

KHN's 'What the Health?'

Episode Title: *Roe v. Wade's* (Possibly Last) Anniversary

Episode Number: 230

Published: January 20, 2022

Julie Rovner: Hello, and welcome back to KHN's "What the Health?" I'm Julie Rovner, chief Washington correspondent for Kaiser Health News. I'm joined by some of the best and smartest health reporters in Washington. We're taping this week on Thursday, Jan. 20, at 10:30 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: Shefali Luthra of The 19th.

Shefali Luthra: Hello.

Rovner: And from her new home base in Florida, Kimberly Leonard of Insider.

Kimberly Leonard: Hi. Happy to be back.

Rovner: Later in this episode, we'll have an interview with Marjorie Dannenfelser, president of the Susan B. Anthony List — which has become one of the nation's premier anti-abortion organizations — about what happens when the Supreme Court strikes down *Roe v. Wade*. But first, this week's health news. Today is the first anniversary of the Biden administration. The administrations grow up so fast. To celebrate, President [Joe] Biden held a nearly two-hour news conference Wednesday afternoon. Apparently, he's trying to make up in length what he's been lacking in frequency, since this is only his second solo news conference in that year. There were a fair number of headlines, most of which do not pertain to us. For our purposes, I guess, the biggest was his public concession that they will most likely have to break up the Build Back Better bill to get some of the pieces done, if they're going to do that. I imagine some of this planning has already been underway and some of the health parts are those that are likely to make it soon, right?

Ollstein: It is underway, but I wouldn't say "soon," even Congress' definition of "soon." You know, they really have to go back to the drawing board here, and there is not an awareness of what combination of policies can get 50 votes. They just don't know yet. So, in a sense, they are making progress. Biden officially endorsed the strategy of breaking Build Back Better up into pieces. I think he called it "chunks," which is a word I hate, but ... And so that was new and that was a development, you know, from the White House endorsing that strategy. However, what is included and what can pass is ... they're still not really any further than where they were before the break, it seems. Breaking it up into pieces is not a cure-all because a lot of the pieces in the original, when it was one big monster bill, a lot of those pieces depended on being lumped together with others to make it across the finish line. So, it was a high-risk, high-reward gambit to put everything in one bill. The idea being even if lawmakers objected to one or two policies here or there, they wouldn't be willing to tank the whole thing. When that's no longer true, they might be willing to take some of those individual pieces that they weren't crazy about, including some of the health pieces.

Rovner: Including some of the drug price pieces, I imagine ...

Ollstein: Right. Although that has the advantage of at least being a money saver rather than a money coster, which is one of the main objections of [Sen. Joe] Manchin and his ilk.

Rovner: I mean, I think the one piece that would be, I don't want to use the word "suicidal," but it would not be in Democrats' interest to not expand, to not continue the discounts for the Affordable Care Act premiums, because otherwise those premiums are going to shoot up right at Election Day in the fall. I mean, if there's anything that's absolute-must-pass in that package, that would be one of the things that, for Democrats at least, is a must-pass in that package, right?

Ollstein: Yes. And it's what [House Speaker Nancy] Pelosi and her allies have wanted all along. Of course, Democrats' fear is that if they just advance that, without the other health pieces tied to it, then things like Medicaid expansion in red states, which didn't have as broad popularity, could get left behind.

Leonard: And let's not forget that the drug price piece is supposed to be what saves money to pay for the health insurance expansions. The drug price piece is going to be something that the industry will fight against very hard. And let's not forget they put a lot of money into elections. They particularly gave more to Democrats last round, and they're going to fight this tooth and nail as far as the health insurance expansion. That's something that the industry has begged Congress for for years. And so that will pass much more easily. It has broad support across the health care system because it involves the government pouring billions of dollars into the system rather than taking any money out of it. So that's why it's probably politically the easiest way to go.

Rovner: Spending money is always the path of least resistance for the Democrats, at least.

Leonard: Yes. Yes, exactly.

Rovner: Well, I suppose we should also take this moment to sum up what the president has accomplished on health since taking office. Leaving aside covid, which clearly merits an "incomplete," and we will talk about that in a moment. I want to go around and see what you guys consider the Biden administration's biggest health achievement so far. I will start, and I will go with what they have done for the Affordable Care Act, which is obviously ... which we were just talking about. That reducing the premiums has caused a pretty big surge in enrollment, and they've also put a lot of effort into that enrollment. What else on the health agenda have they managed to get across the finish line? Shefali?

Luthra: I have a soft spot for the postpartum Medicaid extension, which, right, hasn't been really high-profile, but the Biden administration did allow more states to opt into this one-year postpartum coverage for people who have just given birth and were on Medicaid. A bunch of states have already opted in, and it's really transformative, right? Because previously you were kicked off your coverage after two months from giving birth, which isn't really enough time to stay with a doctor and to get treated for things like postpartum depression, other sorts of complications that contribute to maternal morbidity and mortality. It's one thing where it could obviously have more of an impact if states were required to opt in, but even extending this option has been, I think, really significant and under-covered.

Rovner: Yeah, I've been surprised at how many states have opted in that, some of which I did not really expect, even though it's still voluntary. Alice.

Ollstein: So I'm going to be on brand and talk about what the administration has done on abortion. They've rolled back some of the Trump administration's rules that really restricted funding and access in different ways, domestically and internationally. And then the most recent major thing was the FDA deciding to make access to abortion pills easier. So, all of those are really big. There's a lot of frustration with the Biden administration for not doing more on abortion as the Supreme Court is poised to dismantle access. But what he has managed to do through executive rule-making has been significant.

Rovner: Kim.

Leonard: I'm going to go with setting rules for surprise medical bills. If you talk to people about some of their biggest concerns when it comes to health care, it is the cost of health care. It is avoiding seeking care because they're afraid of getting a giant bill. President [Donald] Trump was the one who had signed the surprise billing legislation into law. And so taking from the previous administration and moving it forward, you know, should be seen as a bipartisan victory and one that the president touted yesterday.

Rovner: I would say they were pretty aggressive rules that the Biden administration put in, which, already, as we have discussed here, prompted lawsuits about those rules. But the lawsuits do not affect the actual people who, you know ... people with insurance who stay in-network won't have to pay surprise bills anymore. So there is at least that. All right. Well, speaking of anniversaries, Saturday is the 49th anniversary of the Supreme Court's landmark abortion decision, *Roe v. Wade*. And from the looks of things, it might very well be the last one. The court's conservative supermajority seems all but set to use the Mississippi 15-week ban case that it heard in December to undermine or possibly completely overturn *Roe*. Shefali, you've written about how states are already getting ready. What is happening?

Luthra: We are seeing more of what we saw last year. We are seeing states with largely Republican leadership pushing for more restrictions, a bunch are emulating Texas' six-week abortion ban with its private lawsuit component. Others are preparing trigger laws. We are seeing blue states preparing to try and shore up access. An interesting trend, I think, to keep an eye out is states that have abortion rights protections also trying to expand insurance coverage options so that people don't have to pay hundreds or thousands out-of-pocket for an abortion. One state that I think is really interesting, and I'd love to hear from Kimberly on this as well, is what's happening in Florida, right? Because it got a lot of attention for that Texas-style bill being introduced early on. But [Gov.] Ron DeSantis recently endorsed a 15-week ban instead, right? Which I think sort of raises a question as to what we'd actually see in this post-*Roe v. Wade* world. Would it just be total bans and lots of protections, or would we see some states find a middle path? And what even is that middle path?

Leonard: Yeah. And, actually, the Miami Herald had a really smart story this week about Florida because they were writing about how Florida is actually a state that a lot of people from Southern states go to to receive abortions. They allow abortions for up to 24 weeks. What was interesting was that Gov. Ron DeSantis, who's become sort of this rising star in the GOP, talked about how he wanted to promote the right to life in his State of the State speech. But then it wasn't until after his speech, when he took a press conference, that reporters were asking him, "Do you support a 15-week ban?" And he pretty much said that yes, he would, that he would need to see some of the details. And there is legislation moving through the state committees in order to ban abortion at 15 weeks, which would be similar to the Mississippi law that the Supreme Court is now weighing.

Rovner: And one presumes it's likely to uphold, no matter what else they do to *Roe v. Wade*. So meanwhile, even though abortion is still technically legal all over the U.S., it is effectively unavailable in Texas, where the Supreme Court has let stand, for now, a ban on procedures after cardiac activity can be detected, which is around six weeks. And as Shefali already pointed out, they have this strange enforcement mechanism that's trying to block it from being heard in court. When the Supreme Court delivered its decision in this case, it seemed there was a route for the laws to be stayed while we wait for the Supreme Court's main decision in the Mississippi case. But, Alice, that's proving to have its own set of roadblocks, right?

Ollstein: Right. This has been very confusing and convoluted, but bear with me. Basically, the Supreme Court closed most of the clinics' best avenues for challenging the law and said, "You can't sue judges to

stop them from hearing cases against abortion providers, you can't do this, you can't do that" — you can't do the things they were hoping to do to get the law actually blocked. But what you *can* do is go after the state officials who are threatening to strip medical licenses from abortion doctors. So they said, "OK, well, this is what's left for us. Let's try to do what we can." And the case went back down to the 5th Circuit, which is very ... tilts very conservative. And the 5th Circuit was charged with deciding, should we send this case straight back to the district court, which previously blocked the law? That was what the clinics were asking for. That's sort of their best route for keeping this challenge alive. Or should we send it on a detour to the state Supreme Court for their interpretation? And that's what they ended up doing. And so ...

Rovner: What a surprise.

Ollstein: Right, right. And I listened to the oral arguments and it was pretty clear they were leaning that way. It was yet another blow for the clinics who have been fighting with the shreds of what remains of their case. And basically, it effectively leaves the law in place in Texas. And even though there are some totally separate challenges working their way through the courts, this really made it clear that there won't be a possibility of getting this law blocked anytime soon.

Rovner: They're running out the clock waiting for the Mississippi decision, right? Is that effectively where we are?

Ollstein: Right. What I noticed is during oral arguments, one of the judges pretty much explicitly said that, she said: "Why don't we just wait to see what the Supreme Court does on *Roe v. Wade*?" And she called the case a "hot potato" and said, "Let's let the Supreme Court hold the hot potato, not us."

Rovner: The state Supreme Court.

Ollstein: No, no. The U.S. Supreme Court

Rovner: Oh, the U.S. Supreme Court, I see. By sending it to the state Supreme Court, they're letting the U.S. Supreme Court hold onto it.

Ollstein: Or it sounded like she was considering not doing that and just having *them* sit on it. But that ended up not being the case. Anyway, I think we're going to see a lot more of this. I think we're going to see a lot more judges at different levels around the country who are hearing various abortion cases say, you know, let's just hang on a few more months until the hammer finally drops on *Roe* from on high.

Luthra: And one thing just to add that I think is worth thinking about — that was a really great summary — is that what we've seen in the past several months has been people who can travel for abortion from Texas going to these neighboring states, to Oklahoma, Louisiana, Kansas, etc. And those clinics have been overwhelmed. They are booked out for four weeks. And now we have this covid surge that is incapacitating people right and left. And I think what we're going to see in the next few weeks is the wait times that were already quite significant are only going to get longer, and the hassles and burdens will get bigger and bigger as covid adds another layer to all this.

Rovner: Yeah, I was on a call with abortion providers earlier this week, and they are really, really, really, I mean, they were already desperate and now they're like super desperate, stretched thin. Well, meanwhile, it's not just in the states and in the courts that we're seeing this. On Capitol Hill, and we alluded to this a little bit last week, it looks like abortion could be threatening the confirmation of former Food and Drug Commissioner Rob Califf to be returned to that job. Alice, you had a story about this. Is this a real threat to Califf's confirmation?

Ollstein: It could be. It could be, for sure. So I think it's important to pay attention to the math here. You have five Democrats so far who have publicly said we are not going to vote for Califf, and they are ...

Rovner: ... for other reasons, not for abortion reasons.

Ollstein: Exactly. So they're citing his work on opioids when he was at the FDA during the Obama administration, as well as his actions in the corporate sector after that. There could be even more Democrats who haven't even come out yet and said it. But we know of at least five. And there are only four Republicans so far swooping in to defend him and vote for him that we know of, so far. And so they need one more. They need one more Republican to back him. Meanwhile, you have anti-abortion groups really mobilizing to lean on Republican[s] as well as some conservative Democrats to vote against Califf over his support for abortion pills while he was at FDA previously, as well as their concerns about the more recent policy around abortion pills. And they only have to peel off a few people to be effective, and we already found that they have convinced some Republicans who were inclined to back him before that.

Rovner: OK, so plenty going on there. Let us turn to covid. This week, the Biden administration launched its website to distribute free rapid tests and, starting last week, insurers are required to reimburse for those tests. Now, the administration is going to distribute higher-quality masks as well. I have two questions: How's it all going? And more to the point: Where was all of this two months ago, before this latest surge?

Ollstein: Or two years ago?

Rovner: Well, two years ago we didn't, we didn't have the tests and we knew we didn't have the masks, but we certainly had them two months ago.

Ollstein: We didn't have the masks and we certainly didn't have the tests. But I think the idea of making things available on a mass scale for free, there's a lot of criticism about how late this is coming in. So maybe not two years, but there are a lot of experts saying that this should have been the strategy way earlier.

Rovner: Yeah, I mean, obviously nobody ... we learned about omicron, what, the day after Thanksgiving. But the idea that there was going to be another more contagious variant in the winter, I'd heard from any number of public health professionals in September and October. I mean, you know, there's a lot of stuff that the Biden administration can blame the Trump administration for, but this feels like not one of them.

Leonard: They lean so heavily on the vaccination strategy. And I think a lot of people thought that was the right move. You know, the vaccines are really effective at preventing hospitalization and death. However, they don't seem to be preventing people from getting omicron, which thankfully is a virus strain that appears to be more mild in a lot of people. I just remember in September there were a lot of folks in the public health field saying, "Oh, we're having our final surge. This will be it." But then I was thinking, there's just no way. People are going to be gathering for the holidays. We still don't have a vaccinated population that is as high as it needs to be. And I just kind of felt like they were putting all this out there without a whole lot of evidence. And I mean, I know predictions are hard, but it just seemed very unwise.

Rovner: Yeah. And all of the mask mandates coming off, you know, seemingly, you know, OK, this is the last surge now you can go out without a mask, and people did. And then we get, you know, what's clearly an airborne version of this. It has not gone well. So, since we taped last week, the Supreme Court decided, as we basically predicted, that the Biden administration overstepped its authority in its mandate for large employers to either require workers to be vaccinated or to submit to weekly testing. The justices also said that CMS [the Centers for Medicare & Medicaid Services] was within its right to require vaccines for health workers. For large employers, a court made it clear that states could impose vaccine mandates, as could

employers themselves. Yet this week we saw Starbucks, the poster-child corporation for left-leaning capitalists, drop its own vaccine mandate. Did they not get the memo or were they worried about competition? I mean, I guess the question here is, what the Biden administration came out and said was, we think that the Supreme Court was wrong. But in the meantime, you know, employers please do this. And, I guess, are employers now afraid to do it because their competitors won't?

Ollstein: I think that's not the only reason. I think that might play into it, but I also think that they're afraid of staff quitting over it — enough staff to exacerbate the current shortages. I also think that because it is a vaccine-or-test mandate, for those who say, "I don't want to get vaccinated, but I will submit to weekly testing," the employers then have to make sure the weekly testing happens and that's an additional burden on them. And so I think ...

Rovner: And we should point out that under that [rule] that insurers have to reimburse for tests, they don't have to reimburse for tests that are required for employment.

Ollstein: Right, exactly. And so, you know, there are added costs there, there are added logistical issues. And so I think that's playing into it as well. Of course, a lot of corporations have made the opposite calculation and said, you know, look at the airlines, for example. They've decided that having a mandate, even when it wasn't legally required, was in their best interest and they saw vaccination rates in their ranks really jump as a result. And so it really depends on each individual situation here.

Leonard: Yeah, they might also be weighing the current surge, you know, because, I mean, I've definitely noticed when I go into a store, there are just fewer workers, and I think a lot of people are getting omicron and then they're out. And so maybe it's also weighing just the current situation where, OK, even the workers that you do have who are probably ... who might be vaccinated are then getting sick and then are out, you know, possibly for two weeks. Because even though it's a milder virus, you want it out of your system. Some people are testing positive only, like, 10 days after an exposure and then longer after that. So I don't know, that they may have weighed into the decision for some companies. I would think.

Rovner: So, meanwhile, the mask wars are continuing. Also, in Virginia, brand-newly inaugurated Republican Gov. Glenn Youngkin rescinded his Democratic predecessor's mask mandate for public schools, which touched off a giant backlash in the state's more heavily Democratic areas and prompted lawsuits from parents where school districts have lifted the mandates. We're basically starting the third year of this and masks are getting even more divisive, right? It seems that we're at a place where masks are more important than ever because, as we've just said, omicron is so much more contagious. And yet masks have become this sort of political flag, if you will, that if you wear a mask, you're a Democratic sheep, and if you don't wear a mask, you're a Republican science denier — which is not the case, but that's certainly the camps that are developing.

Luthra: I do imagine that, like, if I were a parent the choice between having my kid test positive and have to stay home or do virtual schooling for yet another year versus wearing a mask and having their peers wear masks, like, it's a no-brainer. Thinking from my very personal experience of having a sibling who is in middle school, the kids, at least that I have interacted with, really do not care about wearing masks, but if they have to be doing school from home once again, they will riot. And it is, I think, you're right, like, it's not surprising that this has remained so politicized. But at some point, like, what are we doing?

Rovner: If you had asked me two years ago, you know, what the biggest political dividing line was going to be in two years, if this was still around, it would not have been wearing masks.

Luthra: I also will say: It's winter. It's very cold outside, and wearing my mask keeps my face warm.

Rovner: I have noticed that, too. Yeah, I think there will be ... It'll be more problematic if we're still dealing with this in the summer. It will be more problematic for dealing with this in the summer for a whole lot of reasons, but that's just one of them.

Ollstein: I want to flag an interesting piece my colleagues did a few weeks ago on the Biden administration, wrestling with whether or not to approve this new plan to send out free masks. And they quoted someone in the administration saying, "Well, why should we send out masks to everyone when half the country aren't going to wear them anyways?" And so there was sort of that attitude on the part of the left of, well, they're all just anti-maskers anyways. And so, you know, we should sort of focus on our side where there is a lot of evidence that providing things for free will increase use. And a lot of times quality masks are not easy to find. They're not easy to afford. How much have we all spent on our own out-of-pocket, you know, obtaining the basic tools we need to protect ourselves and protect others? So clearly, the side of sending out free masks did win out in the end because that's now set up to happen. But I think that there are still a lot of assumptions on both sides going on.

Rovner: And we should point out that they actually decided not to send masks to everybody, but to make them available for free. And that's the same with the tests. You have to sign up. So it's not like they're going to have all these tests that are going to go unused. You have to actually go to the trouble of either getting on the website and giving them your address, which has proved problematic for people who live in apartments. But presumably they're fixing that. And they say there will be a phone number for people who don't have access to the internet, although we haven't seen that phone number yet. So you do have to seek these out, but they will be free. So I think that's where they landed. But yeah, it could have happened months ago.

Leonard: This far into the pandemic it shouldn't have been this hard to get quality masks, especially heading into the holidays. I had a really hard time on this program before I talked about how important I thought it was to emphasize quality masks over just masks in general. You know, it sounds good to say, Oh, everyone in school should wear a mask, but some of the masks that I see kids wearing, there's no way that they're working. I'm sorry, so ...

Rovner: Some of the masks I see adults wearing, there's no way that they're working!

Leonard: For sure. But if we're talking about the school issue and preventing classrooms from having to be shut down, teachers from being out, you know, if you're going to do it, do it right. I think there's a lot of frustration on being able to find masks. I think that people, too, they see a lot of hypocrisy with the mask issue. You know, they see, and I have witnessed, people who in public are very pro-mask and everyone should mask up. And then when doors are closed, masks come off ... reckless behavior. So, you know, people are noticing that. And those who are in positions of leadership should do a better job modeling proper public health mask-wearing.

Luthra: I do want to flag some reporting that Victoria Knight did for KHN and PolitiFact, which I have personally found very helpful in what she went through: What are the effective kinds of masking? Because we obviously know an N95 certified respirator is great. What if those are expensive? What if you can't find them? And I was personally really relieved to learn that double-masking with a surgical [mask] that has electrical charge underneath a cloth mask is also quite good. And it's surprising to me that that hasn't permeated the discourse more.

Rovner: The whole mask thing has been, like, super frustrating. I think everybody is confused, and the administration has not had a single clear message. And I get that things have been changing and that

they've had to change, but I think we'll have another expert on soon to talk about public health communication. All right. Well, that is the news for this week. Now we will play my interview with Marjorie Dannenfelser, then we will come back with our extra credits.

We are pleased to welcome to the podcast Marjorie Dannenfelser. Marjorie is president of the Susan B. Anthony List and, since its founding in 1992 as the political arm of the pro-life movement, she has led it to become one of the most influential anti-abortion groups in the nation. Marjorie, welcome to "What the Health?"

Dannenfelser: Thank you, Julie. I really appreciate it.

Rovner: For those who are unfamiliar, tell us what the SBA List is and what it does.

Dannenfelser: Well, we exist to elect pro-life leaders to public office so that they can enact laws that will save lives, and we have a particular emphasis on electing women.

Rovner: You have both sort of a research arm and a political arm and ...

Dannenfelser: That's right. We have a political arm that elects and lobbies and then we have a research arm called the Charlotte Lozier Institute, which backs everything up with academic research and all sorts of credentialed folks to get the research done. And I've known you, Julie, since I worked on Capitol Hill just a few decades, a couple of decades ago. You have always been one of the most fair reporters that I've come across, and it is hard to do that in this arena. So congratulations for sticking with your good backbone.

Rovner: Well, thank you. It's been a long, long time. So, this week obviously marks the 49th anniversary of the Supreme Court's *Roe v. Wade* decision, very possibly the last anniversary. What would it actually mean if the court were to overturn *Roe*?

Dannenfelser: Well, what it means is we have a whole new pro-life movement beginning. In other words, if the court answers this question in the affirmative — Is any pre-viability abortion limit constitutional? — if they answer in the affirmative, that basically undoes *Roe*, or they could dismantle it in some other way. But the effect of that would be to return the power to the states, to build consensus in those states for whatever abortion law they want. So what that means is there will be 21 states that we assess will have some sort of ambitious limit, whether it's at 15 or 20 [weeks] or a heartbeat. In the case of Alabama or Oklahoma, perhaps no abortion at all. Then there will be some nine battleground states that are more purple-y states that it really will be a battleground where ... we don't know yet, but it will be some other consensus in their states. And then a consensus in 20 states that are left there will basically be places like California, New York, Vermont, Connecticut, etc., where it will be the status quo, where there really is no firm gestational limit up until the end. And so that's what the landscape will look like. And, therefore, legislators and governors and statewide elected officials will have a primary job to get this consensus on the books.

Rovner: So, as you point out, overturning *Roe* means turning decisions basically back to the states. Is that your ultimate goal? Or would you like to see abortion eventually banned completely through a "personhood amendment" to the Constitution or something like that?

Dannenfelser: Well, we would like to see every abortion gone because we know that there are two people in every abortion choice. And so yes, we would in our heart of hearts, definitely like that. But our intermediate goal, however, is consensus, which we have not been allowed to build in any state or on the federal legislature for almost 50 years. And so that is the intermediate goal, and that is really, I think, what

has made America great, what the founders gave our democratic tools in order to enact, and that is consensus in each legislature. So yes, what I would like or perhaps what our opponents on the other side would like, probably neither group is going to be completely satisfied. But what will be satisfied is the hunger for consensus on this.

Rovner: Well, that's ... which actually sort of gets me to my biggest question here. For a lot of years, the pro-life movement sought to change hearts and minds, as George W. Bush put it, before making sweeping changes to the law. But public opinion on abortion, while it moves a little bit back and forth, still seems to be pretty well divided. And yet it looks like we're about to see a sweeping change. What is that going to mean for the pro-life movement? What's going to be your job going forward?

Dannenfels: Our job going forward is to aid state legislators and governors in building consensus in their states and then enacting that consensus into the law. So it'll be different in Alabama than it will be in North Carolina, which will be different from the state of Washington, which will be different from Texas. So it really is ... the laboratory of democracy at work will be our work and the pro-life movement, and it's what we've been waiting for for all these years.

Rovner: But what about the fact that the public is not — I mean, you talk about convincing legislators — but what about the public at large?

Dannenfels: No ...

Rovner: It is still pretty confused and conflicted, I would say, on this issue.

Dannenfels: Well, that's what consensus is. It's not the consensus of legislators, it's consensus of the people who live in those states. Consensus so the people living in a state, as I say, in one state it may be different from the other. And so consensus is expressed through legislators. That's the whole working of democracy. That's how it works. If they get it wrong, they get unelected. If they're not strong enough in their convictions on life, they'll be unelected. If they overreach, according to some, perhaps they'll be unelected as well. That's the whole process. That's the beauty of democracy at work — in ways, on this issue more strongly than it is perhaps on some other issues right now. So truly that 76% of Americans believe in limits that *Roe* doesn't allow. So that reveals a lack of understanding, perhaps about what *Roe* is, because the polls also show people like *Roe*, but they also show they like 15 weeks as a limit or 20 weeks as a limit. Those two things are in conflict, so it just means that when *Roe* is out of the way, the consensus of the people, as expressed in their elected legislatures, will be allowed to make its way into the law.

Rovner: Well, I think we're going to ... we will talk again, I imagine, when this happens. But in the meantime, this has been super helpful. Marjorie Dannenfels, thank you so much for joining us.

Dannenfels: Always a pleasure to talk to you, Julie.

Rovner: OK, we're back. 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. Kim, why don't you go first this week?

Leonard: Sure. So one of the reasons I haven't been on the podcast for a while is because I was working on a giant project called "Conflicted Congress," where we actually combed through stock disclosures and financial disclosures from every member of Congress and their top staff, which I will tell you was not easy to do. One of the stories I wrote as a result of that piece looked at tobacco stocks, and the title, and this is

at Insider: "[Some of the Same Members of Congress Pushing to Restrict Cigarettes and Vapes Are Quietly Investing in Tobacco Giants.](#)" This is a piece that, first of all, let me say it's not easy to sort through records from members of Congress. It's not like you can search for "Altria" or "Philip Morris," and then a list of members of Congress shows up that you can mine yourself. That was something that our data team had to do in order to pull that out, and we discovered that there were a lot of members who have been very vocal about restricting cigarettes and e-cigarettes and yet held stock in these companies themselves. So it's just one of the many pieces that we did as part of "Conflicted Congress," and it has become a very big hot topic on Capitol Hill. Should members of Congress be allowed to buy and sell individual stocks? So I'm really proud of it.

Rovner: Yes, it's a really great series. I haven't read all of it, but I've read quite a bit of it. Shefali, why don't you go next?

Luthra: So my piece is from The Atlantic by Olga Khazan: "[The Real Reason Americans Aren't Isolating.](#)" And it points to the fact that there has been all of this discussion whether people who test positive should isolate for 10 days or five days, or what have you. But for a lot of Americans, these numbers aren't relevant because they don't have paid sick leave, so they can't afford to stay home at all. And it is, I think, a really important piece because it raises this essential question, which is that we are two years into this and we are not talking about making sure people who are contagious can, in fact, stay home. It is, in fact, often people who work in these part time jobs, low-wage job, it is often women, and it's often people of color who are put in this situation. And it just feels like it's a really forgotten part of the discourse. And I'm really glad that she flagged it.

Rovner: It was a really good story. Alice.

Ollstein: So I chose a piece from The New York Times by Rebecca Robbins. It's called "[When My Mom Got Covid, I Went Searching for Pfizer's Pills.](#)" And it just shows now we have these very exciting new therapeutics just approved to help people when they get covid, the people who are at higher risk of having a bad outcome. And this showed that even a reporter who has been covering the pandemic and is very savvy and has a lot of resources just really struggled and had to go on this epic journey to secure these drugs for her mother, who was higher risk as a cancer survivor. And there was just a lot of confusion and misinformation in the medical community about how these drugs can or should be distributed and to whom. And there's not a lot of attention on the needs of people who don't drive anymore, who don't have access to a car. So how are they supposed to get these drugs? And so I think it really shines a light on: yes, we do have these new pills now that are very promising. Does it mean that people who need them are going to get them? Not necessarily.

Rovner: Yeah. There was a multi-\$100 Uber delivery somewhere in that story. It was quite the eye-opener.

Ollstein: In addition to that, the part that really got me was the doctors who said they wouldn't prescribe these pills remotely and she had to come in in person. This is a person who tested positive for covid. You do not want them coming into your clinic and exposing other people. It just seems so basic at this point, but they refuse to prescribe them over a video visit, which is wild to me.

Rovner: Well, and also they said they didn't have appointments for several days. And yet, in order for these drugs to work, you have to take them shortly after you test positive. That part of it didn't work, either. Clearly, there's a long way to go. Well, my story is from Politico by Rachael Levy, and it's called "[How Many Health Care Workers Are Vaccinated? It's Anyone's Guess.](#)" And it turns out that the statistics that we have on health care worker vaccinations are only from about 40% of the nation's hospitals, and they include not

only patient care staff, but support staff like janitors and food service workers. The rest of hospitals aren't required to report until later this year sometime in May, which make things, well, even more complicated. Depressing story, but really good reporting. I was really glad to read it.

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

Leonard: @leonardkl

Rovner: Shefali.

Luthra: @shefalil

Rovner: Alice.

Ollstein: @AliceOllstein

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