4sight Health Roundup Podcast

Expect a Republican Healthcare Reform Plan. Really? Yes, Really.

11/12/26

[Intro and outro music by C. Ezra Lange]

David Burda:

Welcome to the 4sight Health Roundup Podcast, 4sight Health's podcast series for healthcare revolutionaries. Outcomes matter, customers count, and value rules. Hello again, everyone. This is Dave Burda, news editor at 4sight Health. It is Thursday, November 12th. How's everyone feeling today, nine days after the midterm elections? I think everyone is feeling healthcare with the Democrats taking both the House and the Senate by wider than expected margins, but what should they be feeling about healthcare? We're gonna talk about it with Dave Johnson, founder and CEO of 4sight Health, and Julie Murchinson, partner at Transformation Capital. Hi, Dave. Hi, Julie. How you two doing this morning? Dave?

David W. Johnson:

Well, I'm looking forward to Sunday's game in Green Bay between your Packers and my Vikings. You know, Dave, we already beat you once without a real quarterback. Now we've got Kurt Cousins back on our side. Watch out.

Burda:

<Laugh> Okay. So your hopes and dreams are resting with Kurt Cousins. All right. I'll take that bet. All right. Thanks, Dave.

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Johnson:

Our 38-year-old quarterback.

Burda:

Yeah. That, that'll be interesting. Thanks, Dave. Julie, how are you?

Julie Murchinson:

I'm well. As of yesterday, I now have two adults and no more children. So I'm wondering how all that could possibly happen, and I'm still 39.

Burda:

Oh some people turned 18?

Murchinson:

Yeah, exactly.

Burda:

Oh, congratulations.

Murchinson:

Yeah. Wow. Good for them.

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Burda:

Growing up, that's great. Okay, we're gonna dispense with our usual icebreaker today and hop right into our topic. And that's the prospect for healthcare legislation or regulation with both houses of Congress controlled by the Democrats. And we're also gonna dispense with our usual format. So shocking, I know. So today, you're gonna alternate answering three questions, and the three questions are, one, what reasonable non-partisan healthcare reform legislation or regulation should the Democrats pursue? Two, what aspirational revolutionary healthcare reform legislation or regulation should Democrats pursue? And three, what can or should Republicans do on healthcare? So Dave, you go first. What reasonable nonpartisan healthcare reform legislation or regulation should the Democrats go after?

Johnson:

<Laugh> New format, adapt or die. Yeah.

Burda:

Yeah.

Johnson:

Well, Dave, is there really anything such as nonpartisan healthcare legislation? , You tell me, but -

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Burda:

Probably not.

Johnson:

<Laugh> It, healthcare certainly got a lot of attention in this last election cycle. In battleground states more than two times as much was spent on healthcare ads in the next the next topic. And coming out of that you know, we've had this 100-day thing since since FDR. So Hakeem Jeffries has a 100-day agenda, you know, starting in January. And the two big ones are repealing the Medicaid cuts and, and work rules, and then restoring enhanced ACA subsidies. Get to that in a second. But he's got some other sort of ideas or, or other healthcare things built into that. Remove visa program fees for ho - healthcare workers coming in from other countries beef up medical debt protections and prior authorization in traditional Medicare provide no cost coverage for vaccines and restore NIH funding. All of these probably face a Trump veto in some form or another, and I am skeptical whether they can get veto-proof majorities to overturn these in part because they'd have to undo the tax cuts that <laugh> that these cuts, <laugh> funding cuts enabled. But longer term this is really just getting back to where we were, and the system was already broken, obviously, before this iteration of the Trump administration came to office. And the way I look at this list from Jefferies for the first 100 days, it's long-term, it's gonna be about as effective as using a Band-Aid to fix a broken arm. See what I did there? Used a medical reference to make a point.

Burda:

Very good, very good. Yeah. So they, so you think they're gonna try to undo a lot of things just to try to get us back to where we were. So,

Johnson:

Yeah. Yeah.

Burda:

Got it.

Johnson:

20 - in 20 - 27, yeah.

Burda:

Got it. Julie, what do you think? What's low-hanging healthcare fruit for the Democrats?

Murchinson:

Yeah, I kind of agree with Dave, I guess, that, like, there are some gimmies, like, some quick gimmies that make friends or that just make it look like they're trying to reverse, you know, whatever damage. Medicare physician cuts, Jan one. They could extend ACA enrollment, which closes Jan 15. And I don't know, the subsidies, Dave I don't know,

it's not, it's not easy to think that they could do something serious with that. I actually think there are a lot of nonpartisan opportunities around PBMs and, you know, the benchmarking of drug prices. If you read some of the consultant reports, they add all sorts of, you know, the AI, cybersecurity type things. Everyone is, you know, basically in favor of some sort of innovation that's going on and could still continue to be better in prior authorization. And Dave, I mean, we love a little bit of movement on price transparency, right?

Burda:

Exactly.

Johnson:

Absolutely.

Burda:

Yeah.

Johnson:

Yeah. Absolutely.

Murchinson:

So I agree with Dave.

Burda:

Got it.

Burda:

Yeah, it's just kind of again, rather than just undoing a lot of things, but some incremental fixes, right? No, that's interesting. Thanks, Julie. All right, Dave, question two. What aspirational revolutionary healthcare reform legislation or regulation should the Democrats pursue?

Johnson:

Well, I'm gonna divide mine between aspirational and, and realistic. Y- you know, Medicare for All has lots of wind in its sails right now. Bernie Sanders is gonna be the new chair of the Health Education Labor and Pension Committee. Ron Wyden from Oregon, Senator from Oregon is gonna chair the finance committee. Wyden has recently come out in favor of Medicare for All. So that's, that's going to get lots of attention. As I've said before, I, I think Medicare for All would be a disaster for the United States. It would certainly be transformative, but under Sanders' version, you have to eliminate the healthcare insurance industry. And I just really worry that when the dust settles, we'll end up with a system that locks in all the current dysfunction, but just costs a little bit less and with, with no protections for the upside costs going forward. They're gonna be opposed by the more modern elements of the Democratic Party on what's called Medicare for More. But both are , push toward top-

down government funded and regulated healthcare delivery, which in our country has lots of issues. And even if we got the Medicare for more, which is less of a, a stretch, obviously, than the Medicare for All who's gonna make up for the shortfalls, the transfer pricing that most health systems, hospitals, physicians engage in now where they charge far more for commercially insured patients than they do for governmentally insured patients? So, you know, if anything, maybe you get even more irrational pricing despite what Julie just said about pricing transparency. In terms of what could be realistic, even though it won't happen my suggestions for the Democrats even though I don't think they'll, they'll take it, and you've heard it from me before, is I would expand ICRA-like models that enable self-insured employers to keep the tax breaks and then transfer the monies for health insurance to their employees. I'd like to see that happen with big companies, not just small ones, that would enable their employees to go on the health exchanges to purchase healthcare. And if they can purchase a policy that costs less than what their employers give them, they can keep the difference as taxable income. And in doing that my goal would be to reinvigorate Obamacare, all, all the key components, the the exchanges. So, you know, put marketing dollars back into that, get people up and aware put the risk quarters back in try to get the individual mandates back in. All of that worked, and it was all built on Republican models, but because of the partisan ranker, we never went back in and really fixed it. So now's a chance for for Democrats to re-embrace Obamacare and fix it and dare the Republicans to to not participate in that process.

Burda:

Interesting. Yeah, I never really though about how much revenue hospitals and doctors break in from people who are 55 to 65, right, from the commercially insured health plans, right? That's gotta be a huge percentage, and if you move that over to Medicare, that goes out the window. Wow, interesting. Gotta love economics. Thanks, Dave. All right, Julie, you're up. What major healthcare reform legislation or regulation should the Democrats reach for?

Murchinson:

Well, I was recently talking with a leader from a community health center network in Washington about their model, which of course includes dental, behavioral, all the ingredients for advanced primary care. And these centers are publicly funded, and it made me think of another leader who has led an agency inside the Beltway a couple administrations ago in the Obama days, who, you know, h- has a staunch belief that Medicaid for all is real, like, could be real. And I was thinking, you know, these health centers are all pub - well, largely publicly funded, right? There's... I don't know why we're not actually starting to think about that model. I'm getting off track here a little bit, but, like, the Medicare for All is gonna become a real... It is already becoming a real drumbeat with the new senators in Washington. And I guess the question is, like, what's the 2028 platform here? Because they could push for a lot of things that, you know, seniors need, like, they could push for covering dental and hearing and things. The lowering of the age is a, a, a big, I guess it's a it's a can of worms, I'll put it that way.

Johnson:

Yeah.

Murchinson:

They could certainly push for a federal, you know, state Medicaid, states that haven't fully expanded Medicaid, and they're gonna get a bunch of stuff vetoed. But if the 2028 platform moves more towards a model that ha - that practices kind of elements of advanced primary care that are needed or starts to look like you could actually provide more care through some of the centers that we already support federally, you can start to move towards a model that is a compromise to the drumbeat of Medicare for All. So, I don't know, it's it just feels to me like, Dave I understand how you feel about it and how many of us in the healthcare system feel about it, given what we know about how the cost structure works and the like, but Americans are not gonna back down from this, so we, we need to get creative.

Burda:

Yeah, I think as the cost pressures keep building, right people aren't gonna head the other direction at least not now. Interesting. Thanks, Julie. Okay, Dave, last question. What should the Republicans do?

Johnson:

Well, the Republicans have just experienced what outgoing Florida governor and the once and future presidential candidate, Ron DeSantis,

described as an extinction level event. And it's just clear as the Trump show exits the stage a politics that focuses on grievance and culture wars just isn't gonna cut it anymore. If the Republicans wanna continue to be relevant, they have to develop policies that truly help the American people. And in healthcare, that means making it more affordable, more accountable more accessible. And the irony has always been we spend enough on healthcare. We spend double per cap to any other advanced nation. We just don't spend it very well. So I am gonna predict that by 2028, the the Republicans in response to this extension level event will come up with a comprehensive healthcare reform policy that provides universal access and and much more kinda stringent fiscal oversight or not maybe oversight, but puts in place the things that will make healthcare act more like other industries. And healthcare's traditionally been the third rail of American politics, but while the Democrats are fighting about Medicare for all and Medicare for more, the Republicans have an opportunity to put forward I think a version of Obamacare that that would actually work and is more consistent with the overall values of the country. And the model for this is the Fair Care Act of 2020, which nobody's heard of, but it was co-sponsored by Mike Braun, who was in the Senate in 2020. He's now the governor of Indiana, and Bruce Westerman, ,a representative from Arkansas, and it combined 75 bipartisan reform efforts and tried to kind of blend the liberal goal of access, universal access, with the conservative goal of effective fiscal management. And I'm predicting they're gonna bring something back. Somebody will run for the Republican nomination on that platform, and it's gonna resonate. And the American people have a choice about which way they wanna go. And knowing what I know about America, which is sometimes a lot and sometimes not at all, nothing at all I think the

people writ large would prefer something that kinda works within the existing system, but, but brings more market accountability to all the participants.

Burda:

Yeah, yeah. Consumers do have their eye on that federal deficit, right?

Johnson:

Yeah.

Burda:

You might be onto something, Dave. Thanks. All right, Julie last question for you. What can or should the Republicans at Congress do on healthcare?

Murchinson:

Well, first of all, well said, Dave. And, you know, I think they need to read the scoreboard of what happened when you look at the physicians who were elected. Annie Andrews is the first practicing Democratic physician in the Senate since 1938. That's what I read. So the, you know, the GOP needs to stop defending Medicaid cuts and, and trade, you know, a delay for something meaningful. I don't know, credit on drug prices or something. I think the, you know.... What is interesting to me, Republican or Democratic side, is the more physicians we have in

power, it'd be very interesting, Dave, to see whether they bring a different flavor to this than we've seen from Congress in the past. I mean, I don't have any reason to think that they will, but I think physicians are getting smarter on what it's gonna take to really change. That's my prediction. But I still think, you know, with Medicaid cuts leaving, I don't know, what are we, up to seven million people uninsured by 2034 we've got a really impossible situation, and we have an impossible couple years with Trump and the White House. We're not gonna get a lot done. So, ,again, Dave is right, like, Republicans have the ability to do something that makes it look like they're addressing the people's needs, but I don't know that they're gonna do anything material, honestly.

Burda:

Yeah, it is interesting because we've had older physicians what, Bill Cassidy, I think he's a doctor, and Rand Paul, he's a doctor, and they seem pretty out of touch, but with this new group, ,you know, it could take a turn a different way. That's great. Thanks, Julie. All right, Dave any thoughts on Julie's comments any or all of her comments?

Johnson:

Well, I'm a little bit intrigued by this idea of a bunch of doctors in Congress. Between the House and the Senate. I think we now have 7 new Democratic doctors coming in.–So, Julie, I'm kinda curious if you think there'll be some form of doctor's caucus that will emerge, and you

kind of alluded to that in your last response, and whether or not you think that's a good thing.

Murchinson:

Yeah, I think it's highly possible, because I do think that,, these people being physicians wasn't necessarily front and center in their campaign, but it's a, a lot about who they are and the issues they care about, right? I would formerly have said that I'm not so sure that it's a good thing because it's a, it's one side of the industry that is not the most economically sane part of the industry at the moment. I mean, what is, really? <Laugh> But I feel like there's a different energy here and a different desire and aptitude to actually really look at the problem in a, in a different way, because they know that we have to. So maybe it's the time at which these people are being elected that makes a difference. I'm not sure, but I'm giving it, I'm giving it some... I'm more hopeful than I would be normally.

Burda:

Yeah, they definitely know how the system works, right? And their perspective is should it work for providers or should it work for patients, right? I think that might be the twist. All right Julie, do you have any questions for Dave about his comments?

Murchinson:

Well, Dave, I'm gonna pick on your ICRA comment. You know -

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Johnson:

<Laugh> It's the itch that just won't go away,

Murchinson:

Right? <Laugh> I mean, like, what do you think actually really could open that up to, to make... What would you like to see either side do to just make that pop into a more scaled model?

Johnson:

Well, I don't think there's much required from a regulatory perspective. It's changing the IRS code, which doesn't even require legislation which would allow this to happen. But I think it has to be embraced as, an overarching change in the direction of how we're gonna how people in the United States are gonna, you know access health insurance. So it needs to come with beefing up the exchanges and the mandates, the risk orders, and all of that, that went with the original Obamacare. So I don't, you know, I think making ICRA available to large employers is not that hard to do, although you're gonna face tremendous political opposition from all of the companies that advise and set up health benefit programs for for corporations. You know, they're gonna fight with their dying breath to keep the the current system in place. But I do believe if we made the exchanges truly robust to the point where all the health insurance companies had to play, that we'd have all kinds of new companies come in to help consumers make better choices, and there'd

be much more pressure, on pricing, to make it all work. And in this case, individuals would be making the decision whether they wanna be part of narrow networks or not, and whether they wanna have more comprehensive service provision. So I think it's actually doable. It's one where maybe Republicans and Democrats could, could ultimately get together, get together, because you know, it's Obama's, great achievement was stealing a Republican idea and making its own. <Laugh> So you know maybe we do some of that political jiu-jitsu going back and forth.

Burda:

Yeah. More competition, more choice, right?

Johnson:

Yeah.

Burda:

I think it's a good path. Thanks, Dave. And thank you, Julie. Great discussion. I'll just say I don't know if you guys saw this, we just lost our measles elimination status globally, as a country.

Murchinson:

Oh, wow.

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Burda:

So I know the first thing I would do, and that's in PHRFK Junior, and save our public health system. Talk about low-hanging fruit. That guy's on the bottom branch. All right. All right, let's talk about other big healthcare news that happened this week. Julie, what else happened that we should know about?

Murchinson:

Well, I assume you saw this, but Aura bought a company called Council Health, which is in the same category as Doctronics, which is making waves in Utah. Some of these AI-forward, well, AI doctors, effectively which signals, really, the largest wearable company getting into healthcare provision. Really interesting.

Burda:

So you could tell your Aura ring, "Please refill my statin."

Murchinson:

That's right. Make an appointment.

Burda:

<Laugh> , this is gonna be good. Dave, what's your big healthcare news of the week?

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Johnson:

Well, you stole my thunder on the measles extinction. You know, we achieved mea- measles extinction in 2000 and then lost it on Tuesday. <Laugh> And here's a fact: More than twice as many people have died from measles this year, as did between the year 2000 and the year 2024. Way to go, RFK, Junior. The other thing I'd say is the US isn't alone in this. There are a number of countries who have lost their extinction status or are about to, Mexico, Canada, Great Britain, Spain, among them. So this phenomenon is not US specific. It's,a global phenomenon.

Burda:

Yeah.

Johnson:

Yeah.

Burda:

Thanks, David. Thanks, Julie. That is all the time we have for today. If you'd like to learn more about the topics we discussed on today's show, please visit our website at 4sighthealth.com. You also can subscribe to the Roundup on Spotify, Apple Podcast, YouTube, or wherever you listen to your favorite podcasts. Don't miss another segment of the best 20 minutes in healthcare. Thanks for listening. I'm Dave Burda for 4sight Health.