

Programme OPERA – ENTRETIENS

Entretien – santé n°16

Pour citer cet entretien : Beaussier, Anne-Laure, Entretien santé n°16, Programme OPERA (*Operationalizing Programmatic Elite Research in America*), dirigé par W. Genieys (ANR-08-BLAN-0032) (*insérer hyperlien*).

31 mars 2010

Interviewer: How do you think of changing relationships between institutions? Between both Chambers, and between the Presidency, the HHS, and the Congress

Responder: You know, first of all, there are these huge differences between the Senate and the House of Representatives. In the Senate passing something is more difficult, since you need 60 votes out of 100, to pass the filibustering threat.

On the contrary, when you are the majority in the House it is easy to pass things. In Senate its always more complicated. As a consequence, the bill that get finally enacted are almost always the Senate bills. The House is not happy at all with that, it often even gets very angry. Generally the Senate is the most important body, and they hate that in the House.

(cf: Jack Howard: Senate do the real job)

This was not what happened for the Health care reform though.

Both Chambers now act like enemies, there are a lot of frictions, even now that both chambers are governed by the same parties. When Republicans were in charge, that was the same, there were also a lot of frictions (in 2003). It was always the same kind of conflicts, because at the end, you are stuck with the Senate bill.

(Hypothèse qu'il y a un conflit croissant entre les deux chambres, à mesure que la Chambre devient plus leadership driven)

During the Health care debate, we all knew that with the lost of Kennedy's seat, passing the Senate version was the only way to get the reform. But Nancy Pelosi was not happy at all, she was really mad at us. (donc finalement deal avec le reconciliation process pour faire passer les mesures sur lesquelles la Chambre ne voulait pas négocier)

Also if you consider the relationships between the White House and the HHS, you will also find a lot of disagreement and conflicts between the two institutions. The HHS tends to favor more leftist policies, while the White House, who also has to deal more with politics, is often more on the right.

(Hypothèse d'une alliance entre le Sénat et la Maison Blanche et entre la Chambre et le HHS – idee aussi que le hhs est plus a gauche car davantage protégé de la politique)

During the Health care debate, the White House supported in turn the Senate and the House of Representative, it was kind of a back and force support.

The position of the White House itself has been fluctuant during all this process. Obama at first favored more liberal solutions (left), but then he went to the center, then his team counts congressmen votes, looked at the polls, and they became more pragmatic (Rahm Emmanuel influence). They ended up preferring the Senate version. Also Obama's economists preferred the Senate version, even if Obama liked the public option...

Who do you worked with in the White House? Did you worked with the domestic policy council or for the council of economic advisor?

Actually we mostly worked with the Office of Health care reform, Nancy Ann De Parle and her people were our main interlocutors. We had daily contacts with them, they were kind of centralizing the position of the different councils. However we talked to Larry Summer, one Obama's economic advisor involved in the Health care reform, only for "big picture" things. We talked to Peter Orzag, the director of the OMB, who was involved to, but not everyday. We also talked to Christine Roemer, her team issued a report last year, I guess you can find it on the internet, mostly economic. But definitively, on a day to day basis, we talked to Nancy Ann.

Last year, when we first met, you told me that the White House was not involved in the Process, not enough... I've red that this changed a lot last fall?

That's right, the White House was really helpful last December (2009). (Obama a été blame fortement pour son "inaction" après cet été, donc a fait un virage stratégique majeur dans sa présidence) For the vote of the Senate bill, he really supported us. He made a lot of phone calls to the Members of Congress, et also met personally with democratic members that were reluctant to vote for the bill, negotiating compromises. In January, for the conference committee, he and his advisor were really involved. We had a lot of meetings in the White House, even in the Oval Office, until one in the morning. We discussed a lot. Obama had also a lot of meeting sessions with Members of both Chambers. The President was there most of the time. It is very unusual, because he took on his personal time.

Last January, what did the victory of Scott Brown change?

After the Senate democrats lost a seat in Massachusetts, everything was put into question. We knew that we hadn't the 60 votes anymore, and also that no republicans were willing to work with us, despite Sen. Baucus effort to draft a bill that could have attract some bipartisan support.

This happened in the midst of the conciliation process, while we were trying to merge the Senate and the House versions of the bill. This also increased the participation of the White House in the process...

Actually, some in the House wanted to change completely our approach of the reform. Rahm Emmanuel in particular wanted to scale down the bill, he and his team were skeptical about our ability to enact a comprehensive reform. They wanted at that point to adopt an incremental approach.

(clivage visible entre les incrémentalistes et les overhaulistes, au sein du camp démocrate. Avec Rahm Emmanuel dans le camp des incrémentalistes et Pelosi dans le camp des overhaulistes. C'est intéressant ces discussions sur l'incrémentalisme, car on sent en dessous

l'explicitation des thèses académiques et de l'expertise de science politique, qui paraît beaucoup plus opérationnelle qu'en France)

There was a lot of confusion at that period, we didn't really know what to do. We hold a lot of summits, trying to figure out what was the best alternative.

At that moment, the White House worked more closely with the leadership, and less with the committees, Obama, Pelosi and Reid finally came out with a proposal that was the strategy of passing the Senate bills and then House Amendment through reconciliation process.

Would you say that the balance of power between the committees and the leadership (especially in Senate) has changed? With a process that was more party driven?

I don't know, this is the natural process you know... At first committees are involved, they draft bills and come out with reform options and in a second phase, the process leads to more involvement of the leadership. Baucus talked a lot to the members of the Senate finance Committee, but he doesn't know all the senators...

Harry Reid talked to a lot of persons at that point. He almost talked to every member of the Caucus, to see where he or she were and what they wanted.

It's kind of a natural shift of attention during the process.

(Phase naturelle du travail législatif. Vers l'hypothèse d'une nouvelle répartition des tâches, plus implicite, impliquant un poids accru du leadership)

During the merging process, the role of the committees is limited, a new score from the CBO is required, maybe some minor contempt change, but the main part of the work is done.

What were the balance of power between the Finance and the Help Committee?

Actually each committee prevailed on their area of jurisdiction. The Finance committee prevailed in tax and financing issues, while the Help prevailed in public health issues (biologic issues, class actions, prevention)

Some issues overlap the jurisdiction of both: for instance the regulation of the insurance market, regulations more generally, also subsidies to low income people, to employers. For these subject, the leadership was the arbitrator. It navigated between the two committees. We worked really in interactions, we had a lot of meetings. The White House was very involved, as well as my counterparts in the House, Like Karen Nelson and Cybele Bjorklund.

It also depended on the members positions.

After that, we worked with the legislative council (lawyers who really draft the bill. Des super technocrates, un peu comme les administrateurs parlementaires en France?)

How evolved your relationships with the Senate leadership during the process?

Overall, our relations were very good, even if the committee who had the favor of Harry Reid changed over time.

(Idée que le majority leader a joué un comité contre l'autre)

What forum provided you with the idea you discussed? Who were at the origins of the main measure of the bill? I've heard about the Daschle/Dole/Michel platform, were they important for you?

Actually the Daschle/Dole proposal was very reflective of the finance committee bill. They were very important.

But you know, its always kind of the same ideas that we are discussing... Since 1992 and the Presidential campaign. If you look at John Edwards, Bill Clinton and Barak Obama programs you will see a lot similarity. Its always the same ideas...

Just see **Lane Nichols** and his think tank (New American forum?), he put a lot in place.

In 2007, it was kind of the same proposal.

(théorie du recyclage à fond, avec un peu de changement de rhétorique)

You may want to look at a report made by the Commonwealth fund on the comparison between Clinton's proposal and Obama's and you'll see that there are not so many differences between them.

For some measure, we needed external expertise, but for some other, it was just easy and we were able to do that here.

So in 2007 we issued a blueprint, a "white paper" highlighting the solutions for reforms we were seriously considering. We also made a health care roundtable

(J'ai les rapports avec les listes des personnes invitees)

We divided our work by issue, and for each issue we received different persons.

One group was about quality improvement, another was about feeding the process of developing insurance market (we talked to John Bertko, Gary Claxton and John Gruber from the MIT for these issues). Also for delivering issues, we talked to John McClellan, Eliot Fischer, Dave Cuttler.

(Idée d'une grande specialization et d'une longue durée dans le secteur mais selon des Sous ensembles programmatiques. On trouve des acteurs programmatiques autours des instruments. La question est jusqu'à quell point ont-ils une vision d'ensemble? une hypothèse interessante sur ce point serait d'envisager une plus grande specialisation des acteurs liée aussi a la difference d'échelle entre les usa et les etats europeens, mais liee egalement a la plus grande fragmentation du systeme de sante americain?)

We called different persons with different kind of expertise for each of these themes and tried to put it together.

A moins que les acteurs programmatiques soient en fait ces seniors staffers, travaillant avec les seniors de la maison blanche et du HHS? Ce sont concrètement eux qui assument ce role de mediation et de traduction.

At that stage of the process, our role was concretely to figure out who knows what. For instance, on the tax side, we talked a lot with economists.

The whole preliminary process was a kind of recipe, we had all these experts in front of us, with these solutions and ideas and we had to translate them into concrete legislative language, by figuring out which option would be able to pass the Senate.

Your role was a role of translation of expertise in politics?

(big smile) Yes absolutely.

In 1993, David Broder, the Journalist, in his book mentions a conflict in Clinton's advisor circles between Whashington's Insiders and outsider. Did you felt something like that this time?

Not really. I guess it was worse in 1993, this time there were less competition between experts. We knew already what could pass or not, and as I said, most of the ideas were already there.

We learned a lot of lessons from 1993, and this time we really wanted to do it differently.

So we began the process in april-may 2009 with our health care roundtable; We wanted then to work with republicans.

We issued an option paper (elle me l'a donné, dans ma boîte mail), which was the result of this roundtable and was a very important basis of our work. So we all met (with White House staffers also), republicans, democrats, and we asked them: "what do you think about this ideas. So things were much more predictable than they were in 1993.

Also we met a lot of lobbies... we have been very criticized for that, Mac Baucus especially, but actually we get deals with interest groups. It was a way for us to neutralize them.

For instance we made a deal with the drug companies: you know that they make a contribution of 800 billion \$ to the reform, because we tax them, also we control price increase for the Medicaid program... Well, in exchange they obtained no price control for the new program created by the reform, also no price control on Medicare.

For instance we worked a lot with PhRMA, we told them that we wanted to make them pay more, and we asked "what do you want to support the bill?"

Same thing for the hospitals: they contribute to the reform for 155 billions \$, but because we are going to insure new patients, they will have more gains, so strong returns.

We tried to work with insurance companies, but they just refused to work with us. (Ce qui n'est pas étonnant puisque la réforme les régule très fortement). So, since we were not able to work with them, we choose to cut more. Their best interest was to work with us, but they opposed, so...

(Du coup les discours de l'administration Obama, a la fin du processus, font beaucoup plus sens une fois que l'on sait cela, car les assureurs ont été hyperdiabolisés... mais c'était parceque c'était les seuls qui ne voulaient pas soutenir la réforme. Du coup une cible assez evidente....)

This process was very different from the 1993 process: at that time, they had no agreement in place. Here, we were in a more collaborative process.

(Ca explique aussi pourquoi il n'y a pas eu de déchainement médiatique comme en 1993 et pourquoi les républicains n'ont pas réussi à trouver autant de soutien qu'à l'époque)

What about the doctors ? did you reach an agreement about the update of the physicians' fee schedule?

(cf: mon entretien de l'année dernière avec la personne de l'AMA: qui disait que les démocrates faisait du chantage aux médecins)

No, but actually... we have a meeting with the AMA in 30 minutes, to try to find a solution to this problem. Our commitment to fix this issue was a condition to their support of the bill. But we didn't find a concrete agreement until now.

Did you worked with the lobby on medical technology – ADVAMED – on the issue of Comparative effectiveness?

Yes we met them, we worked also with consumer groups. Andrew (le jeune stagiaire asiatique dans la pièce à côté) was in charge of all the comparative effectiveness things. But we didn't set up official hearings on this issue.

Gail Wilenski was one of our expert on this issue. She was the former HCFA administrator during the Bush (father) administration. She's a republican, but she has very broad ideas...

You already gave me a lot of names, but do you have a suggestion about someone I could meet at the budget committee, who could explain me the reconciliation process?

Sarah KUEHL

(EMAIL le lendemain) I still have a question: back to my office, I figured out that I had forgotten to ask you a question about your work at the Think-Tank "Health Policy initiatives" as principal. If I am not mistaken, Michael Hasch, who now works at the White House office of Health care Reform was also a principal in this organization. Last year, I had the opportunity to meet with Lisa Potetz and Beth Fuchs there. It seems that a lot of ideas and expertise is going on there... So my question is: in term of idea and expertise, network/ coalitions of actors supporting policy programs of reform as well, what would you say about the role of this platteform in the development of the health care reform (preliminary work, contacts, habits to work together....)?

Health Policy Alternatives (HPA) is not really a think tank – it is a consulting firm with about 40 clients from all across the health care stakeholder spectrum. Mike Hash used to be a partner there, and actually, I was a partner there too in 2005 before I went to WellPoint.

The health policy community is very small – and filled with many smart people who used to work for government or on the hill and, even though they are now working in the private sector as lobbyists or consultants, still give advice to those of us working on the hill. So we talk to folks like Beth and Lisa because they are part of that smart, connected crowd of former policy wonks! Hope that makes sense – let me know if you have any more questions.