

California health care pioneer goes national, girds for partisan skirmishes

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When then-Gov. Arnold Schwarzenegger called for nearly all Californians to buy health insurance or face a penalty, Anthony Wright slammed the 2007 proposal as "unwarranted, unworkable, and unwise"—one that would punish those who could least afford coverage. The head of Health Access California, one of the state's most influential consumer groups, changed course only after he and his allies extracted a

deal to increase subsidies for people in need.

The plan was ultimately blocked by Democrats who wanted the state to adopt a single-payer health care system instead. Yet the moment encapsulates classic Anthony Wright: independent-minded and willing to compromise if it could help Californians live healthier lives without going broke.

This summer, Wright will assume the helm of the health consumer group Families U.S., taking his campaign for more affordable and accessible health care to the national level and a deeply divided Congress. In his 23 years in Sacramento, Wright has successfully lobbied to outlaw surprise medical billing, require companies to report drug price increases, and cap hospital bills for uninsured patients—policies that have spread nationwide.

"He pushed the envelope and gave people aspirational leadership," said Jennifer Kent, who served as Schwarzenegger's head of the Department of Health Care Services, which administers the state Medicaid program. The two were often on opposing sides on health policy issues. "There was always, like, one more thing, one more goal, one more thing to achieve."

Recently, Wright co-led a coalition of labor and immigrant rights activists to provide comprehensive Medicaid benefits to all eligible California residents regardless of immigration status. The state funds this coverage because the federal government doesn't allow it.

His wins have come mostly under Democratic governors and legislatures and when Republican support hasn't been needed. That will not be the case in Washington, D.C., where Republicans currently control the House and the Senate Democratic Caucus has a razor-thin majority, which has made it extremely difficult to pass substantive legislation.

November's elections are not expected to ease the partisan impasse.

Though both Health Access and Families U.S. are technically nonpartisan, they tend to align with Democrats and lobby for Democratic policies, including abortion rights. But "Anthony doesn't just talk to his own people," said David Panush, a veteran Sacramento health policy consultant. "He has an ability to connect with people who don't agree with you on everything."

Wright, who interned for Vice President Al Gore and worked as a consumer advocate at the Federal Communications Commission in his 20s, acknowledges his job will be tougher in the nation's capital, and said he is "wide-eyed about the dysfunction" there. He said he also plans to work directly with state lawmakers, including encouraging those in the 10, mostly Republican states that have not yet expanded Medicaid under the Affordable Care Act to do so.

In an interview with California Healthline senior correspondent Samantha Young, Wright, 53, discussed his accomplishments in Sacramento and the challenges he will face leading a national consumer advocacy group.

Q: Is there something California has done that you'd like to see other states or the federal government adopt?

Just saying "We did this in California" is not going to get me very far in 49 other states. But stuff that has already gone national, like the additional assistance to buy health care coverage with state subsidies, that became something that was a model for what the federal government did in the American Rescue Plan [Act] and the Inflation Reduction Act.

Those additional tax credits have had a huge impact. About 5 million Americans have coverage because of them. Yet, those additional tax credits expire in 2025. If those tax credits expire, the average premium will spike \$400 a month.

Q: You said you will find yourself playing defense if former President Donald Trump is elected in November. What do you mean?

Our health is on the ballot. I worry about the Affordable Care Act and the protections for preexisting conditions, the help for people to afford coverage, and all the other consumer patient protections. I think reproductive health is obviously front and center, but that's not the only thing that could be taken away. It could also be something like Medicare's authority to negotiate prices on prescription drugs.

Q: But Trump has said he doesn't want to repeal the ACA this time, rather "make it better."

We just need to look at the record of what was proposed during his first term, which would have left millions more people uninsured, which would have spiked premiums, which would have gotten rid of key patient protections.

Q: What's on your agenda if President Joe Biden wins reelection?

It partially depends on the makeup of Congress and other elected officials. Do you extend this guarantee that nobody has to spend more than 8.5% of their income on coverage? Are there benefits that we can actually improve in Medicare and Medicaid with regard to vision and dental? What are the cost drivers in our health system?

There is a lot we can do at both the state and the federal level to get people both access to health care and also financial security, so that their health emergency doesn't become a financial emergency as well.

Q: Will it be harder to get things done in a polarized Washington?

The dysfunction of D.C. is a real thing. I don't have delusions that I have any special powers, but we will try to do our best to make progress. There are still very stark differences, whether it's about the Affordable Care Act or, more broadly, about the social safety net. But there's always opportunities for advancing an agenda.

There could be a lot of common ground on areas like [health care costs](#) and having greater oversight and accountability for quality in cost and quality in value, for fixing market failures in our health system.

Q: What would happen in California if the ACA were repealed?

When there was the big threat to the ACA, a lot of people thought, "Can't California just do its own thing?" Without the tens of billions of dollars that the Affordable Care Act provides, it would have been very hard to sustain. If you get rid of those subsidies, and 5 million Californians lose their coverage, it becomes a smaller and sicker risk pool. Then premiums spike up for everybody, and, basically, the market becomes a death spiral that will cover nobody, healthy or sick.

Q: California expanded Medicaid to qualified immigrants living in the state without authorization. Do you think that could happen at the federal level?

Not at the moment. I would probably be more focused on the states that are not providing Medicaid to American citizens [who] just happen to be low-income. They are turning away precious dollars that are available for them.

Q: What do you take away from your time at Health Access that will help you in Washington?

It's very rare that anything of consequence is done in a year. In many cases, we've had to run a bill or pursue a policy for multiple years or sessions. So, the power of persistence is that if you never give up, you're never defeated, only delayed. Prescription drug price transparency took three years, surprise medical bills took three years, the hospital fair-pricing act took five years.

Having a coalition of consumer voices is important. Patients and the public are not just another stakeholder. Patients and the public are the point of the health care system.

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