think that there is some real concern about the Affordable Care Act depending on the results of the election. Let's remember that President Trump tried to repeal it and was within one vote of doing so in the U.S. Senate. And one of those votes was by Senator [John] McCain, who is no longer there. So I don't know how many more McCains there are in the Congress right now that would buck their party on such an important vote. So I think that is a big concern and one that we should take seriously. It would mean on the Affordable Care Act side, the loss of coverage for potentially as many as 45 million people, both in terms of what would be lost in terms of access to Medicaid, but also the additional assistance for people in the exchanges like healthcare.gov that have access regardless of preexisting conditions that get financial help.

A lot of people depend on that coverage.

Wright: And if that financial help goes away, that also means that even those people who are not directly helped by the Affordable Care Act, they'll be in a health insurance pool that will be smaller and sicker, which means premiums will be jacked up anyway, and that will have [resounding] effects to people's access to get the care and coverage they need. So it really would create chaos in our healthcare system and spiking [premiums]... So for people losing patient protections and coverage outright for even those not directly affected, it will likely mean increased premiums and the destabilizing of the healthcare system that we all rely on. So it's hard to overstate the impacts there and that's not even talking about the plans that some have to go after Medicaid or Medicare directly. There's a longstanding effort to try to block grants or put additional eligibility restrictions on the Medicaid program.

Q: Interesting - Like what?

Wright: Things like work requirements, which are really just a code for administrative burden on those patients to ... have to prove their income and their work status through multiple rounds of paperwork that just gets them to fall off the coverage through paperwork burden. The efforts around just limiting and cutting the program that is just so essential covers 82 million Americans, whether they be children, whether they be people with disabilities, whether they be low income families, whether they be any of us that just may be between jobs that needs a safety net to get the care that they need in the various changes in our lives. And that's something that I think would be of great concern with regard to that as well as to Medicare and other parts of our healthcare system and safety net as well. So there's some very broad and distinct differences in the vision of what our health system should look like. And people should look at this election like their health care is on the ballot.

You know, we are a nonpartisan organization, a non-endorsing organization, but we're in a unique situation where both presidential candidates as well as lots of congressional candidates have a record. This is a rare election where both folks have been in office at the national level and so you can just compare their

records. Regardless of what they say they will do, you can just look back at what they have done with regard to health care.

Q: Very good point. So what are some of the major challenges or obstacles your organization is facing today and what can be done about them?

Wright: I mentioned the election, but I think more broadly than that is the question of industry influence in our health policy decisions, whether it's the drug companies or the hospitals or the health plans or other parts of our healthcare system, medical groups, et cetera. These are well-funded parts of our health system that have very large megaphones and so it's hard to move [an] agenda on behalf of patients, especially that might threaten those profits in our health system and so we need to have more robust advocacy so that we can counter again something basic like the ability to negotiate for the best price for prescription drugs or making sure that hospital pricing is fair and not inflated and irrational.

And there's things like facility fees and other things where, you know, people are providing the same service, but because you go to one office that is affiliated with a hospital system that's a much higher charge than another office that is not. Those are relatively common sense changes, but are contested in Congress because of so much of the industry influence. And that's why we need robust consumer, patient and public advocacy that Families USA has been doing and will continue to do.

Q: Hmm, great. So what is your organization's overall perspective on healthcare reform and what are some of the policies Families USA supports?

Wright: Again, I think our overarching goal is how do we get to that system of quality, affordable, equitable health care for all Americans? And we have some tools to do that – more tools that we've had in the past under the Affordable Care Act, with the improvements that have been made to Medicaid and Medicare. I think there's a lot more we can and should do with employer-based coverage, which is how over half of Americans continue to get coverage with regard to that.

Ultimately, how do we change the payment and financial structures and incentives in our health system so it's not just about getting bigger, it's about getting better, improved outcomes, reduce disparities, and actually have the incentives focus – keeping people healthy in the front end rather than dealing with them after they're sick in the back end. You're always going to need the emergency room. You're always going to need those interventions when people are sick, when people do have the emergency, when people do have the catastrophic health situation.

But there's more we can invest in on the front end to deal with the social determinants of health, to deal with what keeps people healthy to begin with. And even within the healthcare system, how do we provide that primary and preventive care that just provides so much more bang for the buck in terms of keeping people healthy? Most people are shocked to learn what a small percentage of our overall health spend goes to primary care rather than the other parts of our healthcare system, and what a relatively small percentage goes to prevention, even though I think most people value that as a core concept and value. Those are some of the broader reforms that we are seeking and will continue to do so.

Q: Do you want to say anything more about the potential impact on families of Project 2025 on health policies, and how they contrast with the impact of a potential [Kamala] Harris administration?

Wright: I mean, the Project 2025 list, and frankly even what President Trump sought to do when he was president would have a significant impact. I mean, he tried to repeal the Affordable Care Act. He had in his budgets that he presented to Congress, both cuts to not just the ACA, but to the core Medicaid program – significant cuts that would have an impact on whether it was children, low income families, people with disabilities, et cetera. I think there's a lot in Project 2025 about undoing some of the protections, whether it's some of the more recent gains like the ability to negotiate prescription drug prices, some of the non-discrimination and health equity policies, the Biden/Harris administration have advanced, but just fundamentally going to a different undoing of a lot of our

social safety net and I think actually well beyond health care specifically, and I want to highlight that because obviously those have an impact on health as well.

If you're cutting support to families with regard to nutrition, with regard to childcare and other family supports, that has a huge impact on health care as well. It's hard to overstate what a big deal it is as somebody who has dealt with this at the state level. And I know sometimes the conversation is framed as 'well, we're just gonna leave this up to the states.' But if you don't have the federal framework and financing, there's a lot of limitations to what states can do. And even a state like California where I've done a lot of my work, if you undo some of these core funding streams, these core federal frameworks like the Affordable Care Act, it is almost impossible for the states to make that up. The amount of money that would be lost to a state is bigger than any tax increase that has ever been passed in that state ever. I don't want people to believe that this is something that, 'well, it's okay if this happens in DC 'cause you know, our state won't adopt those things. Our state would be protected because we have different leadership here' and that's not the case. We're all part of a federal system, and those issues will have impacts in every state, whether they be red or blue.

Q: Okay. What else can you tell us about what Families USA is doing to protect families?

Wright: At the end of the day, we want to continue to put in place the strongest patient protections that exist – not just the things that exist now, like for example, you know, no denials or discrimination based on preexisting conditions or some of the new protections that Families USA and others have won on things like surprise medical bills, but also to have stronger consumer protections on the ability of people to get care that they deserve in a timely way, to be able to have a provider directory that is accurate and available to get the care that they need, to have protections on surprise medical bills, including some of the places that the federal law had a gap on, like ambulance bills and things like that. But I think by protecting families, it also means protecting these core programs, whether it be Medicaid, Medicare, or the marketplaces in the Affordable Care Act.

I think it also means providing protections for people with specific needs, whether they be the LGBTQ community, whether it be immigrant communities, whether it be people with specific conditions. I am glad that Families USA has done a lot of the work around the affordability and specifically for people, you know, whether it's for insulin and the cap on how much the copay can be for insulin, but also for other drugs and also for out-of-pocket costs in general. There's a lot of talk there.

I'd also make a point around medical debt, right? That at the end of the day, even with the progress we've made, there's still people who are uninsured, still people who are underinsured and still people who are getting medical debt and I've been pleased by the progress we've made on efforts to try to prevent medical debt, to buy off medical debt, or at least to prevent medical debt from having an impact on people's credit scores and financial future. And so that's another piece of the progress that we need to both continue and take additional steps while we reform the broader system toward that universal system that would improve the lot for everybody.

Q: Wonderful. So we've covered a lot of ground today. Do you want to leave us with a final message?

Wright: I think we should be proud of the progress that has been made in health care. The Affordable Care Act is one of the biggest changes in social policy in a generation and then there has been real steps, whether it's in states like California that I worked on or nationally with efforts including most recently in the Inflation Reduction Act on prescription drug negotiation, on additional affordability assistance, et cetera, that have provided tangible benefits for people. And we always need to celebrate that because I think if we want to continue to pursue reforms, we have to give people a sense that progress is possible if we work together.

Yes, we need to celebrate those wins!

Wright: And I think we have shown that. That doesn't mean that there aren't huge issues still left to address. There's still a lot of work to do, but we have to give people a sense that 'yes, we've made progress' and to use the momentum of that progress to build for the next thing and the next thing. So much of our work is

battling the cynicism that can be very contagious but if you buy into the cynicism that nothing can change and you disengage, that's what those who benefit from the status quo want. And if we can show people tangible benefits that we no longer have to spend more than a certain percentage of our income for premiums. We have a cap on how much we have to pay for a lifesaving drug like insulin. We have new access and new options for getting the care and coverage we need through the marketplaces and through Medicaid. I hope that that provides the platform for additional progress moving forward.

So the hope that sustains me is that we're not just trying to make tangible improvements in people's lives as they experience the healthcare system and all of its defects, but we're also trying to give people a sense of [what's] possible 'if we work together' and to fight the cynicism that's out there so that, that people continue to be engaged so we can win the next battle and the next one.

Wow. That's a great way to end this episode. Thank you, Anthony Wright, of Families USA.

Do you have a personal story you'd like to share about our wack healthcare system? Contact us through our website at heal-ca.org.

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Code WACK!'s powered by HEAL California, uplifting the voices of those fighting for healthcare reform around the country. I'm Brenda Gazzar.