



Where They Stand: The Candidates on Health Care Issues

Candidates for U.S. Congress, Missouri Governor and County Executive offer their thoughts on issues of concern to St. Louis-area physicians

Voters' choices in the November 3 general election will help shape the future of health care. *St. Louis Metropolitan Medicine* sought responses on several major health care questions from candidates for the two St. Louis-area U.S. House seats, Missouri Governor and St. Louis County Executive. Thanks to all the candidates who took time in their busy schedules to respond to our questions.

U.S. Congress, Second District

- **Ann Wagner, Republican (Incumbent)**
www.annwagner.com
- **Jill Schupp, Democrat**
www.jillschupp.com
- **Martin Schulte, Libertarian**
www.martinschulte.com

What lessons have we learned from COVID-19, and how can we be better prepared for future pandemics?

Wagner: We have learned that we need more resources and public engagement to quickly implement testing, contact tracing and isolation protocols while promoting masks and social distancing. I am developing these lessons into best practices that will permanently improve our public health readiness and keep Missouri's families safe. I have introduced legislation to permanently expand telehealth services, protect the vulnerable and nursing home residents, improve global health security, shore up the U.S. supply of treatments, and improve the National Strategic Stockpile. We must also protect health care providers from burnout, address health care disparities and mental health, and urge the WHO to increase international cooperation.

Schupp: COVID-19 has illuminated health care access disparities and the need for affordable insurance, including through a public option. Pandemic preparedness must include protections for our health care responders and those with whom they come into contact, including their families. There must be protocol for public adherence to a standard of guidelines designed by medical professionals based on science. Following

the advice of experts matters. Robust testing, tracing and treatment infrastructure must become the national norm. Standards designed by epidemiologists and care providers based on real-time information must be reported and utilized for decision making.

Schulte: Medical professionals have shown a tremendous amount of resilience and flexibility during the pandemic. In my view, those efforts were stagnated by manufacturing and supply chain deficiencies. If we were to better prepare for future pandemics, we would need to emphasize “raising the line” as well as “flattening the curve.” As medical professionals are limited to the tools and medicines on hand, manufacturers and supply chains will need to focus on transitioning from efficient models to rapid production. Nobody knows the time or impact of the next pandemic; an accelerated sourcing timeline will improve the quality of medical care.

What actions would you take to control the rise in drug prices and end shortages of needed drugs? Do you support removing the “safe harbor” provision of the 1987 Medicare Act that exempts hospital group purchasing organizations (GPOs) and pharmacy benefit managers (PBMs) from anti-kickback provisions?

Wagner: We must stop drug companies from taking advantage of consumers while maintaining our country's incredible access to lifesaving medicines. We must review any law that affects drug prices and drug shortages and ensure all patients can access groundbreaking cures and pay reasonable rates. I was proud to vote for H.R. 19 to lower prices and ensure that Missourians and their doctors have access to the price of their medications before they ever go to the pharmacy. This bill would force transparency into the system, limit how much seniors pay for their drugs on Medicare and expand access to rebates, lower the cost of insulin, and cut cancer treatment costs. I also voted for bipartisan legislation to bring generics to market faster.

Schupp: As I meet (virtually) with people throughout the district, the high cost of prescription drugs is an issue that comes up often. I support the bipartisan Lower Drug Costs Now Act (which my opponent voted against). Allowing



Medicare the power to negotiate directly with drug companies will lower costs for privately insured Americans, too. Washington has been remiss as prices of drugs have skyrocketed. I support examining the anti-competitive behavior of PBMs in the marketplace, while considering the effectiveness of coordination of care. Patients need affordable prescription prices as well as the most effective care possible. One cannot preclude the other.

Schulte: I recognize intellectual property rights and would be open to extending market exclusivity of drugs to reduce prices. If those drug manufacturing companies are unable to provide the needed medications for patients within a reasonable time (whether through increased production capacity or outsourcing) or price gouge then those companies should lose the market exclusivity and the open market will reduce prices and increase availability. I do not support the removal of safe harbors because it is projected to increase the federal deficit by \$200B as studied by the Centers for Medicare & Medicaid Services.

Do you favor or oppose lowering the Medicare eligibility age to 60? Why?

Wagner: I will always fight to strengthen the health care safety net for all Missourians. With Americans enjoying longer, healthier lives, we must protect Medicare while ensuring that younger Americans can access affordable care. Lowering the age of Medicare eligibility would indiscriminately replace private health care spending with up to \$100 billion in public funds per year at a time when Medicare's trust fund is a few years away from depletion. The best way to protect elderly, disabled and vulnerable adults is to increase quality health care options for all. I support premium assistance to those who have lost their jobs during the pandemic; ending surprise medical billing; telehealth and expanding HSAs; and protecting those with pre-existing conditions, while reducing premiums and prescription drug prices.

Schupp: I support a public option. One advantage is that it will allow people aged 55 to 65 to buy into Medicare. This population is the one insurers are most apt to try to avoid covering. Creating a public option allows this group to purchase quality insurance without negatively impacting the long-term fiscal health of the program. This will help fund the pool, and these individuals, by virtue of their younger ages alone, will be actuarially less in need of more expensive care than those in the system. These insured patients will pay premiums until eligibility at age 65.

Schulte: Medicare was designed to provide care for the latter stage of life; life expectancy past retirement age has more than doubled since its inception. I oppose lowering the Medicare eligibility age for two reasons: it will increase costs for those

who are under the Medicare eligibility age and decrease the emphasis on living productive lives. Too many people have paid into this promise from the government and have made life decisions based on this promise. Expanding the system will not fix the years of legislative neglect nor extend the Medicare exhaustion point.

U.S. Congress, First District

- **Anthony Rogers, Republican**
www.facebook.com/BetterThanTheBeatles
- **Cori Bush, Democrat**
www.coribush.org
- **Alex Furman, Libertarian**
www.facebook.com/alex4MO

Anthony Rogers did not respond to our questionnaire.

What lessons have we learned from COVID-19, and how can we be better prepared for future pandemics?

Bush: The COVID-19 pandemic has highlighted the dangers of failing to invest in preventive care, precautionary measures and adaptive resources. It reminds us that health care cannot be connected to job status; that unhoused communities deserve safe housing; that poverty, unemployment and evictions magnify public health crises. We must guarantee universal health care through Medicare for All. We must listen to scientific and medical experts when creating public policy. And with another public health crisis that disproportionately impacts people of color, we must work harder to ensure that health care providers actually represent the communities they serve in.

Furman: COVID-19 has taught us we need to leave pandemics to medical professionals, not bureaucrats and technocrats and rogue judges. People and businesses need to decide for themselves what actions they are comfortable taking and what their own level of risk should be. COVID has also taught us that inflationary monetary policy leaves us without savings required to quarantine for any effective amount of time.

What actions would you take to control the rise in drug prices and end shortages of needed drugs? Do you support removing the "safe harbor" provision of the 1987 Medicare Act that exempts hospital group purchasing organizations (GPOs) and pharmacy benefit managers (PBMs) from anti-kickback provisions?

Bush: Yes, I support removing the "safe harbor" provision. It's clear that pharmaceutical corporations are driven by their bottom line, not making medical interventions accessible to

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Candidates on Health Care — *continued*

those who need them. We must end price gouging once and for all, and ensure that the prices of prescription drugs are capped at reasonable limits. When we transition into a single-payer health care system under Medicare for All, we will provide free prescriptions. Lastly, we must continue to prepare for current and future public health issues—and guard against drug shortages—via robust public funding for drug research and development.

Furman: I would completely sever any and all government ties with the medical field. All regulation, taxation and subsidy—gone. This would lead to two things: 1) An outright crash in the price of medicine as Big Pharma liquidates itself and the industry restructures itself; 2) An unprecedented level of investment and production in the newly liberated industry.

Do you favor or oppose lowering the Medicare eligibility age to 60? Why?

Bush: Yes, absolutely. By lowering the Medicare eligibility age to 60, we can cover thousands of Missourians currently unable to access crucial and even lifesaving care. But we can't stop there; we must finally guarantee universal, quality care for every person across the nation via Medicare for All.

Furman: I favor abolishing all medical subsidy.

Missouri Governor

➤ **Mike Parson, Republican (Incumbent)**

www.mikeparson.com

➤ **Nicole Galloway, Democrat**

www.nicolegalloway.com

➤ **Rik Combs, Libertarian**

www.combsformissouri.org

➤ **Jerome Howard Bauer, Green Party**

www.facebook.com/Jerome-Bauer-Green-for-Missouri-Governor-354827564704728

Jerome Howard Bauer did not respond to our questionnaire.

What lessons have we learned from COVID-19, and how can we be better prepared for future pandemics?

Parson: There have been a lot of lessons, but one of the most important is the effectiveness of our "box-in" strategy to protect the most vulnerable. "Box-in" mobilizes facility-wide testing in senior centers and veterans homes to test all residents and staff the moment we know anyone in the facility is positive. This is why Missouri has been able to avoid the terrible outcomes for seniors that we saw in early breakout states like New Jersey and

New York. The other important lesson is that the state must communicate frequently and clearly. That is why I continue to have frequent press briefings on COVID-19.

Galloway: The most important thing the governor can do in a public health emergency is to convene public health experts and follow their consensus advice. I do not believe the current governor has been willing to do that. For instance, Gov. Parson's continued resistance to a statewide mask rule, which public health experts in Missouri and the White House have advised Missouri to adopt. Coordinating response, resource distribution and scaling capabilities are all important elements of responding to a pandemic. But, every decision must be guided by science and data, not politics.

Combs: Biggest lesson learned is to ensure accountability in lockdowns by having the decision-making process in the hands of elected officials rather than appointed officials. Too much power in the DHSS and local health departments. That said, we must ensure the proper PPE is stocked and stored for future use. Lockdowns are ineffective (e.g., Sweden versus the rest of Europe) and must not occur. Hygiene is important and personal space a must.

Now that Medicaid expansion has passed in Missouri, what steps need to be taken to implement expansion per the Affordable Care Act?

Parson: A few years ago, Missouri would have been unprepared for Medicaid expansion. But I appointed Todd Richardson as the Director of Missouri HealthNet (Medicaid) to meet exactly this kind of challenge. Right now, Todd is convening experts to make sure expansion in Missouri is as smooth and cost effective as possible.

Galloway: Voters have spoken, and eligibility for Medicaid will be expanded. The question is whether opponents interfere with its implementation through the appropriations process or other attempts to hinder Missourians from receiving health care. I supported expansion and campaigned in favor of it. Governor Parson publicly opposed it and campaigned against it. Missouri should follow the lead of so many other states that have realized public health and fiscal benefits from expansion. Those benefits of expansion will be a key part of our coronavirus recovery. We can do it without raising taxes or cutting other programs as many other states have done.

Combs: The biggest issue looming for Medicaid expansion is the amount of money Missourians must pay out in the coming years. The budget will have to be adjusted to fund this new requirement, and where does that funding come from? What

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Candidates on Health Care — *continued*

state funding needs reduction and/or elimination? Medicaid is a large part of the state's budget and growing exponentially; so where will Medicaid be in 5 or 10 years? Another looming question is that of continued federal funding share ... with the national debt nearing \$30 trillion, how long can Missourians expect the federal government to continue their levels of funding?

Though physicians (MD and DO) undergo many more years of education and training, other specialties such as nurse practitioners are lobbying for legislation to grant them similar scope of practice authority without physician supervision. What is your position on granting greater scope of practice authority to nurse practitioners and other health care professionals?

Parson: I believe it is important to acknowledge the value and distinctions of specialized medical training. Missouri needs to maintain and expand our trained workforce of highly skilled health care professionals to meet the needs of our citizens today and in the future. Any discussions of statutory changes regarding expanded scope of practices should be focused on areas of our state where acute shortages of highly trained health care professionals exist, with the goal of providing all regions of Missouri with the highest quality health care possible.

Galloway: When government considers regulatory changes in the field of health care, safety must be given strongest possible consideration against economic benefits of a proposed rule change. Many of our rural areas lack physicians, and access to even primary care is a significant issue. If patient safety can be preserved or enhanced, and regulatory changes generate clear economic benefits to patients, providers, or insurers, it should be open for consideration.

Combs: I fully concur with health professionals being granted more scope of responsibility and greater freedom to practice unsupervised. Moreover, I would favor the state no longer

license health practitioners, but have the individual disciplines regulate themselves.

St. Louis County Executive

➤ **Paul Berry, III, Republican**
www.facebook.com/BerryForSTLCounty

➤ **Sam Page, MD, Democrat (Incumbent)**
www.sampage.com

➤ **Theo Brown, Sr., Libertarian**
www.twitter.com/p77601

➤ **Elizabeth (Betsey) Mitchell, Green Party**
www.betseymitchell.com

Paul Berry, III, and Theo Brown, Sr., did not respond to our questionnaire.

What lessons have we learned from COVID-19, and how can we be better prepared for future pandemics?

Page: We've learned that racial disparities and the resulting inequity is not just a moral crisis, but a public health crisis, and that politics cannot dictate health mandates. Preparing for the future demands increasing access to care throughout our community to improve health outcomes for our most vulnerable. Passing Medicaid expansion gave hundreds of thousands of Missourians access to care, and we are directing our COVID-19 resources where we can improve access even further. We are prioritizing preventive and primary care, healthy communities, and the theme that we're all in this together so we have a society that is more resilient.

Mitchell: St. Louis County Department of Health must maintain detailed disaster plans for potential emergencies.

Candidate Q&A continues on page 25

COVID-19 UPDATE

Alex Garza, MD, SLMMS member and incident commander of the St. Louis Metropolitan Pandemic Task Force, gave an update on COVID-19 to the SLMMS General Society Meeting on Sept. 15. ←



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ATTORNEYS AT LAW

Meet the Evans & Dixon Health Care Team!

LICENSING | FRAUD & ABUSE | MEDICARE/MEDICAID | HIPAA | COMPLIANCE | MALPRACTICE DEFENSE | AUDITS

Denise H. Bloch	314-552-4017	dbloch@evans-dixon.com
Richard J. Behr	314-552-4048	rbehr@evans-dixon.com
Thomas J. Hayek	314-552-4069	thayek@evans-dixon.com

In addition the FDA is probably (again my opinion) working with extra reviewers because of the high priority of getting the vaccine to market.

I have been an investigator or principal investigator in over 40 FDA trials of drugs or surgical instruments and will be amazed if the COVID-19 vaccine is marketed before the end of 2020. However, it would be wonderful, indeed, if the vaccine would become available this year. Once the vaccine is available, the order in which groups of people will be selected to receive the vaccine will have to be determined. My recommendations:

1. First responders, police officers, firefighters, EMTs, hospital personnel working with COVID-19 patients, the president and vice president of the United States and the Supreme Court justices
2. Other hospital personnel who may have indirect contact with COVID-19 patients

3. All military personnel
4. Old people like me and others at any age with at-risk medical conditions
5. Teachers providing in-classroom education
6. Children
7. Other adults
8. Local, state and federal employees including elected officials
9. Anyone who feels President Trump tainted the COVID-19 vaccine approval process can wait until President Trump is out of office in 2021 or 2025 —

Reference

1. U.S. Food & Drug Administration website, The FDA's Drug Review Process: Ensuring Drugs Are Safe and Effective. <https://www.fda.gov/drugs/drug-information-consumers/fdas-drug-review-process-ensuring-drugs-are-safe-and-effective> Infographic: <https://www.fda.gov/drugs/drug-information-consumers/fda-drug-approval-process-infographic-vertical>

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What can and should St. Louis County be doing to increase access to health services and improve conditions supporting health for low-income, minority populations in the county?

Page: Our region has a history of racial inequity. Health services must be easy to access. As part of our COVID response, we have supported federally qualified health centers operating in underserved areas. Equity expert Professor Jason Purnell is helping us invest the CARES Act funding where it's most needed. We've dedicated \$2.6 million to food security, over \$10 million in homelessness prevention and rental, mortgage and utility help. We've distributed over 2.5 million masks and provide free, reusable masks at every public library. My administration will continue to direct resources to where they're needed most.

Mitchell: Due to downsizing and chronic underfunding, many families are unable to get care at our once excellent County clinics. We must study how many families have no access to primary and preventive care, and how to expand health services to meet these essential needs, especially in vulnerable low-income, minority neighborhoods.

What should be the public health criteria to open schools for in-person classes?

Page: First, we need widespread adoption of the mask mandate. We need widely available rapid testing. Right now, virtual schooling is the best option. While the rate of new cases among 15- to 19-year-olds continues to increase, the rate of cases among younger students has remained relatively steady. For that reason, we expect to be able to recommend a return to in-school learning for younger students first, but we're not ready to offer a timetable. We will continue to share information on our website, stlcorona.com. Any decisions will be made in close communication with our schools.

Mitchell: When teachers, school nurses, employees and administrators have a demonstrable science-based program for preventing spread of infection at school, and when community infection rate remains low, schools may re-open, barring no new infections. —

HARRY'S HOMILIES[©]

Harry L.S. Knopf, MD

ON VOTING

“Now is the time for all good men to come to the aid of their country.”

This phrase (or similar phrase) was first attributed to Patrick Henry. Then it became a way to practice typing skills. But this month it is a battle cry: VOTE. It has never been more important! —

Dr. Knopf is editor of Harry's Homilies.® He is an ophthalmologist retired from private practice and a part-time clinical professor at Washington University School of Medicine.