KHN's 'What the Health?'

Episode Title: Graham's Bill Recenters Abortion Debate
Episode Number: 264
Published: Sept. 15, 2022

Mary Agnes Carey: Hello and welcome back to KHN's "What the Health?" I'm Mary Agnes Carey, partnerships editor at Kaiser Health News, filling in for Julie Rovner. I'm joined by some of the best and smartest health reporters in Washington. We're taping this week on Thursday, Sept. 15, at 10:20 a.m. As always, news happens fast, and things might have changed by the time you hear this. So here we go. Today we're joined via video conference by Rachel Cohrs of Stat.

Rachel Cohrs: Thanks for having me.

Carey: Sandhya Raman of CQ Roll Call.

Sandhya Raman: Good morning.

Carey: And Margot Sanger-Katz of The New York Times.

Margot Sanger Katz: Hi, everybody.

Carey: We've got a lot to talk [about] today. So let's jump into it. I'd like to start first with abortion. Republican Sen. Lindsey Graham of South Carolina introduced legislation this week to ban abortions on a nationwide basis after 15 weeks of pregnancy. The bill would allow exceptions in cases of rape, incest, or to save the life of the mother. Sen. Graham's proposal comes just weeks after he and many other Republicans defended the Supreme Court's decision to overturn *Roe v. Wade* in June. That ruling allowed states to decide whether or not to permit abortion and, if so, under what circumstances. So while Sen. Graham's proposal received support of some conservatives and abortion rights opponents, Senate Republicans aren't exactly getting behind it. How have they reacted?

Raman: I think one of the things that he was doing here was trying to build consensus, given that there have been so many different kinds of things pursued after *Roe v. Wade* was overturned by Republicans. There have been stricter bans. There have been things in the middle. And he had the backing of the big anti-abortion groups. But his colleagues are not necessarily on board. And I guess the previous iteration, when he's done this bill before, it was 20 weeks and he also had, like, 45 Republican co-sponsors. But later in the day after he introduced this bill, [Senate Minority Leader] Mitch McConnell kind of [rebuffed] and said, "Hey, this needs to be dealt with on a state level," and left it to individual Republicans running for reelection to decide if they should support it. And he wouldn't bring it to the floor if they gained majority.

Carey: I mean, does this really help Republicans politically at all in the midterms where abortion is definitely emerging as a top issue with voters? It seems to me like a lot of Republicans just don't

even want to talk about this, let alone vote for a nationwide restriction with midterms just around the corner.

Sanger-Katz: Yeah, the timing of this seems very weird to me. I do think Sen. Graham has identified a position that a lot of Republicans historically have backed and indeed historically where a lot of the public has felt some comfort. We see in public opinion polling that there's very broad support for abortion in the first trimester of pregnancy, and you see things falling off after that. But the reality is that the Republican line and even the rhetoric of the Supreme Court decision has really focused on the idea that abortion should be left to the states to regulate, that what *Roe v. Wade* did was made a national rule when state regulation was more appropriate. And, of course, Republicans often favor state flexibility on many matters of public policy. And I think what all of us knew from the time that the Supreme Court ruled is that, of course, the elimination of a constitutional right to abortion meant that Congress also could regulate abortion in a way that it couldn't before. But I think politically it's very inconvenient for a lot of Republicans that Sen. Graham is bringing this to the public's attention right before an election, because I think it does mean that abortion now can be seen as a much more prominent issue in congressional elections all around the country. It may have been that voters viewed abortion as something that they had to think about when it came to their governor or their state legislatures or maybe their state judges if they were elected. But I think now Democrats are really hoping that this bill puts the focus on members of Congress, as well, and senatorial candidates. And you can see that's why Mitch McConnell is so skittish about this is because we can see in the public opinion polling, in some voter registration data, and also in some primary elections, special elections, and in the Kansas referendum on a constitutional amendment that voters seem to be energized in support of abortion rights, that Democrats are registering to vote, are coming out to vote, and that a lot of people who were expressing mild pro-life opinions seem to be uncomfortable with the kind of abortion bans that are being passed in a lot of these states. And so I think Democrats see this as a very big opportunity to win or to at least not lose by as much as they thought they might a few months ago. And I think Mitch McConnell would really like to not be talking about this in close Senate races.

Carey: So why would Lindsey Graham give this gift politically to the Democrats, right? And another thing that struck me was that you had a lot of abortion rights opponents support the bill, but if you had a 15-week ban, that would still allow the majority of abortions that currently happen — right? — in the United States in that time period. So why are they getting on board with this when they would really prefer to not have abortion most of the time for any time period of pregnancy?

Raman: I think what some of the groups were messaging that day that he put out this bill is that this is like a first step in the way that overturning *Roe* was the first step to getting a lot of different other items done that were difficult to do before. And I think one thing that they really had been emphasizing that day when Lindsey Graham was talking was that this is the limit — like states are welcome to do something stricter than that. They can do the six-week or the 10-week or an outright ban. But this would just bring the overall playing field down to 15. And I think that changes the narrative a little bit in that if we are just making the overall window smaller, it takes us one step closer that way.

Sanger-Katz: I also think in a different political moment, you could see this kind of bill as a classic wedge where the public — at least before *Roe* fell, I would say — there was pretty strong public opinion across the country in favor of a law like this. I think, again, people really support early abortion. They are less comfortable with abortions later in pregnancy. Certainly, all Republicans historically would like a bill like this, with the exception of a few of the pro-choice Republicans, of whom there are only a few. And I think some Democrats, if they were pressed on the floor to vote on a bill like this, it would be a hard vote and some of them might vote to support it. But I think this is a very different moment than in the past for a number of reasons. It's different than, for example, when Republicans introduced and passed what they called the "partial birth abortion bill," which I think is similarly strategic, where they found something that was kind of unusual and that was easy to message against and where the public really supported what they were doing. And they were able to pass a smaller abortion ban. But there's a lot of things that have changed that make this moment, I think, different than the previous moment and make this a less good wedge. And one of the things is that the public seems to be moving on this issue. There was a recent poll in The Wall Street Journal that found increasing support for abortions after 15 weeks. And I think part of the reason is because as states are rolling out these abortion bans, we're seeing a lot more coverage of the kinds of pregnancies that are affected, the kinds of health consequences for women. And while the very large majority of abortions do take place before 15 weeks of pregnancy, a lot of the ones that happen later are pregnancies that have to do with fetuses that have severe abnormalities. Some of those are only detected after 15 weeks. And so I think the public is hearing a lot about those stories, those tragic stories where women have discovered late in pregnancy that they have children that will not be viable outside the womb, that will be born with profound disabilities and challenges and won't live long. And I think the public is becoming a little bit less comfortable with those kinds of bans as they hear more about it.

Carey: So on a related front, the Food and Drug Administration has scheduled a meeting of three of its advisory committees in mid-November to discuss an application to sell what could be the first over-the-counter daily birth control sold in the United States. How will that interact with the abortion debate?

Raman: I think first we have to see what happens. I mean, it's such a long process for this. HRSA [the Health Resources and Services Administration] has been involved in trying to get this done for a while now. And even regardless of what happens in November, it wouldn't be earliest until sometime next year. And there's still a lot of issues to hammer out because right now if you go to the drugstore and fill a prescription for birth control, your insurance can cover it and likely no copay due to the Affordable Care Act. If it's over the counter, there's the driving that further wedge for people that don't have insurance or it wouldn't be covered. And I think that's still one of the things that they're struggling to figure out: what to do to make that accessible. So there's not really like a solution that's easy there or related to, like, cost or billing. And that's only if it gets approved for this.

Carey: Sure. Always issues: safety, affordability. And of course, this will probably play in the political realm as well. So let's go ahead and move on to covid. There's always a lot of news there. The World Health Organization, or WHO, said yesterday that the end of the covid pandemic is in

sight. There are more details. I'll leave that to all of you to look at those. But I found that interesting. But it's also important to note that the WHO, the U.S. government, and others were criticized in a report that was published Wednesday in The Lancet, which found serious failures in coordinating an international response to covid-19. And an investigation published this morning by Politico and the German newspaper Welt reveals how four global health organizations, including the Bill and Melinda Gates Foundation, wielded significant influence over the direction of the global response to the pandemic. There's also been some interesting things happening here in the U.S. For example, health officials in Maine report that the number of residents hospitalized with covid has risen more than a quarter over the last month. A hospital official told the Bangor Daily News that the trend bears watching as students return to school and the summer tourist season winds down. The paper also reported that Northern Light Health, which has a network of 10 hospitals in Maine, reported having roughly 20 people hospitalized with covid a month ago and that figure rose to 55 last week. So how do you read these developments? I mean, are they expected? Do you find them worrisome? Are we where we probably should [be]?

Cohrs: Looking at any one of these data points, you could draw a bunch of different narratives from them. But I think overall it presents this muddled picture where … the White House, I think — there was also a good story in Politico about what the structure of their task force will look like in the future. And I think there is the sense that there's, I think, as we've talked about many times on this podcast, just a lack of a will to take this seriously. It is interesting to see the WHO and these public statements about the end — question mark — of the pandemic, given that there's been wide expectation that we could see a surge of some sort in the fall. Certainly, we do have new tools and new boosters available, but it's unclear what uptake is going to look like in the coming months for this. The comments from the WHO were that the world has never been in a better position to end the pandemic. And I just wonder how these comments will age over time, because certainly we are seeing, like you mentioned, some of these hospitalization trends. We're going into the fall where, again, people are going back to school, like you mentioned. And, generally, we see like flu season regularly. So it'll be really interesting to see how all this ages over time. But we certainly … I think it is certainly true that we have more tools than we had, have more immunity than we had, and we'll just see how this virus continues to mutate, if it does.

Sanger-Katz: I think the government faces a really difficult moment now because I think that we don't have a good transition in this country between "emergency" and "over." And it just seems very clear that covid is no longer a public health emergency in the technical sense of things in the way that it was in the early years. But it is also true that it is an ongoing public health threat. I mean, there are still a lot of people getting sick and dying of this disease, and there is not really a major end in sight for that, I would say. I think covid is going to be with us for a long time. Probably, we're going to continue to need to be vaccinated for it. We're going to continue to need therapeutics for high-risk people who get sick. We don't know what new variant is lurking around the corner. I mean, we don't really have any control over that. And a lot of the mildness of the disease that we've seen over the last year is just kind of dumb luck that that's where the virus has gone. And yet it does seem like Congress does not want to fund covid response as an ongoing public health threat. And so the administration really only has two choices. I mean, they can say, "This is a public health emergency forever. We're going to have a special task force. We're going to

do all these special things. We're going to use all these special powers and have all these public policies that are tailored for an emergency." Or they can say, "Back to normal, it's over." And it's just very clear that neither of those things are where we are or where we are going. I'm very curious. I have not looked around the world, but I wonder if other countries are better at this intermediate thing of: "OK, we didn't have covid before. Now we have covid. This is an ongoing public health challenge. This is something new that we're going to have to live with and deal with. And how do we deal with it in a long-term way as opposed to a short-term emergency way?"

Raman: I think another thing that it brings to mind is just, as Rachel was saying, that things could change. We could get a [new] variant soon. And given that Congress has not agreed to any of the supplemental funding yet that the White House has asked for covid or even for monkeypox, it makes the prospects unclear. I mean, we've already seen the changes of, like, the free federal tests — you can't order those for covid. And then HHS [the Health and Human Services Department] has said that it's probably likely January of next year that they won't be covering the vaccine if you're getting it then, and it would go through insurance or whatever. So the aftermath of those changes also throws a thorn in it if there's no funding ... for some of these various things. So the path is unclear. And then the messaging, I think, does get unclear when you see these spikes. And then there's also various different things when one person is saying one thing and then other folks are saying other things, and then even some of the guidance on a state level, like when we saw the mask guidance from New York that was very confusing about how to use a mask and something that we've learned very well over the last couple of years. I think that all of that just makes it much more confusing and not easy for people to kind of follow.

Carey: I mean, you've mentioned the funding dispute, right? That's on the Hill. The White House wants I think it's about $20 billion in additional covid funding. Republicans have been questioning that. Do you really need it? Have the current funds, meanwhile, spent. It's Sept. 15 today. The government in theory runs out of money at the end of the month unless they pass a continuing resolution. Are there any new developments on the covid funding issue? And you've mentioned a bit about how some of that tension strain on the administration is happening because it hasn't been resolved. Anything new there, Rachel?

Cohrs: So, yes, I've been on the Hill asking Republicans about this. And, you know, it's hard to predict what Congress is going to do at any time, but I'm pretty confident saying, no, there's no new developments; like, the White House has just soured its relationships with even the very moderate, public health-friendly Republicans like Mitt Romney, Richard Burr, they just ... I think their whole goal, as I've been having conversations with GOP staff and lawmakers, I think they view commercialization of these products as the goal. Like that was their purpose this whole time, that the government shouldn't be doing this. And I think there are some difficult wrinkles with products like the new boosters, because they are authorized under emergency use. They're not fully approved like the initial series. So I think this commercialization process, which HHS has already started walking through with stakeholders; we have seen one of the Eli Lilly treatments is already kind of commercialized. We'll see that transition happen over next year. But I think the commercialization process that the government isn't doing this anymore is the intended policy outcome for Republicans right now. So sentiment on the Hill tends to sway with case numbers and

hospital capacity, from what I've seen in different waves. So unless there's some major change, I definitely don't expect any more emergency funding. Could we see more through the regular process in December? Potentially, we'll have to wait and see. But I really, really highly doubt there's going to be any new funding in the next two weeks.

Carey: Let's talk about two more items before we wrap up today. The first is new data this week from the Census Bureau about the uninsured: 8.3% or 27.2 million Americans were uninsured in 2021, and that's down from 8.6% or 28.3 million people in 2020. Higher Affordable Care Act subsidies and the Medicaid continuous coverage provisions that Congress enacted in response to the pandemic helped more people get coverage. But that could change if covid is no longer a public health emergency, correct?

Sanger-Katz: Yeah. I thought, going through this report, these gains are extremely fragile. If you look into some of the subgroups that have seen the biggest increases in insurance coverage, they are the groups that are the most vulnerable to losing their coverage if the public health emergency ends. So there was actually a decline in employer health coverage during this year. That's probably the most stable pool because we know a lot of people got jobs. The economy has been very strong. People who get their insurance through work, you know, they tend to be able to keep it as long as they can keep their job. But really, where we were seeing these big increases in coverage were in public coverage, particularly in Medicaid, particularly among children, and particularly in states that did not expand their Medicaid programs as a part of the Affordable Care Act. So, as you mentioned, Congress passed a law early in the pandemic that said as long as there is a declared public health emergency, states cannot kick anyone off of Medicaid for any reason. In normal times, states are not supposed to kick people off of Medicaid arbitrarily, but if they are no longer eligible — say, you're a child and you become an adult; say, you're a pregnant woman, and you end your postpartum period of eligibility; say, you're a working person, your income increases, and you earn too much money to qualify for Medicaid. In normal times, you would lose that coverage. Maybe not immediately, but over the course of a year. We see people entering and exiting the program all the time. And there's just this huge group of people who are remaining covered in Medicaid who would be dropped in normal times. And when the public health emergency ends, I think, a lot of public health analysts are really worried about just kind of massive reductions in insurance coverage and a lot of chaos as people don't realize that they should have transitioned to something else. We also know, in Medicaid, people in these kinds of income demographics, they move a lot. They're not particularly technologically savvy. In some cases, the mail that they get is very complicated and often requires a very fast response. And so we might expect a lot of people losing coverage just because of paperwork errors or failure to meet deadlines. And we saw a lot of that before covid. The number of children who were covered in Medicaid declined pretty substantially during the Trump administration, largely because of these paperwork challenges. And this was largely happening in these Medicaid non-expansion states that, generally speaking, do not want to keep people in Medicaid that they do not feel are definitely eligible. So again, if you look at these Census numbers, we have this very, very low close to record uninsured rate. But I do think a lot of that is coming from populations that may lose their coverage when the public health emergency ends.

Carey: And that's because this paperwork issue is all involved in re-determining whether or not they're eligible for Medicaid. So if you've moved, you don't get the paperwork. If you don't understand it or if you are scheduled for an appointment at 2 in the afternoon and you have a job and you can't get off work, I mean, these are all sort of the wrinkles and the complications that could ensue.

Sanger-Katz: And those are true all the time. But I think when everyone is having it happen at the same time, I think there's just a greater capacity for errors. There's ... it will be harder to call someone and get advice. And because it has been so long, people are more likely to have moved. So there's an anticipation that this will be even worse than normal.

Carey: Sure.

Raman: And I would piggyback that one of the quirks of that law is that the state could have been dis-enrolling people. But in order to get like enhanced funding for Medicaid during the public health emergency, they can't. And so once the public health emergency is up, there's no incentive given that that amount of money is going away. So I think a state that is trying to save money has that incentive to work through that pile faster and see who can be switched to what or not be in that program anymore. Even though CMS [the Centers for Medicare & Medicaid Services] and HHS have done some kind of guardrails to make sure that it doesn't happen too fast in some states. But it's an ongoing process to see how that will play out.

Carey: Let’s also check in on a topic that was discussed in last week's podcast: the bill to reauthorize user fees that fund much of the drug review staff at the Food and Drug Administration, or FDA. This is a bipartisan program, but there's been some trouble on its renewal. Rachel, I know you've been following this. What's the latest?

Cohrs: Yeah, so the latest is that today, Thursday, when we're taping, is supposedly the self-imposed deadline for lawmakers on the Senate Health Committee and the Energy and Commerce Committee to come together. We know that Congress loves blowing through a self-imposed deadline.

Carey: They sure do.

Cohrs: So we'll see. Really, they're hoping to, I think, pass something by the end of the month before everybody leaves, wants to campaign for the midterms. So I think that's kind of the timeline they're looking at. There's been some tension over whether any of the quote-unquote “policy riders” is what they're called — the extra, new reform policies beyond just the base funding — will make it through because both the House and the Senate have spent months and months negotiating these and crafting the policy. But Sen. Richard Burr, the lead Republican on the Senate Health Committee, wants just a clean funding bill. And it's possible they could return to some of these debates in December. But, for me, it's difficult to believe that they would create a whole new FDA package if it's not going to get put on the FDA funding bill. So who knows? It's possible, but it doesn't sound like negotiations are particularly close to an end, from where I sit at this immediate moment. But we'll see. Sometimes these things move fast toward the end.

Carey: Great. Well, we'll stay tuned there. So now it's time for our extra-credit segment. And that's where we each recommend a story that we read this week that we think you should read, too. Don't worry if you miss it; we'll post the links on the podcast page at khn.org and in our show notes on your phone or other mobile device. Sandhya, why don't you go first this week?

Raman: So my extra credit this week is called "Philly's Kids Are Grieving Alone From the Far-Reaching Trauma of Gun Violence, Advocates Say." And it's from Abraham Gutman at The Philadelphia Inquirer. This story was interesting to me because it unfolds some of the broader impact of gun violence, specifically for children. And I think it's easy to focus on some of the physical harms related to gun violence, particularly, but there's a lot of mental harm that's unseen. And in Philadelphia, they've had an uptick in gun crimes. But also the support for those who've been affected by these crimes or witnessed a crime — a huge population — is really low. The story mentions that there are teens that have to go back to school the next day after witnessing a horrific event or experiencing trauma. And that rec centers in the area have closed or are understaffed because of the pandemic. And there's just really a lack of support for these kids. And I thought that was especially interesting given some of the stuff that the Senate and the House did this year with gun violence and mental health and just looking at that on a local level.

Carey: All right, Rachel.

Cohrs: My extra credit this week is headlined "A New Approach to Domestic Violence" in Politico Magazine by frequent panelist Joanne Kenen. And I just loved this piece. Domestic violence interventions have been on my mind. I don't know if anyone else here has watched "Maid" on Netflix, but it was really well done and thought-provoking around this issue. And Joanne tackled this incredible story by focusing on the role of the health care system in addressing domestic violence. Usually it's something that's handled by the criminal justice system in terms of screening. And the health care system functions more to bandage up immediate wounds. And I think her piece highlighted how much potential there is. You know, if there were regular screening to look at the holistic care that these often women need when they are trying to transition out of really difficult situations. So I think this was really a fascinating, just such an important issue that's undercovered. So I think everyone should spend some time with it.

Carey: And Margot.

Sanger-Katz: I wanted to mention a package of stories and then a very detailed table that my colleagues at the Times, Alicia Parlapiano, Adam Playford, and Kate Kelly, published this week that looked at members of Congress' stock trades. So currently there is very little regulation of what kind of stocks members of Congress and their family can own and what they can trade. Of course, they are subject to insider trading laws just like everyone else, but it's pretty hard to investigate them. And what my colleagues did is they looked at a giant database of every trade made by every member of Congress or their family, and then looked at whether or not they were making trades that had a potential conflict with an area of jurisdiction. So they sat on a committee that regulated a particular area. They identified all of the potential trades where they were conflicts. They also found a number of examples where members of Congress were trading stocks very close to the release of investigations, sometimes of those particular companies. And I really thought it was

very eye-opening to see what a widespread problem this was. They found 97 members of Congress who reported trades in companies that were influenced by their committees. This was a bipartisan problem with a lot of Democratic as well as Republican lawmakers who were seen to be in conflict. And this is, I think, very newsy also because there has been discussion of this for some time, whether there should be more laws regulating the stock trading of members of Congress, because, of course, we do not want them writing laws or regulating industries in ways that benefit themselves financially, personally. We want them doing what is in the public's interest. And these kinds of conflicts create at least an impression that perhaps they have an ulterior motive in some of their policy-making. But Speaker of the House Nancy Pelosi, her husband, is a very successful stock investor. This is the industry that he is in. And I think a lot of people think that is part of why there has not been an appetite for this. So it was very interesting, there are extremely detailed records in this story. If you want to look at any lawmaker, any committee, any particular area of public policy, it's all there and will be interesting to see if there is further movement in Congress on this issue now that this is out for everyone to think about and see.

Carey: That will be interesting. We'll have to keep our eye on that one. My extra credit is from my KHN colleague Tony Leys, and it's called "As State Institutions Close, Families of Longtime Residents Face Agonizing Choices." Tony takes a look at this trend of nationwide closures of institutions that have housed people with intellectual or developmental disabilities for years, sometimes even decades — and what those closures mean for these individuals, for their families, and even the towns where these facilities are located. Where do these folks go? Who will care for them? Will they have enough support? Tony looks at all of that and more. And it's a very important story that I think is worth your time.

So that's our show for this week. As always, if you enjoyed the podcast, you can subscribe wherever you get your podcasts. We'd appreciate it if you left a review — that helps other people find us, too. Special thanks, as always, to our producer, Francis Ying, who makes the weekly magic happen. Email us your comments or questions. We're at whatthehealth@kff.org. You can tweet me. I'm @maryagnescarey. Sandhya?

Raman: I'm @SandhyaWrites

Carey: Rachel?

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Carey: And Margot.

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Carey: We'll be back in your feed next week. Until then, be healthy.