

Sawbones 345: A Health Care Voter's Guide

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Intro (Clint McElroy): Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: [lilting voice] Hello everybody, and welcome to Sawbones: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy. What was that inflection?

Justin: Yeah, there was some accents in different places. Places they haven't been before. I guess I'm just so preoccupied with this, uh, this election coming up.

Sydnee: Oh, there's an election coming up?

Justin: I'm mainly watching it for the commercials, but yes, there is an election coming up.

Sydnee: Yes. I guess we do that, don't we? Elect.

Justin: You know what? I'm gonna miss the Facebook ads. "We're heartbroken!"

Sydnee: Are you kidding me?

Justin: "We can't get a single donation! Please, Justin, save us in our time of need, we have an 800% matching donation for the next three minutes! Get in here!"

Sydnee: You know what I will miss? I've never been a person who gets a lot of text messages in a day— well, I should say, from different people. I get a lot of text messages in a day from my mom. But I don't get a lot from different individuals. And I get so many different text messages from all my friends—

Justin: It's Kamala!

Sydnee: Sometimes it's Kamala, or sometimes it's Joe, but then sometimes it's like, you know, Steve with Team Whatever who wants to reach out to me about something. I just have so many friends now. [laughs]

Justin: Yeah. It's a very busy— and sometimes, you know what I've noticed about those friends like Kamala or Joe? Sometimes I'll text them, to like, see, you know, politics is hard, "How are you doing?" You know what I mean, like, "You must be exhausted." Very rare to get a response to those, you know? It's weird.

Sydnee: Or it's just a link sometimes.

Justin: Sometimes it's just a link and that's so hurtful, Joe. I just wanna know if you're eating well and [laughs] getting enough vitamins. Oh no, people guessed our political affiliation by who's texting us.

Sydnee: Yeah.

Justin: You know, really, if you think about it, it should be the other team texting, like, "Hey, listen, I wanna reach out personally." [laughs]

Sydnee: [laughs]

Justin: "Please."

Sydnee: I think I would— that would make me anxious, actually.

Justin: Yeah. Speaking of anxiety, the election is November 3rd. I hope you've voted.

Sydnee: Yes. We've already voted. I hope you've voted. If you haven't voted, please vote.

Justin: Go vote.

Sydnee: Vote in person if you can safely.

Justin: Never too late.

Sydnee: Vote—

Justin: Just like the flu shots, never too late.

Sydnee: If you've got a mail-in ballot, I would drop it off now.

Justin: Yeah, just take it over.

Sydnee: Just take it to your, to the drop-off place. And wear a mask. But all that aside, um, and you've already, you kinda tipped our hand there. Yes, I feel like it is— if you've been listening to this show for a while you probably already know where, like, our political affiliations lie.

Justin: Yeah. I think we let it slip in the first episode that we give a crap about other human beings, so you probably—

Sydnee: Okay, okay. [laughs]

Justin: Know our political affiliations.

Sydnee: My point is simply that I wanted to do— actually this was your idea, Justin.

Justin: Ooh, thank you Justin.

Sydnee: To do an episode kind of outlining, let's say that healthcare is your number one voting issue. I don't think there are a lot of single-issue voters. I know they exist. But I'd say for almost everybody, healthcare is at least on your list of priorities. Of things that concern you.

Justin: If not, it should be. Everybody's got health.

Sydnee: Yes. Everybody will need healthcare at some point in their life, or someone you love. I mean, you should, everyone should. But my point is you're probably at least somewhat concerned about it, up to, you listen to a medical history podcast. So maybe very. And so, I thought it was at least worth, since the election is coming up, going through the basic outlines of the differences when it comes to healthcare of the two candidates.

Justin: Because I'll be honest, part of the reason I asked you about this is like, I have not looked into it that deeply. I have not needed to know who to vote for since ever. So, like, it wasn't really much of a question for me, so I didn't pursue it too deeply. But I think it's worth knowing.

Sydnee: I can't imagine that, again, that a lot of our listeners haven't—you're somewhat medically interested, so you probably already have kinda made up your mind about this. I don't think there are a ton of, like, swing voters who are waiting for this episode to decide what to do.

Justin: [laughs] Just Kevin Costner.

Sydnee: If you do have someone in your life who doesn't really understand the two healthcare proposals, and especially if you think it might impact them to know what the differences are, this might be worth sharing with them. If you live outside the US, I think this could be an interesting look into these are the two paths to fixing or reforming our healthcare system that exists, so that probably will tell you a little bit about what our healthcare system is like now. [laughs]

Justin: Yeah.

Sydnee: So, it is first worth mentioning that when it comes to healthcare plans, what I mean by healthcare plan, what a policy person would mean by a healthcare plan would be a list of distinct proposals that—and with, like, a way to make them happen. Not just ideas or concepts about healthcare, but actual, "I want to change this, I want to fix this, I want to give more money to this, and here's where it would come from. I want to give less money to this," whatever. Like, right? It's not just a list of—it's not like, "My healthcare plan is I want everybody to have healthcare."

That's not really a plan I just gave you, that's just an ideal. And that's great, but that's not a plan. So, I think it is important to know that the Trump campaign has not actually put forth what we would consider a healthcare plan.

Justin: Not a great start.

Sydnee: With distinct, direct policy proposals. They did issue sort of a big executive order statement about, like, an America-first healthcare something. Anyway, they have issued, like, these ideals that they have and these things that they value. That has certainly been put out there. If you watch the 60 Minutes interview with Lesley Stahl, after the president left the interview upset, um, [laughs] his press secretary did bring, like, a big book and hand it to her and say like, "Here's the healthcare plan." And it was a very large book.

I guess what was inside of it were a lot of, like, again, like executive orders and ideas for executive orders and these kinds of things, which isn't— I mean, from a policy perspective, you can't just hand that to Congress and say, "Vote on this." So, I just— what I am comparing are the plans laid out by the Biden campaign and sort of the ideas and executive orders and rebuttals from speeches that have been laid out. And tweets. [laughs] From the president.

Justin: Yeah...

Sydney: So, I... this is just, this is where we are, folks. This is just what's out there. So, let's start, first, if we're talking about healthcare policy, let's start with the pandemic. Because—

Justin: That's still going?

Sydney: [laughs] If there is a medical issue that is on your mind right now— um, no, you all have individual medical issues that you may have on your mind. Let's generalize it. I would say if there is one common medical issue that most of us have on our mind right now, it's the Coronavirus, COVID-19, how do we move forward, right?

So, generally speaking, the Trump administration, the Trump campaign, is not really proposing a lot of new ideas outside of what you've already heard, right? I mean, considering he has been ostensibly in charge of managing it up to now. His main goals would be the vaccines that are coming out—

Justin: Really counting on those.

Sydney: Therapeutics, or as he likes to point out, 'cures', therapeutics or cures, whatever you like to call them. He opposes further lockdowns. He opposes masking mandates. That doesn't necessarily mean he opposes masking, but he does oppose a federal mandate for masks. As we've talked about on the show before, he has vaguely suggested this herd immunity idea.

I would not say that is— I would not go as far as to say that that is Trump administration policy. But we know that one of his health policy advisors, Scott Atlas— Dr. Scott Atlas, does endorse that idea. And there as that comment he made about herd mentality, when he meant herd immunity. So, I mean, at least this could be part of the next phase, possibly, this

idea that we just let it... go. And see what happens. His chief of staff did make a comment that we're not trying to control the virus anymore.

Justin: Cool...

Sydnee: So, take that how you will. He does, in his policy statements, he does promise to eradicate COVID.

Justin: [laughs]

Sydnee: And he said that healthcare workers will get everything that we need.

Justin: And how is that going so far?

Sydnee: The mechanics of this aren't clear. I mean, this isn't— I'm just telling you what is out there. As far as how do we make that happen, how do we get the funding for the tests that we need, for the PPE that we need, because if anybody's telling you that we have plenty of tests, can I tell you first-hand, we don't.

Justin: Yeah.

Sydnee: In recent days, I have not been without PPE personally, although I do know that there are other physicians that have been, other healthcare providers, not just physicians, that have been without PPE. That do not have N95 masks and are seeing patients that could have or do have COVID. But outside of that, I can personally attest that we do not have enough tests.

Justin: I've bought you PPE in Amazon in the past week.

Sydnee: [laughs] Yes, you have. Yes, you have. So, he assures that that will change, or will happen, but again, I can't give you particulars cause they're not out there. Biden has more details in his plan. He would— I think the biggest thing to think about is he would make it more of, like, a federally-centered response. The federal government would kind of take the lead again as to how we are responding to the pandemic, as opposed to, um, the way that Trump has sort of left it up to, like, state, and even less than state, like county control.

I mean, if you look all around the country, there are, I mean, school districts and individual schools who are handling things differently.

Counties, cities, states, I mean, it's kind of all dissociated right? Everybody's doing their one thing.

Biden says it would be more of, like, federally coordinated, and he would turn it over largely to the scientists to run it. They make the decisions and he helps turn that into policy that can be, actually, you know, put in place to run things. He would expand testing, he has said he would consider an executive order for a federal mask mandate. I don't know that he has clearly said absolutely, that's planned day one, federal mask mandate, but I know that that is on the table.

He would extend— another area that he has talked about that I don't really see Trump addressing when it comes to the pandemic is healthcare coverage right now. So, a lot of Americans have lost healthcare or didn't have healthcare to begin with, don't know how to pay, especially if they lost their job, don't know how to pay for if they do get sick.

Justin: Right.

Sydney: What do they do? So, he's talked about expanding coverage through Medicaid, through the Affordable Care Act, through COBRA, giving money to employers, like, to allow for things like sick leave and that kind of thing right now, to kind of alleviate the burden on employers and employees through government funds, right? To kind of take the burden off of us as individuals.

And he would eliminate out-of-pocket for COVID treatment and make PPE available to essential workers as well as increased pay for front-line, sort of like a hazard pay for front-line workers. Extending unemployment. And we would rejoin the World Health Organization, which I assume Trump wants to leave us out of, since he took us out of it. So, those would be the big differences in terms of the pandemic management and their plans for how to move forward.

Justin: Yeah. I don't wanna editorialize too much, because again, we've made it clear sort of where we're at. I do, would point out that that does sorta sound like a plan for managing COVID and sort of the alternative, literally speaking, of not managing COVID. [laughs]

Sydney: And I do think— I didn't mention this directly. Biden, of course, has said that if the scientists, if Dr. Fauci and the scientists have a

vaccine that has gone through the appropriate clinical trials and has been approved, that is also, obviously, part of his plan.

Justin: Yeah, so Biden would not withhold a finished vaccine. [laughs]

Sydnee: I mean, well, I said Trump's plan is the vaccine, and I mentioned that because that seems to be the centerpiece of his, like, "We'll get the vaccine and we'll be fine." Biden also endorses a vaccine, but in addition to these other things.

Justin: Right.

Sydnee: When it comes to prescription drugs, that's been a big issue for Trump to talk about. Trump has said many, many things about lowering prescription drug costs. That was one of his biggest policy priorities according to his campaign trail talk. Especially before he was elected in 2016. He actually proposed some ideas back then when it came to healthcare and prescription drugs that were wildly unpopular with the Republican party. Now, that has long since passed. We are not there anymore.

He has changed things so that in 2021— when he talks about how he lowered insulin so that it's so cheap, you've probably heard him say that. He has put some things in place for specific Medicare recipients who are on insulin, that will cap their costs at like, I think it's like \$35 a month. In 2021. So, there has been some movement in that specifically.

He's talked about allowing us to import drugs from other countries, from Canada, to reduce the cost of drugs, to increase competition. That has not happened, but he has talked about it. He's talked about this sort of generally lowering drug costs through transparency, kind of thing. So we can negotiate for better prices and there will be more competition. These things have not happened.

There were, in the end of 2018, there were some reductions in the price of some drugs as the result of some of the things he was talking about. But then, at the beginning of 2019, we saw like 450 drugs increased in cost. So, you know. No changes so far, but that's certainly something that he spends a lot of time talking about.

He did make it so that— he removed— it used to be that your pharmacist could not tell you, if you were getting a prescription, that there was a generic that would be equivalent to it that would be cheaper. And he did

remove that, so that your pharmacist can tell you, “Hi, this is a brand-name drug, here’s the same thing that’s generic and it’s cheaper for you, would you like it?” Now you can do that.

Justin: [quietly] Seems good.

Sydnee: Biden wants to allow for the government to negotiate for better drug prices, like through Medicare. That’s been a big thing that Democrats have pushed for, for a long time, and Republicans have historically opposed. He wants to cap the cost of drugs, sort of like we would create a board— I guess this is similar to what they do in Germany, is my understanding, where there’s like a board that decides for a new drug what would a fair free-market price for this drug be, and then actually that’s what they could charge. And you can’t increase the cost of drugs beyond what inflation would dictate.

So, just a bunch of different ways of saying, “Pharmaceutical companies, you can’t charge any more than this for your drugs.” So, that’s another—and then there are other ways that would affect prescription drugs through these plans we’re going to talk about, through the ACA and stuff like that, but those are sort of the direct prescription drug proposals. Speaking of the ACA, the Affordable Care Act.

Justin: You mean Obamacare?

Sydnee: Yes, Obamacare. Repealing the Affordable Care Act, the ACA, Obamacare, whatever you wanna call it, has been—

Justin: I’ll stick with Obamacare thanks, Sydnee.

Sydnee: [laughs] Has been a major goal of the Trump presidency since the beginning, right? Like, he’s said that from the beginning.

Justin: Yeah. Wanna repeal the failing Obamacare.

Sydnee: Yes. One of the first things he did was repeal the mandate that made people buy in. And then since then there hasn’t been a ton of movement. If you remember, in 2017 there was the whole Repeal and Replace thing and it failed in Congress, and that’s kinda been the end of it for a while. The reason for this, by the way, is that every year since then, the ACA gets more popular, according to polling. So, it’s a hard politically—

Justin: [laughs] Weird!

Sydnee: I know. Well, I mean, that's the thing. Once you give people access to healthcare, they really don't wanna let it go. And that's what repealing it would mean, and so—

Justin: People can be so selfish. You know what I mean? They just get addicted to it. They're crazy about it.

Sydnee: It's a tough political thing because it is becoming so popular that to repeal it will be bad for the party or president that does that. So, but still, Trump has said he wants to repeal the ACA. The Supreme Court will likely do that, at his behest, I assume that's how they operate now, a week after the election. The ACA will come up and the... the thought is that we probably will see the end of the Affordable Care Act at the hands of SCOTUS a week after the election.

This will, of course, remove healthcare from about 20 million Americans. It will remove protection for pre-existing conditions. So, you can be denied coverage again if you have a pre-existing condition. Which in an existential sense, by the way, we all do. Just saying. The concept of pre-existing conditions is so American. We all have pre-existing conditions. We were born.

Justin: There it is.

Sydnee: I'm just saying. The phrase should exist, it shouldn't be a consideration.

Justin: The greatest proof of all. Life.

Sydnee: [laughs] But—

Justin: [cartoonish French accent] Ze life zat is ma pre-existing condition! The curse of breath given to me by my mother without ma consent.

Sydnee: I'm just saying—

Justin: When did you get so fricking dark, Syd?

Sydnee: Have you been awake? [laughs]

Justin: Ah, fair.

Sydnee: So, and then something that my sister Rileigh is very upset about, kids can't remain on their parent's insurance until 26 as they currently can. That's going to go away. So, that will be a bummer. There is no one clear replacement. That's been the question, right? Trump keeps saying he has this big, beautiful plan to replace it and people have been asking— you can look through, this isn't me making this up. I mean, since the beginning of his campaign for president the first time, he said he'll have a plan. In the last year, he's made multiple references to this plan, that it's coming. Two weeks is usually the time frame that we're given. "It's coming out in the next two weeks."

Justin: My big, beautiful plan.

Sydnee: It's never— we don't have a plan at this point. Like, what exactly will happen when the ACA is gone? Trump really likes, this is one thing he has tried to push, are these sort of like, short-term, low-cost plans that you can find, these like private little plans that you can buy that don't cost a lot up-front, don't necessarily provide the best coverage in the world, sort of like disaster coverage plans. Like, this is just in case something really terrible happens, kinda plan.

Justin: Like the kinda car insurance you see cartoons selling sometimes. [laughs]

Sydnee: Yeah... same idea.

Justin: During Maury Povich.

Sydnee: Same idea. And then these plans, for the most part, don't allow people with pre-existing conditions to enroll. So, it would not, that part of it has not been addressed. His plan for what does everybody with a pre-existing condition do once this goes away has not been made clear. There was a recent executive order that stated that the United States government policy is to protect people with pre-existing conditions, but it's just... that's the thing about executive orders. [laughs] If they're not coupled with some sort of legislation to, like, make them happen, then you may as well just, like... quilt it or something. Like, it's a needlepoint.

Justin: [laughs]

Sydnee: You know what I mean? Like, you have to—[laughs]

Justin: [laughs]

Sydnee: It would look nice on your wall, but you've gotta—

Justin: It's not gonna pay for my insulin.

Sydnee: No. Biden wants to do the opposite. He doesn't want to end the ACA, he wants to expand the Affordable Care Act, basically build on it. He calls it the Biden plan, so, from Obamacare to... I guess it will be Bidentcare?

Justin: It'll be Obidentcare. [laughs]

Sydnee: Obidentcare. The way— without getting into all the exact dollar amounts and percentages, the goal— and you can read all those if you're interested in the numbers, but the goal is to decrease premiums, because a lot of people said that the premiums were so high on the Affordable Care Act plans that they couldn't afford them. So, decrease premiums, provide the same federal standards, that's been a big thing, a big part of Affordable Care Act was saying if you're gonna have health insurance, it should cover these basic things, and if it doesn't cover these basic things, it's not health insurance and you can't call it that. He wants to keep those standards, decrease the costs to patients.

He also wants to create, the big thing, other than these little tweaks to Obamacare, he wants to create a public option. That's the big thing. That's the thing that the insurance companies hate.

Justin: Yeah.

Sydnee: And are lobbying against him. That's what, if you see ads— I keep getting these pushed to me on Twitter from "America's Healthcare Future" or something. Anyway, it's a lobbying group that represents largely insurance companies, hospitals and pharmaceutical companies who don't want this public option. The idea is that it would be like Medicare, but for everyone else who wants it.

Justin: Mm.

Sydnee: Like, not just over 65. Anybody who wants it, you can sign on. It's a government program, they can negotiate for costs that are lower and hopefully compete with commercial insurances. It is—

Justin: We'll just slide on into single-payer.

Sydnee: Okay, you see why it gets so much opposition.

Justin: Yeah.

Sydnee: Because it is a very, very, tiny baby step in the direction of single-payer healthcare.

Justin: Of bringing our system in line with every other industrialized nation.

Sydnee: Yes.

Justin: Okay.

Sydnee: There's more.

Justin: Oh, I wanna hear about it.

Sydnee: But, ironically, this is the time to go to the billing department.

Justin: [laughs] Let's go!

Justin: [singing theme music] The medicines, the medicines, I left this file on my other computer. I'm sorry, it'll be the right music next week...

[ad break]

Justin: What else do we have to cover, Syd? What else is on the docket?

Sydnee: Medicare.

Justin: Medicare. Now, which one is that? Help me remember.

Sydnee: Medicare is for people over 65.

Justin: Got it.

Sydnee: Yes, 65 and older.

Justin: You care... you care about your grandparents.

Sydnee: Yeah, but Medicaid is for people who fall within a certain level of the poverty line and I also care about those people.

Justin: Yeah, but like, I'm just trying to think of a mnemonic. If you have a better one, please let me know.

Sydnee: [laughs] Medicare is an area that I think both camps could really talk about a little more, because in 2024, the thought currently, at the rate we're going, Medicare's going to be insolvent.

Justin: Mm. Lotta boomers.

Sydnee: That's when we switch "ok boomer" to "thanks, boomer".
[laughs]

Justin: [laughs]

Sydnee: Thanks boomers. No, I'm kidding. I believe in taking care of boomers.

Justin: And everybody else.

Sydnee: I love my parents.

Justin: Yeah.

Sydnee: I wanna take care of them.

Justin: They've got a doctor, though, it's you. That works right? You can do that.

Sydnee: No, I'm not my parents' doctor. [laughs] So, in 2024, Medicare is gonna run out of money, and so we need a plan.

Justin: We need to put some money there.

Sydnee: We need a plan to fix that. And so far, a lot of the Trump economic policies like tax cuts have actually kind of accelerated us in that direction. He also—

Justin: Hopefully the wealthy 1% of Americans will take care of us in our hour of need.

Sydnee: I'm sure they will. That's how it trickles down.

Justin: [laughs] They're gonna rush to our aid.

Sydnee: He tried to offset that somewhat by cutting reimbursements for outpatient visits. If you're a physician out there right now, you're screaming. Basically saying, like, "Well, what we'll just say is that when a patient goes and sees a doctor outpatient, Medicare will just pay them less and that'll be a good way to save money." [laughs] From a family physician, thank you so much.

And that he will also— his plan, his budget that he has proposed would cut Medicare spending by about 450 billion over the next decade. So, we're gonna spend less on Medicare. Also, because the Affordable Care Act is getting repealed in— this is assuming that Trump wins and all this stuff comes to be, the donut hole, which if you were on Medicare you know what that is, it was like, Medicare covered up to a certain amount when it came to meds and then, like, there was this hole where it was like, "Now you take over for a while, good luck, senior citizen," and then after you racked up enough debt, then it came back and was like, "Ah, okay. We're back. We're gonna take care of you again."

The donut hole would be reopened, because the Affordable Care Act closed it. So, that would increase out-of-pocket costs for recipients of Medicare. Biden promises to protect Medicare. He promises also to lower the age of enrollment to 60.

Justin: Ooh.

Sydnee: Yes. It'd be a big change. And as many people have pointed out, costs more. [laughs]

Justin: Yeah, a lot more.

Sydnee: Yeah. And we're alr—

Justin: At least five more by my rough math.

Sydnee: [laughs] He has said that this would be paid for through different taxes than what we— this would be paid, like, the people from 60-64 who choose, it would be an option, you wouldn't be forced but it would be an option, it would be paid for slightly differently than the rest of the Medicare program, is the plan.

There's also a lot— when you get into these sort of government programs you have to start thinking about things like payroll taxes and how much the federal government taxes, different things that are used to pay for

these programs, that Trump has spent a lot of time trying to take away these taxes. And Biden probably would reinstate some of those taxes. And when I'm talking about— I'm largely talking about business and the very, very wealthy. I am not talking about you or me.

Justin: Okay.

Sydnee: But anyway, so that would also help with some of these payment problems. He will also add vision, dental and hearing benefits to Medicare.

Justin: That seems good.

Sydnee: Which, again, I don't know how all of this gets paid for, but that would be awesome. That is a huge problem, in case you are not familiar, Medicare doesn't cover any of those things.

Justin: How do people get it?

Sydnee: They don't, honey. They just don't. Or they buy a supplemental insurance plan. Or they pay out of pocket, if they can.

Justin: Well, I think we should fix that.

Sydnee: Yes. Or, as we'll get to, they got to the ER. Under Trump, Medicaid has been cut and will likely continue to be cut. That is a program that he would like to privatize ultimately. This is kind of been attempted with, like, we'll offer states these sort of private pared down Medicaid sort of plans, where like, they don't have to cover very much. Again, the idea is like, for people who can't afford healthcare we'll just give them the bare necessities and we won't have any standards as to what that has to look like. It's to deregulate insurance companies more, so that they can offer you... crappy plans.

Justin: Got it.

Sydnee: [laughs]

Justin: Bad ones.

Sydnee: Bad ones. And states were offered like block grants to go ahead and do this. No state has taken them up on it, but I don't know, maybe they would next year. And also, they wanna add work requirements for

Medicaid. You can't get it unless you're working. And then with the end of the Affordable Care Act, everybody who got Medicaid under the expansion will lose it.

That's what's gonna impact a lot us here, where we live, in West Virginia, and states like ours. States where a lot of people do live in poverty. The Medicaid expansion, I can't tell you the impact I personally saw it have in our community. How many people through a free clinic I knew we serviced, who got Medicaid under that expansion. How many clinics had to convert to a way to take Medicaid because there were so few people left that didn't have any insurance at all because of the Medicaid expansion.

When that gets rolled back, that's gonna be devastating to states like ours, who are strangely part of the lawsuit that is being brought before the Supreme Court to repeal the ACA.

Justin: Huh. That's so weird.

Sydney: Yeah. Under Biden, Medicaid would be expanded automatically to everybody in a state who didn't accept the original expansion under the ACA. There were, like, 13 states that didn't take it. All those people in those states would get Medicaid. And it would get more funding.

Other big differences. So, other than these kinda big programs, the big ways that we pay for healthcare and how we get it and all that kinda stuff. Other big differences in regard to specific healthcare services.

Abortion is a big difference. When it comes to Biden's plan, he wants to stop, like, the global gag rule where you're not allowed to, like, "We're not gonna give funding to any organizations that also provide abortion services or that, you know, talk about abortion services or anything like that." Repeal the Hyde Amendment, make sure federal funds can go to Planned Parenthood again. And protect the right to a safe and legal abortion for everyone who desires it.

A couple of other policy priorities that he's named, he wants to address the maternal mortality rate in our country, which is higher than it should be, than you would expect, especially among people of color. He wants to stop the ability, currently, of healthcare providers to refuse to care for somebody because of their gender or sexual orientation or HIV status. Obviously, he does not agree with that. And then some like, non-specific,

he supports community health centers, mental health services, expand that kind of care and coverage, addiction services. Those kinds of things.

Again, I don't know the specific plans for each one of those points, but those are mentioned as some policy priorities. Trump, in... I would say, on the other hand, has made efforts to restrict the right of an individual to abortion services. And I would say most obviously through the appointment of our most recent SCOTUS Justice. Supreme Court of the United States Justice. It seems like the goal is to restrict or completely prohibit abortion altogether, seems to be where we're headed. That would be my assumption.

And then these other issues that I mentioned have not really been made policy priorities for Trump. He's talked a lot about the opioid epidemic and services to people in regards to, um, stopping drugs from getting into our country and that kind of thing. But as far as like, I don't know what exactly the policy plans are to expand addiction services and treatment facilities and that kind of thing. It's more like the... law and order, I guess, part of it.

Justin: Yeah.

Sydnee: I think the question to ask yourself if you can't decide who to vote for... [laughs] or if someone else can't, when it comes to healthcare, here are a couple questions. First of all, do you feel like Trump has handled the pandemic well and do you want to continue in this manner?

Justin: Are you waiting for me to answer, because I feel like it's...

Sydnee: Yeah. [laughs]

Justin: Okay. No!

Sydnee: Yes. And I think— I say, "Do you feel like." Has Trump handled the pandemic well? There are multiple indicators that the US has fared very poorly in the pandemic compared to other countries.

Justin: Yeah, really.

Sydnee: Yes. We have had a disproportionate number of cases and deaths.

Justin: Yeah, we did a bad job. So, I would say no. bad.

Sydnee: Do you feel like you have reliable access to easily affordable healthcare services and that you're financially prepared to handle an unexpected major healthcare cost? Because if you feel like you aren't, I don't think Trump has put forth anything to fix that.

Justin: Yeah.

Sydnee: Biden has plans that could fix that. I don't think either of them have a plan that provides healthcare for every single human in this country, absolutely affordable all the time. But I don't think Trump has any answer to that. If your answer is no, I don't know how he gets you there.

And do you believe that healthcare is a right or a privilege?

Justin: Right.

Sydnee: I think that's what it gets down to. As you alluded to, the Biden plan is not socialized medicine, it's not Medicare for all, it's not single-payer healthcare. Of which I have said I am a proponent. That is not what Joe Biden is proposing. It definitely is a tiny little step in that direction, right? Just the tiniest of steps, with the public option. The idea that the government would provide a safety net for everybody. Not just if you qualify based on age or economic status, but for everybody.

So, we're still using kind of like a patchwork method. Like, a little bit of this program, a little bit of this funding, a little bit of that, and we all come together. And it will leave holes and people will fall through those holes. And those people will either get sick and not get care or they'll go to the ER.

The Trump collection of ideas moves us further away from that, I would say, and it treats healthcare a lot more like a product. You can buy a better healthcare product if you have more money and if you don't have any money, you can't buy one at all. With a free market, there are winners and there are losers. That's the whole thing. This is not a political statement, it's just the way it works. And if you accept that healthcare should be left up to the free market, people will lose. And when I say lose, I mean they will get sick and not get care, or they will get sick and die, or they will get sick and go to the emergency room.

Which is what— that's the one thing I would think, if you think the healthcare system is working... maybe there are some people who do.

[laughs] If you think our healthcare system is working in the United States for patients and for those of us in the healthcare field— because it is working. It's working the way it's intended. A lot of people are making a lot of money off this system, and that is what it is intended to do.

But if you have a problem with it— or if you don't think you have a problem with it, if you think it's fine, I would think about this. So, in the history of US healthcare, and we have a whole episode about how we got to where we are with health insurance, so I'm not going to belabor that point, but basically in the 20th century we started with employer-based health insurance as like a perk, an extra perk that might attract workers. Since then there have been multiple efforts made to provide for government-funded universal healthcare.

I mean, this is not the first time we've been having this discussion. FDR tried, Truman tried, Reagan really fought it hard. Johnson got people on board with the idea but only for people over 65, which is Medicare. Nixon tried. Clinton tried. Obama got us closest, with the ACA, but obviously that's not where we are.

And these efforts, by the way, have been routinely opposed. Not just by, like, who you'd expect, the insurance companies and the hospitals and the pharmaceutical companies. The American Medical Association, historically, has opposed every one of these presidents that I just named who tried to make universal healthcare a thing. So, the doctors were fighting it all along.

But in 1986, the Emergency Medical Treatment and Active Labor Act was passed. You may have heard it called EMTALA. And what it said is if you are sick and you go to the ER, they can't turn you away because you can't pay. They have to take care of you even if they know they're never gonna get paid for it. But that's not funded. The government's not gonna give any money for that, it's just a mandate. You have to take care of them. How will you get paid? I dunno. We don't care. We're just saying you have to take care of them.

And so, the result is you go, you get care, and then you get a bill. And it's wildly high, right? And you can't pay it. So, the hospital doesn't get paid for that. And you have debt collectors chasing you forever. So, what do they do? They increase costs for everybody else to make up for the fact. So, you pay \$8 for a Tylenol, or your insurance company does, to make up for the fact that they're not getting any money from some people who

can't afford to pay them. So, everybody's costs are increased, everybody's care is affected, nobody gets preventative services in this situation, nobody gets the kind of, like, regular maintenance healthcare that would keep them out of the ER, possibly, in the first place.

So, we already have universal healthcare in the form of an incredibly expensive emergency room visit that is just aimed at stabilizing you and saving your life. Not at providing any sort of long-term care. That's just not what they do. So, it's broken. We're already doing that. We're doing it in the least effective way possible. We have to change it. We have to fix something. We have to move forward in a way that promotes general health and provides preventive services and closes all these holes and fills all these gaps. We can't just go back to the way we were before the Affordable Care Act where things were even worse.

Justin: So... vote, I guess?

Sydnee: I just, this point should really be... there is no plan moving forward with the current administration as to how... how do we take care of people. And if you don't believe that healthcare is a right, then I guess it doesn't matter. You don't care. It's fine. If you can pay for healthcare then you're fine with it, and those who can't... I guess that's what they deserve? But if you do believe that healthcare is a right, then we have to do something. We have to have a plan.

Justin: And also, the Coronavirus thing.

Sydnee: Well yeah, also we're in the midst of a deadly pandemic and it's getting worse and... I love vaccines. I will get the vaccine. I'm not hesitant about that. I trust the scientists, I trust Dr. Fauci. I'll get the vaccine. But that's not enough. There's a lot more to healthcare than just this one vaccine.

Justin: So please go vote. Vote for Joe Biden, because that'd be better. I kept it secret until now, but that's who I want think you should vote for.

Sydnee: [laughs]

Justin: [laughs] We've never officially endorsed a candidate here on this show. [laughs] What a thrilling change this is.

Sydnee: Well, the New England Journal of Medicine did, so...

Justin: So why not Sawbones? Thank you so much for listening to our podcast, we hope you have learned something and you can take that out into the world and spread the word to other people. Maybe share the link to this episode and say, "Hey, here's what's at stake." Cause it's scary.

Thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. And thanks to you for listening. We really appreciate you.

Sydnee: Please go vote.

Justin: Please go vote.

Sydnee: Next time we talk to you, we'll be on the other side.

Justin: It's gonna be a wildly different tone, one way or the other.

Sydnee: [sighs]

Justin: Let's get back to—[laughs] Let's get back to the fun medicine episodes. Come on everybody, let's do some weird stuff again.

Sydnee: I really just wanna talk about eating mummies again. Please.

Justin: Please, America, let us get back to eating mummies. That's what's really at stake in this election. Thank you for listening and be sure to join us again for Sawbones. Until then, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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