



# THE AFFORDABLE CARE ACT:

# GO WILD

# DRAMA &

# REALITY

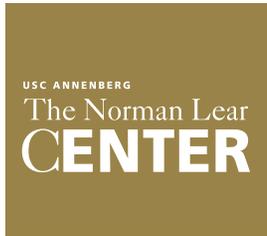
## PORTRAYING OBAMACARE IN TV & FILM



Transcript of a panel presented  
by Hollywood, Health & Society

Feb. 18, 2014 | WGAE, New York

**HOLLYWOOD, HEALTH & SOCIETY**  
USC ANNENBERG NORMAN LEAR CENTER



### The Norman Lear Center

The Norman Lear Center is a nonpartisan research and public policy center that studies the social, political, economic and cultural impact of entertainment on the world. The Lear Center translates its findings into action through testimony, journalism, strategic research and innovative public outreach campaigns. On campus, from its base in the USC Annenberg School for Communication & Journalism, the Lear Center builds bridges between schools and disciplines whose faculty study aspects of entertainment, media and culture. Beyond campus, it bridges the gap between the entertainment industry and academia, and between them and the public. Through scholarship and research; through its conferences, public events and publications; and in its attempts to illuminate and repair the world, the Lear Center works to be at the forefront of discussion and practice in the field.

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### Hollywood, Health & Society

Hollywood, Health & Society (HH&S), a program of the Norman Lear Center, provides entertainment industry professionals with accurate and timely information for storylines on health and climate change. Funded by the Centers for Disease Control and Prevention, the Bill & Melinda Gates Foundation, The California Endowment, the Grantham Foundation, ClimateWorks, Skoll Global Threats Fund, among others, HH&S recognizes the profound impact that entertainment media have on individual knowledge and behavior. HH&S supplies writers and producers with accurate health information through individual consultations, tip sheets, group briefings, a technical assistance hotline, panel discussions at the Writers Guild of America, West, a quarterly newsletter and web links to health information and public service announcements. The program also conducts extensive evaluations on the content and impact of TV health storylines.

For more information, visit [www.usc.edu/hhs](http://www.usc.edu/hhs)

➡ To watch a video of the full panel discussion, part of the HH&S outreach to writers, [click or tap here](#).

Participants



**WENDELL POTTER** has more than four decades of experience as a communications professional, beginning with a career in journalism that included stops in Memphis, Nashville and Washington, D.C., where he covered Congress, the White House and the Supreme Court for Scripps Howard newspapers. His first corporate job was at Humana Inc., where he headed the company’s communications department in Louisville, Kentucky. From there he was recruited to Cigna Corporation, and served in a variety of positions for nearly 15 years. After seeing first-hand how strategic PR and lobbying are used unfairly to tilt the scales toward corporate interests, Wendell left his corporate career to advocate for meaningful health care reform. He made headlines in 2009 when he disclosed in Congressional testimony how insurance companies—as part of their efforts to boost profits—have contributed to spiraling health care costs and the growing number of Americans without health insurance. He also revealed how insurance companies use their customers’ premiums to wage multimillion-dollar PR and lobbying campaigns to influence public opinion and public policy. Since then, he has spoken at more than 200 public forums and authored the book *Deadly Spin: An Insurance Company Insider Speaks Out on How Corporate PR Is Killing Health Care and Deceiving Americans*. In addition to serving as president of Wendell Potter Consulting, he’s written articles for The Huffington Post and Newsweek, and has been a frequent guest on ABC, CBS, NBC, Fox News, MSNBC and PBS.



**JULIE GREEN BAILLE** is a communications leader with a broad range of experience working with organizations including federal government, higher education and political campaigns. She is currently director of the Office of Communications for the Centers for Medicare & Medicaid Services, where she leads strategic communications efforts for federal programs delivering health care to millions of Americans. Julie heads communications planning, marketing, creative services, web strategy, media relations and call center operations. Before coming to CMS, she was the associate vice president of communications for Georgetown University, where she served as director of communications overseeing institutional web strategy, media relations, editorial publications, and protocol and events. Julie also served as the deputy director of communications for Vice President Al Gore and the Gore 2000 presidential campaign. Before working on the Gore campaign, she was press secretary at the U.S. Department of Education, where she served as the spokesperson for U.S. Secretary of Education Richard W. Riley and the Department of Education, and developed strategies to promote the Clinton Administration’s K-12 and higher education initiatives. She graduated with honors from Syracuse University.

## Participants



**TRUDY LIEBERMAN** has been a journalist for more than 40 years. She's a contributing editor to the Columbia Journalism Review, where she blogs about health care and retirement at [www.cjr.org](http://www.cjr.org), and a fellow at the Center for Advancing Health, for which she also blogs about health. Trudy has had a long career at Consumer Reports specializing in insurance, health care and health care financing, and was also the director of the Center for Consumer Health Choices at Consumers Union. She is a contributor to *The Nation*, and has written a column about health and the marketplace for the Los Angeles Times. She began her career as a consumer writer for the Detroit Free Press, where her reporting became a model for consumer writers across the country. She has won 26 national and regional reporting awards and other honors, including two National Magazine Awards and 10 National Press Club Awards. In addition, she received a John J. McCloy Fellowship to study health care in Germany, a Joan Shorenstein Fellowship from Harvard University to study media coverage of medical technology, and three Fulbright Fellowships. Trudy serves as an adjunct associate professor of public health at City University of New York, where she teaches courses on the media's influence on public health. She is the author of five books, including *Slanting the Story: The Forces That Shape the News* and the *Consumer Reports Complete Guide to Health Services for Seniors*. She holds a bachelor's degree with distinction from the University of Nebraska and earned a certificate in business and economics journalism from Columbia University's Graduate School of Journalism.



**MICHAEL WINSHIP** is president of the Writers Guild of America, East, AFL-CIO, and is the Emmy Award-winning senior writer of the public television series *Moyers & Company* and its website, [billmoyers.com](http://billmoyers.com). A senior writing fellow at the public policy and advocacy group Demos, he is a veteran public television writer and producer whose credits include *Bill Moyers Journal*, *NOVA*, *American Experience*, *Nature* and *Smithsonian World*, as well as many arts, documentary and public affairs specials. In addition to public television, Michael has worked for CBS, the Children's Television Workshop (now Sesame Workshop), the Discovery and Learning channels, A&E, Lifetime, Turner Broadcasting, the Disney Channel and the History Channel, among others. He has written for national publications and websites, including *The New York Times*, Salon and The Huffington Post, and is the author of *Television* and co-editor of *Bill Moyers Journal: The Conversation Continues*. He has been nominated for 10 Writers Guild Awards for outstanding achievement in writing, and has won three times. Winship also has co-produced two plays in Los Angeles: *The Arab-Israeli Cookbook*, by Robin Soans, and *Charlotte: Life? Or Theatre?* by Elise Thoron.

# Participants



**MARTIN KAPLAN** holds the Norman Lear Chair in Entertainment, Media and Society at the USC Annenberg School, where he was associate dean for 10 years. He is the founding director of the school's Norman Lear Center, whose mission is to study and shape the impact of media and entertainment on society. He was Vice President Walter Mondale's chief speechwriter and deputy campaign manager of Mondale's presidential bid. He worked at Walt Disney Studios for 12 years, where he was first a feature films vice president and then a screenwriter/producer. His movie credits include *The Distinguished Gentleman*, starring Eddie Murphy, and the film adaptation of Michael Frayn's *Noises Off*. A *summa cum laude* in molecular biology from Harvard College, where he was president of *The Harvard Lampoon*, he won a First in English as a Marshall Scholar at Cambridge University, and he holds a Ph.D. from Stanford in modern thought and literature.

**Michael Winship:** I'm Michael Winship, the president of the Writers Guild of America, East; and a senior fellow at the think tank Demos.

Welcome to all of you. How many of you are members of the Writers Guild? Some. Okay. Some. Well, everyone, welcome. The Writers Guild of America East is one of two Writers Guilds, the East and West. We are separately incorporated; we negotiate contracts together. But we are separate.

We are affiliated with the AFL-CIO. We have 4,000 members east of the Mississippi, television, film, radio, new media. Our members include the people who write *The Daily Show*, *The Colbert Report*, Jimmy Fallon and Seth Meyers' new shows. Our members write *Law and Order: SVU* and *Nurse Jackie*. Our members write *CBS Evening News* and *World News Tonight*, and everything you hear on 1010 WINS All News. Phil Pilato is here tonight, one of our council members who works at WINS.

So that's what we do. And one of the things that we do in addition to the benefits that we offer our membership, in terms of health and pension and residuals, and so forth and so on, is to hold sessions like this.

Over the last few years, we've held a number of sessions, the purpose of which is to educate our members and the general public on various issues and about various things. We've done these with the FBI. We've done them with the ATF, the Manhattan District Attorney's

Office. We've done sessions on drone warfare. We've done sessions on sobriety and recovery.

And tonight, Obamacare. And I am co-moderating tonight with my friend and colleague, Marty Kaplan. Marty is director of The Norman Lear Center at USC. He's also the Norman Lear professor of Entertainment, Media and Society there, and he is the principal investigator of Hollywood, Health & Society. I'm not sure what that means, Marty; maybe you will tell us.

But I also should say that Marty is a Writers Guild member, Writers Guild West. He has had a distinguished career as a screenwriter

"This law has been so politicized and so stretched by both sides, or several sides, in this whole debate. It's very difficult for anybody [to understand what's going on]. You need to find out what people are actually experiencing."

– JOURNALIST TRUDY LIEBERMAN

himself and has, like me—we have both worked as speechwriters. And he's also been a production executive, studio executive.

And I'm going to turn it over to Marty. But I first want to thank Marcia Seaman and Dana Weissman from our office, Nancy Hawthorne, Jason Gordon. And I want to introduce our Executive Director, Lowell Peterson, who's in the back of the room. And now, I'm going to toss it to Marty. Marty?

**Marty Kaplan:** Thank you so much, Michael. We're thrilled to be here. The Hollywood, Health & Society Program of The Norman Lear Center has had a long partnership with the Writers Guild West. And the co-chair of our board, in fact, is ex-officio the president of the Writers Guild West.

And it's terrific that the president of the Writers Guild East is now on the board of that, and that we are doing events together. So this is a terrific way to kick it off. And thank you so much for that.

And I also want to thank the people who made this happen. We in the end just sort of take our chairs and do the last stuff, everything that preceded this—in this case, Kate Folb, the director of Hollywood, Health & Society; and [Armine Kourouyan] on the staff of Hollywood, Health & Society, thanks to you as well.

In a moment, I'm going to introduce our panel. Just a word about Hollywood, Health & Society—for 12 years now, what we have done, with the help of grants from different agencies and philanthropies, is to be a free resource to writers, writers and producers, in any part of the entertainment industry, whenever they have a question that involves public health. We will put them in touch for free with the best experts anywhere on that topic.

And so, for shows that can't afford to have consultants, it's a way to be accurate if you want to be accurate. It's always, at the end of the conversation—up to the writer to decide—and the various parties that the writer's involved with—to decide whether or not, and how, it may or may not square with what an expert says.

But we're happy to provide that. And public health for us includes everything that the Centers for Disease Control covers — that's our long-standing funder — and also climate change, which is a tremendously important public health issue; and access to health care, also a tremendously important issue, which is what brings us here this evening.

So before introducing the panel, I thought it might be fun and informative just to kind of have a whirlwind tour of the way in which access to health care has been depicted in the media.

(Video clip)

**Marty Kaplan:** So, Affordable Care: Comedy, Drama and Reality.



We're talking about storytelling, really. The Writers Guild West has a big flag outside their headquarters that says "America's Storytellers."

So we are fortunate tonight to have three storytellers, who approach the story of affordable health care from different and complementary vantage points. And I'm going to ask you to welcome them after I introduce all of them.

Julie Bataille has been a communicator, a spokesperson, in the public realm and the nonprofit realm, working for Dick Riley at Department of Education, for Al Gore as Vice President and as presidential candidate, Georgetown University, and now for the agency at the Department of Health and Human Services, the Centers for Medicare and Medicaid Services. And so she is the Director of the Office of Communication there.

Wendell Potter, whom you saw in that video and probably have seen

*From left: Kate Folb, director of the Hollywood, Health & Society program; journalist Trudy Lieberman; and Wendell Potter, an expert on the health insurance industry.*

in many news venues, is the former Head of Communication for Cigna, one of the nation’s largest health insurers. But he’s also — he started out as a journalist, so he has that perspective as well. And he spent, between Humana and Cigna, 15 years inside the insurance industry.

Two books of his I wanted to mention, which kind of encapsulate his recent journey—*Deadly Spin: An Insurance Company Insider Speaks Out on How Corporate PR is Killing Health care and Deceiving Americans*, and now a new book, called *Obamacare: What’s In It for Me?* So the public and nonprofit sector, then the impression of an insider in corporate communications, and now journalism. Trudy Lieberman has a base now at the Columbia Journalism Review. But she’s worked for places like *Consumer Reports*, *The Nation*, the *Los Angeles Times*. And she has been a journalist for 40 years, of which the last couple of decades have focused on health insurance, access to health care. One of her books is called *Slanting the Story: The Forces That Shape the News*.

We were going to have another panelist. Unfortunately, Liz Flahive is a new mother, and sometimes things with new mothers are unpredictable. And tonight is one of those unpredictable events.

And also, Michael Winship is a seasoned veteran of the news business. And so in some ways, as president of the Writers Guild, he’s also immersed in the world of storytellers.

So please join me in welcoming our panel.

(Applause)

So, first question—and this is kind of a jump-all—maybe all of you, or some of you, want to talk about it. And by the way, at a certain point, we will welcome your questions and joining the conversation.

So if you are an American who does not have health insurance, did not have health insurance, what is the story you are being told about the Affordable Care Act? What do you think, from that perspective, is happening?



**Wendell Potter:** I’ll start. I think it depends on where you live, for one thing.

**Marty Kaplan:** Okay.

**Wendell Potter:** I’m from Tennessee. And when I go back to visit family there, much of the news coverage is negative about the Affordable Care Act—much more than it is in Philadelphia, where I live now, and other parts of the Northeast in particular. And I think that the culture of politics also makes a big difference in what you hear and what you believe about the Affordable Care Act. Even whether you hear it’s called Obamacare or the Affordable Care Act will make some difference, I think, in how you perceive it or are willing to believe that there might be something in it for you.

So I think there’s so many variables—where you hear it from, and where you go to get your news and information. If you’re a religious watcher of Fox News, that will mean that you have a certain opinion of

*Panel members and audience at the Writers Guild of America, East, where the topic was The Affordable Care Act: Comedy, Drama & Reality.*

it that someone who doesn't might not have.

**Marty Kaplan:** Trudy?

**Trudy Lieberman:** Yeah, I think that the answer to the question really depends on what your political persuasion is. This law has been so politicized and so stretched by both sides, or several sides, in this whole debate. It's very difficult for anybody who really wants to find out what's going on to find out.

I have a lot of people who do shopping for me in various exchanges. Because I need to have people on the ground, so I can understand what's going on. One cannot really understand the Affordable Care Act sitting in Manhattan. And you need to find out what people are actually experiencing.

And I think there are a lot of people who really do want health insurance. And they know they need it, and they know it's expensive. And I think one point that has to be driven home through this whole process is that it's kind of dangerous to go without it. So I think starting from that premise, people think that they need it. They just don't know who to believe and where to turn.

So I think if they tend to watch Fox, or they tend to be conservatives living in South Dakota, they may have one perspective about it, and they're not very interested in going forward. If they're living in a more progressive area, like Colorado, I think maybe they might be more inclined. But even that group of people is thinking that—gee, you know, really, what's in this for me?

And then, you've got another group of people who really do want to get covered but have been running into incredible barriers, even when the exchanges are working. And they are confronting a shopping decision and a policy that is incredibly difficult to understand.

**Julie Green Bataille:** I would just echo my agreement with both panelists and say the story that we have been trying to tell from HHS and the Department is not always the one that I think many

people have read. But what we have really tried to do — and that will certainly get easier over time, as more real people are benefiting from the law and different provisions of the law going into effect — are telling the stories of those individuals who are taking advantage of the new benefits.

And certainly, the law passed. There was an enormous political conversation that frankly confused some people and turned other people off of it altogether. And a lot of the early provisions of the law that went into effect in particular benefitted senior citizens, things like better prices for prescription drugs and Medicare benefits in

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particular. So we did a lot of educational efforts around that. And then certainly, this fall, with the launch of the new marketplaces, this is an enormous opportunity for millions of Americans to access coverage that they never had.

But I think really trying to be specific with people about the benefits and how it can impact them, and what it means for them; and having people who are like them, whether it's people in their peer group or their family member or something, that gives them a reason to trust information and then check it out and find sources of information, is really what I think will be more useful over time.

I mean, think about health insurance and what you know about buying health insurance. It's a serious product; people take it very seriously. But we have seen an enormous demand for the product and hunger

for information. And our ongoing work will be to make sure that we can give that to people in a way that they understand.

**Marty Kaplan:** Julie, how would you measure the reality against your initial expectations going in?

**Julie Green Bataille:** You mean the reality of sort of—

**Marty Kaplan:** How it's going, as opposed to your expectations.

**Julie Green Bataille:** So, I would certainly say, you know, last week was certainly a good week for us in being able to announce that more than three million Americans since October now have coverage because of the marketplaces. We certainly expect and want millions more to enroll by the end of open enrollment, which is the end of March this year.

Clearly, we were all very disappointed with the rollout itself in terms of the initial technical problems on the federal website, health care.gov. But we think a lot of that has been addressed. We are seeing the vast majority of people who come to the site now being able to go through.

But I think you still have to recognize what people are doing when they are seeking information about health insurance and coverage. And that is often something that they are looking for information on. Again, what does it mean for them in terms of their family budget? Is my doctor in the particular network or plan that I may choose? And it's something that they are likely going to make a decision on over, you know, multiple days or weeks before they make their financial decision. So we want to be able to give people that information, so that they can make an informed decision in the time that they need to.

**Marty Kaplan:** Trudy?

**Trudy Lieberman:** Well, before we leave this thought, I want to make it clear, from my vantage point, that I don't think people understand the law. And I don't think the explanations of why certain things in the



law had to be in there have been clear, made understandable. And that's a very different process than telling somebody that they can stay on their parents' policy until they're 26.

So they are getting these snippets of information about what this might do for you, without any actual understanding. And give you an example of something I was writing today. I was writing a response to a woman who went on Fox News a few weeks ago, complaining about the narrow-network problem, but also complaining about the fact that she had to drop her — she got her policy canceled and now has to get a new one. And her doctors aren't in it. But what's more, she doesn't understand why she had to do this.

And I thought, as I responded to her, what was really necessary is for her to understand on some level why those minimum benefits were in those new policies. What kind of cross-subsidization that this law—and there is some cross-subsidization—and some wealth

*Panelist Trudy Lieberman has covered the ACA and health care extensively. "From my vantage point, I don't think people understand the law. And I don't think the explanations of why certain things in the law had to be in there have been understandable."*

redistribution in this law, whether you really want to acknowledge that or not. A lot of people don't want to think about it. But there is. And I think that those concepts are not really very American; we don't know very much about them, and they're demonized. But it's my belief that unless people understand that, you're going to have more Deborah Cavallaros coming on TV.

And so, my plea to CMS and to everybody else who's explaining this, is —go beyond the superficial that yeah, you can stay on your parents' policy, or you can get a subsidized benefit—but to generate more understanding of the law. And I think that I've written 750 posts. And in many of those posts, I have made a plea to my fellow reporters, urging them to explain Obamacare in much greater detail.

**Marty Kaplan:** Wendell, you said that Obamacare is so complicated it will make your hair hurt—

(Laughter)

— which is a metaphor I understand in the abstract.

(Laughter)

**Wendell Potter:** Because it is such a complicated bill. It does—the reason is big companies—is we have a very big and complicated health care system, with so many problems. And you can't really solve one in isolation. We have to try to address a lot at one time, which the Affordable Care Act does. Because of that complexity, it is very, very difficult for the media to try to figure out the best way to explain it. And many of them just simply do not even try. And Trudy can certainly attest to that, and so can I. And I do the same—I don't do exactly the same kind of writing that Trudy does, but I also try to provide context and some explanation of the law.

But the media—the public is not being well served by media, largely because I think a lot of reporters, and certainly editors and producers, just think that the public can't understand it. And it would take too much effort to try to explain it. And you can't do it in a sound bite.

That's why the opposition has been so successful. You can call it a government takeover of health care. You can say that it contains death panels, which of course it doesn't, and it's not a government takeover. You can dismiss something—and I know this from my years working on the other side—you can defame something with a sound bite that you have—it's much more challenging to provide the appropriate context and content when something is complex.

**Marty Kaplan:** So Julie, is there an impossible task ahead of you?

**Julie Green Bataille:** I don't want to say anything is impossible. I think that the law is certainly complex. But I don't think writing about

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the law for the law's sake is really what's also going to benefit the consumer in the end. And I think making it digestible—Trudy, I take your point, and I think we can always do better in terms of making things more consumer-friendly. But explaining provisions so that people understand what it means, I do think, is something that will be increasingly important.

And I also go back to what I said earlier, where if people can see individual examples of those who have benefited, it will start to be meaningful in a way that is much tangible than I think a lot of the conversation has been to date.

If you think about the law, writ large as the law, you know, there are many, many provisions within it. But fundamentally, it's about

increasing access to health care in a number of different ways, and then driving down costs in the system.

So anybody who wants to have a conversation about delivery system reform, we might do that another day. But all of those things really do have to work together in order to, over time, change the health care system. And that is something that we will continue to explain to people. But it will have to be in a way that individuals can understand what it means for them. And it's going to mean different things for different people depending on where they are at different stages in their own lives.

**Marty Kaplan:** Think Trudy wanted to jump in.

**Trudy Lieberman:** Yeah. I just want to make the point that it's a very complex law, and it's a very big, sprawling law. But it's—as Ted Marmor likes to point out—it's a patch. And it's a patch on America's patchwork quilt health insurance. It was never meant to be national health insurance or anything really grand. That was never really in the cards.

And at its core, it was a way to bring insurance to people who did not have it, people in the individual market, primarily in the preexisting conditions problem; and the expansion of Medicaid. And we know that that's only been a half [a rope] at this point.

And so I think when we talk about the ACA and what it does and doesn't do, it's very helpful to think about what it is in the larger context, and who it is intended to help. And it is intended to help primarily people who don't have very much money. And I think we kind of don't like to do that very much in this country. And I think, though, that we have to think about who this law is intended to help if we're really going to make a difference in trying to educate them.

**Marty Kaplan:** So the stories that writers may want to tell through the vehicle of scripted entertainment would, to some degree, focus on those people who are poorer, who are not insured, so that those characters would be drawn from those ranks.



**Wendell Potter:** I think yes, but not exclusively. The approach I took when I wrote *Obamacare: What's In It for Me? What Everyone Needs to Know About the Affordable Care Act* is using myself and my own immediate family, and told stories about how the law affects each one of us—how it affects me as someone who's 62, and who left a job, and frankly was dependent on my wife continuing to work because that's where we got our health insurance. And if she didn't have it, I probably wouldn't be doing what I'm doing right now because of job lock.

And I explained that. But also using—telling the story of my wife, but also my daughter, who was able to go back on our policy until she turned 26; and my son, who—his policy was not renewed long before the Affordable Care Act went into effect. So I explain how the practice has been, as I mentioned in that clip you saw, of the insurance industry for many, many years of deciding not to continue to offer policies. And in some cases, kicking people out or raising their premiums so much that they're not eligible for their—or if they

*Wendell Potter, a former executive at Cigna, discusses how he went from being a health care industry insider to an outsider critical of the way that companies do business.*

can't afford their policies.

But also, I wrote about my cousins in Tennessee who don't make as much money as a lot of folks do who live in small towns where there are no large employers, and the rates of insurance have been particularly high—my Tea Party cousins.

So it affects every one of us. And one of the points I'd like to make is that it does—it was written largely for those who are, I think, low-to moderate-income folks who just cannot afford coverage or can't get it because of a previous illness. They've been blackballed by the insurance industry in the past.

But it absolutely affects and benefits every single one of us. Because it changes the rules and regulations for how health insurance companies operate. They can no longer drop us from coverage, they can no longer refuse to sell us coverage because of a preexisting condition. They can't blackball us anymore. So it affects me. And I wouldn't categorize myself as someone low-income. But we all in this country, largely, were just a layoff away, as I've said, from being uninsured.

**Trudy Lieberman:** Marty, I think that another group of people that is sort of disenfranchised in this whole thing—and I don't know whether a screenwriter would be interested in this or not—but the people who are not eligible for Medicaid expansion in the states are totally left out. And there have been — there's been a dearth of coverage in the media about the plight of these people. Because they do not qualify for Obamacare. They're too poor to buy insurance on their own, and their state Medicaid programs in most cases do not offer benefits to childless adults.

So they really have no options, except maybe a local clinic, where they can get care on a sliding scale. And I would love to see a lot more coverage of that issue. Because it's just been ignored.

**Marty Kaplan:** How many states and how many people are we talking about?

**Trudy Lieberman:** Twenty-five, Julie?

**Wendell Potter:** I think half the country has not expanded.

**Julie Green Bataille:** It splits along red and blue lines pretty clearly.

**Wendell Potter:** Yeah.

**Julie Green Bataille:** And I mean, if you look at the stories of some of these individuals, it's not their fault that their state has made a decision not to help them. And I would also just emphasize that the federal dollars to support that expansion is, you know, about 100

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– JULIE GREEN BATAILLE, DIRECTOR OF COMMUNICATIONS, CMS

percent, certainly for the beginning. So the fact that these states aren't taking up the offer to help their own citizens is something that certainly we're disappointed about, and we'd love to encourage people to change their mind.

**Michael Winship:** Well, speaking of storytelling, Wendell, I have a vivid memory of you coming to meet with me and my boss, Bill Moyers; and our producer, Gail Ablow; when you were first — we had this secret meeting —

(Laughter)

— early on a morning when you came in with some of the documents from [Cigna] and some of information that you had to share. That in

and of itself is a terrific story. But also, I think the story of your own experience — what changed your mind, what brought you over into this area — is a great story, if you could share that.

**Wendell Potter:** Yeah. And it was almost as if these things were meant to happen to make me see things from a different perspective. And there were three things — and I'll be brief — but it was in 2007. One was the expectation that I would play a significant role in essentially destroying Michael Moore's reputation as a filmmaker.

When the movie *Sicko* was coming out, the industry was very much afraid of what impact that film might have. And so we engaged a public relations firm in Washington to develop a very sophisticated campaign to push Michael Moore off the cliff, if it seemed as if his film was getting some traction and could really influence the public discourse on health care reform. We knew that it was inevitable that during the next election, 2008, that health care was going to be a big issue, and, if a Democrat won, very likely would be — there would be legislation. And we wanted to make sure that that legislation would not be single-payer, for example. And that was the big reason for doing that.

And I actually flew from Philadelphia to Sacramento to see the first screening of the film in the U.S., so I would know how I would be defending my company, which was mentioned in the film; but also how to go after Michael Moore.

About a month after that, I went back to Tennessee to visit family. And I picked up my hometown newspaper and read about something called the Health care Expedition that was being held about 50 miles from where I grew up. And I went there out of curiosity. John Edwards was still campaigning at that time and had stopped by. So he made the news from having gone to this — I'd never heard of a health care expedition, or Remote Area Medical, which was putting it on. It's an organization that was started in 1985 to fly US doctors to developing countries, where there is no access to care.

But the organization started getting calls from communities in the U.S.



And now most of their expeditions are in this country because of the lack of access.

And I went there not knowing, but something drove me to go there and check it out. I was, at the time, having to write a white paper for my company about the problem with the uninsured. The drafts kept coming back to me to change it. I was trying to for this to be an honest portrayal of the problem of the uninsured. But the direction I got was — de-emphasize that, and talk about or write about the number of people who have insurance and like their insurance.

And I just was becoming increasingly demoralized about what I was being asked to do. And when I went to Wise County Virginia to see that expedition, I saw people who were standing in incredibly long lines, lined up, willing to stand in line all day to be able to get care that's being provided by a doctor or another caregiver. In barns and animal stalls. It was on a county fairgrounds. And it was just as if I was finally able to see something that I would not allow myself to see, and

*Julie Green Bataille, who's in charge of getting the message out about the Affordable Care Act, says the law's story will be told through the people that it benefits.*

was keeping a distance from, of the extent that people were having to go through to get care.

And I realized at that moment that that could've been me if my circumstances had just been a little bit different. I could've been one of those people standing in those long lines. And I was — the job that I had as head of corporate communications for one of the biggest insurance companies, and working with the industry — I was helping to perpetuate a system that was trying to — that was making it necessary for people to get care in that manner.

Then, a little bit later after that, I was having to handle what we referred to as a high-profile case, in which my company had refused to authorize coverage for a transplant for a 17-year-old girl in Los Angeles, whose doctors said needed to have this transplant. If she had it, chances are she would've had a 65 percent chance of living at least five years. Those were the — you know, that's what they do in these kinds of circumstances. But a medical director at my company, 2,500 miles away, after just reviewing some paper, decided that in his view he didn't think it was medically appropriate. And so the company denied coverage for that girl.

It became a very huge PR nightmare for my company. I was on the front lines defending the company. The company eventually caved, quite frankly, because of the pressure, because of the publicity, the bad publicity; and agreed to cover it under special circumstances. But it came too late. By this time, so much time had passed that she died, five hours after the company said that she could have the transplant. And when she died, I just couldn't keep doing — I couldn't handle another high-profile case, I couldn't keep doing what I did. So it was a crisis of conscience.

Sorry to be so long-winded. But it was — I really came to terms about what I was doing for a living. And I felt it was important for me to be honest about how these companies operate and what they do to earn what Wall Street, a few blocks from here, expects them to earn.

**Marty Kaplan:** A very, very powerful story.

Writers are looking for conflict and drama and characters. And I wanted to ask Julie and Trudy — you are real people, not characters. But you have been, in your various ways, in the whirlwind. And Trudy, people are trying to spin you one way or the other all the time.

**Trudy Lieberman:** Probably.

(Laughter)

**Marty Kaplan:** Probably. What has it been like for you to be closely covering this issue and interacting with all the different forces involved, and watching as, finally, reform is being rolled out?

“I really came to terms about what I was doing for a living. And I felt it was important for me to be honest about how these companies operate and what they do to earn what Wall Street, a few blocks from here, expects them to earn.”

– WENDELL POTTER, HEALTH INSURANCE INDUSTRY EXPERT

**Trudy Lieberman:** Well, that's an interesting question, actually. I'm a very thorough reporter, and very honest reporter. And I see things as they are. And I don't have, as Wendell knows, a lot of patience for spin from any side. I think about who I'm writing for. And I'm writing for, I guess, the people we're trying to reach with the Affordable Care Act, or the Medicare — I write a lot about Medicare. Medicare beneficiaries — they have a lot of challenges, too, ahead of them, as Julie knows.

And I try to think about who I'm writing for, sort of like who the scriptwriter is writing for, that same kind of thing. And so, if I think about that, that really helps me sort of think about what I need to know. And you know, I'm not afraid to debunk one side or the other if

they're just (inaudible) they're spinning. But that comes from a basis of really knowing a lot about health care. Because I've been at it a very long time. But that's not to say I don't learn something new every single day. And that's what keeps me writing about Medicare after all these years, and now the ACA. Because it's really interesting.

And you know, I write for hours, and hours and hours and hours, about this stuff. And sometimes I say, at the end of a very long day, I really think I've had enough of the Affordable Care Act for the day.

(Laughter)

But then, at 7:30 the next morning, I'm ready to go again. And it's sort of the thrill of the chase, maybe. And I'm just kind of understanding what new things I'm going to learn, like this whole business about narrow networks. In March, I didn't really think this was going to be a big issue, but it's turned out to be a huge issue. And people are really pissed about the narrow networks. And you know, you can understand that. Nobody wants their surgeon to leave, you know, a month before an operation, or if you're in the middle of cancer treatment.

So people are really pissed about this. And the reason for the narrow networks has never been explained to them. They don't understand why that is.

And for me, I guess it's sort of like the journey that you had. This is new. I mean, we hadn't written about narrow networks before. So the ACA is full of surprises and will continue to be so.

**Marty Kaplan:** And Julie, you were expecting one narrative to be sending out. And then suddenly, you had other stuff to handle.

**Julie Green Bataille:** Yes, that's every day in my office, I think, where the unexpected may happen. But I think, first of all, I haven't had a whole lot of time to reflect, and I'm not sure that's going to happen anytime soon. But I certainly think that when you look at what I'm doing and what my team is doing, it is really with a sense of mission and purpose in terms of helping people.



And CMS, traditionally, has been a government agency that pays provider networks. You know, we pay the Medicare doctors, we manage Medicaid. So for us to launch the marketplace was a whole new series of opportunities which we took on and are certainly excited about. And at the end of the day, while no one wanted the October that we had, I think — I can't tell you the number of emails that I get from people who have, you know, unfortunately seen my name in the paper, who have a story — some good, some bad. And we know we've been able to help them.

And we've had a lot of sleepless nights. I think that's probably going to continue for the foreseeable future. But they're now about, you know, ways that we can continue to help people and make a difference. And I think that, at the end of the day, is really what makes it all worth it.

**Marty Kaplan:** If I could just do one quick follow-up on that — tell me a little bit about those stories that you're hearing. And do you get those stories out?

*Audience member poses a question about health care to members of the panel at the WGAE.*

**Julie Green Bataille:** So, a couple of examples that I would share with you. I've had several consumers who just email me with a particular situation that they've had on the website, a technical difficulty or glitch. And you know, for better or for worse, I know enough now about how the website works that I can sometimes tell them what to do or what little tip might work, and it helps them.

But something that we've really made a concerted effort to do now is use social media in terms of helping people through our customer service channels. And we've had a number of individuals — and we've actually seen it more on Twitter than on Facebook, which I think is just interesting, where they have expressed legitimate frustration with whatever part of the process they're in, whether it's the site, or needing information, or our call center. And we've been able to continue a conversation with them and just point them in the right direction. And we've had a number of people follow up with us and just say, you know — thank you, you really went the extra mile. Or — it's so nice to know there's people who really care.

And I think for us, certainly as a government agency launching social media channels, knowing we were going to have to serve people in a whole new way, was something we took really seriously. And I think the team that we have doing this is really committed to it. So that's been something that's particularly interesting, and especially gratifying when you see the consumer come full circle and we've been able to resolve their issue or get their particular situation addressed.

**Michael Winship:** I'd be curious how many people here have gone on the websites — have checked out either the federal site or the state sites.

**Unidentified Audience Member:** (Inaudible — microphone inaccessible)

**Marty Kaplan:** We're delighted to include you in the conversation. The one ground rule I would ask, please, is that you wait until a microphone gets to you.

**Unidentified Audience Member:** Thank you for this informative discussion. I wanted to ask the panelists about some of the issues that, as I have watched the debate, have been left out of the original debate over the Affordable Care Act, and definitely missing from the discussion of all the problems with the rollout and the complexities. And I want to focus on two. One is the question of two sides. It's always portrayed as there's Obamacare, and there's the right-wing Republicans attacking Obamacare as being government intrusion. But there's a third position which Wendell Potter has articulated.

And you know, you've been very courageous in explaining what is so fundamentally flawed about basing a health care system of a

“Advocacy groups generally don't understand strategy, they don't have the resources the other side has. So the deck was really stacked against any realistic, reasonable hearing or debate about [single-payer]. And so that was basically it.”

– WENDELL POTTER, HEALTH INSURANCE INDUSTRY EXPERT

private for-profit insurance network that is — their profits depend on cutting back care. And therefore, at its best, Obamacare is just going to extend that flawed system to more people. But with the narrow networks and all the other restrictions we're seeing now, those problems are just going to persist and persist and persist, whereas single-payer would be universal coverage for everyone without any private profit being made; and much simpler, because it would be one system for all.

So that's my first question is — exclusion of single-payer, or even the public option, which Democrats allowed to be excluded from the bill, which could've prevented some of these problems.

And then, my second question is about the exclusion of not only

undocumented immigrants — of which there are millions, as we all know — but even immigrants who’ve lived in the country for less than five years legally — quote-unquote legally — they’re also excluded from the Affordable Care Act. And so that’s millions of people who will never get covered. So could you —

**Marty Kaplan:** So, single-payer and immigrants.

**Wendell Potter:** I could — I’m sorry. Single-payer really didn’t have much of a chance of being really heard on Capitol Hill, for two or three reasons. One is because the insurance industry, which is so influential, was not really going to let it happen.

But on the other end, other side of the spectrum — or the aisle, if you will — not really, aisle, but just advocacy groups, those who advocate for it, have not been very well organized, either. And one of the things I’ve learned since I’ve been doing what I’m doing is advocacy groups generally don’t understand strategy, they don’t have the resources the other side has. So, just the deck was really stacked against any realistic, reasonable hearing or debate about it. And so that was basically it.

I think conceivably, single-payer could, at the state level — and I’ve spent some time in Vermont, and Vermont is trying to move toward a single-payer system — it conceivably could happen in this country, but it likely would start at the state level like that. And it started that way in Canada, at the provincial level. But the powers that be in Washington, it just wasn’t going to happen.

To another point you were making about immigrants — it’s not likely that — it just wasn’t going to happen, either because it’s such a contentious issue — but it’s worth pointing out that in California, when the state — even when Arnold Schwarzenegger was governor, there was an understanding of the importance of bringing undocumented workers into coverage or into having access to care. And they were giving that serious — the bill never passed. But it is such — just gets so intertwined in partisan and ideological issues that it just can’t get through Congress.



**Trudy Lieberman:** I want to add a couple things on the single-payer, or multi-payer issue. Because you could have a national health insurance with multiple payers. And I think it’s sort of a misnomer for us to think about having a national health system with only a single payer. Even in Canada, it’s a multi-payer system, because it’s a provincial system. And every province has its own way of doing things.

*Co-moderator Marty Kaplan, director of the USC Annenberg Norman Lear Center, and panel listen to a question from an audience member.*

I think it’s worth pointing out two things — one, the Affordable Care Act is really a Republican plan. And I think that most people do not understand this. The elements of the ACA, the subsidies, the tax subsidies, the individual mandate, penalties for not buying insurance were all Republican ideas. And they were also kind of mainstream ideas, too. They were in the literature, the academic literature in the early 1990s. And indeed, some of the Republican congressmen at the time were embracing these.

And so I’ve always thought it kind of ironic that we’ve had this Republican plan, and we’d shut down the government because of

Obamacare. So what gives here? And that contradiction has really never been explored in the media.

And you can think about different scenarios about why that is so. I've heard it said that if you have — if the Republicans wanted to push this thing, they sort of foreclosed any chance that we would have a national health system anytime in the future, because we're just sort of dealing with this right now. So that's one problem.

The other problem is that the insurance companies are always the ones getting the blame here. And lord knows they did things that are not necessarily what others would like to have happen. And they do things like Wendell has so ably documented. But I think we have to look at the medical community as well. The doctors and the hospitals and various other providers have never wanted any kind of national health care system.

And in Canada, they only got it because the doctors in Saskatchewan lost a strike. And the medical societies up there are still pretty much in charge of what's going on there. There's some price negotiation with the provinces. But the societies are still pretty much in charge, which is why they also have an expensive system.

We tend to forget that. And when you talk to some of the single-payer advocates, who are largely doctors, about this, they say — oh, no, it's not the doctors; it's the insurance companies. And one of the big contradictions in Obamacare that was never pointed out was — if the insurance companies are so evil, then we are we bringing them 30 million new customers — that that contradiction never really got explained.

And so I think if we're ever going to have a different kind of system, we have to look at all the different stakeholder groups that might oppose it. And it goes — insurance companies certainly would oppose it, but it goes far beyond insurance companies.

**Marty Kaplan:** Julie, you want to comment on —?

**Julie Green Bataille:** I would just say — I mean, clearly we're focused on implementing the law that is on the books. (Laughing) so as you can think about needing to explain that to consumers, that in and of itself is enough of a task for us right now. But we certainly said as an administration that we'd be open to other changes if people have nominative things go through Congress. But I think our first task is making sure people understand what the law is, what it means for them, and what they can do as a result.

**Marty Kaplan:** Spanish-speaking citizens or noncitizens are important to you, yes?

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“The [ACA] is really a Republican plan. And I think that most people do not understand this. The elements of the ACA, the subsidies, the tax subsidies, the individual mandate, penalties for not buying insurance, were all Republican ideas.”

– JOURNALIST TRUDY LIEBERMAN

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**Julie Green Bataille:** Very important. And as you think about the Latino community generally, Spanish-speaking or bilingual — if you look at their rates of heart disease, if you look at their rates of access to care and preventive services, this is something that disproportionately they often have problems with. So we have a huge, concerted effort to make sure that Latinos in particular know the benefits of the law and take advantage of it. We have a lot of bilingual resources that are available for people.

And I think again, if you look at the states where the federal government is implementing the law, that there are — you know, there's certainly a need for us to be focused on the Latino community in particular.

**Marty Kaplan:** Shall we continue, whichever way? Great. Who has the microphone? Armine? Closer to you, and then you, okay?

**Unidentified Audience Member:** I was really struck when you talked about — talking about the ACA, how much you’re focused on individualism. Not just individuals, but individualism. You know, wanting to tell some particular person’s story.

Now, I understand it from the way that newspapers write and stuff like that. But really, as a public health issue, isn’t it about more than individuals? And isn’t there — this is what part of Trudy was referring to — isn’t there another story besides individualism? I mean, people buy other kinds of insurance, and they know that they are paying for something that they hope they’re never going to have to use. You don’t buy fire insurance because you want a fire. You know? And that’s the whole mechanism of insurance, if you will.

And then, the other thing that I’m struck by is that in talking about things like Medicaid expansion, it is a red-blue issue. But it’s also a race and class issue. And you don’t hear about that. You don’t hear that the states that are refusing to expand Medicaid — I mean, nobody is saying, well, they don’t want to insure black people or other people of color. They don’t want to insure poor people. They’d just assume they die. And that’s nothing new.

And I’m surprised that — well, maybe I’m not surprised — but it’s not reported. And this — that frame is never put on it. And I’d just like you to comment about that.

**Julie Green Bataille:** Sure. I have a couple of thoughts. One is, when I talk about the individuals, what I’m really getting at is the notion of making the Affordable Care Act real for people. When you talk about the Affordable Care Act, or you talk about Obamacare, a lot of what we’ve seen is that really makes people’s eyes glaze over. And if you’re really trying to get them to pay attention to how they can benefit, and what’s in it for them, it’s giving them examples or stories of people that they can relate to.



So there are many stories about the Affordable Care Act, individuals and on up. But that’s what I’m really getting at, is how do you make this all real for people? So trying to do that in multiple ways is something that’s been a part of our strategy.

And to your other point, in terms of Medicaid expansion — what I would tell you is we have made a concerted effort to try to share census data that we have in terms of the individuals who are eligible for coverage who would be able to benefit from Medicaid expansion, and show that at very granular breakdown points, so that people can get the information that you’re asking for in terms of race, in terms of ethnicity, in terms of socioeconomic status in particular. And you can see who would really benefit by being able to be covered under Medicaid expansion.

**Marty Kaplan:** Anyone — Trudy?

**Wendell Potter:** Yeah. I think that Barbara’s right on. And I think in

*Co-moderator Michael Winship, president of the WGAE: “When did citizens stop being citizen and become consumers?”*

the whole run-up to the ACA, there was never this discussion of the community, that we're all in this together. We have to have a sharing of the risk. And I think I only saw one show that Bill Moyers did that got to that issue, and it had to do with Dick Cheney's heart attack. I don't know if you wrote that show.

But it talked a lot about — here he was, getting all this fabulous treatment because he was Dick Cheney. And it talked a little bit about the sort of communal — a communitarianism that we really should've been talking about. And it wasn't talked about.

And you keep going back to why people don't understand it, why they don't understand this risk pooling that I talked about earlier. It's because we're not focusing on that; we're focusing on the individual. And I think until that changes, we will continue to have this system we have. We're never really going to change that very much.

And as far as your statistics, I would really love to see them, if you would share them. Because I think Barbara's also right — I know a lot about the Midwestern states through another project I'm working on. And every time I know that they don't expand in those states, I keep thinking — it's got to be more than the governors worried about money down the road. That's not the real answer.

**Julie Green Bataille:** Yeah. I'll give you those, and I'll tell you how much money they're turning down, too.

(Laughter)

**Michael Winship:** Do you think that's — you talk about the individual versus the community — you think that's a broader issue, in terms of society —

**Trudy Lieberman:** Yeah.

**Michael Winship:** — that we're dealing with? Because I write a lot about —

**Trudy Lieberman:** It's America.

**Michael Winship:** Yeah. Because I write a lot about — you know, when did citizens stop being citizens and become consumers? And —

**Trudy Lieberman:** It's the way we think and the way we act in this country, the individualism and all that kind of stuff. You know, we're always interested in helping someone build their barn up if the barn burns down. But you know, we're not necessarily going to give them some sort of federal program to help them. And I think that we're very schizophrenic as a country about that.

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“We are not proposing stories. What we're hoping to do is to convey the stories that are going on, the characters involved, the forces in conflict with one another. That's the raw material of writers. And it's up to writers — to be inspired by that or not.”

– MARTY KAPLAN, LEAR CENTER DIRECTOR; CO-MODERATOR

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**Julie Green Bataille:** And I think it goes to the point that you were making earlier, Trudy, in terms of who the Affordable Care Act was designed to benefit in the first place; and the fact that the majority already have employer-sponsored coverage. And then, there are other people who are already shopping and purchasing coverage on the individual market.

So when you look at that subset that's left — that's, what, roughly 15 percent of the population or something — that's really who we're having the conversation about in terms of access to coverage.

**Marty Kaplan:** Yes?

**Unidentified Audience Member:** I have two quick points and a

question. One is — I just wanted to congratulate Mr. Wendell Potter for sharing his ethical dilemma. As a member of the corporate, I'm sure that must've been difficult.

Secondly, I wasn't on Wall Street, but I was at Zuccotti Park in its heyday — Occupy Wall Street — as a filmmaker covering the different working groups. And I have to tell you that there was a very, very strong, well-organized, non-hippie, non-beatnik, doctors-in-white-coats contingent often protesting and conducting meetings. I haven't followed what's happened to them. But this gentleman here also knows some of them. So I have to disagree that there hasn't been a movement towards — they called it an understandable, easy-to-understand, single-payer system.

But then, my question was — I sort of came here at the invitation of a friend. Because I'm a member of the Authors Guild, but not the Writers Guild. And I'm a filmmaker. And I sort of wanted to know a bit more. Although we saw your clips about how health care was being portrayed, I really haven't heard any further discussion of what you think would be, you know, good scenarios. Something like *West Wing*, only for health care? Or something like *Charlie Wilson's War* that dealt with all the issues?

You know, I don't hear any discussion amongst the panelists of suggestions for how you think some of these issues — I know it's a complex and difficult subject, especially for a panel. But maybe Mr. Kaplan has some comments on that issue.

**Marty Kaplan:** Thank you for the question, and for the comments as well. We are not proposing stories. What we're hoping to do is to convey the stories that are going on, the characters involved, the forces in conflict with one another. And then — that's the raw material of writers. And it's up to writers — whether they're working on a show or dreaming up a pilot — it's up to them to be inspired by that or not. Which, if I might, leads me to a question.

I mean, Wendell told an amazing, moving story. And I'd like to ask all three of you — and Michael, maybe you join in as well, if you'd like



— tell us a great story. What's just an amazing story about someone, and the Affordable Care Act?

**Wendell Potter:** I don't have one about the Affordable Care Act particularly. But I've just been reading this new book — and I'm sorry, I can't come up with the title or the author — about Paddy Chayefsky in the creation of the movie *Network*. And a few years before *Network*, of course, Paddy wrote an incredible movie called *The Hospital*, which was a devastating satire and indictment of the medical system in America, with George C. Scott and a number of other wonderful actors. I feel like the time is [rife] for an update (laughing).

**Julie Green Bataille:** I mean, some of the stories that I would share go back to individuals. But I think you can look at it from a couple of different perspectives. There's certainly the provider. And I think looking at those people who are working in community health centers around the country, who are seeing what it's like to deal with people who are uninsured on a regular basis; and now knowing how people

*"The insurance industry certainly is by no means the only aspect of the health care system that is motivated by money," said Wendell Potter. "They all are. And that is at the heart, I think, of what the problems really are: the profit fact."*

can be impacted by having insurance and helping them get access to preventive care and things that they never had before is certainly one piece that is encouraging. And there are certainly places in the country where that's happening more than others, just by virtue of what is there.

And then, the other that I would share is moms, and the impact that they have on getting their children covered, whether it's not being able to get insurance for their child who has been very sick or had a preexisting condition before, and now they're covered, they're able to have surgery — I think those are some of the most compelling stories that I have had the ability to hear from people firsthand.

**Wendell Potter:** When you asked that, I was reminded of something that — I was asked to speak on the one-year anniversary of the signing of the law in Denver. And I spoke on the Capitol steps. And in my remarks was talking about some of the benefits of the Affordable Care Act. And afterwards, a man who was about my age — I think he was a farmer — came up to me and said that he was confident — he thanked me for the work that I'd done, on trying to get reform enacted — and was not all that significant, the contribution I made.

But he was telling me that he was confident that he was alive that day because of the Affordable Care Act. He had been deemed uninsurable by insurance companies because of preexisting conditions. He could not buy coverage at any price. This was before, obviously, some of the more recent provisions went into effect. But he at least was able then to get coverage through the high-risk pool that was available to him. And the coverage was more affordable than it had been. And he was able to get coverage.

And that moved me more than — I'll never forget that man. Because that was a gentleman who was alive — and I'm confident he was telling me the truth — because of legislation the president had signed just a year before. And those kinds of stories can really be portrayed in a very compelling way, I think.

And they're real. They're absolutely real. There are so many people

who could not get access to coverage in this country because of the way the old system was. Julie's right — the insurance industry certainly is by no means the only aspect of the health care system that is motivated by money. They all are. And that is at the heart, I think, of what the problems really are, is the profit fact. Whenever you're trying to — I don't want to get too far off on a tangent — when you're undertaking change this significant, you're going to be affecting someone's income or someone's profit. And that's why it is so hard to effect this kind of change.

But to pull this off, as flawed as this bill is, you're still saving countless lives.

“When I talk about the individuals, what I'm really getting at is the notion of making [the ACA] real for people. And if you're really trying to get them to pay attention to how they can benefit, it's giving them stories of people that they can relate to.”

– JULIE GREEN BATAILLE, DIRECTOR OF COMMUNICATIONS, CMS

**Trudy Lieberman:** Well, I want to talk about something beside the Affordable Care Act. But it's a health-related issue, and it's hunger among the elderly in this country. And it is an issue that I am passionate about and have written about for *The Nation*. And it is being totally ignored by my president and the press.

People need food to eat. Elders need food, they need food for health. It's the basic building block for good health. And what we have in this country are waiting lists for Meals on Wheels programs all over the country.

Now, can you imagine an 82-year-old or an 85-year-old, number 400 on a waiting list in Louisiana or Indiana or wherever? They're all over. I investigated all of this for *The Nation* last year, wrote about it. Talk

about something that is so impactful and should not be happening in a country with the resources that the United States has.

And a lot of people on Medicare are in this fix. This one man in Baltimore said to me that he did not have a supplement, a Medicare supplement. He couldn't afford it for him and his wife. And he had been on the meals program in Baltimore County, but he had to get off of it because they couldn't afford two meals. And his wife wasn't eating it anyway, so he was only on one meal.

And several months later, the social worker went back there and found that he had also dropped his meal. And she asked him how he was managing. And he said — well, I do the best I can. But some days, the best isn't good enough.

And I think that this is something that is so basic. You can't — I mean, before you can even get to insurance, you have to have food. And every time I've mentioned this to people in the managed care industry, and say — why don't you have these food programs — they say — oh, this isn't anything that we're interested in doing.

So that is the one story that I think needs to be written or told, and is not being told.

(Applause)

**Michael Winship:** I think it doesn't specifically deal with hunger and the elderly, but the documentary, *Place at the Table*, I think — if you have not seen that — is a terrific film about working families trying to cope with —

**Trudy Lieberman:** Well, these people can't work. They're elderly.

**Michael Winship:** Yeah. Yeah, no, right.

**Trudy Lieberman:** They are retired, they're the very old people. And you know, we want people to live longer, right? By taking all these medicines, it allows them to do that.



**Michael Winship:** And part of this all [supposed to] be about prevention.

**Trudy Lieberman:** Exactly.

**Michael Winship:** And there seem to be huge gaps —

**Trudy Lieberman:** Well, they're not preventing very much here.

**Michael Winship:** No, exactly.

**Marty Kaplan:** How about on this side?

**Wendell Potter:** While you're doing that, let me just comment that I didn't mean to imply that there is not significant support for single-payer in this country. What I was trying to say was that while there is significant support, the advocates have not been —

*From left: Michael Winship, Marty Kaplan, Kate Folb, Trudy Lieberman, Julie Green Bataille and Wendell Potter.*

**Unidentified Audience Member:** You said they weren't very well organized (inaudible) —

**Wendell Potter:** No, I didn't mean — they were not organized in a way to be able to develop a strategic plan to move forward and didn't have adequate financial resources. That was what I meant to say. If I said something — I didn't mean to imply that they didn't have a great deal of enthusiasm, and that there were many people who are. But they have just not been able to overcome the opposition.

**Unidentified Audience Member:** [I'll send you] my opinions. I'll send you my opinions.

**Wendell Potter:** No, I don't disagree or even dispute what you're saying. My point was that the entrenched special interest is powerful that they have been able to keep any discussion of single-payer from really being that much of — having a hearing on Capitol Hill. That was the point I was trying to make.

**Marty Kaplan:** Yes?

**Unidentified Audience Member:** I'll talk to you later.

**Unidentified Audience Member:** I don't know if anyone on the panel could clarify, but —

**Marty Kaplan:** Speak up just a bit. Not on the mic, but for the room.

**Unidentified Audience Member:** Oh. Well, I don't know if anyone can clarify on the panel, but I know that we talked about sort of the Medicaid expansion, and that those were excluded. But also, is there something happening within the exchanges, like in Louisiana, where the insurance providers are not accepting Ryan White funds, and sort of preexisting — the whole clause that you can't be denied, and how certain companies are sort of circumnavigating that?

**Julie Green Bataille:** Yeah. I know that that's been an issue in terms of whether or not the Ryan White programs in particular would accept

our funding. And you should know that we actually just put out guidance to clarify that in particular and make sure that folks know that they can use their federal grants to support that.

**Marty Kaplan:** Can you explain what that is, for people who don't know?

**Julie Green Bataille:** It's basically — you might be able to explain it better than I can. There's different government agencies that run different programs. But essentially, the Ryan White program is a program that our sister agency runs to support people with HIV and AIDS. And there was a question about whether or not those providers

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would be able to use federal funds to help assist people who were getting coverage in the exchanges.

And we just put out guidance to let people know that those programs are in fact eligible to use that funding as something called a third-party payer.

**Unidentified Audience Member:** But are insurance providers required to accept the payment?

**Trudy Lieberman:** Well, BlueCross in Louisiana is saying they're not going to accept it. And they're using it as a way to underwrite. And they don't want to insure people with HIV.

**Marty Kaplan:** Trudy, I love it that you know what’s going on, everywhere.

(Laughter)

**Trudy Lieberman:** Oh, I wrote a story about it this week.

**Marty Kaplan:** Yes? In the back there?

**Unidentified Audience Member:** Mr. Potter, I wanted to ask you a question about Betsy McCaughey. And having dealt with her twice now, from very different perspectives, I just wanted to find out your reaction to her.

And also, I wanted, Trudy, to ask you about why the journalistic community has continuously over 20 years failed to take a look at her footnotes, and look at what she’s citing, and how she cites those documents? She’s the author of two basically Republican reports on why the Clinton health care plan and this health care plan — we fell for it twice. Both were no good. She is the author of the death [penalty] idea.

**Wendell Potter:** You’re referring to the former lieutenant governor of New York?

(Multiple speakers)

Right. Yes, she has authored some things that have very little to do with reality, regrettably. But because she’s been lieutenant governor and has been able to get on TV, a lot of people believe what she has to say. And she’s not challenged nearly enough, in my view. She has been. A lot of her work has been disputed, and rightfully so. You’re right, she was — I think she probably did coin the term “death panels.” And Sarah Palin picked up on it and began to use it. And she’s usually the one who’s cited as the person who coined it. But I think it was Betsy McCaughey.

I’ll use it to make another point too, though, that I was going to make

earlier. And you’re right, this is much about class as it is anything else. But one of the reasons why we’re having this conversation today, why it is so contentious, is because it became a political issue from the very beginning. Just as the debate was starting on Capitol Hill, Frank Luntz wrote a memo to Republicans. He’s a consultant and someone who is an expert in communications and linguistics. And he suggested, quite frankly, that anything that the Democrats came up with should be characterized as a government takeover of health care. And his point of view was that this could be a winning issue for the Republicans and that they should stand against anything that the Democrats came up with.

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“Now that they can get a subsidy, there are ways that they are paying very little for much better coverage than they ever could’ve gotten before. And I think that is what’s helping people understand what [affordable] means.”

– JULIE GREEN BATAILLE, DIRECTOR OF COMMUNICATIONS, CMS

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Interestingly, as Trudy noted, the law is built around Republican principles. The individual mandate, the exchanges, are straight out of Republican policy and think tanks. But the Republicans were not willing to have anything to do with it for partisan reasons. And that began to take hold almost immediately, to the point now that there is — if you are identified with one political party, and if you are a conservative, you’re not going to be persuaded to believe that it is anything other than a government takeover of health care. It was done very skillfully, with careful use of language. And it was political motivation. That is, in my view, why you have 25 states not expanding. It is because it is controlled by politicians who have been persuaded that to have anything to do with Obamacare, they wouldn’t be conservative enough or Republican enough, and would be [primaried] if they even considered it.

**Marty Kaplan:** Trudy, before you answer the question about why it's been like this — have you heard from the Democratic Party or from people who believe the Affordable Care Act is an important step in the nation — have you heard a message which is the equivalent to government takeover?

**Trudy Lieberman:** I was just getting to that.

Because for equal opportunity discussion here, let's just stipulate that the Democrats did the same thing that Frank Luntz did for the Republicans. They hired Celinda Lake. The money came from a group called the Herndon Alliance, which was convened in 2006. And the members were a whole bunch of people you would probably recognize. Many of the foundations, health care foundations, were part of this, but a lot of other organizations as well — labor organizations, church groups and so on. So they hired Celinda Lake to kind of do for them what Frank Luntz had done very successfully for the Republicans over two decades.

And so, Lake went out and did some polling. And she found that it was all based on whatever values Americans had, and found that Americans didn't like the term "single-payer." They were really not interested in national health insurance. But they wanted affordable, quality health care. So Celinda Lake wrote comparable memos to the one Luntz did, telling the Democrats that they need to refer to their endeavors at this point — there really wasn't any Obamacare at this point — as affordable quality health care.

And if you think about that phrase, and how it was used by supporters of the ACA, these people stayed on-message, like probably even better than the Republicans. And you saw them use that phrase from the president, the secretary of HHS, on down to the grass-roots people in Tennessee. And they didn't waver. And even at the very end of October, when the secretary was under a lot of fire for the website problems, she appeared on Sanjay Gupta's show. And I counted, and she had used the term or a variation of it eight times in the interview. So she was still using it at the end of October. And today, they're still using it — you're going to get affordable quality health care.

Well, that's come back to bite them. Because we know that health care is not going to be affordable for certain segments of the population. And these are the ones you saw in the clips.

So the interesting question for me is — why did it backfire a little bit on the Democrats and their supporters, but it hasn't backfired on Frank Luntz and his supporters? And I haven't figured that one out yet.

**Marty Kaplan:** Julie, as long as we're talking about language —

**Julie Green Bataille:** I use "affordable" and "quality" many, many times a day. But I think it goes back to having people be able to

"I think our health care system is undergoing evolution. I think the ACA, in my view, sets things on a better course. I don't think that you'll see much more out of Washington. I think you'll see continued reform in some states."

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articulate for them. So as you look at "affordable," you know, that's a subjective determination that people make based on their own budgets. But the reality is, for people who have never been able to think that they could afford health coverage — now that they can get a subsidy, there are ways that they are paying very little for much better coverage than they ever could've gotten before. And I think that is what's helping people understand what this means.

**Marty Kaplan:** What about the use of the word "Obamacare?"

**Julie Green Bataille:** You know, it's interesting. I think it means different things to different people. But you certainly see us use it more now. And I think it's tangible in some cases for people. There are moments where it's appropriate, and other times where it doesn't

make sense to people. So I think it's something that gets used in context.

**Marty Kaplan:** It was built up as a pejorative term by opposition. Was there a moment when a decision was made to use political jujutsu, and say — okay, we're not going to resist, bring it on?

**Julie Green Bataille:** You know, it's something again that, in context, has been what we've used from time to time. You certainly see us use it more when we are trying to insert humor or having conversations on social media, maybe conversations with young people, things like that. If you're looking at our official website and information about how programs work, and things like that, you wouldn't see it in that particular context.

**Marty Kaplan:** You do see it on *2 Broke Girls*.

**Julie Green Bataille:** Yes.

(Laughter)

**Michael Winship:** My impression was that it was a decision that was made within the campaign, in 2012 — that it was made within that group.

**Julie Green Bataille:** That would make sense.

**Marty Kaplan:** The time for — yes? Lowell?

**Lowell Peterson:** I'm a little troubled by the insight that the Affordable Care Act is aimed, and the messaging is aimed, at a relatively narrow swathe of the population, people who don't have the resources maybe to get benefits through their employer. Certainly, the Republican opposition to Medicaid expansion has affected this a great deal.

But I think that the reason Social Security has withstood 50 years of onslaught is that it applies to a much broader range of the population.

And I'm concerned that if we focus our discussion only on a relatively small number of people, this is going to be a very difficult political battle to win.

I've been negotiating health benefits for 30 years in the labor movement. It's getting more and more difficult. And more and more people are dropping off of coverage, and coverage is getting worse and worse and more and more expensive. And I think that was the driver behind getting the act passed. And that strikes me that maybe that could be part of the storyline more than it is.

**Wendell Potter:** I think it should be. In fact, that's a point I try to make, too. And the other point I made with my eBook is that it affects and benefits every single one of us in ways that people are not realizing. Because the media coverage has been on the rollout of the exchanges.

And the exchanges really immediately affect a relatively small percentage of the population. But the law itself benefits every single one of us, in one way or another. Whether — like I said earlier, most of us who have health insurance even through our employer — there's no guarantee that we'll have that this time next week. You can lose your coverage at any time because you work at the pleasure of your employer, usually — almost in all cases.

So if you lose your job — and over the years at Cigna and Humana, I saw countless numbers of people laid off. I had to lay people off myself. And in many cases, you are putting them also in the ranks of the uninsured. Because even if they have the ability to get COBRA, it's so darn expensive that the take is minuscule. I think it's about 10 percent of people who are eligible for COBRA.

So it benefits every one of us within — you can no longer be turned down because of a preexisting condition. That affects every single one of us. You can no longer lose your coverage because you get a diagnosis and the insurance company just would rather not pay for your coverage.

So that was why I wrote the book as I did. Throughout our lives, regardless of how old you are or what your economic circumstances are, you are affected by this bill. It's not perfect, by any means. And I think the story in *The New York Times* characterized me as someone who defends the Affordable Care Act. I've been a critic of it because it doesn't do things that it should've done. And as it was working its way through Congress, changes were made that troubled me. But it's important, and it does benefit us all.

**Trudy Lieberman:** Can I just answer your question about Social Security and Medicare? Because they are very different animals, and the Affordable Care Act. We all have a stake in Social Security and Medicare, because we've made contributions to those programs all through our working lives. We don't have that same kind of tie to the Affordable Care Act. And I think we have to go back to what Roosevelt said when Social Security was passed — with those damn contributions in there, nobody's going to scrap my Social Security plan.

I mean, they've — people have tried. And they're trying now, and it's not going very far.

**Marty Kaplan:** Michael, do you have a last question for the —

**Michael Winship:** No. I think there was a question over here on the right.

**Marty Kaplan:** Okay, that will be the last question. Yes?

**Unidentified Audience Member:** Trudy, you had made the good point earlier that one thing a lot of people still need to understand is why there are subsidized benefits or pre-preventive services.

(Multiple speakers)

And of course — sorry?

**Trudy Lieberman:** Say that — I didn't hear you.

**Unidentified Audience Member:** That a lot of people don't understand why there are pre-preventive services and subsidized benefits. Of course, the Affordable Care Act is incredibly complex and covers a million different areas. But I was wondering — are there like three or five, or one, specific benefits that you would like to see come through in film and TV?

**Trudy Lieberman:** That's a hard question.

I think the subsidies are very important to people. And I think if people understood how they worked and how they will work going forward, I think that would be a big step.

**Julie Green Bataille:** And I would just echo that, in terms of the availability of there being a financial mechanism where people can get help affording the cost of a monthly premium. You know, when you throw out the terminology of how this works — subsidies and co-pays and deductibles — that is pretty complex for people to digest and understand. And this just isn't a subsidy; oh, it's an advanced premium tax credit. Well, what does that mean to the average person, but boiling it down in a way that people understand — oh, I may not have to pay a \$500 monthly premium; that means I may pay \$25 or something — I think is enormously valuable to people. Because that's really then giving them information so they can better understand how they can take advantage of that.

**Michael Winship:** And I think Wendell's point about pre-existing conditions is huge — huge, huge — and needs to keep coming out more and more. It's really basic, but I think it strikes home.

**Julie Green Bataille:** Pre-existing conditions and gender.

**Wendell Potter:** And gender, you're right.

**Julie Green Bataille:** And gender. Yeah.

**Wendell Potter:** Yeah.

**Marty Kaplan:** As I sit here — you can't see it, but out that window on a building, in huge super-graphics, is a sign which — I don't know its origin, but what it says is — the French aristocracy never saw it coming, either.

(Laughter)

And I wonder, as a last comment from any or all of you — that's about dramatic change. Do you foresee dramatic change in any number of directions? The repeal-and-replace of the Affordable Care Act? Or an evolution toward single-payer of various kinds? Or any other thing which is other than incremental?

**Julie Green Bataille:** I mean, from my perspective, I would just say what we're in the middle of right now is pretty historic change, in the fact that it's never happened. There is so many parts of the system that are changing in different ways, all simultaneously. I think that in and of itself is what you're seeing, you know, come about in the news stories that are being reported, for better or for worse. And I think it's certainly exciting to be a part of that.

And as you see more people take advantage of the benefits, I think we'll start to see the real impacts of this, too.

**Wendell Potter:** I agree. I think it is — I think our health care system is undergoing evolution. I think the Affordable Care Act, in my view, sets things on a better course. I don't think that you'll see much more out of Washington. I think you'll see continued reform in some states that will be beneficial, in some states like Massachusetts.

And I spent the past weekend in Vermont. I spend a lot of time there, looking and talking with the folks who are pushing forward with a single-payer system in Vermont. I think you will see things happen at the state level and in the private sector, which is an area I'm going to be focusing on some, too. Because the Affordable Care Act, I think, enables some changes in the private sector that is going to be significant.

And so you'll continue to see change. And I think you'll see the

industry that I came out of — significant change over time in health insurance in this country, partly because of the Affordable Care Act, partly because the system was not sustainable before the Affordable Care Act. I saw over 20 years how insurers changed radically. And I think you'll see that compressed in a shorter period of time. You'll see, I think in five years from now, a system that is hardly recognizable, and hopefully for the good.

**Trudy Lieberman:** I think it's way too early to say whether — or to predict the demise of Obamacare. I think we need several years to let things kind of roll out. I do think there will be some changes to the law. I think the Democrats are already talking about this.

CMS is even talking about some changes. And I think that we have to sort of see how some of these parts of the law give change, and whether they materially affect the basics of the law, and the risk pooling and some of the subsidies and all of that. But anybody who says that it's dead is just really not on the right track at this point. I mean, we don't know what's going to happen in 10 years. We don't have any crystal ball any more than the CBO does when they make their projections for 10 years. So we have to take those with a grain of salt, too.

But I think we have to just sort of watch it, and do our best. It's the law of the land. And we have to write about it, we have to talk about it, and try to get people to understand it.

**Michael Winship:** Just to pick up from what Trudy said — that's why we've had this discussion. Because it's the law of the land. And you know, it's here. And we want our members and everybody else to have as much access to as much information as they can.

**Marty Kaplan:** A perfect note on which to end. Thank you for your terrific questions. Please join me in thanking the panel.

(Applause)