

KHN's 'What the Health?'

Episode Title: More Covid Complications for Congress

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Julie Rovner: Hello and welcome back to KHN's "What the Health?" I'm Julie Rovner, chief Washington correspondent at Kaiser Health News. I'm joined by some of the best and smartest health reporters in Washington. We're taping this week on Thursday, April 28, 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 videoconference by Rachel Cohrs of Stat News.

Rachel Cohrs: Hi, Julie.

Rovner: Anna Edney of Bloomberg News.

Anna Edney: Hello, everybody.

Rovner: And we welcome back to the podcast Rebecca Adams, who I'm pleased to say is now my colleague here at KHN.

Rebecca Adams: Good morning. Thank you.

Rovner: I hope you all enjoyed my chat with Peter Lee about the future of the [Affordable Care Act] last week. I actually managed to take a few days off for a mini-spring break. That means there's lots of news to catch up on, so let's get right to it. I'm going to start this week with covid, which is still a thing — even if Tony Fauci says we are done with the pandemic phase. I was struck by a [story from earlier this week](#) that found that a majority of Americans, at least according to blood tests, have now had covid, including three-quarters of kids. Yet you can still get it again, or you can get a new variant, or you can get long covid. And depending on how long ago you had it, your natural immunity may have waned. I feel that we've gone from being too alarmist to not being alarmist enough. I mean, we don't even know how many people are testing positive these days because so many people are using rapid tests that don't have to be reported. Where are we in this pandemic?

Edney: I think we're in this spot where, like you said, what the [Centers for Disease Control and Prevention] data showed is so many people have had covid, and I think a lot of them might not even know it. And just the way things are going right now, I'm assuming anyone I'm next to, you could probably have it. I think that's where I'm at in this pandemic ... I'm curious — I mean, I don't think that I ever have, but I'd be curious to do an antibody test now to just see that data. But that's where I'm at. I think pretty much anyone could have it at this point. You don't really know.

Rovner: I was at a dog show last week where nobody was wearing masks, and, sure enough, we got home and got the email two days later. It said, "Oh, somebody tested positive for covid." So I've basically been quarantining myself for these last few days just to make sure that if I came home with it, I didn't give it to somebody else. But, again, the only thing I had symptoms of were cold, and I had 18 tests, and they were all negative. But, yeah, maybe I have had it. I don't know. Are we at the point where we don't care whether we get it now [that] there are treatments and if you're boosted it seems to be sort of not that big a deal?

Adams: Well, I would say that Dr. Fauci said we're out of the acute phase of the pandemic and we're transitioning into this more controlled phase. And we're at the point where we have this staggering number

of deaths in America. Nearly a million people have died. But, on the other hand, right now we're seeing about 300 deaths a day. Not 2,500 like it was just a couple of months ago. And I do feel as if the treatments and the level of infection that gives us some protection for some period of time, and the fact that we have about 67% of people in America who are fully vaxxed at this point, I think that does get us to a different mindset. The stat that was amazing to me was that 75% of kids through age 17 have been infected. That is tremendous. That's an amazing statistic. But the good thing is that just over a third of people who are 65 and older, the people who we really are worried about, had gotten infected. And I feel as if those people are taking precautions now. It's just frustrating to the people who are at risk, the people who are immunocompromised, the people who are older, that masks are coming off and people are moving into a different phase of this.

Rovner: And, Anna, you have a child under age 5 who's not vaccinated, right?

Edney: Right. Yeah, exactly.

Rovner: So, this must be frustrating for you.

Edney: It's super frustrating. And I think one of the things on the adult side that I've heard a lot lately is "I thought this was mild" and, like, "People will get it." And it's actually just really terrible for — not everybody — but a lot of people have said this to me and then weeks later they still don't feel well enough to do a full day of work. So I think in a little bit this "mild" idea has pushed us to where we are, but people don't really understand what that means. And then the frustration for parents or the immunocompromised is the vaccines either aren't available, especially like for my 2-year-old. Currently, Moderna just filed their request for an [emergency use authorization] to the FDA, and we'll see what happens there. There's been a lot of controversy about how quickly or not the FDA might get to this application and whether it works that well. So I'll be really interested to follow the data, but just to see the country drop all — any — pandemic protections before everybody is protected has been extremely frustrating.

Rovner: Yeah.

Adams: On the vaccine for little kids: Yeah. It's got to be a little bit scary for parents like Anna. The vaccine was only, I think, about 51% effective among kids who are 6 months old to under 2. And then it was only 37% effective among the kids who are 2 to 6 based on what we know now. So they don't have the level of protection that we had originally with the original vaccine strain, against the original virus.

Edney: Yeah. And I'm not sure I expected them to, just because omicron. I mean, we're not, we don't have that protection.

Rovner: Right. Exactly. That's what I was going to say. It's that this is so much more contagious. If you redid the studies of adults, we're not in the 90s anymore — clearly from all the people who've been vaxxed and boosted and are getting covid. Well, meanwhile, making perhaps less news than it should, Vice President [Kamala] Harris and two more Democratic senators — Finance Committee Chairman Ron Wyden and Connecticut's Chris Murphy — all were diagnosed with covid this week, which, among other things, deprives Democrats of a working majority in the upper chamber. Harris, remember, can break ties. This doesn't appear to be a big problem this week, but it could be going forward, right, Rachel? I mean, they had stuff they were hoping to do.

Cohrs: Certainly depending on which nomination it is that they're hoping to vote on, if they're close, having Wyden and Murphy out is going to be a big issue. Obviously, they can work remotely, but they can't vote on the floor. So I think the floor time calculation is so difficult already. And if we're talking about Ukraine relief, if we're talking about covid, Democrats really need every vote. So I think it's not just lawmakers, either. It's

that covid on the Hill is rampant. And I think, as someone, I had avoided covid for two years, and it finally caught up to me, and it's very unpleasant. So I hope the senators are doing better.

Rovner: I have noticed a lot more reporters on the Hill wearing serious masks — not just wearing masks but wearing N95s and wearing well-fitting N95s — because it does feel like everybody who hadn't gotten it yet is getting it now.

Well, speaking of Congress, what is the latest on efforts to replenish funding for those anti-covid efforts like testing and treatment? We're actually seeing some of these programs expire. People are being asked to pay for their own tests. There was almost an agreement right before Congress went out on spring break, but not quite. Are things back on track? And, Rachel, what is it that the administration wants in terms of funding? You tried to find out, and it turned out not to be that easy.

Cohrs: Yes. Well, it's a whole saga in itself. I am someone who has been going back and forth with the White House about budget documents for more than a year now, because I've been working from leaked tables, like screenshots of Excel documents leaked off the Hill. And it's just been really frustrating to not know what's left. So [White House press secretary] Jen Psaki used a prop essentially — because there has been this controversy over covid funding, over what the White House has shared with the Hill. Republican lawmakers have complained. So Jen Psaki had a binder of hundreds of pages of budget disclosures and held it up at a press briefing and said, “Hey, we've given all of this to the Hill,” implying that Republican lawmakers' complaints weren't valid. And then she offered for reporters to look at it — like I was able to review it. Obviously, [I] wasn't able to take photos, which is hard when you're working with really complex budget documents. But what I did see is that the White House did provide some disclosures to Republican lawmakers on issues like the testing fund, how much testing money was used at the border. And I think there was conflict over what price is the government paying for vaccines, for testing. And I think there's a lot of unanswered questions there. But, right now, where funding stands is that there is this tentative — like what people in the Hill call it, kind of like the Romney-Schumer agreement — or \$10 billion in covid aid, which is not a lot of money. Like, the government still owes ...

Rovner: Yeah. They originally wanted \$22 [billion], right?

Cohrs: Yeah. And before that, [the Department of Health and Human Services] alone had said they needed \$30 billion. They already owe Pfizer \$5 billion from either this new money or some backup money they had like in a reserve just in case. The situation is not good. There was a great [Politico piece](#) this week about reimbursement for testing, for treatment for the uninsured running out and the practical consequences of that. And, right now, covid funding is caught up in this debate over immigration policy, public health measures at the border. And Republicans aren't backing down on that. I think some Democrats are hoping that with the Ukraine ask, maybe they could package covid together. Republicans aren't really seeming to go for that right now. So it's in a very difficult position, and there's not a really clear path forward right now.

Rovner: One of the things that blew up the tentative funding agreement that they had before the break was this fight over the Biden administration's ending of a policy called Title 42, a public health law that President Trump used to basically close the border to keep undocumented people out. It made it easier to basically turn people back at the border. The Biden administration was planning to phase it out starting in a few weeks, but a judge in Louisiana ruled in favor of Republican-led states that want to keep the ban in place. And now the Biden administration says it's going to do that, at least for the immediate future. Will that take some of the pressure off the fight over this funding, do you think? Or is it still all caught up?

Cohrs: Indications are no so far. I think Sen. John Thune [of South Dakota], who's the Senate minority whip, this week has said that Republicans are still going to ask for a vote because the court ruling isn't

permanent. And I think they really just wanted this political messaging tool. I think a lot of Republicans don't really want to see any new covid aid and if they had a vote ...

Rovner: This was a handy excuse.

Cohrs: It might be. It might be. Because I think Title 42 ... If they had a vote, there are some Democrats who are opposed to what the Biden administration is doing, too. I think it's pretty clear to the Biden administration, to Democrats, that they could lose that vote if they have it. So it's questionable how legitimate that concern is now that there is a court order, I think, expected on this. So, yeah, it may just be the excuse to not have this move forward.

Rovner: Although, my first thought when I saw the court order was like, "Oh, that takes the Biden administration a little bit off the hook."

Cohrs: You'd think.

Rovner: Rebecca, you were about to say something.

Adams: Well, I was just going to say, it does give them a little bit of breathing room. But Rachel's so right. Immigration is so politically challenging for Democrats. I mean, they have really tight races in Arizona, Nevada, some other places, and in the Senate. And so that is going to be a challenge for them. I think Republicans are really going to hammer them on immigration. They're going to hammer them on other issues like inflation. And so it's just in their playbook. I think that there are lots of political factors wrapped up in this entire debate. I think Democrats are going to say ... I wouldn't be surprised if they did package this with the Ukrainian aid because that is a must-pass piece of legislation. And already Democrats can say that Republicans voted against Ukraine aid because of a vote earlier this year, and then this would give them another opportunity to say that. And so we're in election season. Every vote is about politics.

Rovner: Yep, pretty much. So speaking of individual judges blowing up national policies. We're two weeks into the aftermath of a Trump-appointed judge in Florida effectively ending the mask mandate for federally regulated transportation. The Biden administration did not handle this, one would say, as well as or as smoothly as it could have, right? I mean, this seems like another case where to some extent there was a sense of relief because it was unpopular keeping it on. But, on the other hand, it really does undermine the CDC's regulatory authority to deal with public health crises.

Edney: Yeah, I was thinking the same thing, that it was another thing from the courts that might have let them off the hook a little bit. And maybe they thought that initially. But it became clear that if the Biden administration doesn't appeal this, then it sets this precedent that the CDC doesn't really have any authority, at least when it comes to something like this with a public health emergency. And so the interesting thing is that the administration seemed to have no idea it was coming and kind of dropped the ball and then had to come back and say, "Oh, yeah, we are going to appeal this and try to make sure the CDC has this power in the future." So they were in a difficult spot, but I'm surprised they didn't have a plan for what would happen.

Adams: Yeah, and there are a lot of legal risks, as Anna mentioned. And there are some political risks, too, with this. Looking at the appeals court, it's a pretty conservative court, this 11th Circuit in Atlanta. Seven of the 11 judges were appointed by Republicans. And so if they do uphold her ruling, that is not a good scene for the administration. And it would get even worse potentially if the Supreme Court reviewed the case, because the Supreme Court has had some rulings that uphold some of the Biden administration's policy on vaccines, but they've had a lot of things that have been a challenge for the administration.

Rovner: Yeah, the Supreme Court has been really divided over how far public health should be allowed to go. I mean, if you look at the decisions from the last two years, they seem — I don't want to use the word “random,” but they seem a little random.

Adams: Well, yeah. I mean, they blocked the CDC from enforcing the eviction moratorium. And then they also said in January that the [Occupational Safety and Health Administration] couldn't do the employer mandate on vaccines and testing. But then they said, “OK, a different requirement for health care workers can stand.” So they're trying to thread that needle quite a bit. The one thing that I thought was kind of interesting was that there is apparently ... They didn't ask for a stay. The Biden administration didn't ask for a stay. And also there's this obscure legal thing that they may be aiming for. There's this Supreme Court case from 1950 that says that if a case becomes moot before the appellate review of the underlying decision, then the decision below that, the original District Court ruling, is vacated. It's just like erased from the books.

Rovner: Like it never happened.

Adams: So maybe that's what we'll end up seeing. Who knows? But it's just a complicated and interesting thing because the mandate was going to expire on May 3 anyway.

Rovner: Right. You were talking about how this is all political. I mean, this is one of those cases where the Biden administration was trying to be really careful. But clearly public opinion has turned against a lot of these things. And as you point out, it is an election year. Well, if things weren't confusing enough on the covid front, the administration this week also tried to straighten out the mess over covid treatments for those who do test positive. Despite the effort to stand up so-called test-to-treat facilities, there's still apparently a lot of difficulty getting these covid drugs even if you're eligible. Is this something that even can be fixed by the federal government? I mean, I think they came out early this week and at least were trying to say, “OK, there's no longer a shortage of Paxlovid, so if you're eligible for it, you should be able to get it.” But I'm still seeing lots and lots and lots of anecdotes of people who tested positive and either their doctors won't give them a prescription or in some cases ... I saw some cases where you have to come in but you're not allowed to come in. I mean, apparently it's still really hard to get this even as people are getting covid and wanting it.

Cohrs: Yeah, I think my colleague Lev Facher wrote a story months ago about how this could be a problem. And I think initially it was a scarcity kind of issue, like you said.

Rovner: Right. There just wasn't a lot around.

Cohrs: And not everyone is eligible. There are some like drug-to-drug interactions that doctors might want to check for, but just getting an appointment to get a prescription or getting in contact with a physician — not every person has a primary care physician. So I think the Biden administration now is doing that big public relations push, making it more available at more locations or maybe closer to people. But, again, the information about where it's available appears to have been somewhat inconsistent and inaccurate based on some anecdotes that we've seen. So I think that is a huge problem, and with a brand-new drug, I think there is some mistrust in the physician community as well. So I think they do have some work to do. And it's also going to be interesting going forward, like, to see who's able to get it, too, because I think that was the question. Because it is only for people who are at risk of severe illness or high-risk people. But Vice President Harris got it. And we don't know anyone's health record, but, I mean, on the face of it, I think there were some valid questions about whether she met the criteria that are applied to everyone else.

Rovner: Although she's 57, and I think it's over 60. So I think she was close enough that they ...

Cohrs: That doesn't work for everyone.

Rovner: True. Says the person who got turned away from getting my booster because I was two hours too early.

Cohrs: Right.

Rovner: Which I did eventually get. All right. Well, in addition to trying to settle the covid funding issue in Congress, the Democratic majority, such as it is, is still pushing for a scaled-back version of the late Build Back Better bill that was effectively nixed by West Virginia Sen. Joe Manchin. Apparently, Manchin is back at the bargaining table, sort of, but it's not entirely clear what he would accept. And is there a timeline for this, or are we just going to drag it [out] until the last possible minute?

Cohrs: I had the chance to see Sen. Manchin. He spoke for the American Hospital Association this week. And his position ... I mean, the moderator [was] doing a very good job trying to specifically ask him about health care policy, but if you've ever heard him speak, he doesn't necessarily directly answer questions very often. And his position was that unless there's tax reform, nothing on health care is happening. He's more than willing to walk away from a reconciliation package. And, personally, it did not make me feel terribly optimistic about the prospects for this package. I think Politico did some [great reporting this week](#) about how the White House hasn't even reached out to Sen. Kyrsten Sinema [of Arizona] yet. And it seems to me that the tax demands ... that Sen. Manchin is making and her tax demands are somewhat incompatible. So I think they have a long road ahead of them. And there is a question about how serious those negotiations really are at this point.

Rovner: Yeah. I heard some muttering that they had set a new deadline of Memorial Day to get something ... Since no one can see ... Rachel is shaking her head, saying that is not going to happen.

Cohrs: Definitely not. I've heard July 4, but really it's like before August recess is the deadline.

Rovner: Yeah, that tends to be the usual deadline. All right. Well, let's turn to the courts. The Supreme Court did not issue its abortion ruling today. It issued a couple of other decisions. But there is a little bit of health-related activity from the high court. The justices did formally and finally end the two Medicaid work requirement cases that they abruptly canceled oral arguments for in 2021. If you've forgotten and you're ... It's fine if you have. The Trump administration had urged states to impose work requirements for Medicaid recipients. Several states did. Lower court judges struck them down in Arkansas and New Hampshire. And the high court was about to take up the case when the Biden administration canceled the state rules as not consistent with Medicaid's goal of improving health. But we could still see this back at the Supreme Court someday, right? Even though the Arkansas and New Hampshire cases are now apparently done, I guess Georgia is still appealing its ruling, right? So eventually this could find its way back to the Supreme Court? We're going to wait and see. I will decree that eventually this will find its way back to the Supreme Court.

Also in lawsuit news this month, it seems that every time we say there will be no more lawsuits challenging the Affordable Care Act, there's another lawsuit challenging the Affordable Care Act. This one challenges the act for turning over the decision about which preventive care services should be exempt from copays or deductibles to an advisory committee. And the case is before the same judge who tried to strike down the entire Affordable Care Act in 2018. Now, if this lawsuit were to succeed, it would not end the entire law, as some of the earlier lawsuits would have. But it would nullify one of the law's most popular provisions, that zero copay coverage for preventive services. I always ... Every time we see one of these lawsuits, people say, "Oh, yeah, it's not going anywhere." But we said that about the ones that ended up before the Supreme Court. We're going to have to keep an eye on this one, right?

Cohrs: Yeah. Of all of the parts of the law to challenge, that's certainly a surprising one. But I think people are just trying all their options at this point. And I think ... My understanding was that vaccines are also kind of a preventative service. So it'll be interesting to watch. But, again, it usually takes years for these things to play out, too.

Rovner: Yeah, I mean, the Affordable Care Act was not the first law that turned over specifics of coverage or what will be done to advisory committees. It's why they have advisory committees. So this one strikes me as a potentially important case not just for this provision of this law. And this was Congress writing into the law that it will be decided by experts, who will say which services should be added or taken away.

Edney: And that's probably the way you want it, right? Like, I don't know if I want senators deciding, like, what the best preventive services for me are. And probably a group of experts, as micromanaging on the congressional side is not always the best option.

Rovner: Yeah, this could have very far-reaching consequences beyond even this, although this would be far-reaching. So we will indeed keep our eye on that.

As I mentioned earlier, the Supreme Court did not release the abortion ruling we've all been waiting for today. And while we don't really expect that ruling until June, it could come at any time. Meanwhile, there have been a couple of stories this week suggesting that while what we all expect — that the court will, if not completely overrule, then seriously undermine *Roe v. Wade*; red states that haven't already rushed to tighten restrictions will do so; blue states that haven't already rushed to loosen restrictions will also do so — none of this is actually guaranteed. First, there's an interesting [piece in Politico](#) on how Planned Parenthood is launching a \$16 million advertising campaign because despite the fact that we talk about this just about every week, it seems that many people don't yet realize that *Roe* is on the verge of being reversed. Second, a [piece in the Atlantic](#) by two law professors, including Mary Ziegler, who's been on our show, suggests that in those swing states, things might not turn out so obviously, that it's going to depend on more than just the politics of abortion. Do you feel like this has been talked about so much by the chattering classes and the pundits that a lot of people have just completely tuned out and it's going to come as a huge surprise when it happens?

Edney: I think that that's definitely part of the issue. And, theoretically, there are a lot of people and Democrats who want *Roe* to stay in place but think, "Oh, but I am not going to get an abortion." So they don't think about it as much. And what we're seeing with some of these laws that states have put in place, though, is you can be threatened if you have a miscarriage and need some sort of help, either medically or surgically or whatever. So it does affect a lot more people. And I think that maybe that's the message that's being missed.

Rovner: Yeah. I'm still wondering what's going to actually happen when the Supreme Court rules. I mean, obviously, it's going to depend on what they're going to say, but we have a pretty good idea of what they're going to say. We will keep watching that space, too.

Finally this week, we say goodbye to Orrin Hatch, one of the Senate's longest-serving members and a giant influence on health policy as chairman or ranking member of both the Senate Health, Education, Labor, and Pensions Committee and the Senate Finance Committee. Hatch, who retired after 2018, died [last] week at the age of 88. Conservative Orrin Hatch of Utah was well-known in the 1980s and '90s for teaming with liberals, most notably the late Sen. Edward Kennedy [of Massachusetts], to craft and pass bills, including the Ryan White HIV/AIDS Program, the Americans with Disabilities Act, and the Children's Health Insurance Program. But before and after those decades, he was much more conservative. Rebecca, you followed him around for a lot of those years like I did. What's your most vivid memory of Orrin Hatch?

Adams: My most vivid memory of him, actually — let's talk about the legislation in a moment. But my own personal vivid memory is when you're on Capitol Hill and you're a reporter, there are just hordes of us following senators around all the time. And a lot of senators will stop and talk and give you a sound bite and then move on. And I remember just the way that he would stop and really talk to you. And there was one time in particular when he and I were just walking down a hallway and we were talking about, I think, the Patient's Bill of Rights, or something like that, many years ago. And he said, "Well, do you want to keep talking about this?" And we went into his hideaway, and he kept talking. And I had my tape recorder there, and there weren't any staff members with us. He was just speaking off the cuff, and he was just very generous with his time. And Ted Kennedy was like that. John McCain was like that. It's wonderful when that happens. I mean, [Sen.] Richard Burr [of North Carolina], other people are still like that in Congress. And in terms of the legislation, I always think of the dietary supplements and how he protected that industry in Utah. He was very defensive of that. And I think about his impact with ...

Rovner: And he was a user, too. He wasn't just defending the industry. He was definitely a partaker of diet supplements.

Adams: That's a good point. Yes, absolutely. And he had such an impact on so many aspects of health care. And I also found it just so interesting that he worked so closely with such liberal people. I mean, you mentioned [U.S. Rep.] Henry Waxman [of California], Ted Kennedy. They were actually friends. Ted Kennedy and he would have dinner together all the time. And he got criticized probably 15, 20 years ago for letting Democratic judicial nominees through, and he would never join in stopping those. And he was a very kind-hearted kind of person. And I also was thinking about Don Young [of Alaska], who also died this year, and he was the longest-serving Republican in the House. And they had such different personalities. And in some ways, I think you can't generalize too much. But if you think of a stereotype of the old way that the Senate used to be, in the traditions of the Senate, then you think of somebody like Orrin Hatch. And if you think of the pugnacious spirit of the House, then you think of somebody like Don Young. And it's just interesting when things change and you think about somebody's legacy going forward in Congress.

Rovner: I would say ... I also remember ... I mean, one of the things about Hatch is that he really was generous with his time. He was one of those serious legislators. I think he liked to talk to health reporters. These serious health legislators like to take the time to talk to the people who [they] knew (a) understood the issue and (b) were going to write things that were going to advance the debate. And that was always ... And you're right, I think, among current senators, Richard Burr is that way. He loves to sit down and talk to health reporters because he thinks deep thoughts about health policy, and they don't all do that anymore. And Hatch, who was ... who I feel like got pushed to be more conservative after the tea party took out his colleague Robert Bennett in 2010, still was trying to thread that needle and do what he could for things He wanted to do stuff. He didn't just want to complain about stuff. He was an actual lawmaker, so he was an interesting person. I will also mention that his staff was incredibly devoted to him, which is something that you look for in people who are ... who you consider "serious legislators." They have moved on and are still having their own influence around Washington and around some of the states.

All right. Well, that is the 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. Rachel, why don't you go first this week?

Cohrs: All right. So my story is headlined "[The Private Equity Giant KKR Bought Hundreds of Homes for People With Disabilities. Some Vulnerable Residents Suffered Abuse and Neglect.](#)" And this is by a group of four reporters from BuzzFeed's investigations team that is disbanding, which is very bad news for

journalism — real shame. But this investigation — [which] was, I think, kind of the last product out of their team — was just unbelievable. And as someone who has tried to do some private equity reporting and kind of dipped my toes in ... I mean, just the effort, I mean, this years-long investigation, I think, was eye-opening because they aggressively pursued documents that existed, inspection reports, [and] filed [Freedom of Information Act] lawsuits to really get as much documentation as they could. Just because you're not going to get a lot of engagement from private equity, like from inside private equity.

Rovner: They don't want to talk about this stuff?

Cohrs: They really don't. They love when reporters call, truly. But I just think the video that they were able to sue to get released was horrifying. And just the whole data collection. I mean, they've created all this data from scratch because there's not as much data available about these group homes compared with like nursing homes. So, I mean, it was phenomenal and just really well documented and just really captured, I think, the public narrative about these places. And it exposed some horrible abuse. So incredibly well done, inspiring.

Rovner: It's a remarkable project. Anna?

Edney: Mine is "[The Doctor Who Is Trying to Bring Back Surprise Billing](#)," by Bob Herman with Stat. And thanks to Julie for pointing this one out in the first place. It's this pretty galling story talking about going after popular health policy provisions, of a surgeon who is trying to overturn the protections people pretty recently got to not have to pay large amounts for out-of-network services. And he doesn't really take insurance. He wants to be able to charge whatever he feels like is right and is going for it. So, not that it's probably going to go anywhere, but it's just an incredible read and a good dive into the policy as well.

Rovner: Yeah, it's worth remembering that there are people out there, there's reasons that these laws have been put in. Rebecca?

Adams: So I chose a story by The New York Times. It's called "[‘It’s Life or Death’: The Mental Health Crisis Among U.S. Teens](#)." And this is part of a yearlong project that the Times is doing about adolescents and about the changing nature of adolescence. The project looks at all sorts of things, from the amount of sex that teens are having and what they're doing in terms of consuming alcohol and drugs. Also folds in these really serious problems that we're seeing among teenagers and even preteens. And it's really heartbreaking to think about how many kids now are having these issues with anxiety and depression. The story starts with an anecdotal lead and tells the story through the lens of this 13-year-old girl. But it's a broader issue. It predated the pandemic, although the pandemic seems to have exacerbated it. And there are all sorts of factors at play: social media, isolation during the pandemic, just the changing nature of what we expect from teenagers. And I can't wait to see more along these lines. I mean, it's a very important issue. And, of course, we don't have enough providers to help these teens and preteens.

Rovner: Yes. I'm so glad the Times is doing this project. It's been really, really edifying. Well, along those lines, I have another story that worries about the future of the health care workforce. It's from Stat, and it's called "[He Had an M.D. and a Ph.D. but Didn't Match Into a Residency. It Was the Push He Needed to Jump Into Health Tech](#)." It's about a Harvard-educated M.D. and Ph.D. who's not going to practice medicine after all but who's going to go make a lot more money developing probably very expensive things for doctors to do to people — hopefully, but not necessarily, that will cure them of something or at least alleviate their suffering. Now, most people who graduate from medical school eventually do match into a residency. Those who don't tend to be from, shall we say, lesser schools or were lesser students. In this case, we're talking about a high overachiever. The doctor in question was older, already married, with a working wife and a special-needs child. He wanted a residency in dermatology, which is, if not the most competitive

residency in American medicine, one of the top two or three. But the broader story here is that the way the U.S. has been training doctors is starting to break down. You basically go to medical school, you take out these hundreds of thousands of dollars in loans, and then you go get paid effectively minimum wage for several years while you do your residencies. And we're going to end up with lots of people with medical and other health professional degrees who aren't treating patients if we're not careful, because they can go off and make a better living working in industry and not actually treating patients. So I will definitely keep watching this space because it's something I worry about a lot, and I hope you will, too.

That is our show for this week. As always, 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, Frances Ying. Also, as always, you can email us your comments or questions. We're at whatthehealth — all one word — @kff.org. Or you can tweet me. I'm @jrovner.
Rachel?

Cohrs: @rachelcohrs

Rovner: Anna?

Edney: @annaedney

Rovner: Rebecca?

Adams: @RebeccaAdamsDC

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