Podcast Transcript

The Cloakroom with Peter Roskam: 37th Annual Legislative Seminar – Congresswoman Diana DeGette (D-CO)

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Lee: Welcome to “The Cloakroom with Peter Roskam.” Former Congressman Peter Roskam leads BakerHostetler’s Federal Policy team. Through interviews with leading members of Congress, Peter provides an insightful, firsthand view into the latest policy and political debates on Capitol Hill.

In today’s episode, Peter is joined at the 37th Annual Legislative Seminar in Washington by his BakerHostetler colleague, former Congressman Heath Shuler, and Congresswoman Diana DeGette, a Democrat from Colorado. DeGette has represented Denver since 1997. A longtime leader on health policy, she currently is the ranking Democrat on the Energy and Commerce Health Subcommittee, poised to chair the subcommittee and set its agenda if Democrats capture the House majority.

Peter, Heath and Congresswoman DeGette discussed the Democratic health agenda.

Let's listen in to "The Cloakroom with Peter Roskam."

Shuler: Well, thank you so much for being here. When I saw you on the list this year, I couldn't think, help but to think about the time, my first speech on the House floor. Do you remember that?

DeGette: I'm sorry, Heath. I do not remember your first speech.

Shuler: Well, let me tell you, I was so nervous. It was my first speech on the House floor. Now, little did I know that no one was watching C-SPAN, but I was really nervous. And I made a misspoke. I spoke, I just messed up. You were sitting on the front row. I think we were opposing even on the issues. And I misspoke and she corrected me. And I was like, she saved me. And as later as time had gone on and we served together, I realized that is who you were as a person. It didn't make a difference. If we're opposing one another, you took care of so many members. And I am so grateful and thankful during that period of time, how you took the younger, the freshman members into, you took care of us, you made sure we were doing the right thing. You were always there to help us. And I am so grateful and we're so happy to have you here today.

DeGette: Thank you so much, Heath. I'm so happy to be here.

Shuler: Great. We'll go ahead and get started. This is a laid back approach, but we really want to understand your thoughts and your opinions on a lot of the different issues that we're facing today. And one of those is, here you are, if the Democrats win, in November.

DeGette: Or when.

Shuler: Yeah, or when, yeah. The Democrats win in November, then you're going to be sitting in a really important position, subcommittee chairman on the Energy and Commerce Committee, overseeing all the healthcare agenda. What are some of those areas that you really want to try to accomplish or you feel that we need to accomplish during your time?

DeGette: Well, first of all, it is such a privilege for me to be up here on this stage with my two pals, Heath Shuler and Pete Roskam, who I served. I don't think I ever corrected you, Pete, but I did in my mind.

Roskam: Yeah, you sure did.

DeGette: Many, many times.

Roskam: You sure did.

DeGette: And Heath, when they said your son is getting married, I did not know that they allowed toddlers to marry because his son is stuck in my mind as a little toddler, so congratulations.

Shuler: He was five years old when I went to Congress. Now he is 25.

DeGette: Yeah, so I know. Well, congratulations. So yes, when the Democrats take the majority in November, I will be the Chair of the Health Subcommittee of Energy and Commerce. And this subcommittee has, Energy and Commerce has very broad jurisdiction over everything having to do with the Commerce Clause of the Constitution. So those of us on Energy and Commerce think that is pretty much everything in Congress. And so, my subcommittee will have jurisdiction over pretty much all of health care policy including Medicaid, including parts of Medicare, including CHIP, also NIH, research at the NIH, drug and device approved with the FDA, financing at the CMS, and then public health at CDC. And these are all issues that, as the two of these guys up here know, I've worked on these issues for many, many years in Congress. And I've worked on them in a bipartisan way, because as I tell people, health care, disease doesn't just impact one political party. It impacts every American.

And so, the issues that I'm going to be working on is, I'm going to be working on addressing the affordability crisis that we have right now in this country. We passed the, I don't know if either of you were in Congress when we passed the Affordable Care Act…

Shuler: Yes, we both were.

DeGette: …but the Affordable Care Act, people forget because it is been, believe it or not, 15 years, but before the ACA if you had a pre-existing condition, like being a woman of childbearing age was a pre-existing condition, you could not get health insurance. So we were able to expand insurance to millions more people but fast forward 15 years now, health care has become much more unaffordable even for people who have insurance. And in my view this was exacerbated this past year by two things.

The first thing was H.R. 1; Pete calls it the Big Beautiful Bill. I call it the Big Bad Bill because what it did was it took, in an effort to save money, it cut about 15 million people off of Medicaid. Those cuts have already started now, but they're going to accelerate in 2026. And so, this is only going to cause, number one, those people who are low-income people won't have insurance, but then it'll cause everybody else's health care costs to go up as well. Also, prescription drug costs, despite efforts of the Trump administration and the Biden administration and others, prescription drug costs continue to skyrocket up.

And we only have a half an hour, so I'm not going to give you all of my ideas about what we need to do specifically in those two areas. But the other thing we're going to need to have to do is we're going to have to restore the United States as the gold standard of biomedical research in the world. The cuts that we saw starting with DOGE last year, the draconian cuts to research personnel at the NIH and the other agencies, but also then the cuts that happen to all of the research institutions, like in my state, Anschutz Medical Center at the University of Colorado. This has really put a chilling effect on biomedical research, and it's made it, for your clients, it's made it much harder to apply for clinical trials or to apply for approvals for drugs and devices because they simply don't have the personnel there. And so, this is going to be a top priority of mine to do that.

Roskam: We've got folks here, Diana active in the 503B compounding pharmacy space. And you've been a leader on that issue, particularly interest in Denver and in the area since its genesis. What do you think? What is the future like from a regulatory point of view? What should the industry be thinking about?

DeGette: So, you're right. I have worked for many years with the 502B compounding pharmacies. And I think that it is really, they play a really important part in our drug availability ethos, especially in times when we have imminent drug shortages, they've been really, really effective. I see, obviously, pressures on the other side to limit what they can do. And I think that there's roles for these pharmacies as well as for mom and pop compounding pharmacies, as well as, obviously, for pharmaceutical companies. And I think what is important is that as we go along, we look at regulatory structures that will allow all of those three to stay in their lanes and will allow them to flourish.

So, we this is, I mean, you guys were in Congress. So, there is always a pressure to increase whoever you are, say if you're pharma, to increase your profits, your reach by putting more regulations on other people. And that is why I think we have to do. We have to understand the important role each plays and the importance particularly to the patient.

Roskam: I think that is well said. There is a dynamic in this town and we all see it, where basically, the Eye of Sauron looks at a particular industry and goes, oh, we're coming for you. Right now, the Eye of Sauron, I think, is looking at big hospital systems, basically saying, you had Congressman Jason Smith a couple of weeks ago saying, hey, these are hedge funds with hospital beds. Lots of criticism on site neutral payments, 403B scrutiny, all these things that are in your wheelhouse. What should big systems be thinking about? Because on the one hand, as you were thinking about on the compounding pharmacy issue, hey, there's got to be lanes for people. There's got to be lanes and everybody flourishes when they're in their lane. One of the things that big systems have is the burden of 24-7, we're always available. You've got a trauma, you've got this, you've got that. We're here. How do we maintain that? And they also turn the corner on some of these criticisms.

DeGette: Well, so and we have some of these big hospital systems in my district of Denver, Colorado. And one thing we have to look at, if there is going to be a merger of hospitals, what is the community interest of that? And so, is this benefiting the patients? Similarly, if a big hospital system is buying a medical practice, what is the benefit to the patients? Is it going to just simply create more costs for the patients or is it going to create availability to a wider range of services which larger hospitals can give? And so those are some of the issues that we need to look at. Of course, with 340B, this is a continuing conversation that we have with the big hospitals because this was a way designed to help safety net hospitals like Denver Health in my district be able to get good prices on drugs for their indigent patients. How does that play into other types of hospital systems and is it still serving that public interest purpose?

Roskam: I remember when 340B, this is a conflict between pharma and hospital systems came to my attention when I was in Congress.

DeGette: It is like conflict between pharma and everybody.

Roskam: Yeah. And I got a call from a guy who had been supporting me for years, who is a trustee of a major system. And he said, he didn't say it this way, but this is exactly what he was saying. He said, listen man, you are nickel and diming us, the system, on every other thing. We're undercompensated on Medicaid. And if we're getting our beaks wet over here on this system, give me a break. You know what I mean? It was, in the great scheme of things, this this look of parody. And I'm not convinced that model sustains itself very long.

DeGette: Well, the problem, and you're right, and it is not just 340B, it is everything. I was talking to an independent cancer center, and they were talking to me about the pricing for some of the drugs. And some of the pricing was way high. And they said, well, we need to have these prices because we're using it to pay for these other things over here that are too low. And I said, I've got a really radical idea. How about we make both of those things be in parity rather than making people rob Peter to pay Paul on a continuous basis?

Roskam: As Peter, I find that pretty troubling.

DeGette: Yeah, I know. That is what we're calling it too, the rob Pete.

Roskam: Yeah, that's got some traction. Okay, FDA user fees, one of those must pass pieces of legislation that can go one of two ways, basically. It can just get a straight up reauthorization, and it goes through, or it can carry some other traffic. Are there things that you could see that could get included this next time around that policies that could be riders along that train?

DeGette: So, the FDA fuser fees it is a must-pass piece of legislation and one of my pet peeves, anybody who's been around me, one of my pet peeves about Congress since you guys left Congress is that we've lost the concept of actually legislating a bill. So, in the olden days, Heath Shuler would go down and he'd, I mean, it is not literally like Legally Blonde, okay? But he or his agent would go down and drop a bill into the hopper on the floor. And then we would have a hearing in the subcommittee. Then we'd have a markup in the subcommittee and then the full committee. Then it would go to the floor and then, sadly, it would go to the other body where they would work their will over there in the Senate.

Shuler: The lower chamber, right? The lower chamber. The lower chamber.

DeGette: Yeah, that's right. And sometimes it would at that point be put in with other legislation or whatever. What it's devolved to now, nobody thinks about legislating like that. And I think that is a very bad development for legislation.

Roskam: Okay, so explain the concept. You're just described straight up legislating. Okay.

DeGette: I'm about to describe it. So now what happens is someone has a bill and they say, and it happens to me all the time and some of my Republican colleagues, Diana, I think it is likely you're going to have the gavel and be the chair of this subcommittee next year. I've got this great bill on whatever. And do you think you could put it into the PDUFA reauthorization? So that is the way, and it is not just members of Congress. It is also K Street lobbyists and everybody else who are just thinking, okay, we've got a great idea of a bill. How could we get it into the PDUFA reauthorization? And what I'm saying to people is, I'm going to make one last grand effort to have a regular legislative process. So, for the PDUFA reauthorization, I'm hoping that we can have a series of hearings and bring all the stakeholders in, have all the testimony about how it is working, what we need to do, improve it. How can we use this user-free system to expedite cures getting to people. And then at the same time, if there is legislation that seems appropriate that would fit there, we can include that. So that is what I think. I really would champion a return to regular order.

Shuler: And that falls right into our next question. Energy and Commerce Committee has always done a lot of bipartisan work together over the years. When Peter and I was there, was a lot of bipartisanship in that committee. A lot of great outcomes came into that. You're going to be leading that committee if or when, as you said, if the Democrats take over. You mentioned one of those goals is in priorities for you is to have regular order. What is another one or two goals that you would like to and hope to have for that committee?

DeGette: Well, I mean, really, I'd like to restore this goal towards bipartisanship. where possible. You can't always have everything 100% bipartisan. But for example, in 2016, believe it or not, ten years ago now, Congressman Fred Upton from Michigan and I did a bill called 21st Century Cures. That bill was a bill that restructured the way we do research at the NIH, and then it restructured the way we do device and drug approval at the FDA. And many of the new authorities that it gave helped lead to faster development of cures.

For example, the authorities we gave for public-private partnerships allowed them to do Operation Warp Speed for the COVID vaccine by having the FDA go into partnership with pharmaceutical companies to do that. So, the way Fred and I did that bill, we had a very broad, first we met with the agency, we met with Dr. Francis Collins and his staff, and then we did a very broad process where we met with every single stakeholder, patients, we met with tech guys, we met with everybody, then we put the bill together. And there were some things people wanted to have in that bill from both sides of the spectrum. And in the end, we were able to say, or we had to say, no, we're not going to do that. We can't get consensus. And I think that is the way the best bills are made.

Shuler: Go ahead, please go ahead. So, tell me a little bit about now that I've stepped away and not being there, you start seeing, when you're having these hearings, it's becoming more theater instead of really getting down to an understanding true how to build policy, I mean, when anyone comes in on either side, there is a debate back and forth, there is disrespect. I never saw that before. I mean, we never saw anyone disrespect the Chair or the Chair disrespect the person in that

is giving testimony. How do you, as a leader, how are you going to try to calm the system down and calm your committee members down? How are some ways that you can do that?

DeGette: Yeah, I think part of it is because there is this tremendous pressure on members to get that little click. And so, people, I think it has caused a very, performative way, but also a lot, there has been a loss of decorum on the part of the Trump administration. I've been watching some of those hearings over in the Senate where RFK Jr., Secretary Kennedy, came and he was screaming at the senators and the senators were screaming at him. And I mean, my mentor, John Dingell, who was the Chair of Energy and Commerce for years, was rolling over in his grave seeing that.

So actually, Brett Guthrie, who is the Republican chair of Energy and Commerce, he is a great friend of mine, I assume, of yours too. And also, Morgan Griffith, who is now, Morgan is now the Chair, soon to be the ranking minority member of the health subcommittee. And Morgan and I are also great friends. So, RFK Jr. came to the Energy and Commerce Committee to testify about the agency budget a couple of weeks ago. And Morgan and I knew we were in a good spot because both Morgan and I independently walked in carrying our big thick book of rules of the house and we set them down. And the minute that RFK Jr. started trying to do this in our committee, he had a list of pharma companies who had donated to ranking member Frank Pallone and he started screaming about this. And I moved to take his words down and Chairman Guthrie sustained it.

Shuler: Wow.

DeGette: And the rest of the hearing was quite smooth. So that is another one of my, you didn't even know that, but that is another one of my pet peeves and one of my goals is to restore, not just to restore and by the way, there was virtually no coverage of this here, by the way. But we did get a lot of good information out. And so that is one of my other goals. But also, in when John Dingell and also some of the Republicans too were chairs of the committee, they always had a rule that bipartisan legislation would take precedence in hearings and markups. And I think we need to restore that.

Roskam: So, you create an incentive to work with the other side of the aisle so you hubble up to the top.

DeGette: Yeah. If I have a bill on, I'm the co-chair of the Diabetes Daucus. So, if I have a bill on diabetes funding or research, there is a natural incentive anyway, but this would really cement it for me to go to Gus Bilirakis, who is my co-chair, and to do the bill together and then to bring it. And we would know it would be top of the agenda.

Roskam: From a chairman's point of view, it is like, hey, this is like a hot knife through butter. You're telling me you've worked out the vote structure for this bill already? Great. Let's move it.

DeGette: Right. And it has the added benefit of helping patients.

Roskam: Crazy.

DeGette: I know.

Roskam: Wow. Let me ask you. So, let's move to 2028. So, and just thinking politically here. So big midterm election coming up in November, obviously, which is going to be dispositive, informative, and then 2028. So, within the within the Democratic Party, the singularly unique figure of Donald Trump won't be on the ballot. That will be new for the first time in let's say...

DeGette: From your lips to God's ears.

Roskam: Nice. Well, well done. So, Trump won't be on the ballot. And it is open field running on the Democratic side, open field running on the Republican side, really. Give us a sense of where you think things are going on both sides based on where you're sitting and particularly the restlessness within the activist group on the Democratic side. So, the rise of the progressive, take the castle mentality.

DeGette: Yeah, I can tell you from a personal standpoint that Americans in general are very, very concerned and upset about this Trump administration. And the reason is because I will say this as a Democrat, almost everything he does is illegal. Like yesterday, putting together a $2 billion slush fund that he can compensate people who were in the January 6th insurrection, where I was sitting in the gallery in the chamber and I was one of the last people to be evacuated from the mob, it gives one pause. And my constituents and all of our constituents are very worried and very angry about this. Even I have a primary from the left and people say to me, how can you have a primary from the left? You're so far left. You can get farther left for me, believe it or not. And it is people who just want change.

And one of my opponents who's running against me in the primary, when people say to her, well, Diana, she is going to be the chair of this big committee. She wants to reform health care. She wants to do all this. She said, how are you going to do it? She says, I'm going to do it through quorum and protest. And what she means by that is she and her colleagues are going to refuse to show up and vote like the Freedom Caucus right now on the Republican side of Congress. They're going to show up and refuse to vote. And then if they don't get what they want, then they're going to protest. So that does not seem like an effective way to legislate to me.

So, I think what we'll be seeing for 2028, the first thing we need to do is to make sure that we maintain election integrity in every state. And this should, again, be a bipartisan goal is to make sure we retain election integrity and that everybody can vote. I believe on the Democratic side of the aisle we've got a very great bench of people who want to run. Many of them are governors, interestingly, they've had to do a lot. I mean they've had to work with their state legislators through the Medicaid cuts they've had to work through a lot of the issues, the election issues and so they're going to be really well positioned to run for

president we also have some senators who would be great candidates some of whom are friends of ours from when they were in the House. So, I think the Democrats are going to have a very robust bench.

Roskam: There's a lot of internal discussions right now within the Democratic caucus on the seniority issue. And I know you're on the verge of assuming leadership of a really significant subcommittee. Where is the term limits conversation and what's that all about?

DeGette: Well, so, it is true on the Democratic side of the aisle. We have many senior people and what I always say is you need a mix, and I do believe that. You need a mix of I think about for example when I came to Congress and John Dingell and Henry Waxman were the senior Democrats. Tom Bliley was the Republican. And those guys showed, and then here I was a very eager and successful young state legislator ready to ready to go. It was a good symbiosis of the newer members with great ideas, working with some of the senior members and helping to work together to get them passed.

So, I think that I go both ways on term limits. The Republicans have I think six-year term limits for chairman. And sometimes I think that is great because you can get new blood in there. But sometimes six years isn't enough time if you're trying to do some really big reforms. So, I'm a little bit agnostic on term limits.

Roskam: I hear you. I hear you. Well, you've been generous with your time. And we're sensitive to it. We're really, really pleased that you've taken the time and we look forward to seeing you soon.

DeGette: Thank you. Thank you very much.

Lee: Thank you, Peter, Heath and Congresswoman DeGette. If you have any questions for Peter, his full contact information is in the show notes. As always, thanks for listening to BakerHosts and "The Cloakroom with Peter Roskam."

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