KHN's 'What the Health?'

Episode Title: The Changing of the Guard
Episode Number: 273
Published: Nov. 17, 2022

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, Nov. 17, at 10 a.m. As always, news happens fast, and things might have changed by the time you hear this. So here we go. Today we are joined via video conference by Alice Miranda Ollstein of Politico.

Alice Miranda Ollstein: Good morning.

Rovner: Joanne Kenen of the Johns Hopkins Bloomberg School of Public Health and Politico.

Joanne Kenen: Hi, everybody.

Rovner: And Victoria Knight of Axios News.

Victoria Knight: Hey, good morning.

Rovner: So, no interview this week. We will get straight to the news, of which there is more than enough. We'll start with the election. We know, finally, the Democrats will retain control of the Senate, although we don't know yet if it's a 50-50 power sharing or a 51-49 actual majority until after the Georgia runoff in December. But whichever it is, things could look very different on the health beat. Veteran HELP [Health, Education, Labor and Pensions] Committee Chair Patty Murray is moving over to chair the powerful Appropriations Committee, and her likely successor at the HELP Committee appears to be Bernie Sanders. Is that right?

Ollstein: That is what we're hearing. It's not official yet, but it really is going to be different. You had a very collegial mainstream atmosphere under Murray and [Sen. Richard] Burr — Burr is, of course, retiring, and Murray, as you said, is moving on up. And so I think things could get a little more spicy with Bernie Sanders, obviously, even though Medicare for All is not the leading topic of debate that it was going into 2020, before the pandemic hit. But I think the changes he wants to see to the health system definitely go further than Murray and most of the establishment Democrats wanted to support.

Rovner: And we should point out that, unlike in the House, where the Energy and Commerce Committee that does the public health service also has a piece of Medicare, the HELP committee doesn't have any of Medicare. That's all at the Finance Committee. So Sanders couldn't really tinker with Medicare even if he wanted to. It's not that committee's jurisdiction. But Alice, as you mentioned, there's going to be a change on the Republican side, too, with North Carolina's Richard Burr retiring. Next in line was Rand Paul from Kentucky, who is outspoken, shall we say. But it looks like he's not going to take it, right?

Ollstein: That's right. He has chosen to move over to the oversight [Homeland Security] and Governmental Affairs Committee, which gives him a much broader jurisdiction to investigate whatever he wants in the government — so he can still yell at Dr. [Anthony] Fauci if he wants, although he is in the minority. So we'll see if that even happens. But he can also look at other non-health parts of the government. He's been outspoken on many different fronts. So, in a sense, this makes sense for him.

Rovner: And so, if it's not Rand Paul, who is it? Who will be the Bernie Sanders-ranking Republican?

Ollstein: So all the signs right now are pointing to Bill Cassidy, another doctor by training, like Rand Paul. And he has been very open about wanting the post. I talked to him yesterday and he said he would love it. It aligns with his interests. And so that is the expectation. Again, not totally confirmed as of right now.

Rovner: I know. That's a big difference, though, because Cassidy is more like Burr in that he's a serious legislator. I mean, he's a pretty conservative Republican, but he likes to get things done. He likes to get bills passed. He worked on the surprise billing bill and a number of other things that have actually been signed into law. So we will have to see. Meanwhile, across Capitol Hill, Republicans have just clinched a majority, but we don't know yet how big it's going to be. We do know it's going to be very small. There's only a couple of races left that haven't been called. Republicans also nominated Kevin McCarthy to be speaker of the House. But that's not official. That's just the Republican nominee. And so McCarthy will need virtually every single Republican to vote for him in January. A couple have already declared that they won't, at least as of now. House Republicans have already said they're more interested in investigating the Biden administration than in passing legislation. Do we expect anything to come out of the House legislatively?

Knight: I have been asking a lot of House Republicans about what they might want to get done next year. I think obviously there's been a lot of investigation, but I do think there are some areas for some bipartisan work. They're talking about maybe passing some telehealth things in the lame-duck [session] that could get punted to next year instead. And Republicans could count that as a win. So that would be like extending or making permanent some of the telehealth flexibilities from the public health emergency. I think there's other small, small things that they could possibly get done, but I'm not sure we're going to see major legislation. And then [we're] also going to see them potentially wanting to repeal parts of the Inflation Reduction Act. So we'll see what happens. But I think a lot of oversight is definitely to be expected.

Rovner: Yeah. And I guess we ... even though they will only have the House and they will only have the House by a couple of votes, they will have power to do things like prevent the government from still operating or prevent the debt ceiling from being raised. So if they ... they may want to do things that Democrats don't want to do, but Democrats may find themselves having to do in order to just keep the trains running. I mean, we've seen that before.

Kenen: Yeah, but it's also, when there's divided government, both sides pass bills. They never become law, but they are messaging bills. So they're either bills that say this is what we would do if

you elect us a non-divided government in the future or just to make the other side have to cast some embarrassing votes that they don't really want on their records. So, I think Victoria is right. I think there's small things beyond telemedicine. Cassidy is really big on transparency and there's privacy issues and there's small stuff that's not so big-ticket, not so ideological. But the Republicans were in the minority the last two years. It was pandemic-dominated health decision-making. So what was the last time the Republicans were in power and doing something? It was "repeal and replace" [of the Affordable Care Act], and we know how that turned out. And they don't really have an animating issue other than beating up on Tony Fauci. They don't really seem to have an animating issue that's the Republican health vision going ahead.

Rovner: Because they still don't agree.

Kenen: Right. The ACA is now here to stay. And I mean ... they can push for greater state flexibility. They can push for high-deductible plans. They can push for many of these things that they've been pushing for for 20 or 30 years. But they're not ginormous.

Rovner: You know, Joanne and I are old enough to remember when having divided government got *more* things done.

Kenen: Ehhhhh, sometimes.

Rovner: Because both sides wanted to take credit for ... the Balanced Budget Act [of 1997] was a Republican Congress and Bill Clinton. So was CHIP [the Children's Health Insurance Program]. They used to do a lot of big-deal bills when the government was divided, either Democratic Congress and Republican president or Democratic president and Republican Congress. That has not been the case of late.

Kenen: In 2012! There was a huge budget fight in 2012 that ... they solved it with no one loving how they ended up. But it wasn't that either side got what they want, but they both prevented the other side from getting what they really wanted.

Rovner: We'll get to that ... when we talk about the lame duck. But first, I want to talk about the states. Last week we talked about a bunch of state ballot measures, but a couple of them had not been decided yet. A big one was in Oregon, where voters very narrowly approved a state constitutional amendment creating an individual right to health care in the state. And even though the amendment is mostly symbolic, because it also stipulates that it can't force the state to spend money to ensure that right, what do you guys make of a) its passing and b) its passing by such a tiny margin?

Knight: So legislators said it wasn't creating a Medicare for All or a single-payer system. So it's not doing that. I think how it's going to play out will be interesting. So what does that mean then for residents of Oregon? And also it does open up the state to potentially being sued by residents who are not receiving access to affordable health care, which is what it guarantees. So it's unclear to me how it will actually be put into place.

Kenen: If Medicaid expansion has been underway in Oregon ... they've got the ACA. It's "How do you define affordable?" is one issue. Like, OK, I'm covered, but I can't afford this. So the legislation

doesn't say that the state has to pay your deductible. I'm really not sure what it means. It's not like there are a lot of uninsured people who are — other than ... put aside the undocumented population for a second because they don't have the right to sue under this either, I don't think. But I'm not really sure what it says besides: We think health care is a cool thing.

Rovner: Well, I think they were trying to make a statement in their constitution that this is a ... we hear this all the time from the Medicare for All folks that health care is a human right. I think Oregon was trying to say, OK, health care is a human right.

Kenen: But we're not going to do anything to enforce it. I mean, that we're not already doing. I'm not really sure what the added value of that amendment is. I mean, back when they were passing the ACA, there was a big fight over [Section] 1332, which is state innovation programs. And Republicans wanted it in because they thought that it would help states shrink the ACA. Ron Wyden, who's from Oregon, who was very involved in those negotiations, he wanted the state flexibility waiver, the 1332 thing, in because Oregon was going to either do a single-payer or some other kind of public option, and they studied them and they were all really expensive, impractical for a state to do. And so this is a state with very pro-universal health care values, but lagging on what they've done about it, other than implement the ACA well.

Rovner: Oregon is notable for leading the country on sort of “out there” things to try. They were the first state that took Medicaid and decided to expand Medicaid to a bigger population, but for fewer services. And that was controversial because they started covering organ transplants.

Kenen: Right.

Rovner: And yeah, that was a big deal. Well, we'll see how that plays out. Well, before we wrap up our post-election review, I learned this week something I bet some of you guys already knew: that most of these ballot measures on health care and abortion and Medicaid expansion were all organized by the same group, the Fairness Project. They've won 24 of 25 ballot measures in 17 different states. Is this the liberal alternative to all those conservative groups that have been pumping out conservative ballot measures for years?

Ollstein: So, one, they're not the only player in the game. There are other groups on the left that are doing this. Families United for Freedom is one of them. There are others as well. In talking to them about the abortion ballot measures this year, it's really clear that they don't parachute into states and tell them what to do. They wait for people in-state to come to them and say, “We want your help in doing this.” So there is the realm of states where this kind of thing is possible legally, and then there's an even smaller realm where it's possible practically. But, absolutely, I think this year was just the biggest demonstration yet of the success of this for the left, I think, in that they see a very real gap between what policies voters back and what policies GOP elected officials back and they are making good use of that gap to get things passed in these very conservative states.

Kenen: But Medicaid, I mean, this year they were involved in a whole bunch of issues ... what really became was their signature issue, how they came on the national map, was the Medicaid expansion in the states that it had not expanded it. At first, I remember the first time I read about them, and it's probably about four years or so now, going into places like Idaho. And I was very

skeptical. And I wasn't the only person who was skeptical. Then they went in and not only have they won seven out of seven Medicaid expansion ballots in conservative states by pretty big margins in most cases, they've really shown this principle that this political fight against Medicaid versus, you know, even in states like Idaho and Utah, people think covering poor people is the right thing to do, particularly if the federal government is paying for most of it. So we've seen seven out of seven. There's very little path forward for the Medicaid, for various technical reasons that Alice referred to. It's going to be hard to do that in more states.

Rovner: But I'm wondering if some of these ballot measures ... the Republicans in the early 2000s liked to put anti-gay-marriage ballot measures on the ballot because they wanted to get their base excited, to bring their base out and sweep in Republican candidates. It feels like the Democrats are now trying, playing the same game. I mean, you have to wonder in Michigan, for instance, whether the very close races for governor and attorney general and secretary of state that all went to the Democrats might have been helped in part by people coming out to vote for the abortion amendment, for the abortion ballot measure.

Ollstein: And that's a strategy both parties have used in the past, using them as turnout generators. People getting more excited about getting to vote directly on an issue than for a candidate, especially in a midterm election that usually has lower levels of participation. But I think that some of the ballot measures that were referred to voters by Republican legislatures who are maybe hoping for that turnout boost backfired because they saw it energize their opponents more than their own supporters.

Rovner: Are you thinking of Kentucky?

Ollstein: I am thinking of Kentucky. I'm also thinking of Kansas.

Rovner: That's true.

Ollstein: And Montana.

Rovner: Let us move back to Congress momentarily. Even though we don't know exactly who's going to be in charge of what in 2023, [the] current Congress is back for what looks to be a pretty busy lame-duck session that could well last until Christmas. As we've noted before, Congress has a couple of must-do items, including funding the government and averting a scheduled cut in Medicare payments. That cut that's still hanging around from that 2012 budget deal. This was part of what they did; they were going to cut Medicare and then Congress comes in and says, no, let's not do this. There are also some things that would be *nice* for Congress to do, like a pandemic preparedness package and the so-called momnibus of maternal and child health programs. Something the Biden administration has on its must-do list is more funding for covid, which they've been asking for and not getting since early this year. Is there any better chance we'll see some covid funding in the lame duck? I mean, now they actually *are* running out of money.

Ollstein: The Republican opposition to the funding seems just as strong as last time around, from my conversations with members this week. Richard Shelby, the top Republican appropriator in the Senate, basically said not happening. And Tom Cole, the top Republican appropriator in the House,

basically said the same. And I think, especially in the House, now that they know that they're going to be in the majority, there's really not a strong motivation for them to play ball on that front. They are sticking to the same line, that they believe the administration has plenty of money already and just needs to use it better.

Rovner: Another Democratic goal for this Congress that's likely to go unfilled is a codification of abortion rights in the wake of the overturn of *Roe v. Wade*. President [Joe] Biden himself said earlier this week that the votes are not there, at least not in the Senate as it's currently configured. And that won't change much next year either, when the votes won't be there in the House. So, Alice, how demoralizing is this going to be for all those women, particularly young women who came out to vote in the midterm election because of Democratic promises to protect abortion rights?

Ollstein: You could look at it a few ways. One, you could look at it as Democrats made unrealistic promises going into the election about what they would be able to do. The likelihood that they would hold the House majority and get enough Senate votes to pass this was vanishingly small, and so you could look at it that way. You could also look at it — what Democratic senators especially are saying right now is, look, we successfully maintained the majority in the Senate, so we are going to be a backstop against Republican attempts to pass any sort of national restrictions on abortion. And, you know, that's not just thin. That's real. Although Joe Biden is still president. So even if Congress could pass abortion restrictions, they would get vetoed anyways. And so we've been here before with divided government. There aren't the votes to pass either national protections for abortion or national restrictions for abortion. Instead there's going to be a bunch of fights around the edges. I have already heard that there is interest in using the appropriations process to pick lots of fights over impacting, like, FDA regulation of abortion pills, impacting all of these little bits and pieces of it. But there's not going to be anything big and sweeping on either side.

Rovner: There's at least six spending bills — I've written about this for years — that have abortion restrictions in them still. I mean, it's not just the Hyde Amendment. There's restrictions on women in prison. There's restriction on Native American health care. There's restrictions on military service women and dependents. There's just ... there's lots and lots of things in various spending bills. So they could spend a lot of time going after some of those.

Kenen: And there are some of the issues about, in the coming year, going back to Bernie Sanders, I mean, his defining issue was Medicare for All — and then Medicare, if he can't get that, you know, hearing, dental, things like that — to the extent that FDA does have a role in issues like does contraception and birth control pills go over the counter, to issues about mailing abortion pills, things like that. He's going to be supportive of most of those kinds of issues. But that is an area where you'll probably hear Sanders' voice more; although they're not his traditional issues, they are, you know, he's on that side.

Rovner: Yeah, and the HELP committee has jurisdiction over a lot of those issues.

Kenen: Right, because they oversee FDA.

Rovner: And most of the public health service.

Knight: We also know, with the National Defense Authorization Act, Republicans are also going to try to cause a stink with that one in regards to the Department of Defense saying that they would pay for service members and their families to travel for abortions and abortion-related care. I've talked to some Senate Republicans that said they're going to file amendments to try to vote on this. It's up in the air whether that will be successful.

Rovner: And this, just to clarify, this is a lame-duck fight.

Knight: Yeah, this is a lame-duck fight, yes.

Rovner: This fight is going to happen in the next couple of weeks.

Knight: Exactly. Yeah. So it's starting ...

Rovner: Because they have to finish.

Knight: It's starting now with abortion.

Rovner: All right. Well, pivoting to abortion in general, the U.S. Conference of Catholic Bishops this week elected as its leaders two hard-line abortion opponents and declared their campaign to outlaw abortion will not end just because *Roe* has been overturned. Considering that the Catholic Church was the main foe of abortion for decades, they've been kind of quiet of late compared to sort of the evangelical part of the party. Polls show that most American Catholics, however, quietly support abortion rights. Even the pope has kind of asked the bishops to cool it. Are we about to see the American Catholic Church reengage in this fight?

Ollstein: You know, I will say, covering the ballot initiative fights this year, they were a huge, huge player. They provided the bulk of the funding for the anti-abortion side and several of the state ballot initiative fights. And so I don't know if that's a sign of this being a trickling down from the top, in terms of a shift, or bubbling up from the ground. I don't have enough insight into Catholic politics, but I'd be fascinated. So if anyone knows, please tell me.

Rovner: Well, I've been watching it for years and they're always a big player, sometimes out front and sometimes behind the scenes. So I've been interested in what they're doing now as some of these fights go forward. Well, meanwhile, in court this week, a judge in Georgia stopped, for now, that state's six-week abortion ban, noting that when it was passed in 2019, it was unconstitutional. The Kentucky Supreme Court took up that state's ban, and it's possible that doctors in both of those states have or will soon be able to resume offering abortions, although both of those cases are almost certain to be appealed. At the same time, in Florida, which is currently one of the only Southern states where abortion is reliably available, Republican leaders are talking about a stricter ban than the current 15-week ban the state has now. How disruptive is this all to patients and clinics to keep stopping and starting, because abortion becomes legal one day and not the other day? It's hard to imagine abortion clinics just hanging around with their staff waiting for court decisions.

Ollstein: It's extremely disruptive, and especially considering that people don't just show up to the clinic. People make appointments weeks in advance, especially because there are fewer states where the procedure is still accessible, though there are longer wait times, there's a higher volume of patients coming there. And so what I especially heard is in Ohio, it's gone back and forth. But because patients can't rely on the fact that, OK, it's legal today, but by the time my appointment comes around, it might not be. And so they are going to Michigan and other states, and clinics there are getting overwhelmed. And so it's not a light switch. You can't just turn it on and off that easily.

Rovner: Yeah. And clinics are picking up and moving too. So even if it becomes legal in some of these states, there won't be any providers. Because why would you hang around a state where you can't do what it is that you do?

Kenen: Well, I mean, I also think, at the end of the day, in these conservative states, the ping-pong will stop and it'll be abortion limitations, whether it's a total ban or six weeks or 12 weeks. I mean, we don't know what the final contour will be. If it's 12 weeks, some of the clinics will stay around because most abortions are done by 12, 13 weeks. If it's six weeks, I don't know how many providers ... I just don't know what that's going to look like from the economics and practicality of keeping clinics open. But I mean, I think at the end of the day, we know that these states do have the right under *Dobbs* to limit abortion more than they had before, you know, as much as they want, so ...

Rovner: The clinics like Planned Parenthood do a lot more than perform abortions. So they have plenty of other things to do.

Kenen: Yes, but many of the Planned Parenthood clinics don't provide abortions at all. So they're not affected, other than they're wrapped up ... people think they all provide abortions. They don't. We don't know what the landscape is gonna look like. But when all this court to-and-fro's go, when the dust settles, it's going to be less abortion access in those states. You know, we don't know exactly what it looks like, but, at the end of the day, the restriction side is going to win in most of these states.

Rovner: I think you're right. All right. Well, finally this week, in a segment I'm calling "This Week in Rising Health Costs," first up, a story from the Cleveland Plain Dealer that the Cleveland Clinic could charge up to $50 to answer patients' electronic messages in their medical portals. In other words, answering emails. The plan is to start charging for any message that takes the doctor or other health practitioner more than 5 minutes to answer. The notice to patients stresses that those charges will be billed to insurance. But the patients may be responsible for deductibles and/or copayments. I imagine there's going to be some resistance from insurance companies about a whole new revenue stream for providers. Of course, lawyers and other professionals have long charged for telephone consults. I've gotten bills for telephone consults from professionals. And the rise of telemedicine has made more usual payment in cases where the medical practitioner is not in the same room as the patient. So is this going to be the future or are enough people going to push back at something that was formerly free, when you call the doctor for advice?

Kenen: Well, sometimes when you call the doctor for advice and it was complicated, they made you come in for a visit. Or telemedicine. Like the other day, I called for a really routine little thing and they tried to make it into a telemedicine [visit], although my doctor just called back and answered the 30-second question. But I think "the 5 minutes" people are going to really resist. I mean, I think that if they were to define it to, say, complex patient care that takes more than X minutes, there might not be so much backlash. But I think there'll be a ton of backlash to this.

Rovner: Yeah, I mean, I think it's fair to say that if this catches on at a place like the Cleveland Clinic, it's going to spread really fast.

Kenen: Yeah. Yeah. But it's one thing if it takes your doctor 30 minutes to sort through all of your medications and figure out interactions and match your symptoms. I mean, there are complicated things that you can ask a question [about] and the answer is complicated. It might be that they're just going to switch those to telemedicine. It seems like they'd get people less ticked off if they just said, this is too complicated, we need to do a telemedicine [visit], and then they can bill that way. But people are going to get ticked off for getting billed for an email?

Rovner: Yeah. Insurance companies are going to get ticked off and they're going to try not to pay for it and foist it on the patient. And we'll have a new surprise billing fight in Congress.

Kenen: Ding-dong bill, right?

Rovner: Yeah, exactly. All right. Well, next, this week in private equity in health care, as close listeners will know, KHN has been involved in a yearlong project on how private equity is buying up physician practices, nursing homes, medical equipment companies, dental firms, even hospices in an effort to trim costs and turn profits, which often come at the expense of patient care. This week, KHN's Fred Schulte, whose the project's honcho, has a wrap-up piece with some pretty eye-popping stats, including the fact that private equity has poured nearly $1 trillion into 8,000 health care transactions just over the past decade. Most of those deals have actually flown beneath the radar because if the deal doesn't total more than $101 million, it doesn't get reviewed by the feds. In a separate piece in the policy journal the Milbank Quarterly, John McDonough, who helped craft the Affordable Care Act, calls these private equity firms, quote, "termites in the house of health care" who are, quote, "devouring the woodwork and foundations of the US health care system." Now, we know private equity was in large part what led to the need to curb surprise bills. But has anybody heard of an effort to actually curb the intrusion of private equity in the first place? I mean, maybe to lower the threshold for review or, I mean, this seems to be just sort of happening and people are running around screaming about it, but nobody's actually done anything about it.

Kenen: Ways and Means, they were sort of the embryonic stage of trying to do legislation that would call for more transparency and enable more oversight. It didn't get very far when the Democrats were in control. And I don't see that ... it's less likely to prosper in a divided government. And it wasn't a "stop private equity." It was a "more visibility into private equity," which, of course, is the first step. If you want to legislate more, having more insight can be a good

first step. But that didn't go very far. I mean, it didn't go far at all. I mean, I had one phone conversation about it.

Rovner: Well, they were busy with other things. But I would think a divided government, this actually might be an issue that they *could* reach some kind of agreement, even if it is just more transparency. The American Medical Association this week had its meeting, and it passed a resolution trying to guarantee that things will not happen like what happened at Hahnemann [University] Hospital in Philadelphia, when there were a bunch of interns and residents who basically lost their job because the hospital got sold to a private equity guy who was going to tear it down and put up either an office building or housing, I forget which. But he bought it not to run it as a hospital. So, left all those interns and residents kind of hanging. So I would think that that would be something that Republicans would be as concerned about as Democrats. And also, we've seen issues in rural areas where private equity buys up rural hospitals and then closes them. And those rural people are more Republican than they are Democrat.

Kenen: But private companies have been doing this that weren't necessarily private equity. It wasn't, I mean, there's for-profit ...

Rovner: True, it's both.

Kenen: There's been for-profit hospitals and big chains coming in and closing down rural hospitals and other things like that in the past. And we didn't see ... we actually saw them aligned with ... Republicans were pretty in favor of that sector. So I think, Julie, you could be right that they say this is too excessive and some of the outcomes are not acceptable versus you might also see it in isolated ways like, you know, we saw the surprise bills legislation passed. There's a big mess with nursing staffing and nursing pay and nursing shortages and where the nurses ... because they get paid so much more by the traveling nursing companies, which are PE [private equity]-backed, generally. I don't know that you see a crackdown on private equity. You might see some kind of more transparency and you might see it just going after the excesses or the things that really irritate consumers, but that the landscape doesn't really change.

Rovner: Well, I think it's clear that even with divided government, we're going to have plenty to talk about. 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 and in our show notes on your iPhone or other mobile device. Victoria, why don't you go first this week?

Knight: My extra credit is an article called "COVID-Denying Medical Group Implodes Over Founder's Extravagant Spending." It is by Will Sommer at The Daily Beast. This is basically a rundown of what is currently going on in the covid-denying group of doctors called America's Frontline Doctors. This group came to some national prominence in 2020 when they held a press conference in front of the Capitol and embraced some covid cures that have been proven to not be effective, such as hydroxychloroquine, ivermectin, and ...

Rovner: And they were all over social media.

Knight: They were all over social media. The head of the group, Dr. Simone Gold, was out there talking a lot. And then she also participated in the Jan. 6 insurrection. And so I think that also gave the group a little more recognition. This group now basically functions as a place for patients to get access to hydroxychloroquine and ivermectin. But it's falling apart because the people within the group are upset that Simone Gold has been spending the group's money on very extravagant things, such as a million-dollar house in Florida, private jet trips, a huge salary for her boyfriend, who is an underwear model. And so the group is split with, you know, some people on Gold's side and some on ... the rest of the group being, like, you're doing too much. So it's an interesting read of a group that did have kind of a heyday, and now it seems to be falling apart.

Rovner: Yes, their heyday has passed. Alice.

Ollstein: So I have a piece from ProPublica written by Kavitha Surana that's really shaking things up in the abortion rights community. They got leaked a recording of a call between anti-abortion lobbyists and lawmakers in Tennessee and a few really spicy things that came out of this call. Basically, we are seeing lawmakers in Tennessee and a bunch of other states that enacted restrictions before *Roe v. Wade* was overturned and are now seeing those actually go into effect and have a lot of impacts on health care. And they're getting cold feet and second-guessing and wondering if they should go back and revisit them and maybe add more exemptions or clarify the exemptions for medical emergencies or for rape or incest. And you're hearing these anti-abortion groups on this audio urging them not to do that, urging them to leave the law alone, not soften it at all. And the other piece of this that is really riling people up is that they suggested that lawmakers wait for a little bit for everybody's emotions to die down before they go after birth control and IVF. So this was already a fear. This is already something Democrats have been warning that would be next on the chopping block. And this is at least evidence that there are some advocacy groups who want that. It's not evidence that it necessarily will happen, but it's evidence that some are pushing for it.

Rovner: A lot of people have been pretty transparent about it. Joanne.

Kenen: Mine is from our podcast mate Sarah Karlin-Smith. It's in the Pink Sheet: "Califf's Covid Twitter Communications Reveal Knowledge Gaps Partially of FDA's Own Making." So the FDA commissioner, Robert Califf, has taken to Twitter and tried to explain more about vaccines and Paxlovid and things like that, and trying to clear up the confusion. But there are other scientists who are saying different things, and it's not crazy ivermectin groups.

Rovner: It's not America's Frontline Doctors.

Kenen: Right. It's other ... because there are holes in what we know. And there are holes in what we know apparently because FDA allowed ... we're in an emergency authorization era where there's some surrogate studies and it's not the traditional way of approving absolutely everything. So there are things we don't know, and that knowledge gets filled in over time. But in the meantime, he's trying to clarify it over Twitter, and it's not really working. So this is a Twitter story that has nothing to do with Elon Musk. It's just the nuances of clinical trials, and when you use

humans and when you use laboratories, and all the things that create a great deal of confusion, Twitter is not exactly all been fixed because Califf decided to tweet.

Rovner: Yeah, it's one of those stories ... it's for reporters and laypeople who've been trying to follow the debate about what we actually know. I found it sort of very clarifying.

Kenen: But I had to read it twice to get clarified. I mean, like, some of this stuff is very, you know, an example is who should get Paxlovid. And there's debate about it because we don't have 20 years of data on every scenario. I mean ...

Rovner: We don't have data on vaccinated people!

Kenen: Right. Right. And they've been slow to do some of these comparison trials.

Rovner: All right. Well, my story this week is not complicated. It's just in time for Thanksgiving. It's by Sarah Gantz at The Philadelphia Inquirer, and it's called "Spice Containers Are the Most Contaminated Surface in Your Kitchen." And yuck, it goes into great detail why. Spoiler: People often reach for spices for meat or poultry or other potentially bacteria-causing raw foods without washing their hands first. So stay clean this holiday season and avoid food poisoning.

Kenen: Well, my husband bought like 9,000 bleach wipes at the beginning of the pandemic, so I can put him to work. Use them up.

Rovner: There you go.

Kenen: Bleach wipes and cleaning armies. Wish me luck!

Rovner: Yes. Clean your spice rack! All right. That is our show for the week. As always, if you enjoy the podcast, you could 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. And a special shout-out this week to my editor, Lexie Verdon, who is leaving us to retire and spend time with her grandchildren. She has been a behind-the-scenes truth teller and helper of many things on this podcast. 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 still there for now, where I'm @jrovner. Joanne?

Kenen: @JoanneKenen

Rovner: Victoria.

Knight: @victoriaregisk

Rovner: Alice.

Ollstein: @AliceOllstein

Rovner: Speaking of the holiday, we're going to take next week off. Our panelists have had an awfully busy election season, so we'll be back in your feed Dec. 1. Until then, be healthy.