KHN's 'What the Health?'

Episode Title: We May Be Done With Covid, But Covid's Not Done With Us
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Bonnie Petrie: Hi, I'm TPR [Texas Public Radio] bioscience and medicine reporter Bonnie Petrie, and we've entered year three of the covid-19 pandemic, and yet there's still so much we don't know. On TPR's "Petrie Dish" podcast, we investigate the medical and scientific unknowns around the pandemic grounded in good science. Listen to "Petrie Dish" — that's "P-e-t-r-i-e" — wherever you get your podcasts.

Julie Rovner: Hello, and welcome back to KHN's "What the Health?" I'm Julie Rovner, chief Washington correspondent for Kaiser Health News. I'm joined by some of the best and smartest health reporters in Washington. We're taping this week on Thursday, March 17, at 10 a.m. As always, news happens fast, and things might have changed by the time you hear this. So here we go. Today, we are joined via video conference by Joanne Kenen of the Johns Hopkins University [Bloomberg] School of Public Health and Politico.

Joanne Kenen: Hi, everybody.

Rovner: Alice Miranda Ollstein, also of Politico.

Alice Miranda Ollstein: Good morning.

Rovner: And today we welcome our latest new panelist, Sandhya Raman of CQ Roll Call.

Sandhya Raman: Hi there.

Rovner: Also, a quick congratulations to our podmate Sarah Karlin-Smith, who's taking a few months off after the birth of her new daughter. We look forward to having Sarah back later this summer. Meanwhile, more than enough news for this week. We may all feel done with covid, but there is plenty of evidence that covid is not done with us. Just this week, former President Barack Obama, second gentleman Douglas Emhoff, and at least nine Democratic members of the House have all revealed they've tested positive — most of the House members after attending the mask-optional party retreat last week in Philadelphia. Europe is seeing an alarming spike in cases and wastewater testing in parts of the U.S. shows cases are increasing here, too. Yet we've also gotten word this week that the White House and the Capitol are reopening to the public, um, as if this is all over. Meanwhile, some breaking news from the White House just this morning: Jeff Zients, who's been heading the White House covid effort, is stepping down. He will be replaced by Ashish Jha, who, those of you who listen to the podcast will know, has been on several times. He's going to take a leave as dean of the Brown University School of Public Health. What does this mean? We're entering a new phase of the pandemic, or are we going to just go along with pretending the pandemic is going away?

Kenen: And I think that Ashish Jha will be fantastic. He is a really skillful public health communicator. He has experience in both domestic and global health. He's very good at explaining things, and we are in a — not that the country necessarily listens, but having a really skilled communicator who is very, very widely respected inside and outside of government public health. I think all of us heard that and said three cheers, right? In terms of the moment we're in — and my colleagues will weigh in in a minute because I think it's a little bit impressionistic how each of us see it — I mean, right now, we're still in a lull. It is safer to do things.

And if you want to wear a mask, and there's plenty of good reason to still wear a mask, you can wear a mask even though it's no longer mandated in most places. The question is, how long does this lull last and what comes next? And are we once again overcorrecting? There's a difference between loosening up somewhat. It is safe to loosen up somewhat. Even people who are at risk, who have to take extra precautions, or family members of people who are at risk. You're still operating in an environment where there's less covid. So if you're at risk, there's less people to catch it from. However, there are some warning signals, like, everywhere.

Rovner: Big flashing red lights in some places!

Kenen: It's really bad in several Asian countries. It's rising in several European countries. Scotland is apparently having a hospital-stress crisis. Others may follow, and we know from the wastewater in the United States, which is, as two Politico colleagues wrote, is not as robust a national and organized a system as we would like, but it's still effective here. This is what we're picking up on. We are picking up on what we don't know, if it's a tick or a blip or the beginning of another surge wave, whatever it turns out to be. So there's covid still here and we keep talking about it like it's a light switch. Covid's on and off. And a better analogy is a dial. We can dial down and have a little bit more normalcy in our lives, but then we have to dial up when the virus decides to hit us on the head again.

Raman: It is kind of an interesting situation that we're in right now because this is kind of the first time that all of the different states have really tamped back a lot of the precautionary measures they've had since we've had such a big drop, and most of the country is into a low- or medium-transmission rate. Even, I think, Hawaii was the last state to lift their mask mandate recently. And it even comes across in Congress where it had been really bipartisan before. That we really wanted to push a lot of aid and they'd come together and agreed on certain things that would be beneficial. Now we're seeing a lot more pushback, and do we need this? Are we in a safer place that we don't need to bring more aid to the different states because we've already given so much so far?

Ollstein: I think the issue is we should be treating it like a dial, like Joanne said, but it seems like policy-wise, we're instead going more for the light switch. Instead of, OK, lifting mask mandates in most places, seeing how that goes and then lifting another restriction, and another restriction. Instead, it just seems like in a lot of ways, they're just stripping away a lot of different precautions and protections at once. And, like you said, given the warning lights from other countries and within the U.S. in terms of wastewater surveillance, that might not be smart. And I think every time they take away things like indoor gathering restrictions or mask mandates and try to reimpose them every time it goes off and on, off and on, the public gets more confused, more frustrated and it's just a harder sell. So even though we should be dialing it back in a more cautious way, it seems like they're just throwing everything off at once. And I think that's also a symptom of the inability to focus on more than one crisis at once. And given the foreign policy crisis and some of the economic pain that people are feeling, there is not an appetite to focus on covid as much. Even though covid as is very much still here. More than a thousand people are still dying every day in the U.S. This is not, this is not gone.

Rovner: So when we last met last week, Congress had just evicted the covid funding from the giant spending bill, which, by the way, President [Joe] Biden signed on Tuesday. The White House is, shall we say, not pleased by this turn of events, the lack of covid funding in the spending bill, I mean, not passage of the rest of the bill. The White House had a press conference this week detailing how and when it had asked Congress for additional covid funds and what the consequences could be of not getting those funds, including the inability to purchase more covid vaccines, tests, and treatments, among other things. What are the options for getting the money? I mean, we were just saying that everybody's tired of this, the

bipartisan “We're going to spend as much money as we need” is starting to, you know, to wither away. But the administration in particular … seems adamant that it needs this money — that if, you know, if this comes back as [it] seems to be certainly possible, if not likely, we're going to be unprepared again unless they do something, unless Congress does something about it.

Ollstein: It's not just being unprepared for a future surge. I mean, they are set to run out of funding for a lot of the programs that people are very much depending on right now. And so they're soon going to stop accepting claims to cover testing, vaccination, and treatment for uninsured people. That's something people are depending on across the country. If an uninsured person had to pay out-of-pocket for something like monoclonal antibodies, that's thousands of dollars. Likely someone who's uninsured might not have the income to be able to afford that. And so that could be really dangerous. You know, we're also seeing warnings that programs to distribute vaccines overseas could get cut off. Of course, that makes the overall long-term situation much worse, including for the United States. So, it really looks like on Capitol Hill the decision to strip the covid funding out of the bigger budget bill that it was going to hitch a ride on really has made its chances a lot harder to pass because when it was attached to the Ukraine funding and the rest of the government funding, people can hold their nose and vote for it, even if they didn't think it was necessary. But now it's just an up-or-down vote on its own, which means it has to get 60 votes in the Senate, and that is a really hard sell right now.

Rovner: Is there something else to attach it to?

Ollstein: Not imminently.

Raman: I was just going to piggyback on Alice’s [thought] … the cost of some of these treatments. And I think we know from some of the data that we've seen already that some of the different low-income populations already have lower vaccination rates. They've had more hurdles to cross to get vaccinated over the past several months and then to add on top of that, if they do get covid at this point and are unable to get some of those treatments, it creates another barrier for folks like that. But in terms of what to get this across the finish line, I think that there's a lot of different barriers here. You know, the White House has been asking for $22 billion or so that they would like to see to go for these efforts. And when Congress had been thinking of adding this to the omnibus spending package, they had proposed a much lower number, more in the $15 billion range. And even though they have not come to an agreement on how to get that standalone across the finish line, there's a lot of back-and-forth and just kind of how to get that across because, you know, Democrats don't want to do a smaller number that they *could* find a way to pay for. Republicans don't want the higher number that the White House has said that they would like to see and then that just [is] delaying the whole thing and getting any sort of number across.

Rovner: Well, of course, it got kicked out of the bigger spending bill because the Republicans insisted on offsetting part of it. Well, the Republicans, I think, wanted to offset all of it. The Democrats gave them a compromise where they were going to offset part of it, and Democrats from states who were going to then lose money to help pay for the new money rebelled, and that's how it ended up out of the bill. So I guess they — I mean, they have to get over that fundamental problem first, right, whether or not they're going to need to offset this money and, if so, where the money to offset it is going to come from. And yet, in the meantime, the White House is trying to apply additional pressure, saying, We don't we don't care how you do it, just do it. I mean, that was basically the message from the press conference. People kept asking, What are you doing with Congress? And the White House's response was: That's their problem. They're doing more than they're saying, one would assume, but it's … this is kind of stuck right now.

Kenen: There's two other ironies or observations. One is that the Trump-supporting counties have lower vaccination rates and a higher burden of disease, and that's who is represented by Republicans that are opposing the money that go into their own states when there are surges, blips, whatever we're facing, or just ongoing … you know, it's still here. So that's one. And the other thing I think is, you know, the administration and the prior administration have both been attacked for, criticized for not planning ahead adequately. And the Biden administration now really has a plan for treatment and testing and surveillance and all the things that the public health world has been saying, "Give us, give us, give us." You can fight about the details of that plan. You can quibble over whether it's the right plan. You can say, do this part differently, do that part differently. There's still unanswered questions about whether it's the perfect plan, but there *is* a plan. … They're not going to be caught by surprise when there's a new outbreak or a new variant or a new crisis or whatever happens, they have a plan, and now they can't get the money for it.

Ollstein: I'll note, you know, the offsets issue you mentioned is the main obstacle in the House. But in the Senate, there are several Republicans who, when I've interviewed them, have said, I'm not convinced this money is needed *at all*. So it's not just where the money is coming from that —I think it's a difficult message that the administration is both trying to say, we're in such a better place. We've made so much progress on the pandemic. … Many of us in many settings can go back to normal. However, we still need billions and billions of dollars to continue the fight. That's a tough message for people.

Rovner: It is. Well, this is now going to be Ashish Jha's job to figure out how to message this. Well, meanwhile, in the feature I'm calling "This Week in Florida," Orange County's public health officer is reported to be back on the job after being suspended in January for encouraging his employees to get covid vaccines. For those not that familiar with Florida, Orange County is home to Orlando and its multiple theme parks. Dr. Raul Pino, who technically works for the State Health Department, was placed on leave while officials decided whether he had violated Florida law that says employees' decisions about whether to get the shot should be, quote, "personal medical choices," that, quote, "should be free from coercion." Apparently, he was *not* found to have done anything illegal. But what kind of message are state health officials sending here in Florida, that you can be suspended for suggesting that your workers get vaccinated? Are they trying to be the "Let's Do the Opposite of Everybody Else" state? They certainly are succeeding.

Kenen: Well, DeSantis, Gov. [Ron] DeSantis at the outset of vaccination was very pro-vaccination, not pro-mandates, but he was pro-vaccination. The controversy in Florida was he wanted to distribute them differently than some of the federal guidelines. He was really emphasizing older Americans or older residents of Florida. He wanted to do things differently, but he wanted to vaccinate. And he actually has, despite all this anti-vax rhetoric coming out of the state, their vaccination rate is sort of average. But there's been, as vaccines have become more and more and more politicized and more and more misinformation has flowed about vaccination, even the governor not saying whether — last I had heard and I don't think this is changed, he wouldn't even say whether he'd been boosted or not, although he was vaccinated and he had sort of a dispute with [President Donald] Trump over that. So this is a state that has actually had a decent vaccine rollout, a decent vaccine message, but has a very ambitious governor who probably wants to run for president. And as the base has gotten more anti-vax, he's trying to balance, yes, vaccines are available and being given in Florida, but he's also letting the anti-vaxxers have a platform.

Rovner: And it strikes me as an extreme libertarian view, which is "There's no common good. There's only … you do what's good for yourself." And if you're parents, what's good for your children. I mean, I think this sort of fits in with what we're seeing in all of these angry school board meetings that started out over masks and have morphed into being about books and libraries — and it should be up to the parents to

determine absolutely what happens to their children and up to you to determine absolutely what happens to your body. That seems to be the thread that we're seeing throughout conservatism right now across the country. Am I wrong?

Raman: I think it's just interesting that this happened through the public health department, given that, on the national level, HHS [the Department of Health and Human Services] has released data for their vaccination rates for all the different agencies within HHS, and all of those have been extremely high. And then to have a state department where they have it — or a county, I guess — on such a lower level. You would think that it would be a good thing to encourage … the public health department should be the blueprint for the rest of the community. So isn't it kind of interesting there is a pushback. But it has really been so politicized that …

Rovner: Yeah, it's interesting that a public health official suggesting that his employees obey national public health guidance should get suspended from his job. I feel like it shows that we're in a very odd place. The one place …

Kenen: At least he got reinstated.

Rovner: Yes, he did get reinstated. The one place where apparently the libertarian view that "You should decide what happens to your body" does not pertain when it comes to conservatives is abortion. And there is obviously still more abortion news. Last week, after we taped, the Texas State Supreme Court effectively closed off the ability of abortion providers to block the state's abortion ban, SB 8. If you recall, when the Supreme Court declined to block the law from taking effect, it suggested the plaintiffs in the case might find relief in state court instead. But no such luck, right, Alice? So what happens now here?

Ollstein: So I think it's important to remember that even if the state Supreme Court had ruled for the clinics challenging the law, that doesn't mean the law would have been blocked. The ban still would have been in place. There would have just been a mechanism for them to keep challenging it. Now, even that tiny crack in the door, it has now closed. So, there are individuals pursuing different lawsuits to keep trying to block the six-week ban. But it really looks, for now, like the end of the road for at least that effort in federal court.

Rovner: In state court.

Ollstein: Well, federal court. But the state court was giving guidance to the federal court. … A very convoluted detour in the legal system. But, I mean, really, the writing was on the wall when the Supreme Court left it in place and allowed it to go forward and closed off most of the main avenues that clinics wanted to use to challenge the law. This was the scrap that was left to them, and now even that is gone. And as I think we're going to talk about next, that is emboldening other states to pursue similar schemes.

Rovner: But before we get to the other states, though, is there not a chance for the plaintiffs to go back to the Supreme Court and say, Look, you said that this could be up to the state to block? And now the state said, no, not our problem. Could they take another swing at the Supreme Court? I mean, the Supreme Court is in this weird situation where they have not overruled *Roe v. Wade* yet. And yet a law that clearly violates every standing Supreme Court precedent is in effect in the second-largest state in the union. It's a *weird* situation.

Ollstein: Right. The Supreme Court's consideration of the Texas law so far has barely been about the issue of abortion itself. It's mainly been about this scheme where private citizens instead of the state are the ones enforcing the law through these suits, through these lawsuits. And so it's set up this mechanism. And, you know, we've pointed out that this could be applied to things other than abortion. If this is really

allowed to stand, there's nothing to stop states from attempting to create laws allowing private-citizen enforcement incentivized with financial rewards, which is what Texas has, to go after other things. So …

Rovner: We already saw this in Idaho, where they had this … a bill that was going to let people sue families who took their transgender children out of state to get treatment, using the same sort of Texas abortion mechanism.

Kenen: I think California is trying to do something on guns from the liberal perspective. I don't remember the details.

Rovner: That been talked about. I don't know whether … I'm not sure how …

Kenen: I think it's in the hopper.

Rovner: … far along that's gotten. Well, it was, I think, Alice, the last time you were here, a couple of weeks ago that we talked about how states were trying to pass lots of abortion restrictions in anticipation of the Supreme Court decision expected later this year on the Mississippi case, not the 15-week ban, not the Texas case, which technically isn't before the Supreme Court yet. But now that's changing. We said that not that many states were copying the Texas law. Now we're seeing some actually start to do it. The Idaho Legislature, which I just mentioned, has now passed and sent to the governor a Texas-type law banning abortions after cardiac activity to be enforced by private civil lawsuits. Although it would allow fewer people to sue and fewer people to *be* sued than the Texas law. It's not quite as sweeping as the Texas law. A similar law is starting the legislative process in Tennessee that would ban not just abortions after cardiac activity, but all abortions. And while it said that a rapist could not sue if his victim gets an abortion, the rapist's relatives could. Is this the new red-state model or the attempt to prevent women from crossing state lines to get abortions, like we talked about in Missouri — or both?

Raman: I think that when we had this Texas law initially last year, this opened a new door to a lot of different legal mechanisms. And a lot of what they're doing now is just experimenting and seeing if you throw this many things at the wall, what sticks, what doesn't, so that they can carve that out going in the future. You know, a lot of these laws might not work out or they might not get passed or signed into law, but navigating that is especially important because a) putting these kinds of things in place, even if they don't pass, if they aren't implemented has a chilling effect on the providers in that state. Or people that might be seeking out those providers who might say, Hey, I'm not really sure what the legality of this is, where it kind of falls. It might prevent someone from going and seeking out that abortion provider there or even in another state, depending on, what different thing is in the legal pipeline. And, I mean, especially coming before what we'll see with the Mississippi case later this summer, whenever the Supreme Court decides on that. You know, trying out as many legal maneuvers as you can before then is only going to benefit people that are trying to push these types of laws.

Ollstein: I still contend that it's interesting that more than six months into the implementation of the Texas ban, we've only had one other state so far actually pass a copycat law. We're imagining that once the Supreme Court allowed the Texas law to go forward, you would see a real huge wave. There are lots and lots of states that say they want to ban abortion as much as possible. And yet we saw some hesitation around that. We have seen them pass a lot of other restrictions that don't go quite as far. We've seen a lot of states pursuing 15-week bans, for example. And so I think there's just still a lot of uncertainty about how this will shake out in the courts, more in the long term. And some states are being more cautious, both politically and legally. Seeing also that the Texas law has sparked a lot of outrage and backlash and maybe thinking that, oh, if we introduce a six-week ban, but we actually pass a 15-week ban, or something a little

less restrictive, that it'll be seen as more moderate, more of a compromise. Of course, you know, it still has a huge impact on people. And so I think the area of preventing people from leaving their states is really the one to watch. Because should the Supreme Court overturn or cut back on *Roe v. Wade* significantly, you're just going to see a huge surge in people traveling for an abortion. We're already seeing it. Of course, we're already seeing thousands of people from Texas going to other states. But if Texas isn't the only one, if it's up to half of states, as Guttmacher and others who research this have said, could try to ban abortion entirely, you'll just see people traveling all over the place. And so if these conservative lawmakers and activists really want to stop all abortion, they're going to have to stop the travel.

Rovner: So I'm surprised with all these restrictions, and obviously we're seeing a lot of these because it's March and most legislatures are in session. So this is when you would see these laws getting considered and/or passed and/or signed. But I haven't seen as much pushback. Alice you said, as one would expect. You did scoop an effort here in Washington by some Democratic women in Congress to push the federal government to do more to facilitate abortion availability through the abortion pill. What's that about?

Ollstein: I said travel is the future, but, you know, the other piece of that is the travel of pills into states where it is banned. So, the Biden administration moved earlier this year to allow abortion pills to be prescribed through telemedicine and sent by mail …

Rovner: … to continue it. It was … they had allowed it during the pandemic.

Ollstein: Correct. They allowed it during the pandemic, but before that it was not allowed. And so based on lots of studies about the safety of the pills, they said, you know, this is fine to receive by mail. And so a lot of states already had, but really, after the Biden administration did this, really started moving to crack down on the pills — to ban them from being mailed, to ban them from being prescribed by telemedicine, [to tell] the local pharmacies to really, really restrict who can get them and when and where. And so I think that's … what these Democratic lawmakers are calling for is some sort of federal action to push back on the states doing that. Now there are some legal experts we've talked to who think that it is unlawful preemption on the part of states to ban something that the FDA says is fine. And so that could be an interesting legal battle in the future. But apart from that, they didn't really call for specific actions from HHS. But they were, like, "Look, this is an issue. You need to do something." So we'll be watching for what they actually do.

Rovner: Yeah, and it'll be interesting to see what HHS Secretary [Xavier] Becerra, who's, you know, obviously this is mostly an FDA issue and there is now an FDA commissioner confirmed. But I'll be interested to see whether we see this at the department level, too. Well, elsewhere on Capitol Hill, the Senate Health, Education, Labor and Pensions Committee approved the bipartisan PREVENT [Prepare for and Respond to Existing Viruses, Emerging New Threats] Pandemics Act by a vote of 20-to-2. What's in this bill that it got almost the entire committee to vote for it? I know that they've been working on this on a bipartisan basis for six months, if not more. But the idea that in this, as we've just spent a half an hour talking about how polarized covid is, and yet they passed this bill overwhelmingly.

Kenen: In committee and without any money attached. I mean, that's a separate issue. So, this is an authorization about allowing the country to have a better public health system and pandemic prevention. It doesn't … this particular bill doesn't fund it. It creates a blueprint for spending. But Congress has to separately spend it, so that's easier … that's part of it. The HELP Committee is less bipartisan than it used to be, but still more bipartisan than most. So, it's not … I mean, that could change next year really fast if the Republicans capture the Senate and if Rand Paul becomes the chairman, those are two ifs.

Rovner: He would be in line, though, he would be the next … because Richard Burr, who's a longtime public health expert …

Kenen: Right. He's worked on this issue.

Rovner: … is retiring.

Kenen: Yeah. He's worked on this issue both through HELP, and he also serves on Finance. So he's developed expertise on this issue. But I mean, it's recognizing a lot of what the experts have said went wrong and how to fix it. It might get through the floor because people do understand you don't need 100% on the floor, you need 60. So could some kind of legislation like this get through? Possibly.

Rovner: Yeah, I mean, it's an authorization, so there isn't any money in it, but it does make some sort of big structural changes to the public health system. It would make the CDC [Centers for Disease Control and Prevention] director a Senate-confirmed post, which it is not now. It would create a commission to look at what happened during the pandemic and how we can do better next time, create more systems for surveilling emerging diseases. So, things that are on the long public health list of things that really ought to be done, which is not to say that it's an easy thing. The other big thing this legislation would do would create President Biden's Cancer Moonshot agency, known as ARPA-H, for Advanced Research Projects Agency for Health. That's a mouthful, but there's a lot of … ARPA-H is also still a big question mark in a lot of ways, right?

Kenen: Both funding and where do they put it — is it part of NIH [National Institutes of Health], is it independent, is it like … there was one proposal to make it part of NIH, but put it someplace else physically. That's still a work in progress. But I mean, I think things like provisions like the CDC director being subject to confirmation. I mean, these are things that are controversial and could change on the floor, or before it goes to the floor, or people just have to look at a package and take it or leave it because in a big bill nobody likes everything that's in it, even the person who wrote it. So what it looks like at the end of the day and then what it looks like if it gets through the House … but it got [off] to a good, strong bipartisan start on something that a lot of people think is necessary public health, common sense.

Rovner: So do we have any idea what the outlook is like in the House? I know that they're having, I think they're having a hearing today on … there's a freestanding ARPA-H bill, so I don't know that there's a companion to *this* bill that's really a creature of a bipartisan Senate negotiation.

Kenen: It doesn't have to be bipartisan in the House.

Rovner: True.

Raman: The ARPA-H piece, I think, is the one that will be interesting to watch, given that there are so many unknowns, like if it will be here, if it will be in another part of the country. And then I think the "house-under-NIH" piece is also especially interesting given pushback against [Dr. Anthony] Fauci and NIH in general, just if it would be better suited there or in another part of HHS, and what the specifics of how it'll play out will be.

Rovner: Yeah, this is "Springtime in Congress" when they're trying to figure out what they're going to do and when, and what they're going to put it together with. And we will watch that space. Well, we may all still be a little bit sleep-deprived from changing the clocks, but the Senate wants to fix that. Members rather suddenly and rather unexpectedly approved by voice vote legislation called the, I kid you not, Sunshine Protection Act. It would make daylight saving time permanent. Why do I bring it up in this podcast

— besides the fact that I'm personally pretty happy for it to get light later in the morning? Well, it seems that moving the clocks back-and-forth can be harmful to your health and not just your sleep. Although just how harmful it is is up for some debate. For evidence, I direct you to last week's episode of the podcast "Freakonomics, M.D." called "Is Daylight Saving Time Hazardous to Your Health?" Meanwhile, I can already see that while not changing the clocks is popular, we're about to get bogged down in a fight about whether we should maintain standard time — meaning it would get light earlier, but also dark earlier in the winter — or daylight saving time. I mean, this is sort of classic: What should we do? Everybody thinks that it's a pain to keep changing the clocks, and it's probably not good for us. But we're back to why we started daylight saving time in the first place. Because morning people want to stay on standard time so it can be light in the morning and evening people want to stay on daylight saving time so that it can be light later at night. Does this happen this year? I mean, it did seem to be just sort of popped out of nowhere in the Senate, even though it's been talked about for years and years.

Kenen: It's also been tried once before and reversed in the '70s. So America thought it wanted this, and then it changed its mind.

Rovner: That is a good point during. I remember that, during the …

Kenen: I don't remember it.

Rovner: During the energy crisis, it was one of the things to address the energy crisis. When we had gas lines in the '70s, we were going to go on permanent daylight saving time.

Kenen: I have no recollection whatsoever, although I believe everybody who tells me I lived through it. Maybe I slept through it.

Rovner: Or maybe you were sleep-deprived through it. Seriously!

Kenen: You know, my personal take on this is, like, we have a pandemic, we have a war. Can we talk about this one next year? I mean, I'm not sure why this has become this pressing priority other than, like, is [Sen. Marco] Rubio up next year? I don't really …

Rovner: Maybe it's important to Florida.

Rama: The House ruled a hearing, too.

Kenen: The Sunshine State! Maybe he thinks it's to protect Florida state, but … I would appoint a commission and move on.

Rovner: I was just surprised things that can bubble around can suddenly pop like this. And be, like "Oh, wow."

Kenen: The one thing it could pry loose is there's a lot of debate about, like, high-schoolers should probably start school later because of their body clocks and how they sleep and how hard it is for them to get up as early as they get up. And there's been a lot of talk about changing the school start time for health and educational reasons. And if we do change when it gets light out, schools could also adjust when they start, which I think Aaron Carroll tweeted the other day: I won!

Rovner: Yes. Well, I mean, that was something that Sen. Rubio suggested. It's, like, if people are unhappy because it's going to not get light until 8:30 in the morning in the winter, maybe we should just move everything an hour later in the winter rather than change the clocks — change us, which I think some of the

people who've looked at some of the health impacts of this might go along with. So I imagine, yes, there's a pandemic, there's a war, there's all kinds of stuff going on. But clearly this is something that has captured the imagination, including of us, or at least of me. OK, that is news for this week. Now it is time for our extra-credit segment where we each recommend a story we read this week we think you should read, too. Don't worry if you miss it, we will post the links on the podcast page at khn.org and in our show notes on your phone or other mobile device. Alice, why don't you go first this week?

Ollstein: So I am recommending my own story today.

Rovner: Which I was going to do if you didn't.

Ollstein: Thank you. So, you know, this is an issue that has really gone under the radar, and it's under this bigger umbrella of health problems that were already terrible before the pandemic and have only gotten worse. And so, you could write the same story about cancer screenings or many other things, but I wrote it about STDs — sexually transmitted diseases. And the data we are getting from CDC and from the state level show they are getting much worse. Needless to say, people did not stay 6 feet apart for most of the pandemic. And because STD testing was not available in many places, contact tracers had to be reassigned away from STD testing to case investigation to covid. Physical supplies for testing were scarce because of covid, and just the economic pain and mental health problems led to a surge in risky behavior. And all of that was just this perfect storm for STDs. And so we are seeing record rates of chlamydia, gonorrhea, and syphilis, particularly congenital syphilis, which is passed from mothers to infants and can really be deadly. And the sad thing is, all of this is preventable. If these are caught and treated in time, some of them with just an easy dose of antibiotics, although some are becoming antibiotic-resistant, which is another issue. But this doesn't have to be the public health crisis that it is. That's what's so frustrating. And so I talked to some people at CDC and around the country about why this is and what needs to be done about it.

Rovner: It's a really good story. Joanne.

Kenen: Karen Tumulty of The Washington Post, who did cover health care during the Bill Clinton years and has quite a bit of expertise wrote a column …

Rovner: … and during the Obama years.

Kenen: Yeah. Well, we met her in covering the Clinton era. She wrote a column called the "Disease Took My Brother. Our Health-Care System Added to His Ordeal." You know, we've seen stories like this before where people who are very savvy about health care, who are sophisticated, who know how to solve problems like Karen does still can't navigate it on the behalf of a loved one, and her brother had many health problems. He was on the spectrum. He developed kidney disease. He had a short-term health plan that, you know, he was told would take care of him, and it did not. So he was basically de facto uninsured when he had the kidney disease, and he later somehow or other managed to live for four years with a really deadly brain cancer before finally dying. So Karen wrote about their family's journey and how our health system does not really work for the patient.

Rovner: Yeah, it's a really, really, really beautiful piece. Karen's a really beautiful writer. Sandhya.

Raman: I'm going to recommend, this was in The New York Times this week, "As a Crisis Hotline Grows, So Do Fears It Won't Be Ready," which talks about 988, which is the National Suicide Prevention Lifeline that is going to roll out in three-digit form in July this year. There's already the National Suicide Lifeline in place, but it's a longer number, and then Congress should pass legislation so that you'll be able to use the shortened form that will encourage use [by] people who are in crisis. And the story goes into some of the

concerns that are growing, that there won't be enough resources for … they're expecting a huge surge in callers. There's been a lot of increase in mental health and behavioral health issues, especially during the pandemic. And with more people in crisis calling in, will they be able to handle it? Even as it stands now, there are wait times for people calling in, and these aren't people with a small problem, they are in crisis. They might be on the brink of committing suicide or harming themselves. I mean, it looks at certain different states where they might only have one call center to field calls, and a number of people might drop off the line and not be able to get connected with someone. And what can be done to get that into place before this is implemented and rolls out this year?

Rovner: Yeah, one of the big things that Congress actually did to help with mental health, and it's going to be … actually getting it up off the ground is going to be an effort. Well, my extra credit this week is yet another podcast. What can I say? The weather is getting warmer and I like to take the dogs for a long walk and listen to podcasts. This one is from my new KHN colleague, Dr. Céline Gounder. The podcast is "American Diagnosis," and this week's episode is especially timely. It's about how the federal Violence Against Women Act has pretty systematically failed to protect Native American women on tribal lands, even though the law dates back to the 1990s. It was first championed by a senator named Joe Biden. It wasn't until 2013 that tribal authorities were permitted to prosecute offenders who assaulted tribal women on tribal lands if the offenders themselves weren't members of the tribe. And the giant spending bill that President Biden signed this week that we talked about, it includes yet another reauthorization of the Violence Against Women Act, and this one finally does close the rest of the loopholes that had left Native American women and children with fewer protections than virtually every other American. So, an infuriating story with a relatively happy ending.

OK. That's our show for this week. If you enjoy the podcast, you can subscribe wherever you get your podcasts. We'd appreciate it if you left us a review — that helps other people find us, too. Special thanks, as always, to our ace producer, Francis Ying. Also, as always, you can email us your comments or questions. We're at whatthehealth — all one word — at kff.org. Or you can tweet me. I'm @jrovner. Joanne?

Kenen: @JoanneKenen

Rovner: Sandhya.

Raman: @SandhyaWrites

Rovner: Alice.

Ollstein: @AliceOllstein

Rovner: We will be back in your feed next week. Until then, be healthy.