

KHN's 'What the Health?'

Episode Title: Voters Will Get Their Say on Multiple Health Issues

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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, Oct. 27, 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 Alice Miranda Ollstein of Politico.

Alice Miranda Ollstein: Good morning.

Rovner: Jessie Hellmann of CQ Roll Call.

Jessie Hellmann: Hello.

Rovner: And Victoria Knight of Axios News.

Victoria Knight: Hey, good morning.

Rovner: Later in this episode, we'll have an interview with Sandra Alvarez, whose new documentary, "InHospitable," chronicles how nonprofit hospitals are gaining more and more market power and how patients are getting caught in the middle. We will also have the winner of KHN's Halloween haiku [contest]. But first, this week's news. Since Election Day is closing in, I thought we would start this week with a look at some of the health-related state ballot questions that are *not* about abortion. We'll get to the abortion-related ones next. One familiar question will come in South Dakota, where voters will be asked if they want to expand Medicaid, something their governor and legislature [have] so far failed to do. If it's approved, this wouldn't be the first time red-state voters have overridden their elected officials to offer Medicaid coverage to more people in their states. South Dakota is one of 12 states left that have not expanded Medicaid under the Affordable Care Act, including some big ones. But this may be the last one to do it by ballot measure, right?

Ollstein: Yeah. I think it's telling that this is the only one up this year. We're really getting down to the states that either you legally *can't* do it by ballot initiative or it's just so insurmountably hard that advocates aren't even attempting it. There's obviously been chatter for years about attempting it in Florida, but because of some structural things there, including needing to get a 60% vote instead of just a bare majority, it just makes it super, super hard. Also, the bigger the state, the bigger the population, the more expensive it is to have to mount a campaign to get it on the ballot. So states like South Dakota really make sense, because it's small. They can do a big campaign. And like a lot of the states that have expanded in recent years, you have a divide between what the population thinks about it and what the elected officials think about it.

Rovner: Just to remind people, we've seen — I guess it started with Maine, and then we've seen Utah, Idaho, Nebraska, Oklahoma, and Missouri follow. So a lot of really red states have approved this. And I guess it was surprising the first couple of times and not so surprising the last couple of times. Meanwhile, in Arizona, voters will be asked whether they want to make it easier for people to pay off medical debt by limiting the rate of interest creditors can charge and protecting more assets so people who get sick or injured can better hold on to their house or their car. It doesn't really do anything about the debt itself. It's been criticized for that, but it feels like a novel way to come at this issue and one I certainly have not seen before. Have any of you? Is this a new thing?

Knight: Well, from what I've seen, there were several bills passed last year about medical debt. But a ballot measure? I'm not sure if that's completely new. And maybe that's setting a standard for something that more states could look at. In reading about this, I mean, there is obviously some lobbying against it by the different credit groups. And they're saying it applies to not just medical debt but other types of debt as well. So I think

would be really interesting to see what happens. This is a more under-the-radar ballot measure compared to some of the ones we're going to talk about soon, like the abortion ones, and as well the one in Oregon that I'm sure you're going to bring up next.

Rovner: Funny you should mention it, because I was going to say: In Oregon, voters are going to be asked to vote “yea” or “nay” on a proposal — and I will read it — to, quote, “ensure that every resident of Oregon has access to cost-effective, clinically appropriate, and affordable health care as a fundamental right.” So if passed, this would mark the first time a right to health care is added specifically to the state constitution. It would also be mostly performative. There's language stipulating that guaranteeing health care can't come at the cost of cutting public education or other essential services that states fund. But still, it would set an important public precedent that one would assume people in other states would jump on, right?

Knight: I mean, it sets the legal precedent that people could then sue the state, potentially, if they're not receiving adequate health care, which I think is also really interesting. And it would be the very first state to enshrine this in the constitution, even though this is something that other countries already have in place in some of their constitutions, or their founding documents. So I hadn't even heard about this until you sent it out. So now I'm adding it to the list of ballot measures to watch, and I'll be really interested to see what the implications are if it actually passes.

Rovner: I'm curious that there's a lot of the same old, same old ballot measures. But there do seem to be some novel questions now that people are being asked to vote on. So we'll see how that comes out. All right. Well, let us turn to the ballot measures on abortion. We have talked at length about the Michigan vote, about whether to keep or jettison a ban from the 1930s. But Michigan wasn't the only state where there was drama just getting the question on the November ballot. And same kind of thing happened in Kentucky, right, Alice?

Ollstein: So Michigan and Kentucky are kind of mirror images of each other. Kentucky is almost exactly the same as Kansas in that the Republican legislature put this before voters, and it would amend the state constitution to say there is no right to abortion. And so, like in Kansas, it could clear the way for really locking that in. Now, abortion is currently pretty much banned in Kentucky. However, you have courts hearing cases and they are holding off on ruling on those cases until they know how the people vote. Because if the people reject this ballot initiative, then the courts could say, “Well, maybe there is a right to abortion in the state constitution,” and it could restore access in the South. I'm watching this really closely. I'm headed there next week, actually. I think this is ... this will be really telling because it'll be the first time this has been put before voters in the South, after the fall of *Roe v. Wade*. And so Kansas is obviously huge, very surprising to people. And I think that this could be really telling of where we're headed as a country as well.

Rovner: And Kentucky has this division between the governor and the attorney general over this, too, right?

Ollstein: Right.

Rovner: Although I know that's about something else.

Ollstein: Well, I mean, it influences abortion, for sure, because, yeah, you have a Democratic governor and a Republican attorney general. And there was a battle that went all the way up to the Supreme Court pretty recently where the attorney general wanted to represent the state and defend the abortion ban without the consent of the Democratic governor. And there was a whole question of whether or not he could do that. And so Kentucky's a really interesting place.

Rovner: Which is why you're going there!

Ollstein: Yeah, yeah. People think of it as very far to the right, represented by Rand Paul and Mitch McConnell. But they have a Democratic governor. They've expanded Medicaid, and ... it's more complicated than people think.

Rovner: Yes, it is. Well, Montana also has an anti-abortion question of sorts. It seeks to ensure that babies born alive after failed abortions get needed medical care. Now, this is already a federal law. I covered it when it passed in 2002. It was bipartisan, basically; there were a handful of people that voted against it. Why does Montana feel like it needs its own protections?

Hellmann: So I was reading about this and it's really interesting. Abortion is still legal in Montana because there was a ruling by the state Supreme Court in 1999 that abortion is protected under the state constitution's right to privacy. And so I think advocates in Montana are just looking for something that they can do after the Supreme Court *Dobbs* decision. The governor in Montana, who's been really outspoken about abortion recently, and I just think that they're looking for something to do, even though it seems more like a messaging thing. I know that the abortion clinics in Montana are saying, at least publicly, that they don't think that this would have much of an impact on their operations. Actually, I think that the people who are most worried about it are OB-GYNs, who treat people who are going to have miscarriages, or they're just more concerned about the impacts that this could have outside of abortions.

Rovner: I mean, obviously ... a traditional abortion clinic that's only doing abortions up to 12 or 16 weeks would never have a viable infant born accidentally or otherwise. It would be too early. The people that it would affect are the doctors who are taking care of high-risk pregnancies, which are pregnancies that can go wrong very late. But this was when ... this federal law passed in 2002, it was pointed out, that this either never happens or happens incredibly rarely. But I think there is a model law put out by one of the anti-abortion groups. So I guess the states are, as you say, Jessie, trying to have something to put on their ballot. Well, it's not just red states that are voting on this. In blue states, California and Vermont voters will be asked whether they want to enshrine abortion rights in their constitutions. But the California initiative has become controversial over whether or not it would eliminate all restrictions on abortion or just those up to viability. That's apparently because medical experts insist the viability can't really just be measured in weeks. It's a process. Is the public ready to think more holistically about viability or is that a lost cause in this debate that's very polarized?

Ollstein: What's been interesting is that leading up to the fall of *Roe* and since then, you've really had advocates on both sides of the debate saying the viability standard was not workable and not attuned to the realities of pregnancy and abortion. I mean, one) because of medical advancements, that line has moved over time. And it also just varies from pregnancy to pregnancy, from person to person. But also, you have advocates on the left saying setting this bright line doesn't account for problems that arise later in pregnancy, and it denies people options in really sensitive medical situations. Meanwhile, on the right, you have arguments to move that viability line earlier and earlier. Even when [Sen.] Lindsey Graham [R-S.C.] came out with his 15-week bill just this year, they described it as preventing late-term abortions, which was a term usually used for way past 15 weeks in the past. And so, yeah, viability was a very tenuous compromise in the first place, and it didn't really make anybody happy. The people who wanted to ban all abortions always wanted to ban all abortions, and the people who wanted freedom of choice wanted freedom of choice even later in pregnancy, saying, you know, you can't know what someone's personal medical situation may require.

Rovner: I'm sort of surprised that, you know, California, of all places, that this is still very unsettled. And I think language is a big part of it. Well, speaking of language, in other abortion news this week, in the Pennsylvania U.S. Senate debate with Democrat John Fetterman and Republican Mehmet Oz, Dr. Oz had quite the position on abortion, saying it should be up to quote "women, doctors, and local political leaders." That has been meme'd and derided since he said it. I remember — was it 2010? — when the Missouri Republican candidate said that women didn't get pregnant as a result of rape. And that turned out to be one of the things that cost him the election. I'm wondering if this is as big a gaffe for Dr. Oz.

Hellmann: I think it kind of feels like it does because it's a different time in terms of social media. And like you said, it's being meme'd and people are talking about it and political ads are even more ubiquitous now. So I guess we're, like, a week out from the elections; I guess there's probably time to fit that into an ad, but

definitely it's saying the quiet part out loud. It's what Democrats have been warning about. And a Republican candidate in a very competitive race just gave a sound bite to Democrats. So just because ...

Rovner: And a doctor! Not just a Republican candidate. He's a doctor.

Hellmann: Yes, a doctor. You could say that, though ...

Rovner: [Laughter] There have been questions about his medical considerations, let us say. Well, also this week, the Defense Department moved to make abortions easier to obtain for servicewomen in states where abortion is banned. That includes covering travel expenses and ensuring that leave is not counted towards the official allotment. Now, when Congress comes back after the election, lawmakers have to finish both the Defense Department spending bill and the defense authorization. Hard to imagine this isn't going to come up and get fought out there, too, and kind of get things held up, right? Victoria, you're up there. What are you hearing?

Knight: To be honest, I haven't heard a ton of talk about this, but, I mean, the Hill is pretty quiet right now. I'm guessing it is definitely going to be a topic of conversation when Congress comes back in mid-November after the election. And I know the NDAA [National Defense Authorization Act] is one of the next big things they're going to tee up. And so ...

Rovner: That's the defense authorization.

Knight: Yes, the defense authorization.

Rovner: The annual big defense bill.

Knight: Sorry, using acronyms already. I think it's something ... we're all going to be watching. I mean, of course, Republicans are for the most part probably going to oppose this, and Democrats are going to support it. So we'll see how that works as a negotiation tool.

Rovner: It seems like on the spending bills, the fact that there's an abortion rights majority barely in the House, but not a 60-vote majority in the Senate means that basically all the abortion restrictions that are in those spending bills are going to stay there, at least so far. But this would obviously be a change, and they would have to put something in a spending bill to ban this, specifically. This is the kind of thing that holds up big bills at the very end and shuts down the government. I mean, are the Republicans going to be furious enough about this to make it a big thing? Or is it ... you think that maybe they'll strike some sort of compromise?

Ollstein: I think it has to do a lot with the outcome of the election. If they know they're going to be in the majority in a few weeks, anyways, they might not want to raise a big stink. They know they can just wait and do what they want. Although Joe Biden will still be president and so there will be veto threats to things they attempt on the anti-abortion front. But I think that'll really decide things, the outcome of the election — who's in the majority and how big a margin they have. But this definitely is one to watch because I think budget writers like the “Hyde Amendment” have been in place for so long that even Democrats who are staunchly opposed to it usually almost always end up just caving and letting it go forward. But putting a new restriction in place is a different dynamic.

Rovner: Yeah, I think that'll be harder. One more [abortion story](#) I couldn't let pass. It seems that a former official of the Equal Employment Opportunity Commission has been writing letters to companies that say they will pay for their employees' abortions and their travel expenses, threatening federal action by the agency. To be clear, this is a former official appointed by President [Donald] Trump who was fired when she refused to resign. If the situation was reversed, and this was a Democratic former official threatening businesses with EEOC action after they no longer work at the EEOC, I would think that the Republicans would be absolutely screaming bloody murder. And yet I've seen almost nothing about this story in the mainstream media. I guess I'm just wondering why this is floating so underneath the radar when it seems like such a ... I mean, even if it wasn't about abortion, the idea that a former official can be threatening their

former agency to do something is pretty outlandish, no matter what it's about. I do think that if the tables were reversed, that this would be a much bigger story. So, all right. Well, we will move on to the Affordable Care Act. Open enrollment is about to begin for the Affordable Care Act. And we'll talk about that more next week. But meanwhile, 12½ years in, the health law is still being challenged in court. Although this time it's just a piece of the law. Who wants to remind us about this latest lawsuit and what happened this week that makes it broader?

Ollstein: So, I've been covering this forever, and I will say we still have months to go before we actually know what is actually going to happen. But it's been quite a saga. And so, basically, you have a group of conservatives in Texas who say that the Obamacare requirement that they provide their employees with insurance that covers preventive care, including things like STD [sexually transmitted disease] testing and the HIV prevention drug PrEP, they say that violates their beliefs. They shouldn't be forced to do it. And then a more under-the-radar, but actually a bigger deal, piece of the lawsuit says that the advisers of HHS [the Department of Health and Human Services] who decide what services need to be required under insurance was unlawfully created in the first place. And so, all of their rules ... this isn't just about PrEP and STD testing anymore. This is about *all* preventive care. All of it, cancer screenings, mental health checks, prenatal, all of it.

Rovner: This reminds me of the *Dobbs* case in a way, that it started out being Mississippi saying, "We just want you to uphold the 15-week ban." And then when they thought maybe they could do a little broader, they came and said, "No, not the 15-week ban, we want you to get rid of *Roe*." That's what ... I mean, this started as a case about PrEP and now it's actually about all preventive services.

Ollstein: Exactly. And so that really became clear, if it wasn't already, this week, because the judge — who should be well known to listeners, Reed O'Connor, down in Texas; he has ruled against the Affordable Care Act multiple times — he already sided with the folks challenging these provisions on the merits. But what's still left undecided is what's called the scope of relief. So what the court will actually order to happen. And so he asked for additional bracing, and the conservatives sent in their briefing this week and asked for just the most maximal ruling possible, wiping out all preventive care coverage rules going back to when the Affordable Care Act was born.

Rovner: And nationwide, not just for these plaintiffs.

Ollstein: And nationwide. Yes.

Rovner: Well, while we are talking about the preventive care benefits of the ACA, a congressional investigation released this week by House Oversight Committee Democrats found that the nation's largest insurers and pharmacy benefit managers are denying coverage of or charging copays for birth control that's supposed to be free to consumers. This strikes me as really low-hanging fruit for the Biden administration to go after, since it's one of the things that it can unilaterally do in the reproductive health space. I'm actually a little bit surprised that they haven't done it already. This has been a complaint pretty much since these rules went into effect, that women were basically made to jump through hoops to get the contraceptive that works best for them.

Knight: Yeah, I mean, absolutely. I think, I know KHN had done reporting in the past on this like years ago about how birth control wasn't always being covered by plans, even though it's supposed to be, or women are having to pay for it, even though it's supposed to be free without cost sharing. So it is a little mind-boggling that the Biden administration hasn't taken action on that. And so I guess maybe that's something to look to. Yeah.

Rovner: Yeah. One would expect something to happen on that posthaste. Moving on to a topic that I have labeled "Pandemic Suck." We learned this week that the pandemic caused, in the spare [words of the AP](#), quote, "historic learning setbacks for America's children, sparing no state or region as it erased decades of academic progress and widened racial disparities, according to results of a national test that provide the sharpest look yet at the scale of the crisis." I feel like there's so much fighting of the last war that people are

saying, well, kids are not doing well. Was it because we kept them out of school and tried to do home-learning? Or because we sent them back to school where they all caught covid or RSV or whatever else is going around? I mean, the bottom line is: This is a serious setback for the state of America's children, right?

Ollstein: Yeah, I thought it was interesting how immediately, because we're weeks out from a heated election, *immediately*, you know, candidates tried to seize on this to hit their opponents. I'm tracking Michigan specifically and so, of course, there were a lot of attempts to go after Gov. [Gretchen] Whitmer saying her covid orders related to remote learning were so damaging. But I think, like, what you said is important. The schools that did close saw losses; the schools that didn't close saw losses. It was just bad all around. It's hard to learn in a pandemic, no matter what you do. And so there was a lot of attempts to make political dunks out of this. But what I haven't heard yet is how we're going to climb out of this and get kids back on track.

Rovner: Yes. It seems that there's a lot of finger-pointing and not a lot of "what do we do now?" Well, meanwhile, we could be looking at what The New York Times has dubbed the "triple-demic," with covid, the flu, and a normally mild respiratory infection called RSV filling hospitals at the moment. Already children's hospitals are overflowing. It's not clear why. Yet I feel like everybody's over it, and precautions, which can help against all three of these viruses, because they are all spread by air — you could wear a mask — but they're so 2021. Are we at the "just let it rip" stage of this pandemic, that we're going into this winter and people are just over it? They'll get what they get?

Knight: We already know that the most recent booster take-up is just not super high. I even haven't gotten mine yet. I'm going to do it next week. But I think people are just a little, like, let's just go through the holidays and have fun, and just not thinking about it as much. And as we've seen in some of the recent statistics, it is kind of going back to where it's mostly affecting, like, older people again. And so I think a lot of younger people are, like, let's ... I'm tired, let's have fun. But we also should ... I was listening to NPR this morning, and they were talking about how it's probably a potentially bad flu season as well in the Southern Hemisphere, which is where they look first. It's pretty bad down there. So I think even though the attitude may be carefree, I think a lot of people are going to get sick probably.

Ollstein: I've also heard a lot of frustration with the administration's message. Biden got his booster and made a big pitch for the boosters. And I heard a lot of people in the public health world saying, OK, yes, that's great. But whatever happened to the layers-of-protection message and the Swiss cheese, where you layer a bunch of prevention strategies on top of each other to stay safe? Where you have people get boosted, but if you're not going to get boosted, wear a mask. And if you're not going to wear a mask, try to be outdoors. And if you're not going to be outdoors, maybe don't go in the most crowded place ever, and maybe open a window. And there's just none of that. It's very vaccine-only strategy, at least in messaging at the moment. And people are concerned about that.

Rovner: I'm surprised that there hasn't been more about air quality. I thought, I mean, that's what a lot of that money that went out the door was for, particularly for schools to put in air-purification systems. And that just seems to have completely fallen off the agenda for anybody. I don't hear *anybody* talking about that anymore. Have we decided that's not going to work or it's just too much trouble?

Ollstein: I don't think we've tried it seriously enough to decide that.

Knight: And I know there are public health experts that are still talking about that. I'm pretty sure there is an op-ed recently in the Times about this, how that's being overlooked, and that's an easy solution in schools especially, or maybe not easy but an obvious solution. But yeah.

Rovner: That is still to come. Well, finally, another not-the-conventional-wisdom thing about the pandemic. The Washington Post did [a deep dive into covid death rates](#) and found that the mortality rates between Black and white people has flipped. You're now more likely to die if you're white than if you're Black, which was not the case for the first two years of the pandemic. This would seem to be because white Republicans are the least likely to have gotten the vaccine, and the unvaccinated are the most likely to succumb if they get

covid. But I'm surprised there hasn't been more attention paid to this, too. It started out as an economic divide, and it's really become kind of a partisan divide, that more Republicans — we've seen this in other studies — more Republicans are dying of covid than Democrats. Why aren't we seeing more about this, too?

Knight: As someone who has Republican family members who won't get vaccinated, I think they're just pretty set in their ways at this point, that nothing is going to change their mind and they just deal with the consequences of whether they get sick, how sick they get with covid. And I think, for a lot of them, if they, for some of mine, if they get sick and come out of it, which is what's happened, they're like, "Well, I've got immunity. I'm good now," and they're just not really as worried about it anymore, to be honest. And so I think it's just kind of like this is the America that we're in now, where we have this set of people that are just never going to get vaccinated and going to deal with the consequences, whichever way it goes.

Rovner: We will see how the winter starts to play out. All right. That is the news. Now we'll play my interview with filmmaker Sandra Alvarez. Then we will come back and do our extra credits and a Halloween surprise.

I am pleased to welcome to the podcast Sandra Alvarez, writer, director, and co-producer of the documentary "InHospitable," which takes a hard look at the state of the U.S. health system by chronicling a battle of two health giants in Pittsburgh. And if you're listening on Thursday, Oct. 27, you can see the movie on a special Facebook Live tonight starting at 8. After the showing, there will be a panel discussion moderated by yours truly. Sandra Alvarez, thank you so much for joining us.

Alvarez: Thank you so much for having me.

Rovner: So, first things first. How can people see this film if they're listening too late for the Facebook Live?

Alvarez: You can always check the listings on our website. It's www.inhospitablefilm.com, and we share the listings on the website as soon as we get them. We have a weeklong theatrical run in New York City starting on Oct. 28, and the screening info will all be there. And you can sign up for the newsletter. And we'll update the screenings as we go.

Rovner: Super. So I was reading some of the reviews, and I saw one that I really loved because it was only six words: "'InHospitable' effectively reminds that health care is infuriating." Why did you focus on hospitals? And why Pittsburgh?

Alvarez: Yeah, absolutely infuriating. And hopefully people leave empowered, as well. Infuriated and empowered. For me, it's no surprise that we have a dysfunctional health care system — right? — especially to your listeners. Around 2018, 2019, I was watching the presidential debates, and you hear everyone talking about the broken health care system and insurance and Big Pharma and medical device makers. But I wasn't really hearing anything about hospitals. And, of course, you hear about individuals complaining about their high hospital bills. But I was really curious about their role in a more holistic way. And someone had sent me an article by Reed Abelson at The New York Times, and it was about how hospital consolidation was driving up hospital prices. And I thought hospitals as monopolies, that was just not something I had really thought about. I'm not a health care policy person. I'm a filmmaker. But I read [KHN Editor-in-Chief] Elisabeth Rosenthal's book, "An American Sickness," which is absolute required reading for anyone who wants to learn more about our health care system. But I gave her a call in just trying to learn more about the big business side of hospitals. And she said, "You know, there is an attorney general in Pennsylvania who just filed a lawsuit against the largest nongovernmental employer in the state, which also happens to be a hospital system." And she said, "You know, it takes a lot of political courage to stand up to a big organization like that, so take a look." And I absolutely did. And I realized that what was happening in Pennsylvania was a great way to tell the story of hospital consolidation and the collateral damage through a humanistic lens. So, I made a movie about it.

Rovner: So set this up a little bit. I was aware of the Highmark versus UPMC — UPMC being the medical system that was trying to stretch into insurance and Highmark being the Blue Cross plan that was trying to

become a provider — because they were basically mad at each other. You did this story about the patients that got caught in the middle, right?

Alvarez: Yeah. And the residents there, they joke in a little bit of a morbid way how it's basically like Coke and Pepsi, these two organizations battling it out for market domination basically. But the problem is they are both also nonprofit health systems. So there was a lot of anger in the community that as they were battling out for market domination, a lot of the patients were caught in the crosshairs. And people who had severe heart problems and cancer diagnoses who were being blocked from seeing their doctor because they did not have the right insurance card. So in a way, it was this perfect example of the business interests not matching the needs of who they see as customers, but really the patients, the people who are struggling and trying to get care.

Rovner: I feel like hospitals these days are like Congress. Everybody hates Congress in the aggregate, but they love their congressperson. Same thing. Hospitals are now getting bigger and more greedy and charging too much. But everybody loves their hospital, not only because it's usually the biggest employer in a lot of places. How do you reconcile that?

Alvarez: That was something we had talked about just right in that first conversation I had with Dr. Rosenthal is that it's very difficult for politicians, for public officials, to take them on because they aren't an easy villain, right? Insurance companies — sure, we all hate our insurance companies. It's so easy to hate them, right? We just get our high deductibles, and the premiums keep going up every year. But this is a place where we have our babies and where doctors save our lives. Even for me personally — four months into the production of this documentary, my father went into cardiac arrest and was at Jackson Memorial Hospital in South Florida, and they saved his life. And at the same time, I'm working on this documentary about the business of hospitals. So I think it's tricky. It's a very, very tricky thing. And I think that's why you don't hear about politicians talking about hospitals very much.

Rovner: You say you're not a health policy person. Did you have any idea when you started this just how complicated the U.S. health system really is and how messed up it is?

Alvarez: No. I really, honestly, could not have imagined. And, in fact, it's so complex that we had to create an animation in the film to be able to tell the story about what was happening even in western Pennsylvania with Highmark and UPMC. It's incredibly complex, and I think it makes it so difficult for regular people who are just trying to get the care that they need to try to figure out, navigate the system. So, no. I think it's up there with the U.S. tax code.

Rovner: What do you want people to take away from the film, other than the fact that there's a lot of health care behemoths trying to make money out there?

Alvarez: There's a lot of things for me I would love for people to take away, obviously. But I think one of the main things is looking very critically at our nonprofit hospital systems. The majority of our hospital systems in the U.S. are nonprofit, right? And so for policymakers in particular, to watch our film and to start to question whether nonprofit hospitals are really doing what they should in exchange for these enormous tax exemptions. Or are they acting the same way that a for-profit business does, driving up prices when they can, union busting, not paying their workers a living wage, restricting access to harm competitors, and suing people who can't afford to pay their bills. You know, really looking at that critically. And I think the film makes a great case on how public officials can use nonprofit status as an accountability lever.

Rovner: Well, Sandra Alvarez, it's a really well-done film. As a health policy person.

Alvarez: Thank you. That means a lot coming from you.

Rovner: And thank you for joining us.

Alvarez: Thank you so much for having me.

Rovner: OK, we are back and it's 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. Victoria, why don't you go first this week?

Knight: My extra credit is titled "[Inside Michelle McMurry-Heath's Departure From BIO: Firings, Internal Clashes, and a Pivotal Job Review](#)," and it is by my friend Rachel Cohrs at Stat.

Rovner: And our fellow podcaster.

Knight: And our fellow podcaster yes. This is basically a curtain reveal behind what went on with the firing of McMurry-Heath from BIO, which is the world's largest biotech trade organization. Basically, what Rachel found out through her reporting was that there was a lot of, it seemed like, some internal strife at BIO about McMurry-Heath's leadership style, certain decisions she made, such as even though the organization was having to fire people, like, moving to a swanky office, and someone described her as almost a bulldozer coming in and just taking over and maybe not listening to what people who had worked there for a while, what they were wanting. And it ended up that an outside firm came and assessed her work. And we don't know what that assessment says, but after McMurry-Heath was shown the results of that, she decided to resign. And so it, at the end of the day, raises questions of what is going to happen with this organization moving forward, especially at this moment in time when Medicare negotiation was just passed by Congress. And so this is one of the lobbying organizations that is going to be lobbying around this law, trying to move through this law's implementation. And as people were saying, this firing seems to have maybe left a bad taste in some people's mouth, and is a question of who is going to lead this organization next. And so it's just a really great look at some behind-the-scenes D.C. drama.

Rovner: Yeah, BIO was led for years by Jim Greenwood, who is a former member of the House Energy and Commerce Committee, a Republican, but a very moderate Republican. And he raised the organization's profile considerably on Capitol Hill. So we shall see what becomes of it now. Alice, why don't you go next?

Ollstein: Sure. I had [a piece from CBS News](#) by Camilo Montoya-Galvez about a pretty big policy change related to immigrants in U.S. custody along the southern border. So, just recently, for the first time in U.S. history, the federal government is offering flu shots to these migrants, and they've vaccinated tens of thousands of adults and children already. And they really think that this can make a big difference and keep both the migrants and the communities they are going to be released into safer. And it was just interesting to read about the history of this. Apparently, public health experts were begging the Trump administration to make this change and they refused. And a few children died because of this in U.S. custody, migrant children. And so, hopefully, this will prevent that from happening going forward. It seems like at a time when they're begging U.S. citizens to ... they can't give them away. And so there's definitely not a shortage. And so, absolutely, when people are in these congregate settings where viruses can spread really easily, it just absolutely seems to make sense from a public health perspective.

Rovner: Jessie.

Hellmann: My extra credit is from Fred Clasen-Kelly, Kaiser Health News. It's a story called "[Hospitals Said They Lost Money on Medicare Patients. Some Made Millions, a State Report Finds](#)." And it's looking at this report from the North Carolina state treasurer's office that found that hospitals were profiting off of Medicare despite claiming that they were losing money. This is an argument that you hear all the time on Capitol Hill, that Medicare doesn't pay enough to cover the costs of the care that they provide. And experts have questioned this claim for a long time. So it's interesting to see state officials calling it out publicly and questioning the value that especially nonprofit hospitals provide. And they're getting these tax exemptions for providing this care, but they're making huge profits and being a little disingenuous about what they're getting from Medicare.

Rovner: Yeah, the hospital industry is constantly saying they're not getting enough money, and this story suggests that it's not always the case. My story this week is from The Washington Post. It's called "[An](#)

[Autistic Teen Needed Mental Health Help. He Spent Weeks in an ER Instead,](#)” by William Wan. And it's a heartbreaking and beautifully written portrait of the crisis that is mental health care for children and teens these days, particularly those who require inpatient care when there are just not enough beds nor professionals to staff those beds. These aren't kids who can just wait around at home for help. These are kids in serious crisis. And the results, as in this case, can be tragic.

OK, so before we go, now for something a little less grim, I'm pleased this week to present the winner of KHN's annual Halloween haiku contest. For those of you who aren't regular visitors to our homepage, we feature a daily health policy haiku written by our readers. So the winner of our Halloween haiku for 2022 is Paul Hughes-Cromwick. And it goes like this:

*Covid, Ebola,
Monkeypox, seasonal flu -
Who needs Halloween?*

Indeed. You can find the winner and several clever runners-up on our homepage at khn.org on Monday, Oct. 31.

So, 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, as always, to our producer, Francis Ying, who makes the weekly magic happen. As always, you can email us your comments or questions, and we are planning to do another “Ask Us Anything” episode before the end of the year. So get those health policy questions in. We are at whatthehealth — all one word — @kff.org. Or you can tweet me: I'm @jrovner. Jessie?

Hellmann: @jessiehellmann

Rovner: Victoria?

Knight: @victoriaregisk

Rovner: Alice.

Ollstein: @AliceOllstein

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