



7/27 Telephone Town Hall Transcript

Lauren Bloom:

Good evening and welcome to Congresswoman Porter's telephone town hall, which will provide an update on how she is fighting to fix our healthcare system and hold healthcare companies accountable during the COVID-19 pandemic. My name is Lauren Bloom, and I am Congresswoman Porter's district director. I will be your host for tonight's event. Before we get started, please write down the following number, in case you are disconnected from the call. It is (855) 962-1016. Again, that is (855) 962-1016.

Lauren Bloom:

Next, I want to explain the format for tonight's call. If you would like to ask a question this evening, it's very easy. Just press star three on your phone, and one of our staff will ask your name, zip code, city, and question. If you're connected through our Vekeo online streaming format, you may ask a question directly through that link.

Lauren Bloom:

Because we have a high volume of calls, we'd like to get through as many of your questions as possible. In order to do this, we kindly ask that if you ask your question, your name is read, and to please briefly repeat your question live on the line. We ask that you limit your question to 15 seconds in order for us to get through as many calls as possible. And now it is my true honor to introduce Congresswoman Porter.

Katie Porter:

Hello, everyone. This is Congresswoman Katie Porter. Thank you all for joining me in this conversation tonight about health care. I am going to be joined by my staffer in Washington, DC, who works on healthcare issues, Jessica.

Katie Porter:

The COVID-19 pandemic has certainly shed new light on all of the features of our healthcare system, including some that have long been broken. But today what I want to do is speak to you about the work that I'm doing to make health care more affordable for Orange County families, and I want to hear from you about challenges that you're facing. Don't worry. If you miss something on these slides we're going to show, it'll be posted later this evening on my website.

Katie Porter:

So, let's start off by going to our first slide. Oh, the one after that. Sorry. Okay. There we go. These are some of these problems and challenges that our healthcare system has long struggled with and have really come to light again, I think, as the pandemic has shed a light on these problems. These include things like the need to lower drug prices, the importance of improving healthcare coverage, to our failures to keep older Americans safe. Long before COVID-19 reached our shores, I was working on these issues and trying to improve the affordability and acceptability of health care for Orange County families.

Katie Porter:

Next slide. I want to start with prescription drug prices. The reality is that Americans pay more than almost any other country in the world for their prescriptions. That has devastating consequences. 24% of Americans didn't fill a prescription in the previous year because of the high cost, and 19% said they skipped a dose, or cut pills in half because of the cost. Last year, the House of Representatives



7/27 Telephone Town Hall Transcript

passed legislation to allow the government to negotiate a better deal for Americans of all ages on prescription drugs.

Katie Porter:

But I'm not stopping there. We also need to make sure that we recoup taxpayer dollars that have been wasted on price hikes that do nothing more than pad big corporations profits. We have to ensure that patients always pay the lowest price, and when a vaccine is available, we must make sure that it is affordable for everyone.

Katie Porter:

Next slide. I know, too, how confusing health insurance coverage can be. I've dealt with this myself. I think most of us who have insurance have struggled sometimes to understand the paperwork and billing of our insurance companies. So I wanted to let you know about legislation that I've introduced to try to help maintain insurance coverage and maintain insurance networks and to improve care during a pandemic. I'm really excited to be introducing legislation, shortly, with my Republican colleague, Representative Jaime Herrera Beutler, to streamline insurance coverage for new moms and their children.

Katie Porter:

Next slide. I also wanted to talk to you about medical debt. Even for those who have insurance coverage, care can be unaffordable. I have been fighting for free COVID testing, but I'm also working to make sure that medical debt, from cancer, or another illness, or injury, doesn't devastate a family, or an individual's financial future. That's why I introduced the Medical Debt Relief Act, which will help prevent medical debt from destroying patients' credit scores.

Katie Porter:

Next slide. During this pandemic, we have seen an uptick in the need for mental health treatment. And anyone who's tried to seek treatment, or knows a loved one who has, will tell you that trying to find a behavioral health provider, who is taking new patients and accepts your insurance, is nearly impossible. And if a patient chooses to go out of network and bear the staggering out of pocket cost, they'll be confronted with a complex process of trying to file monthly claims that may be denied anyway. This is not sustainable.

Katie Porter:

So, I've teamed up with Joe Kennedy and I've introduced the Strengthening Behavioral Health Parity Act. This would, essentially, help improve compliance with the existing law, that's been on the books for 12 years now, that would require insurance companies to give the same level of coverage and provider network for mental health care as they do for physical health care. I also introduced legislation to increase funding for our communities and nonprofits to support mental health funding that's going, and to the mental health needs that are going up during the pandemic and to give them more funding to meet those needs.

Katie Porter:

Next slide. Our older Americans are at higher risk, as known, from complications from COVID-19, but that is not the first challenge our seniors have faced with regard to health care. Most retirees want to be able to age at home and in their communities. They face real challenges in being able to do so. Supporting our seniors' ability to live in their homes for as long as they are able is incredibly



7/27 Telephone Town Hall Transcript

important to me, and I've heard how important it is to Orange County seniors, as well. That's why I fought to improve home care, to make older folks who are in nursing homes safer, and to help protect our seniors from fraud.

Katie Porter:

Next slide. Finally, I've been working to improve care for our diverse communities here in Orange County. From supporting LGBTQ rights to supporting education for culturally competent care, I want to make sure our healthcare system meets the needs of everyone. That's why I want to hear, today, about the challenges that you are facing because all of this work comes from the stories, the lessons, the problems, and the ideas that I have heard from you. We're going to answer as many questions as we can, during this call, but for any issues that we don't get to, please reach out to my office.

Katie Porter:

I'm going to provide this information again at the end, so at the end of the town hall, but just in case anyone has to leave early, you can reach my office at (949) 668-6600. Our website is porter.house.gov. And the slides that I have been mentioning, that describe some of the priorities I've been working on with regard to health care, will also be available on that website. I think, with Lauren, we're ready to go ahead and take some questions.

Lauren Bloom:

Great. Thank you, Congresswoman. The first question comes from Amy. Amy asks, we just celebrated the 30th anniversary of the Americans with the Disabilities Act. How do you plan to continue the fight for disability rights and disability justice? I'm disabled and would love to be a part of this effort in our community.

Katie Porter:

This is a terrific question, and thank you for acknowledging and recognizing that this is the 30th anniversary of the landmark legislation, the Americans with Disability Act. Because of the passage of that law, we have seen more people with disabilities be able to complete their education, go on to productive careers, and live independently. I think this is a wonderful moment to reflect on how much progress we've made in enabling people with disabilities to live their full life, but also on the work that we continue to need to do.

Katie Porter:

I recently hosted a town hall, I think it was on Facebook, if I'm not mistaken, with Rebecca Cokley, who works at the Disability Justice Center, talking with her about some of the challenges that the disability community actually faces during COVID-19. Some of that is related to hospitals making decisions about who gets care in ways that harm our, and are discriminatory to our community with disabilities.

Katie Porter:

One of the other things that people with disabilities are struggling with is being able to access care, making sure that they're able to travel to their physicians, to get access to care. So there's a lot more that we need to be doing, and I'm proud to be working on these issues in partnership with leading disabilities advocates.



7/27 Telephone Town Hall Transcript

Katie Porter:

But the Americans with Disability Act really did change lives. It helped strengthen our economy by allowing people with disabilities to get an education, to learn, and to be fully integrated into our communities. So, we're going to continue to fight that fight. Jessica, is there anything you want to add on that point?

Jessica:

Your Homecare for Seniors Act would help people stay home and live at home by making home care more affordable for people with disabilities. That's all [crosstalk 00:10:57].

Katie Porter:

Yeah. So the home care act that Jessica just mentioned, I mentioned earlier what a priority it is for many older Americans to stay at home as they receive health care. Many people with disabilities, also, in part because they may need continued care and continued routine care, prefer to receive that care at home, rather than in a medical facility, or in some kind of assisted living care facility. So, I really think it's important that we stand up for people with disabilities, and I'm proud to continue the legacy of the Americans with Disability Act.

Lauren Bloom:

Thank you so much. The next question comes from Theresa. Theresa asks, what can we do to ensure that the special needs of people with dementia are being addressed by policy makers and health care systems during this pandemic?

Katie Porter:

This is a terrific question. We've seen that people who are living in senior care facilities, skilled nursing facilities, assisted living facilities, one of the challenges that they're having during the pandemic is the need to keep people physically safe. But also, that requires isolating them, in some cases, from normal routine contact with their loved ones.

Katie Porter:

And so, people with dementia, or memory loss, this can be particularly confusing and difficult. So I strongly support providing skilled nursing facilities with more resources and helping them to develop a plan to allow people who may have dementia or memory loss, but also our entire senior community who may be in facilities with restricted visitation, from still being able to connect with their loved ones. One of the hardest parts of this pandemic has been isolation, and nowhere has that been felt more acutely than in our senior community.

Lauren Bloom:

And the next question comes from Paul. Paul asks, what can be done to help improve long-term care for our senior citizens, including support for care options, that it would allow seniors to remain in their homes?

Katie Porter:

Yeah, we touched on this a little bit with regard to the Homecare for Seniors Act. Jessica, do you want to delve into the details of that bill a little bit more?



7/27 Telephone Town Hall Transcript

Jessica:

Absolutely. It would allow seniors to use HSAs for eligible home care expenses. Those can be things like preferred ...

Katie Porter:

I always have to stop Jessica because she always has the acronyms, so HSA.

Jessica:

I'm sorry.

Katie Porter:

What's an HSA?

Jessica:

It is a health savings account. You can [crosstalk 00:13:27] that ...

Katie Porter:

Yeah, many of you have these health savings accounts [crosstalk 00:13:32]. Go ahead. What could you do with this?

Jessica:

Yes. Medicare only covers so much home care. It only covers the skilled nursing, the medical care. But you can use the HSA, the health savings account, under this legislation to also pay for things like help brushing your teeth, or taking your medicine, or going to the bathroom for those seniors who might need it.

Jessica:

The congresswoman will also soon be introducing legislation to make sure that we can use CARES Act funding. That's the bill that passed that provided a lot of funding for our healthcare providers for remote patient monitoring technologies. We're really proud to have two awesome remote patient monitoring companies right in this district, both Masimo and Medtronic. These can allow people to stay home rather than going into the hospital because, as the congresswoman has gotten to try out, they have these really awesome tools that allow us to see how much oxygen is in the blood while somebody's at home, rather than needing to monitor them in [inaudible 00:14:35].

Katie Porter:

Okay, Lauren. Let's take another question.

Lauren Bloom:

All right. Judy asks about, specifically, with individuals with disabilities. I'm going to have Judy go live to ask her question.



7/27 Telephone Town Hall Transcript

Judy:

Hi, Representative Porter. You're doing a fabulous job, and I appreciate you talking to us tonight. I represent people with autism, which now is impacting one in 54 people. What I'm finding in my nonprofit is that many individuals need special psychological help, but many times the psychologists that understand ASD are not in network, and these people are having a hard time figuring out how to pay for things. Many of them are covered under Medi-Cal, which doesn't have access to these specialists. My question to you is, what can be done for people with autism in terms of finding ... making available the right therapies under their insurance policy?

Katie Porter:

Yeah. Thank you very much for asking about this. These kinds of supportive care of the behavioral health services are really, really a struggle for families to find and afford. Even if you have the best, or most expensive insurance that your employer offers, or if you choose the highest level of plan through the exchange, there are still those problems.

Katie Porter:

You mentioned one of them, which is locating in-network providers. That is a real challenge. As we know, if we go out of network, we often have to pay out of pocket and seek reimbursement later. That's a maze of paperwork, and it can be prohibitively expensive to do so.

Katie Porter:

So, one of the things that I've been working on a lot, and I just partnered with Representative Joe Kennedy to move legislation through the Energy and Commerce Committee to help better enforce the laws around parity. Parity is just the concept that physical health services, say physical therapy after you break your leg, should receive the same level of coverage as mental health services, or behavioral health services. So this means, not just that the copay is the same, but this means that there are sufficient number of in-network providers, that you can actually get an appointment within a reasonable amount of time, and then, of course, that there is enough coverage to actually provide for what is medically necessary to address the condition and help the person improve.

Katie Porter:

This is a real issue, of course, for people with different kinds of mental health issues, but also, as you know, many people with disabilities benefit from these kinds of behavioral therapies. We are seeing, during the COVID pandemic, some interesting efforts to try to deliver some of these services remotely, but we are always going to need in-person treatment for some of these services.

Katie Porter:

One of the big problems we face is that the provider reimbursement rates are too low. That is what's driving people out of the insurance networks. And it's an intentional choice by big insurance companies to reimburse at that low, low rate, drives in-providers out of the network, and people don't end up getting the care, and therapy, and services that they need. We have a bill that enforce the behavioral health parity provision. It was part of the Affordable Care Act, but 12 years later, we have not delivered on that promise. The law is clear, but insurance companies are skirting that law.

Katie Porter:

I've also been doing work around student mental health and trying to make sure that campuses are able to help support students, whether they're in community college, or college, that campuses have



7/27 Telephone Town Hall Transcript

the resources and have a clear set of guidelines with regard to supporting students who need mental health care, or who may become ... They're temporarily, or permanently become a person with a disability due to mental health challenges.

Katie Porter:

Jessica, did I miss anything there?

Jessica:

I don't think you did. That was perfect.

Katie Porter:

That's one of my favorite topics. That's one of my real passions is trying to improve mental health affordability. I should mention it's an issue of equality. It's an issue of fairness. It's an issue of making sure that companies follow the law.

Katie Porter:

It is also really good for our economy. We lose a lot of work days and a lot of productivity, due to untreated and undiagnosed mental health. So, if we would simply require insurance companies to follow the law, not only is that good for patients, but it's good from a public health standpoint, as well.

Lauren Bloom:

Thank you, Congresswoman. The next question is from Hamid in Mission Viejo. Hamid, you should be live in just a moment.

Hamid:

Hi, Congresswoman. My question was about the act of Congress in lowering the price of medication. We just heard from President Trump that he signed an executive order, regarding, well, Medicare being able to purchase insulin from other countries, or be able to negotiate some rates with pharmaceutical companies. I was wondering what's the role of Congress, here? And what you have been involved in?

Katie Porter:

I'm very glad that president Trump is following through on his campaign promise to tackle prescription drugs. You mentioned two of the initiatives that he's working on, specifically, with regard to the price of insulin and the price of EpiPen's. But even as the president has announced these proposals, including allowing, for instance, providing for ways for people to get cheaper drugs from Canada, he's also inviting big pharmaceutical companies to the White House to get their feedback on these proposals. So we need to make sure that the president hears Americans loud and clear about how important lowering the cost of prescription drugs is.

Katie Porter:

The House of Representatives, I mention the bill we passed, it's called H.R.3. What it does is allow the government to negotiate prescription drug prices on behalf of Medicare. And then it allows private insurance companies to pay that same reduced, negotiated rate for those prescription drugs. So it would help bring down prescription costs for our seniors, it would help stabilize and reduce the cost of Medicare, and it would also help those with private insurance pay less for their drugs, as well. This



7/27 Telephone Town Hall Transcript

bill has the potential to both help protect people, in terms of what they're having to pay for drugs, but also to save taxpayers billions and billions of dollars that we can use to, then, fund innovative care research and development of life changing medications.

Katie Porter:

Jessica, any particular details about H.R.3 that I forgot to mention?

Jessica:

Your bill that was included in it, the Freedom from Price Gouging Act, which you mentioned earlier. But would actually recoup taxpayer dollars that have been spent on drugs just because companies have decided to hike those prices, which they're still doing during the pandemic, and actually return those to taxpayers.

Katie Porter:

Yeah. That's really, really important because we've had this price gouging. It's going on, as Jessica said, today. There's a lot of concern about whether, or not we're going to see price gouging, or real problems with price negotiation, with regard to a vaccine, or a therapeutic for COVID-19, both of which, of course, we all want to see developed, but we need to make sure that these treatments are affordable and are widely available.

Katie Porter:

This is an area where I'm pleased that the president is engaging on this topic, but I also intend to hold his feet to the fire to make sure that what he does really does bring down those costs and really does return savings to taxpayers. We can't just have window dressing and nice words. Americans deserve real action on prescriptions, on pricing, and H.R.3 would do that.

Lauren Bloom:

Just a reminder, if you would like to ask a question this evening, it's really easy. Just press star three on your phone, and one of our staff will ask you your name, zip code, city, and question.

Lauren Bloom:

The next question comes from Anna. Anna asked her question in our online streaming portal. Anna's question is, "Thank you for being such a champion for reproductive health care. What do you think is the greatest challenge ahead for women's health, impacted by federal legislation, or policy?"

Katie Porter:

Thank you for asking about this. I think it's really important to frame the issue the exact way that you did, that reproductive health care for women is health care. We certainly see our country thinking about reproductive healthcare for men as health care. We see coverage for things like Viagra and for treatments related to men's reproductive care and wellness, and so we need to do the exact same thing for women. We are seeing attacks at the state level on a lot of reproductive freedoms, and so it's important to defend those. It's important to defend those. It's important we make sure the insurance companies continue to provide this coverage, and that there's sufficient provider networks available for people to be able to get reproductive coverage.



7/27 Telephone Town Hall Transcript

Katie Porter:

I think we do face some challenges in this regard, but the American public is, I think, growing in a consensus that reproductive healthcare is healthcare, and we ought to leave these choices and these decisions, as we do other healthcare choices, up to a patient and their provider. But in order to do that, we have to make sure there are sufficient providers that are available, and that reproductive health care is fully reimbursed by insurance in the same way that other kinds of similar care are covered.

Katie Porter:

Jessica, anything there that you think about in terms of future challenges that we're facing?

Jessica:

I think we had a really big win with the Supreme court just a few weeks ago that struck down a law in Louisiana that would really eliminate pretty much every abortion provider, or women's healthcare provider in the state. So, while that is really good, I think that we are going to be continuing to talk about ways to expand access to women's healthcare, and to ... I think that's sad. The biggest challenge that we're facing right now in Congress is how to continue to expand and make things more accessible for people.

Katie Porter:

One thing we're seeing with the pandemic, of course, is more people are able to fill prescriptions by mail order and to be able to receive a larger supply of their prescription drugs. That can be helpful for women who choose to use birth control, prescription birth control. So, not requiring a monthly refill, but giving people a 90-day, or 120-day mail supply is something that I think we should also continue to make investments in.

Lauren Bloom:

The question comes from John. John, from Anaheim, has a question around pharmaceuticals. John, you'll be live in just a moment.

John:

Hello?

Lauren Bloom:

Hello, John. You can ask your question.

John:

Good afternoon, Congresswoman. My name is John, and I worked for government for 31 years. I was fortunate to have a good insurance and all this, but I'm also an activist. I'm helping other groups that they don't have this luxury and all this. And I, going through my research and all this, I even contacted your office to share this information with you, which I haven't had a phone call back yet.

John:

There are companies like Kepler, Service Express and CVS Caremark. They are in the position and to monitor all the pharmaceutical ... I mean, all the pharmacists and related companies, and they



7/27 Telephone Town Hall Transcript

basically control how much they should pay for the prescriptions, and how much they should sell it for. And they treat them like you say, but just a short version of I can just say.

John:

And I have an example. One pharmacist who was part of the network, and one particular prescription, they would dictate in telling him, "Okay, here's your cost for tonight, either for \$95 to ... You have to order through us, and it costs 95. You just get a charge, \$96." I mean hundreds of \$5, \$10 profit, and sell it to the patients. And he along with few others, they started searching and searching and found that the same exact prescription can be purchased from another wholesaler for \$6 versus \$95. And they can just put \$4 [crosstalk 00:27:45].

Katie Porter:

All right. Let me tell you, we'll make sure we find your ... on it, and get back to you [inaudible 00:27:52] all of the [inaudible 00:27:54]. But I want to talk with you about one of the things that we're doing on this point about the lack of transparency in pharmaceutical pricing and about people paying wildly different prices, the lack of real market transparency and clarity about pricing.

Katie Porter:

I've introduced something called the Lowest Price for Patients Act. What this does is require pharmacists to tell patients if their prescription will cost more, or less if they don't use their insurance. Because believe it, or not, sometimes using your insurance causes the drug to cost more than if you were simply paying out of pocket. This is really a perversion of the entire concept of insurance, which is trying to bring down and control your healthcare costs. So what this will do is require those pharmacists to let people know if using their insurance is actually going to end up costing them more. This, by the way, is already the law in California, but in other States, it's not, and all patients deserve to know and be able to pay the lowest price that is available.

Katie Porter:

Right now, researchers at USC, for example, at the University of Southern California, found that patients were regularly overpaying for their prescriptions. They found that total overpayment amounted into \$135 million in USC's sample, so we're talking about a tremendous amount of healthcare dollars that are being wasted on boosted up and price gouged pharmaceuticals. It's really important that we get every patient the lowest available price. It's also an issue of fairness and of equity.

Lauren Bloom:

Thank you, Congresswoman. The next question is from Kathleen. Kathleen has a question concerning her friend. Kathleen, I will-

Kathleen:

Yep.

Lauren Bloom:

... have you go live in just a moment.

Lauren Bloom: Kathleen?



7/27 Telephone Town Hall Transcript

Kathleen:

Yes, I'm here. Can you hear me?

Lauren Bloom:

Absolutely. Go ahead and ask your question.

Kathleen:

Okay. Great. I currently have a friend who's in her thirties, and she's at home fighting COVID. She has oxygen levels that I've gone below 90%, and she's having trouble breathing now. She is so afraid of her costs because she is currently uninsured, and so she refuses to go to the hospital until like the last minute. I'm terrified. I know that there are thousands of people probably doing the same thing.

Kathleen:

I want to know, is there anything being done to help the uninsured, right now? And is there anything we can do to get the message out that, if you need to be seeking treatment, seek it, and your representatives will fight for you and to make sure you're not bankrupt with medical costs, after the fact?

Katie Porter:

Yeah, this is a really terrible situation. I'm really sorry to hear that your friend is so sick and is struggling. I really do urge her to seek the care that she needs to recover. COVID-19 is a very, very serious illness. I think, sadly, the number of Americans who have been found dead at home really speaks to the need to be in touch with a doctor and go get treatment, if you're sick, and do not allow the cost to deter you.

Katie Porter:

I had this back and forth with the Center for Disease Control director, Robert Redfield, back in mid-March, about the importance of making coronavirus testing free. But under the very same law, the CDC can also provide for free treatment for COVID. That's exactly what they should be doing.

Katie Porter:

Jessica, maybe talk a little more about what we've done in some of the bills that we've passed around treatment costs for COVID because it can be extremely ... We're hearing stories for some people who require intensive care, where it's tens of thousands, or even a hundred thousand plus dollars in costs. So I want to say, I understand your friend's concern, but we all want her to recover and to get the best possible treatment.

Katie Porter:

So Jessica, what has Congress done in some of our passed legislation?

Jessica:

Actually, so the CARES and the Families First Act both make coronavirus treatment and testing free for every American, regardless of insurance. Now, the Congresswoman had a really great Twitter live, just a few weeks ago, with Wendell Potter, who's an insurance reform advocate. We talked about



7/27 Telephone Town Hall Transcript

how some insurance companies are finding ways to skirt coverage for testing and treatment and who still charge individuals for this care.

Jessica:

Those who are uninsured should not be charged for this care under this legislation. Most of the stories that we have heard about people receiving extraordinary bills have not been individuals who do not have insurance. They've actually been those who are covered, and their insurance companies are just trying to find ways not to pay for this care.

Jessica:

Seconding what the Congresswoman said, I would encourage your friend to seek out care. It should be covered. I would also encourage her to seek out opportunities to get covered, if she can. Medi-Cal has expanded coverage. There are new subsidies in the state of California to help people get covered during this very difficult time.

Katie Porter:

On our website, I did a video, town hall with Dr. Shana Charles, talking She's a healthcare insurance ... sorry, a health insurance coverage expert. She talked about how California has opened up and expanded both the opportunity to enroll under the exchange, the healthcare exchange, the Affordable Care Act, and then, also, as Jessica mentioned, increased subsidies.

Katie Porter:

We know, with this many people out of work and losing their jobs, that also means a lot of you are worried about losing your insurance coverage. You might be unable to afford to continue that employer-based coverage through the Cobra program because of the price. We got a lot of great information in that town hall about opportunities to get coverage. But I just want to second what Jessica said, most of the incidents that we've heard about are people who are battling with their insurance company. Those without any insurance are seeming to get the care that the CARES Act mandated.

Katie Porter:

I really encourage your friend to get treatment, to go to the doctor, to be monitored because, like I said, this is a very serious illness, and people can get sicker very, very quickly.

Lauren Bloom:

Thank you so much. The next question comes from David from Irvine. He has a question regarding the pandemic. David, you shall be live in just a moment.

Lauren Bloom:

We might have lost David. I apologize, David, that we weren't able to answer your question. We'll go to the next question from Hudi. Hudi asked his question in the portal. His question is regarding, how can we make sure we have quality of health care, not just an option for health care, so really looking at the quality for healthcare?



7/27 Telephone Town Hall Transcript

Katie Porter:

Well, this is a terrific question. I think one of the things that I want to emphasize is, when people have to ration care because of fear of cost, that erodes the quality of health care. Many of the healthcare problems that we have and that we deal with are chronic, or they can become chronic, if they're not treated.

Katie Porter:

When you think about conditions, like diabetes, a lot of these conditions, some mental health issues, substance use disorders, many of these conditions, if they're not treated, can get worse. So we want people to be going in to get preventative care, to get things treated when they're early. That is a big way to improve quality of the health care is better outcomes, and better outcomes come from people not rationing care.

Katie Porter:

The other thing you need to be doing is continuing to not just invest in innovation and in scientific research, but also, then, making sure that the fruits of that research turn into affordable care for people. We can see what exactly this risk, if we take a look at the efforts to find a COVID-19 vaccine. Right now, under the current law, the COVID-19 vaccine would be free only to people who are on Medicare, not those on Medicaid, not those with private insurance, not those who are uninsured. Yet, taxpayers are paying millions and millions of dollars for the development of this vaccine, but we don't have any provision to make sure that they can actually afford it.

Katie Porter:

So I strongly ... I agree with you about the importance of quality care. Right here in the 45th congressional district, we are home to some amazing healthcare and research institutions. We're so fortunate in our county to have an amazing children's hospital. We're fortunate to have great systems like UCI, Hoag, Saddleback, and others. But we need to make sure that people can afford to get that care because that's part of when you look at the outcomes that we have, the fact that Americans don't have necessarily as long and as healthy of lives, as people in other countries. Some of that, a big part of that effect, is driven by Americans not being able to afford care.

Katie Porter:

The quality of care is incredibly important. This is an area where America is doing pretty well. But if you don't make that quality of care available to everybody, you don't get those good, healthy outcomes that you want.

Katie Porter:

Jessica, I wondered if you had any further thoughts on that one. It's something that you and I talk about all the time.

Jessica:

Well, I think that one of the things that we haven't talked about on this call yet is some of the really great oversight work that you've done to improve quality of care, in the dialysis industry, when it comes to organ transplantation, and also when it comes to the involvement of private equity firms in health care. So, if you want to just speak a little bit to that, I think that also takes the actual care that's being provided and make sure that that is higher quality, as well.



7/27 Telephone Town Hall Transcript

Katie Porter:

No, and that is a terrific point because one of the problems that we have is, like I said, we may have ... The science may be there, but the delivery of the care is lagging. That can come from several different kinds of problems. It can come from insurance companies that are putting profits ahead of patients. It can come from mismanagement. It can come from other kinds of decisions to cut back on staff, or coverage in ways that hurt people.

Katie Porter:

Jessica really has been a champion on this. She's written two terrific reports that I encourage you to read. They're available on our website. One of them is about the dialysis industry, and the other one is about organ procurement. I think that one of the examples from the organ procurement report is, people who need an organ, maybe they need a kidney, a liver, whatever it is, here in orange County are less likely to get one than people in San Diego County. And even though we're about the same size, and we have about the same potential, and it's a difference in the management of those organ procurement associations.

Katie Porter:

Those organ procurement networks are essentially monopolies in any given, one given geographic area. Many of them pay their chief executives upwards of a million dollars a year. And yet, we see these huge disparities in how those organ procurement networks are performing. This is an area where we need HHS, the Health and Human Services division, to step up and push those organ procurement networks that are underperforming to do better.

Katie Porter:

Jessica, I want to know if you want to say anything about the dialysis report that you did, as well.

Jessica:

Absolutely. What's happening in the dialysis industry is individuals are being pushed potentially onto insurance that they can't actually afford because large dialysis providers want to be paid more, and they get paid more by private insurance than Medicare, or Medicaid, which many dialysis patients are eligible for, and are on. So we're seeing people get pushed onto insurance that they can't quite afford the care for, and then we're also seeing people being discouraged by the dialysis providers from getting transplants, which is the best thing that we can [inaudible 00:40:50] an individual can do, if they do need dialysis. The only end result, there, is to get a transplant. That's the only way to get off of dialysis.

Jessica:

So we see these companies putting their profits and their needs before patients. And similar to what we were talking about with the organ procurement organization, you also see some monopolies that have happened in the industry, a lot of consolidation. Now, there's two big companies that control most of those dialysis clinics.

Jessica:

So the Congresswoman has worked really well with the Trump administration, here. They actually put out a really great initiative to improve kidney care and organ transplant, and we've been working with them to make sure that they continue to get it right all the way to the end, that they can implement those goals.



7/27 Telephone Town Hall Transcript

Katie Porter:

And then, just to close with the discussion of private equity, one of the things that Jessica and I have been looking at is the fact that the ownership of our healthcare providers, whether it's doctors' practices, hospitals, outpatient care, urgent care centers, increasingly private equity firms are buying these up. And they are managing them in the way that private equity is incentivized to manage things, which is pushing for short-term profits, even if it dooms the organization long term.

Katie Porter:

So one of the things that we're seeing is ... This private equity ownership, by the way, it's often invisible to the rest of us. We can't tell. We don't know who owns that hospital, who owns that nursing home, but what they're doing is they're squeezing doctors and essential healthcare workers, frontline healthcare workers, even during this pandemic, trying to force them to take pay cuts, to lower their reimbursement rates, or else they'll be pushed out of being a allowed provider at that private equity firm.

Katie Porter:

We've been standing up to Blackstone and KKR. They own two large physician staffing firms that are notorious for surprise billing of patients. So, while these private equity firms are raking in millions of dollars, what they're doing is also cutting physician pay, furloughing staff, even during the pandemic, and leaving patients with surprise medical bills for having sought out-of-network care when the patient thought that they were going to be in network. So there's a lot of need for oversight to the extent that we have, and we go forward with a private insurance market and with private pay. It's really, really important to understand that that profit incentive is powerful and can distort health care in certain ways.

Lauren Bloom:

Thank you, Congresswoman. The next question comes from Mary from Mission Viejo. She has a question around masks. Mary, you shall be live.

Mary:

I don't think so.

Lauren Bloom:

Hey, Mary. You're live.

Mary:

Oh. Can you hear me?

Lauren Bloom:

We can. Go ahead and ask your question about the mask.

Mary:

Okay. Well, I was just wondering because, N95 masks, they're supposed to be so much better than any other kind of mask we can wear. I just wish that somehow we could get businesses to be



7/27 Telephone Town Hall Transcript

repositioned so that N95 masks can be made available to everybody, not just people who are in the medical profession.

Katie Porter:

Right now, we are still facing shortages of N95 masks, and we're having to prioritize those for frontline healthcare workers, who do face the very, very highest risk because they're treating patients, who do have active COVID infections, and are performing procedures, even to examine people, who might be COVID-infected, that involve a high risk of infection. There have been some research studies about what kinds of masks work better than others.

Katie Porter:

Interestingly, after the N95 mask, the second most effective kind of mask is a simple double sided cloth fabric mask. Again, just using basic clothing fabric, folding it in half and attaching some elastic, that actually provides really high degree of coverage. It provides more coverage than masks that are made out of knit fabric.

Katie Porter:

One of the things that we're starting to hear some concern about is some of you may have seen the masks that are being sold that have little valves that allow you to exhale. That can actually create a concentrated flow of virus. So the best thing to do is to get a mask that is made out of double-sided cotton fabric.

Katie Porter:

And then it's really, really important ... I was talking with my own kids about this the other day. I said, "Do you have a mask?" One of my children started looking around the back of the car, and they're like, "I have one." And I said, "But it's not clean." So one of the things I really want to emphasize to you is taking off your mask from the ears. Don't touch the fabric, especially the outside fabric. Take it off from your ears and wash it. Wash it every time you wear it. If you wear it for a day, wash it. That is something that I think, on the discussion about who's wearing a mask, and who's not wearing a mask, I just want to emphasize how important it is to wash that mask, and do not touch the outside of the mask with your face because it's contaminated.

Katie Porter:

We all need to be pushing the Trump administration and the federal and state governments to be investing in the personal protective equipment that we need. And what we've found in our office, by the way, is we did research looking at what happened in our country during January, February, and March, the first three months of this pandemic, and we found that our countries exports, under the Trump administration, of personal protective equipment and ventilators, actually increased.

Katie Porter:

So at the exact time that we should have been keeping more of this equipment here, as well as importing more for use, we were actually profiting, companies were profiting by selling it overseas. So we still face a real need to have a national strategic plan around personal protective equipment. I will share with you that, with regard to N95 and this higher level of protective equipment, we are hearing that it's really important to continue to get that into skilled nursing facilities, and into assisted living, and senior care facilities because those are very, very high-risk patients, and those are essential workers, who face a high risk of exposure and infecting others.



7/27 Telephone Town Hall Transcript

Katie Porter:

Jessica, I don't know if you have anything to add on that topic.

Jessica:

Nope. That was perfect.

Katie Porter:

Wear them and wash them.

Lauren Bloom:

The next question comes from Laura. Laura asked, "What is being done to make sure insurance companies fully cover mental health?"

Katie Porter:

Yeah. We talked a little bit about this, but to go over this, the problem here with mental health coverage isn't the law. The law, passed in 2008 as part of the Affordable Care Act, said that health insurance companies must treat mental health care the same way that they treat other kinds of health care, say chemotherapy, or you need to have physical therapy. The problem has been that insurance companies have not complied with that legal requirement. Congress has continued to insist on the importance of what we call parity, which means, basically, equality between how insurance companies reimburse, pay for mental health care and physical health care.

Katie Porter:

That's not the reality on the ground. It's really difficult to find a behavioral health, or a mental health provider who takes insurance, at all, or much less one that is in-network. Part of that is because the insurance companies have dropped the reimbursement rates for mental health to an extremely low level that is very different from the way that they reimburse other physicians, or other providers, who have specialty training.

Katie Porter:

So what we're left with is networks that are very, very small, or non-existent. It's very difficult to get a first appointment with a behavioral health provider, in many cases. And the insurance companies have put a lot of boundaries and a lot of restrictions on the way that mental health providers do their job. It's not all science-based. A lot of it is based on reducing their costs.

Katie Porter:

But even as that insurance company may save money, the costs are ultimately being passed on to all of us, as somebody becomes more ill, may become unable to work, or to continue with school because of untreated mental health.

Katie Porter:

I will mention that this is a big problem with private insurance companies. It's also an area where I think we need to do more with our Medicare system for our seniors. As we have the baby boomer generation age, a number of those folks receive mental health care. And as they go onto Medicare, there's also a shortage of providers in the Medicare network for mental health.



7/27 Telephone Town Hall Transcript

Katie Porter:

So I've introduced the Mental Health Parity Compliance Act. Its goal, like I said, it's not creating a new law. It's getting companies to follow the darn law, which is really, really important. This is also a big part of how we respond to COVID. We know that levels of anxiety, depression, all of suicide are likely, are going up and are likely to continue to go up because of the anxiety, the isolation, and the turbulence of the pandemic. So I've introduced the Stopping the Mental Health Pandemic Act, which would provide additional funding to state and local government, to nonprofits, and to service providers in our community, so they can continue to deliver mental health care to those who need it.

Lauren Bloom:

Thank you so much, Congresswoman. And then the last question for this evening comes from Sylvia. She asks, "Can you go over what's going to be in the next stimulus regarding essential workers, PPP, health care, teachers, grocery workers, and others?"

Katie Porter:

Yeah. This is a terrific question. Our essential workers, both in the healthcare industry, as well as in other sectors, need and deserve safe working conditions. That's true, as you mentioned about grocery store workers, about people who deliver pharmaceuticals, to pharmacies, truck drivers, for example, teachers, if schools are going to be reopening. They're all going to need personal protective equipment.

Katie Porter:

We've all seen the horrific images of people having to use garbage bags, or dealing with ripped gloves, being told to reuse personal protective equipment that's not authorized for more than a single use. This is why we need to make sure that we're providing both regulations from OSHA, from the department that makes the rules around safe working conditions. They need to be clear guidelines, and then we need to hold employers accountable for following them.

Katie Porter:

With regard to schools, and teachers, and kids, and those school staff, we need to be providing funding to our local government, so that they can make those investments in those public health teachers. If you think about things for children, it's not just wipes and masks, it's also things like installing sanitation stations, potentially tents to move some kind of learning outdoors, where the risk of COVID is lower. Installing touchless doors to reduce the high-contact surface areas. It's really important that we do this.

Katie Porter:

To date, the House's Heroes Act did provide a lot of that local funding. And then it did mandate that OSHA issue emergency guidance to make clear how, in different industries, employers should be protecting their workers. That bill has not been taken up by the Senate. The Senate is, as we speak, yesterday and today, negotiating with Democratic leadership on their version of the bill. But I'm concerned about what we're hearing from some of the folks, Mitch McConnell in particular, who's trying to get waivers of liability for employers, so that even if they're reckless and ignore basic health protocols, common sense health rules, they wouldn't be liable for having put their employees in harm's way when they've been sick.



7/27 Telephone Town Hall Transcript

Katie Porter:

So a solution here is to give businesses the certainty that the need by issuing those regulations, and there's nothing standing in OSHA's way from doing that, except the Trump administration, itself. One thing I hear about this, and I don't just hear about this from essential workers, I hear about this from businesses, many of whom want to do right by their employees, but aren't sure what the best practices are, and what is required to keep people safe. That's where we need to see the Trump administration and the Department of Labor taking a leading role.

Katie Porter:

Jessica, I don't know if you have anything to add on that topic.

Jessica:

I would just mention the letter that you had sent to the CDC and to the Department of Education, which is not part of the stimulus, but is an important part of determining how much money we need to get to our schools. We were asking questions about the requirements for masking policies, and how do we support our students? And how do we figure out things like bussing, and the doors that you mentioned, and [inaudible 00:54:32] guidance for testing, and things like that for our schools, which are ongoing with these increased costs at a time when they're also seeing decreasing funding. So that's something that will also be coming out of the next stimulus, but it's still a question how much money they will be receiving.

Katie Porter:

And Senator Kamala Harris and I wrote a letter to Secretary of Education Betsy DeVos and to the director of the CDC asking for guidance for schools because a lot of our teachers and parents, I'm a parent, they're worried. What the CDC has issued in response, I mean, it's really like a Post-it Notes work of information.

Katie Porter:

We've actually heard from the Secretary of Education that we have to open schools. We can't let science get in the way. That is absolutely the backwards approach we ought to be taking, which is using science to help fund the right thing, to use science and research to help fund and guide schools and businesses about when and how they can open safely and to reduce as much risk as they possibly can.

Katie Porter:

There's a lot more for our federal government to do, but I think as anyone who's a parent knows, school year is starting in a matter of weeks. My kids go to year-round public school here in Irvine. They would have started July 15th, and that had to be postponed, so we have already lost really critical months that we could have been putting the effort into helping our school districts have what they need both to open safely, when that's possible, but also to make the investments in remote learning and hybrid learning, when that is the safest option for parents, and kids, and teachers.

Katie Porter:

Then let me go to my closing statement. I want to make sure I give the website and all of that one more time. I really appreciate everybody being on the call tonight. Thank you for your wonderful questions. This was an event focused on health care. As you know, we've had a number of these town halls, when we could, in person, now in telephone. But I thought it was really important to talk



7/27 Telephone Town Hall Transcript

about health care in this moment, in which the pandemic has really highlighted. It's also created new problems in our healthcare system, but it's also highlighted some longstanding problems, like the problems around affording drugs, prescription drugs, and around giving mental health care, about the medical needs of seniors, for example.

Katie Porter:

Thank you, Jessica, for being with me and helping take our constituents' questions. I'm really proud of the healthcare Center of Excellence that we have here in the 45th congressional district and want to say a special thank you to all of our frontline healthcare workers, who are going to work every day in dangerous conditions and trying to keep people safe. If you have a question tonight that we weren't able to get to, you can call our office, and we'll get back to you. That number is (949) 668-6600.

Katie Porter:

When you call, please leave a voicemail with your name, and your zip code, and your email address, and we'll get back to you as soon as we can. You can also get additional information on our website porter.house.gov, and check out the COVID-19 resources tab at the very top, and you'll see resources there about things like student loan repayment deferrals, enhanced unemployment benefits, stimulus payments, and other things.

Katie Porter:

Thank you so much for being here and really appreciate the conversation this evening. Stay safe.