

## **KHN's 'What the Health?'**

**Episode Title:** Closing In on Covid Vaccines for 'The Littles'

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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. And I'm joined by some of the best and smartest health reporters in Washington. We're taping this week on Thursday, June 16, at 10:30 a.m. As always, news happens fast, and things might change by the time you hear this. So here we go. Today we are joined via video conference by Shefali Luthra of The 19th.

**Shefali Luthra:** Hello.

**Rovner:** Sandhya Raman of CQ Roll Call.

**Sandhya Raman:** Good morning.

**Rovner:** And we are pleased to welcome back to the podcast Sarah Karlin-Smith of the Pink Sheet, back from her maternity leave. We missed you, Sarah, and congratulations.

**Sarah Karlin-Smith:** Thanks. It's great to be back.

**Rovner:** So, no interview today, but it's June, so there is a ton of news. We will get right to it. I'm going to start this week with covid. We haven't done that in a while. If you hadn't heard, 81-year-old White House chief medical adviser Anthony Fauci tested positive this week. And not to be outdone, Health and Human Services Secretary Xavier Becerra tested positive for the second time in less than a month. We wish them both a quick recovery. And I would note that Dr. Fauci is testifying live from home this morning at the Senate Health, Education, Labor and Pensions Committee. He looks a little peaked, but otherwise OK. Of course, we're not too worried about them because they are both fully vaccinated and boosted. And this week there's news about that final group of the population that is not yet eligible for vaccines: kids under 5. But that's about to change, right, Sarah?

**Karlin-Smith:** Right. So yesterday, an FDA advisory committee voted to recommend FDA authorize both Pfizer and Moderna's vaccines for children 5 and under, down to as young as 6 months. And we expect the FDA is going to follow their advice as soon as maybe today or tomorrow. So [the Centers for Disease Control and Prevention's] advisory committee can meet Friday and, actually, over the weekend on Saturday to get the ball rolling really fast. And then, again, assuming everybody signs off on this, the CDC director does the last final signoff, which everybody is expecting. The White House has said states have placed orders and some people should be able to get shots as early as Tuesday.

**Rovner:** Yeah, and apparently pediatricians' offices were starting to call people to schedule shots, I was seeing on Twitter. There's every reason to believe that by next week they should start to become available, right?

**Karlin-Smith:** Correct. Yeah. The White House said last week they were making 10 million shots, a half of each product available, in initial ordering. And there were some news reports out yesterday updating what they had said last week about what jurisdictions have placed orders. It seems like everybody except for Florida has ordered shots in advance, although even in Florida there'll be some availability of shots through

federal programs and so forth. And while uptake of the covid vaccines in the younger age groups has not been particularly high, there's certainly a cohort of parents that have been very anxious to get access and will likely be moving fast. So even though that may not be the majority of parents in this age group, there are people that are probably going to be rushing to their pediatrician's office.

**Rovner:** I believe you are one of them, right?

**Karlin-Smith:** Yeah, I'm definitely excited to get my older daughter vaccinated. My youngest has to wait a few months to hit the 6-month mark, but it definitely feels good to know that they'll just be less [at] risk out there when they're in day care and preschool and so forth.

**Rovner:** So I confess I did not watch the advisory committee meeting this week. I was trying to keep track of other stuff that was going on, but it looked like there were some not-ordinary things from advisory committee meetings, like members of Congress showing up to testify?

**Karlin-Smith:** You know, it's not often that you get a congressperson that shows up in the open public hearing, but it's not incredibly unusual either. I think I've definitely seen it for some of the more — “controversial” isn't the right word — but some of the drugs that have gotten more attention, like the Alzheimer's product recently. But I guess what was a little bit interesting was Rep. [Louis] Gohmert [R-Texas], who showed up, was also a part of a letter that was sent by a number of members of Congress last week to FDA. And it raised a lot of issues that, I think, get the anti-vax community's ears perked up and appeal to those sentiments. So he wasn't giving remarks that were the most science-based and helpful ... to what CDC and the public health leaders are hoping are the messages people are taking from political leaders. And ... in general, the open public hearing portion of these meetings were incredibly charged. There are people certainly on both sides of this who really want the vaccines and people who were, again, very much against them ... basically threatening members of the committee, threatening the FDA. It got to the point where FDA folks and even members of the advisory committee were really speaking out and saying, we're not going to tolerate hate speech, we're not going to tolerate threats against the committee and so forth. And while again, the FDA does not censor anybody's remarks. You can make it as unscientific of a pitch as you want and so forth; they're not going to challenge you on the facts. But they were just calling for a little more civility. But it really is a testament to just how divisive this issue is.

**Rovner:** Yeah. I mean, the whole covid issue, not just shots for little kids, but everything. I was actually fascinated by a [front-page story](#) in The Washington Post on Tuesday by Frances Stead Sellers about how flu and other respiratory viruses are acting oddly in the wake of covid, meaning they're showing up in big numbers at times of year when they usually don't and in parts of the world where they usually don't. What's the balance here in explaining to the public just how much we know and how much we don't know about infectious disease and how it behaves? I think this is part of the problem ... people are so anxious that they're getting angry because it's hard to explain what we do and don't know.

**Karlin-Smith:** Yeah. I think the story you're mentioning gets into that a bit. We don't quite have a great sense of how much of the illness people are experiencing now is because of the isolation and lack of interaction various people experienced over the past two years that prevented them from getting sick and didn't lead to any immune memory from those viruses, and how much it's more something about this SARS-CoV-2 virus that's interacting and somehow dominating other viruses in that biological sense. And this has been a continual issue throughout covid — to communicate to the public what we know, what we don't know, what we're confident of but we can't be sure of. And as things change, it has impacted trust, obviously. At this point, we're seeing people are getting infected even though they're vaccinated and the vaccines aren't holding up very well against an infection. And, yet, a year ago at this time, there was this

hope that vaccines were basically preventing infection and transmission. And we know that's not the case. And some people have an easier time understanding that the science shifts and are more accepting of that, and other people feel misled and that even if they did trust the vaccines, they no longer have any trust in it or don't quite appreciate the purpose of the vaccine, even if they're not perfect in the ways we initially hoped they might be.

**Rovner:** I feel bad for some of the parents now who are so excited about getting their kids vaccinated. It's like, "We can start to go out and do stuff!" And it's like, "Guess what? The vaccine doesn't protect you from most of the stuff that's out there now." I'm not suggesting for a minute that parents shouldn't get their kids vaccinated and that the vaccine won't provide some protection. They obviously do. But if this had been a year ago when we mostly thought, "Oh, you can get vaccinated and then you can go back to normal" ... mmm, not so much so.

**Karlin-Smith:** Right. I think that's going to be an important thing to communicate to parents that, yes, your child is likely going to experience a less severe case of this disease and likely won't need to be hospitalized and so forth if they do get covid after vaccination. But unfortunately, there's still a fairly high chance you can get covid even when vaccinated.

**Rovner:** Yeah.

**Raman:** Yeah, it makes me think ... we got the Moderna boosters for preteens and teens emergency-authorized this week. And a lot of those trials were done when we had alpha and delta as the predominant variants. And now we're in omicron and all of these subvariants that we don't know, necessarily, how effective those will be now. And I guess it just further complicates it because you want people to take up the vaccines and take up the boosters and follow the science. But there is a lot of things changing, which makes the messaging hard when different people are saying different things. And you have these high-profile folks like Fauci and Becerra's getting covid for the second time. And you want to keep emphasizing, yes, that the vaccines are effective, but it's sometimes hard to get that messaging out when folks that you're looking to are still getting affected by it, even though that's a risk that you take of still getting covid, just may be a milder case.

**Luthra:** In some ways, the fact that a man Fauci's age has covid and is testifying from home, that's kind of a miracle in itself. And something that we can point to as an example of these vaccines are not perfect, but look what a difference they have made.

**Rovner:** Yeah, and I think that's the difficult thing to pass along, but we're working on it. All right. Well, let us move on to the Supreme Court, which decided a major health care case this week. No, not that case. This was a decidedly nerdy case about a program we've discussed in the past called "340B" that requires drugmakers to discount their products for hospitals and clinics that serve uninsured people and others with low incomes. The Trump administration had tried to cut hospital payments under the 340B program, and the Supreme Court ruled that it could not, which seems simple enough. But what's more significant here is what the court didn't do, which is go after something called "Chevron deference," which is based on a case from 1984 and basically says that courts must defer to executive branch agencies' interpretations of laws that can be interpreted in more than one way. All of which sounds like a lot of mumbo-jumbo, except that if the court actually decides that virtually every major substantive decision about a law needs to be made by Congress itself, it could basically grind government to a halt, right? This affects what all of you guys cover.

**Luthra:** Yeah, and a couple of things ... SCOTUSblog had a really interesting piece about how even though they didn't mention Chevron specifically, we could see the court weakening Chevron deference just by

continually ignoring it forever and ever. That seems very plausible to me. We're also still waiting on the EPA [Environmental Protection Agency] case, correct? Which could have really dramatic ramifications for what federal agencies can or cannot do.

**Rovner:** Yes, the court has a number of opportunities to go after Chevron if it so desires in the dozen and a half cases it has left to decide. So, yeah. And, in particular, the EPA case, which will decide whether or not the EPA is basically allowed to regulate the environment — which is interesting, because they're the Environmental Protection Agency. But that's effectively what we're talking about here. I mean, the case of the Department of Health and Human Services or FDA, in particular ... there are obviously big decisions that these agencies make about how to interpret laws. I mean, that's what regulations are all about. This really could be a big deal if the court decides that we're going to take away a lot of the agency's ability to make these interpretations.

**Karlin-Smith:** Well, especially when you think about not only the burden it would have on Congress to try and legislate in a way that allows the agencies to function, but also particularly when you think of some of the stuff we cover ... FDA and CMS [the Centers for Medicare & Medicaid Services] are making these very scientific, complicated medical decisions. Lawmakers, you know, and their staff members don't really have that expertise. And I'm not sure we can expect them to, or necessarily want them to be making some of these decisions. So, I think it would just become a logistical nightmare for Congress to operate, and legislation to operate. They would need to have totally different sets of qualifications for our society to function under a world without this Chevron deference.

**Rovner:** I remember a heart-to-heart conversation I had with Sen. Tom Daschle, who was not the majority leader at the time, he was just a conferee on the Finance Committee on some enormous Medicare budget reconciliation bill. And he was muttering, he said, "Why are we in there deciding whether certified nurse anesthetists should be paid in 15-minute increments or not? That is not our expertise." It's one of those images that just stuck with me. It's like these conferees were in there deciding things that, really, the agencies should be deciding because they're the ones that have the expertise to decide it. All right. Well, we will wait and see what the court finally decides to do in the rest of its cases coming down. But speaking of Congress and the speed with which it *doesn't* do things. Senators apparently reached agreement over the weekend on a very limited package of gun restrictions/mental health programs that can theoretically get 60 votes needed to avoid a filibuster. Senate Minority Leader Mitch McConnell endorsed the framework of the deal on Tuesday, as has President [Joe] Biden. Does this mean it's all smooth sailing, Sandhya? Apparently they're still working on translating that agreed-upon framework into legislative language.

**Raman:** I think that the situation gets more complicated the closer you even look at it. So earlier this week, they had released the framework, which has ... it's a gun bill, but a lot of it is now, at this point, mental health. So even though we don't have the text, it has some school-based mental health things and tele-behavioral health, and crisis response stuff. But in terms of the mental health stuff that's being discussed over the past year or so in Congress, it's more of the low-hanging fruit for them. It's not what they had been ... there's at least four committees that have been looking for a lot of larger stuff. And the big thing that is in that framework would be money for CCBHCs, which are clinical certified behavioral health clinics. The issue with that is just that it would be expensive, but it's very bipartisan. And they have to just figure out a way to find offsets for that billions of dollars, whatever number they decide on. And finding those bipartisan offsets and then getting the text before the July recess is just very complicated. And I think that one of the issues that a lot of the mental health groups have been saying is that this kind of complicates some of the bigger issues that they want in mental health. Because if Congress is focused on this, there's a

chance that they won't go ahead with some of the bigger issues that they had or some of the markups that they had planned might get pushed back. So it gets more and more complicated. And there's also a worry that if they do this gun bill, that they might not even take up some of the other bills from some folks.

**Rovner:** Some of the other mental health bills.

**Raman:** Yeah.

**Rovner:** Yeah, right. Because there's not that much on the gun side. I mean, they couldn't even get agreement to raise the age to buy an assault weapon from 18 to 21. It's really, really limited. But they are still working on it, and I imagine we'll have more to say about this next week. All right. Let us turn to abortion, where even without a Supreme Court ruling, which I still expect at the very end of the month, there's still lots of news. Shefali, I guess the big headline this week is from the Guttmacher Institute, which finally released its analysis of abortion statistics and found for the first time in several years that abortions are actually rising, both in absolute numerical and percentage of pregnancy terms. Do we know why?

**Luthra:** We do *not* know why. And they have a couple of theories that they talked through. The one that seems the most interesting to me is that between 2017 and 2020, which is the last time they had the survey done, more states began allowing their Medicaid programs to cover abortion. And abortions are really expensive — at the lowest, it's going to be maybe \$600, and it could get into the thousands. So having your health insurance pay for that, especially when most people who get abortions are lower-income, can make a huge difference. There are some other theories they talk about as well. For instance, more abortion funds have gotten money, and maybe that could have helped. We saw at the same time the changes to the Title X program under the Trump administration may have made it harder for folks to access family planning services, may have led to more unintended pregnancies. They've been doing this research for 30 years, and, since 1981, when the abortion peaked, it's never gone up. It's always been going down a little bit.

**Rovner:** That's 40 years.

**Luthra:** Oh, you're ... oh, my God. Wow. I'm going to have to ponder how old I am now. But, yeah, I mean, this is just, it's really striking that especially as *Roe v. Wade* is any day now going to be overturned, we are seeing more people opt for abortion — which speaks to the fact that more people will be affected by this than we really realized. I think that's really interesting.

**Rovner:** During the earlier part of this century when abortions were going down, experts had attributed it to two opposite things. One of them was more access to better and more long-lasting birth control, but also the increasing unavailability of abortion in lots of places — that women who wanted abortions couldn't get them, as you were saying, Shefali. Sometimes it was financial, sometimes it was just too long a distance. We're seeing that obviously in Texas where women are driving to states that are not necessarily even states next door. I mean, the people are ... they're getting on planes and flying and they're having to take time off of work and find someone to care for other children, because most women who have abortion already have kids. It's hard to know. There's a degree to which the number going up might be a sign that more women who are trying to get abortions are getting them, or more people just need them. But it's certainly going to be a big shake-up when the Supreme Court does do what we all expect that it's going to do.

**Luthra:** And the Texas point is super interesting because in the Guttmacher numbers, Texas abortions went up there, too, but they don't go up, obviously, to 2021, which is when SB 8 took effect.

**Rovner:** Right, in September of 2021.

**Luthra:** Precisely. So what we can imagine is that even though Texas' access network had been decimated even before 2020 — because of the 2013 law that had taken effect — people just really, really struggled, I guess, and worked really hard to get abortions. And now it'll be really interesting to see what that looks like now and where folks have been going instead.

**Rovner:** So I've heard a fair number of comments this week about how it's a tough time to be someone with a uterus, as there are shortages of baby formula and tampons, as well as threats to reproductive autonomy. But over at HuffPost, Washington bureau chief Amanda Terkel [points out that](#) the states that are most poised to ban abortion when *Roe v. Wade* is overturned are also the least likely to offer such basic supports for pregnant and parenting people as paid family leave, universal pre-K, tax credits for working families, and Medicaid expansion. In fact, more than half of the 23 states considered likely to ban or restrict abortion haven't even taken advantage of the option to extend postpartum Medicaid coverage to a full year. It was something that Congress basically gave them all the money to do. But rather than saying something snarky about these states, which would be easy, I'm wondering if anyone thinks that banning or restricting abortion might make it more likely that state lawmakers would be essentially shamed into providing more support for the children they are requiring to be brought forth as citizens of their state.

**Luthra:** I don't imagine a world where [Texas Gov.] Greg Abbott expands Medicaid. I think that that is a really fascinating idea.

**Rovner:** Even post-natal coverage for a year?

**Luthra:** I think that's more possible, yes.

**Rovner:** This is a serious question!

**Luthra:** A lot of red states are taking up the postpartum extension. I mean, Florida has, which ... Gov. [Ron] DeSantis would love to be president and taking more Obama money is not necessarily a political winner, but new moms? Everyone loves a new mom. I think what you'll probably see it is something like that, which we saw even more states announce today, that they are going to extend postpartum Medicaid. That feels like the most likely thing to be adopted in these states that are very restrictive on abortion. But imagining big child care packages, big Medicaid expansions. And it's complicated because some of the folks who oppose abortion, who adopt the pro-life mantle, they say that they would support all these things, too, but they've never really lobbied very hard for them. So it's tough to imagine that sort of nominal support translating into any meaningful policy.

**Karlin-Smith:** And even if you saw some of the rhetoric that emerged during the height of some of the baby formula attention, you saw Republican politicians essentially blaming people on WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children] for the shortage. So essentially blaming the fact that there are people with less money that need to rely on these government programs to get formula for the shortage. The logic sort of turns on its face to me, but somehow, again, they seem to find twisted-logical ways to somehow both not allow these women to make reproductive choices, but then they come up with confusing ways not to support them and to blame them for their own situations. And again, not really want to expand any government programs that would assist them. So, I agree with Shefali. It just doesn't seem likely that they'd be willing to create government programs or expand government programs, because, I mean, part of their political platform is essentially that government should be less involved in people's lives in this way, and that government should be spending less money on some of these programs. So it's hard to do both.

**Rovner:** I say this every week, but I'm old enough to remember when Henry Hyde himself would work on infant mortality and early childhood education programs because he said he wanted to put his money where his mouth was. Sorry, Sandhya, I interrupted.

**Raman:** I think another key that's interesting is that, at this point, we're pretty much expecting that when we get the *Dobbs [v. Jackson Women's Health Organization]* decision that there's going to be an overturn of *Roe v. Wade*. And a lot of the lobbying now from folks that oppose abortion is not on some of these issues — to increase the postpartum Medicaid or child care shortages or any of these kinds of issues. A lot of it is the groundwork for how to make sure that abortion will be banned on a state-by-state basis as well. And, so, I think that is a thing to watch, given that, if you wanted to find the common ground, it might be there. And we're not seeing that yet. I mean, even yesterday, I think, the National Right to Life Committee put out a blueprint memo of what they would like states to do as a sample law. And it was very focused on abortion restrictions rather than anything like this.

**Luthra:** And if anything, the next step that they have logically been talking about amongst themselves is IUDs and the morning-after pill, which is very, very different from child care.

**Rovner:** Yes. And will make for more unintended pregnancies, not fewer. Well, meanwhile, as we wait for the Supreme Court to turn abortion back to the states, and as states pass these anticipatory laws to further regulate it, there's an interesting lawsuit out of Florida from the congregation of a synagogue in Boynton Beach claiming that the state's new law banning abortion after 15 weeks violates their religious freedom because, under Jewish law, abortion is not only allowed, but required when it threatens the health, mental or physical well-being of the pregnant woman. Is this something we expect to see from Jewish groups in other states, and are they on to something here? We've had so much talk about religious freedom and violating people's religions. Well, here's where there are religions that conflict on this issue.

**Raman:** Abortion is very complicated for religious groups. I think the people that speak out the most, connecting religion and abortion, are the folks that oppose abortion that are very religious. But there's both, there's nuance, within groups and among groups. There are there are very active religious groups that support abortion rights. We have National Council of Jewish Women, Catholics for Choice. They both lobby a lot on that. And there are also a lot of faiths that just don't have a clear position. And then even within the umbrella of Christianity, there's nuance there from different groups that might support or might not have a clear position or just might depend more on an individual level. So I think that's interesting if you look at it from that level.

**Luthra:** And if you talk right to organizations like Planned Parenthood and basically all of the abortion clinics around the country, the idea of what you're talking about, Julie, a religious-based challenge has been in the works for a while. This is something that they all are very aware of could be a viable path forward, along with looking at things like privacy laws, autonomy, etc., etc. These all work together as the next phase of trying to find an abortion rights protection.

**Rovner:** It's going to be a busy and interesting summer. All right. Well, let's talk about PDUFA [the Prescription Drug User Fee Act], because it's been a while since we had an update on the must-pass FDA user fee authorization bill[s] that are working their way through Congress. The House quietly passed its version on a big bipartisan vote last week, and this week the Senate Health, Education, Labor and Pensions Committee took it up. And, as predicted, it's gathering some provisions that aren't exactly directly related to the user fees that it's there to reauthorize. Sarah, what are some of the more interesting add-ons that are trying to grab a ride on this?

**Karlin-Smith:** Some of the things that have been going on, one thing that came up this week at the Senate, they've tried to add some provisions that might expand the possibility of drug importation to Canada, from Canada to the U.S., to deal with drug pricing.

**Rovner:** And there was an amazing session/go-round with Rand Paul and Bernie Sanders on the same side.

**Karlin-Smith:** Right. Drug importation has always been one of those issues that doesn't clearly divide across party lines. So, the Senate obviously has just in general been messing with the bill, I think a bit more than the House did. The House has tried to, I think, keep it cleaner and more bipartisan. In the Senate, there's been a bit of controversy over provisions that Sen. [Richard] Burr, in particular, has not liked, that he feels might harm essentially the brand drug industry ... that were designed to kind of help generic companies a bit more. And there's a number of other measures related to drugs that I think are ... they're tangentially connected. They're the kinds of things that we normally do see in these bills because it's the chance for Congress to legislate, relates to rare-disease drugs and the accelerated approval program. The question at this point is just some of the partisan animosity we saw in the Senate prevent this from swiftly passing or how it impacts the conferencing of these bills between the House and Senate as well.

**Rovner:** Normally, bills have to be done by the beginning of the fiscal year, which is Oct. 1. But I seem to remember that the FDA bill has to be done earlier because otherwise the FDA is required to start sending layoff notices to its drug reviewers who get paid for by these user fees, right?

**Karlin-Smith:** Right. They like to get it done a little bit ahead of that final deadline because they don't want to have to send those notices, even if they'll never actually have to act on them. Honestly, I've been pretty surprised at how fast this process has been going along [in] this Congress. Do you think the baby formula issue and the focus on FDA and how it's handling it may slow it down more than expected at this point and lead to, again, a bit more controversy? But so far ... I think this has been a pretty smooth process and there have been things added on. But it's certainly not the "Christmas tree" bills we've seen in some years past.

**Rovner:** Yeah, I think they figure they'll have other chances for that this year, which they might or might not. Well, finally this week, on the personnel front, poor Francis Collins, who stepped down as director of NIH [the National Institutes of Health] so he could return to his human genome work, only to get tapped to fill in as the interim White House science adviser, after the rushed exit of Eric Lander amidst accusations of workplace harassment. So now Francis Collins is responsible for coming up with someone to replace himself at NIH. A new head of the National Cancer Institute, a new White House science adviser, assuming he doesn't want to do it, and a new director for the Advanced Research Projects Agency that's about to be born. One of my pet peeves in life is that when I get asked to do something I have to decline, that I'm somehow responsible for finding someone else to do it. Well, Francis Collins is too nice to be peeved the way I get peeved with this. But do we have any idea who might fill any of these positions and when it might happen? I mean, we've already seen what happened at FDA when it took them so long to get a permanent director. It can be fun inside-Washington gossip until something serious happens and you don't really have anybody at home in charge.

**Raman:** Well, he did [that interview with Stat](#) this week where he had hinted that he'd hoped that it was going to be in a matter of weeks for the new head of NIH and said that, you know, someone, a woman or a person of color or both would be ideal. And that reminded me of, I think it was 2019, when he had said in a blog post that he would stop doing so-called manels, or panels with only men. It seems like something that's been like a long-standing thing for him. So I think we could guess that maybe he might suggest someone in either or both of those camps. But I don't have any insight on who exactly would be.



**Rovner:** Yeah. Or when. I haven't seen anything floating around, but most reporters are busy actually covering the crazy news of June, which we've all been watching markups and advisory committee hearings and tracking what's going on in the states. Well, we will keep watching this space. I'm sure there will be people to cover at some point. All right. Well, that is this week's news. 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](http://khn.org) and in our show notes on your iPhone or other mobile device. Shefali, why don't you go first this week?

**Luthra:** All right. So this is by frequent podcast guest Alice [Miranda] Ollstein. It is for Politico. The headline is "[Michigan's Abortion Providers Brace for a Ban — Or a Surge.](#)" And I think this is such a smart story. Alice went to Michigan and she looked at how it's one of those states that is really in a very particularly distinct limbo. Because there is this pre-Roe ban still on the books that is currently blocked, but we don't know what its long-term prospects are. But if it were enforced, it would ban abortion in the state; if it were not ...

**Rovner:** And it's from the 1800s, right?

**Luthra:** It's insanely old, all of these bans are. I mean, West Virginia's is pre-Civil War. These are very, very old laws. And what would happen in Michigan is, if this ban does not take effect, this is one of the places where many people would go. It's sort of that little Midwestern area on the top of the Michigans, the Illinoises, the Minnesotas, etc., where people will be driving from, essentially, Texas, Oklahoma, eventually, Kansas, all the way up there — Tennessee, what have you. This could be a really important state, or it could be another place that is sending folks hundreds of miles to travel. And I think Alice captures that tension really well through the voices of the people she met there. And it's a great story. Would recommend.

**Rovner:** Great. Sandhya.

**Raman:** My extra credit this week is from Kaiser Health News, from Rae Ellen Bichell and Cara Anthony. It's called "[Race Is Often Used as Medical Shorthand for How Bodies Work. Some Doctors Want to Change That.](#)" Now, this is a really interesting story. It looks at two former co-workers and how one was a kidney donor match for the other. The patient that needed the kidney is Black and the donor is white and [it] looks at, in medicine, when is race relevant? And it talks to a lot of experts who say that people mistakenly conflate race with biology. These two were a match. They were able to work out. And race is a factor when you need something like culturally competent care and acknowledging how care is delivered, but less so in something like getting a kidney or something like that. And I thought that was really well done and really good insight.

**Rovner:** We are all the same species.

**Raman:** Yes.

**Rovner:** Sarah.

**Karlin-Smith:** I looked at a piece in The Washington Post by Geoffrey [A.] Fowler called "[You Agreed to What? Doctor Check-In Software Harvests Your Health Data.](#)" And it looks at software that some doctors are using, instead of having you complete paperwork when you check in and give all your information. It's called Phreesia. So, you do it on a computer. And what is happening is you're often, basically, unknowingly giving permission for them to take that information, provide it to this software company, who then uses it to show you ads and connect it to you signing in. So maybe they see, you know, you check off you have a health condition or so forth, and then they show you pharmaceutical ads related to that condition. And the questions are, is this ethical, is this legal? Does it violate privacy laws, even if it doesn't technically violate

privacy laws? Does it violate the, again, the spirit of your relationships with your doctors and the spirit of laws? Because oftentimes, again, you may actually not be giving permission for this to happen, but it's usually in very fine print, you know, very long legal documents that most people don't actually have the time to read and appreciate and understand. And these are things we're seeing a lot more pop up because when health privacy laws were created, we weren't really dealing with this kind of technology and the pervasiveness of the internet and so forth. And things just haven't really been updated for the digital era.

**Rovner:** Yeah. If it's not illegal, it certainly violates the ick factor, that something that should be as simple as signing in for an appointment gets your private medical information sent off to someone who wants to advertise to you. Well, my story is from Stat by Tara Bannow, and it's called "[The FTC Says It's Getting Tougher on Hospital Consolidation. Antitrust Experts Aren't Buying It.](#)" And it's actually a follow-up to a discussion we had on last week's podcast about whether the Federal Trade Commission, in going after a couple of hospital mergers and opening an investigation into pharmacy benefit managers is really going to crack down on rising prices in health care. And, at least when it comes to hospitals, this piece makes the case that the jury is definitely still out. Antitrust experts say the hospital mergers the FTC is challenging are run-of-the-mill routine cases. And if the agency really wants to do something about high hospital prices, it would start chasing the so-called vertical mergers, where hospitals buy doctor practices or outpatient clinics. Or it could start looking at some of the private equity acquisitions in health care that we've talked about many times here. As with so much in health care, we'll just have to watch the FTC and see what happens.

OK. 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 to our producer, Francis Ying, who is back from vacation this week. As always, you can email us your comments or questions. We're at [whatthehealth@kff.org](mailto:whatthehealth@kff.org) — all one word. Or you can tweet me. I'm @jrovner. Sarah?

**Karlin-Smith:** I'm @SaraKarlin

**Rovner:** Sandhya?

**Raman:** @SandhyaWrites

**Rovner:** Shefali.

**Luthra:** @shetalil

**Rovner:** We will be back in your feed next week. In the meantime, be healthy.