KHN's 'What the Health?'

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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, Oct. 14, at 10 a.m. As always, news happens fast and things might have changed by the time you hear this. So, here we go. Today, we are joined via videoconference by Alice Miranda Ollstein of Politico.

Alice Miranda Ollstein: Good morning.

Rovner: Jen Haberkorn of the Los Angeles Times.

Jen Haberkorn: Hi, Julie.

Rovner: And Mary Ellen McIntire of CQ Roll Call.

Mary Ellen McIntire: Hi, everyone.

Rovner: Later in this episode, we will play my interview with Beth Macy, author of the New York Times bestseller "Dopesick," which premiered this week on Hulu as a limited series. Beth and showrunner Danny Strong are also part of a panel discussion that KHN will be posting online early next week. But first, this week's news.

We will start on Capitol Hill, because we have three Capitol Hill reporters this week. First, Congress has successfully kicked both the annual spending bills and the debt ceiling deadlines to December, which leaves them the interim to sort out the twin infrastructure slash reconciliation slash social spending bills, where centrists and progressive Democrats are still struggling to reach consensus. Republicans, not playing in this particular fight. Early in the week, House Speaker Nancy Pelosi sent her members a letter suggesting that Democrats might want to do fewer things on their social spending list. Later in the week, she said maybe they want to do more things, but for a shorter period of time. Where are they, exactly, as of Thursday morning?

Ollstein: What we're hearing now is that they are planning to do both. They're planning to cut back ...

Rovner: You can't do both!

Ollstein: Well, cut back the duration of some programs and cut others entirely, which is both. And there was a very telling gaggle with [Rep. John] Yarmuth, who's now completely unleashed now that he's retiring.

Rovner: He's the House Budget Committee chairman and has a major say in what ends up in this package.

Ollstein: Exactly. He was especially candid with reporters when they came back for one vote this week, and he was saying that leadership said, OK, we're going to make tough choices, do fewer programs, but do them right. And then they said, OK, well, what do we cut? And nobody could agree. So, we're back to

Ollstein: Right.

Rovner: I wrote my first long-term care story in 1987!

Ollstein: What members keep saying is that, you know, nobody thinks about long-term care until their grandma or their dad needs it. And then it's all they can think about. And the waitlist for care is more than 800,000 people long. So, I reported a few weeks ago that they originally aimed for this $400 billion package, which would clear the waitlist, raise wages for workers and make a bunch of other improvements. Now they are sort of hoping for the bare minimum of enough to clear the waitlist, which would just be around $200 billion, but even that they might not be able to get at this point.

Rovner: Well, as we have discussed earlier, how much Democrats will be able to spend depends largely on two things: what Sens. Joe Manchin and Kyrsten Sinema will agree to, and how much they can raise from cutting prescription drug costs. My colleagues over the firewall at KFF have a new poll out this week suggesting that allowing Medicare to negotiate drug prices is really popular even with Republicans, and the drug industry is really unhappy about that. The drug industry really only needs a few votes to block this. In the end, are they going to get them? Are they going to sort of get their way? Or, I mean, at some point will the drug industry get rolled by the need for Democratic unity?

Haberkorn: I think there's going to be some prescription drug policy in this plan. I don't think it's going to be HR 3, which is kind of the Democrats' gold standard. It already passed the House. It's the most ambitious proposal, raises the most money. I think it's going to be a watered-down version of that bill, but I think it would be very hard for Nancy Pelosi to end what many people assume is her last major legislative push as speaker and a member of Congress to leave prescription drugs off the table. I mean, the Democrats' campaign slogan in 2006 was six programs, and one of them was prescription drugs. And to leave that untouched just seems like a really wasted opportunity. And I don't see Pelosi allowing that to happen.

Ollstein: The point you make, Julie, is right. It's a very uneven power dynamic in that the people who are for prescription drug reform have to maintain unity across the entire Democratic caucus and convince every single person, at least in the Senate, and almost every single person in the House to back some proposal. Whereas . Db(n)13.1 [nsoreyl. ee

you know, populist as they can. This is what we're going to see among Republicans going towards 2024, right? Them trying, each trying to sort of out-libertarian the other?

Haberkorn: Absolutely. I mean,

don't really know what the answer is besides showing compassion, and maybe compassion from political leaders would turn down the politics around it a bit.

Ollstein: It's just also such a swing from a year ago, when people were leaning out of their windows to clap every day at a certain time for health care workers. And it's just wild to have the two sides of the coin, putting them up on a pedestal and then also villainizing them. Meanwhile, they're just asking for, you know, basic working conditions and safety on the job and whatnot. And we've also seen a spike in people leaving the health care workforce. We've seen a spike in labor strikes in the health care workforce recently. There's just a lot of turmoil at a time when they're needed more than ever.

McIntire: I think it will be interesting to see if hospitals and other physicians' offices, are they forced to sort of come up with more policies internally for trying to protect their workers? Obviously, this is not necessarily a time that you can be giving health care workers a lot of mental health days, necessarily, but what sort of policies are they setting up to try to protect their employees while they're on the job will be interesting to see if you see more hospitals trying to come up with those sorts of policies as well.

Rovner: I mean, there's already so many metal detectors and, you know, b/.-6.3 (an)2.2 (y)6.4 (6 (t0.9 (es)0.6 (m)327 ((t)[(w-)3.4 (

analysis by the lower court's discovery — you know, discussion of the facts. And we're not going to have that in this case if it goes to the court without going thoroughly through the lower courts first. And then

Haberkorn: I think there's always reporters and political analysts who are always eager to jump on the Virginia governor's race because it's an off-year election and say that it's a harbinger for good or bad, whatever. I'm not sure that we're going to see that here in any intelligent way, because to your point, Julie, nothing has truly happened yet on the abortion issue.

Rovner: Except in Texas.

Haberkorn: Right, except in Texas. Excuse me. You know, a lot of the Democrats I talk to say that they're anticipating that this is going to be a huge motivating factor for Democrats in '22. And you know, I have every reason to think that that will be the case because, you know, we're talking about this right now and Texas is talking about it right now, but in December the country is going to be talking about it. And in June, presumably, when a decision comes out, the country is going to be talking about it. So, it definitely has the potential to be a big motivating factor in '22. Whether or not it's an issue in Virginia, we just don't know yet.

Rovner: I am fascinated by just the number of TV ads that I'm seeing highlighting it. It looks like, you

Haberkorn: I was going to make that exact point, that it's another example of the disparity between red and blue states and your health access. And just the latest example. I mean, we have a long history of it, but it seems like it's growing more and more disparate, depending on where you live.

Rovner: Yeah. So now not just for women, but for lots of people and lots of services. All right. Also something that we will continue to follow. Well, that is the news, at least for right now. Now we will play my interview with Beth Macy about "Dopesick," the new Hulu miniseries. Then we will come back and do the rest of our extra credits.

I am pleased to welcome to the podcast Beth Macy. Beth is a journalist and bestselling author whose latest book, "Dopesick," has been adapted into a new miniseries, now streaming on Hulu. Beth Macy, welcome to "What the Health."

Beth Macy: Thank you, Julie. Great to meet you, finally.

Rovner: So, your book and the new miniseries is about the opioid crisis. Let us start at the very beginning. What does it mean to be "dopesick"?

Macy: Dopesick is what every person with opioid use disorder that I have met calls the feeling of excruciating withdrawal. And the withdrawal's because they're now dependent on this drug and if they don't get it a couple of times a day, they get very, very sick. And they describe it … it almost has like an outside hijacking of their brain. The fear of it is so great. They all say it's like the worst flu times a thousand. It's diarrhea, nausea, vomiting, and crushing anxiety and depression.

Rovner: It's everything you basically don't want to be.

Macy: Right. And I called the book that because it was in your face and I want it to be in your face, but also because a lot of people still don't understand that people with opioid use disorder will do just about anything to avoid the fear of dopesickness. And so if I could explain that, I hoped, then people might have more sympathy around the science of it, as well as the science for getting better from it.

Rovner: So, you lay a big part of the blame for the opioid crisis on one company, Purdue Pharma, and one drug, OxyContin. How was this one company and one drug so instrumental in such a broad-based problem?

Macy: In 1996, they introduced OxyContin, but at the same time they pushed this huge marketing effort that opioids — and they did this through pain societies that they gave money to and academics that they gave money to, to become paid speakers to push the notion that, whereas we had known for a whole century that opioids were addictive, should only be used for severe pain, cancer, end of life, they pushed the notion that pain was, like, wildly untreated. And suddenly, coincidentally right when their drug comes out, that it's safe to use for moderate pain for a long period of time. And I have this mug — I wish I had it right now to show it to you — but it's a mug that the reps would give the doctors, and it's super clarifying. On one side it has an OxyContin logo. And on the other side it says, "The one to start with, the one to stay with." They wanted you on that drug for a long time, because the longer you were on it and the more milligrams you took, the more money they made.

Rovner: I was on Capitol Hill in the late 1990s, and I remember that push about undertreated pain. It was not entirely clear that it was coming from sort of one place aimed at one drug. It was, it had gotten all the way around through the health reporting world at that point.

Macy: Absolutely. And it wasn't really, to be fair, it wasn't really just Purdue, because once everybody saw how successful they were, everybody jumped in. You know, the generic makers, the other opioid makers, the distributors. The pharmacies made a bundle, Walmart made a bundle, and they all jumped in. And if you look at — it's been very well documented by Patrick Radden Keefe at The New Yorker and ProPublica. The pharmaceutical lobby has spent almost $1 billion, eight times more than what the gun lobby has spent — I mean, more than the gun lobby? — to, you know, crack away at the regulations that were designed to protect Americans.

Rovner: So, unlike a lot of journalists who pursued this story, you're actually from the area that was initially affected by the opioid crisis. Why was Appalachia and the Rust Belt such an attractive place to start marketing this drug?

Macy:

of jails, and what I see are the aftereffects of OxyContin, day in and day out. When you talk to people who are in our jails for drug-related charges, almost all of the ones that I've met and spoken to started out with OxyContin.

Rovner: And what is it about OxyContin in particular that makes it so addictive, other than the fact that the FDA said that, well, you know, it's timed-release, so it won't be as addictive?

Macy: Yeah. Well, it had the most amount of oxycodone in it. It was the strongest drug. And as you see if you watch the show, they just kept coming up with stronger and stronger versions. At one point they had 160-milligram pills. They took that off the market when they got the, I think it was when they got the black box warning in '01. But you know, they were still pushing this idea that if you go into a doctor's office and a patient is there exhibiting signs of dependence and addiction to their drug: "Oh, they're not addicted. They're pseudo-addicted." You know, they hired the guy who had invented that crazy term based on a study of one patient, and that was how they stigmatized folks over and over. And so the solution was more OxyContin. So if they're on 10, give them 20. If they're on 20, give them 40. If they're on 40, give them 80. And that was also like the nuclear bomb of opioid milligram prescribing.

Rovner: So, how has the opioid crisis changed your community? You're from southwest Virginia. It's still raging down there, right?

Macy: It's still raging everywhere, to be honest. And I think there's a big connection between the explosion and homelessness. I mean, I know wthann6-0.7 2.8 (BDC1j-0.00.8 (4.9 ()11.3 (7.2 (w-6.6 (u ()10.6 al.6 (w)1 ()6d

Well, when fentanyl is everywhere, failure means death. And so even the money that did get sent down, and maybe did get put to usage for the opioid epidemic, not all of it got put to programs that [unintelligible] and the WHO and the CDC say are the best way. So we've got to have more federal leadership, I think. I think the drug czar needs to report to President Biden, which actually happened under [President Richard] Nixon in the early years. You know, before he went full into th

waste a precious resource. But it turns out that the six-month rule really doesn't do what it was supposed to — that alcoholism is a disease, not a moral failing, and that up to half the people who could get transplants instead die during the waiting period. It's a really thought-provoking story about, you know, a thorny medical ethics question.

So, that is our show for this week. As always, if you enjoyed 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. And 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. Mel.

McIntire: @MelMcIntire.

Rovner: Jen.

Haberkorn: I'm @jenhab.

Rovner: Alice.

Ollstein: @AliceOllstein.

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