

THE BROOKINGS INSTITUTION  
BROOKINGS CAFETERIA PODCAST  
THE AFFORDABLE CARE ACT AT 10 YEARS

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## PROCEEDINGS

DEWS: Welcome to the Brookings Cafeteria, the podcast about ideas and the experts who have them. I'm Fred Dews.

On March 23, 2010, President Barack Obama signed the Patient Protection and Affordable Care Act, perhaps the most significant change in health care policy since the passage of Medicare and Medicaid in 1965. But, opposition to the law has been unrelenting since before its enactment, and efforts to repeal it in the courts are ongoing.

To discuss where we are a decade after the law's enactment, I'm joined in the Brookings Podcast Network studio by Christen Linke Young, a Fellow with the USC-Brookings Schaeffer Initiative for Health Policy, whose extensive experience in health policy includes working as a senior policy advisor for health reform in the White House.

Also on today's episode, Sarah Binder, Senior Fellow in Governance Studies, discusses what's happening in Congress. You can follow the Brookings Podcast Network on Twitter, @policypodcasts, to get information about and links to all of our shows, including Dollar and Sense, the Brookings trade podcast, The Current, and our Events podcast.

And now, on with the interview. Christen, welcome back to the Brookings Cafeteria.

LINKE YOUNG: Great to be here.

DEWS: We'll point out to listeners that you and colleague Matt Fiedler were

on the program a few months ago to talk about health care plans of the candidates running for president. So, I recommend that episode very much to listeners. But, we're here to talk about the 10th anniversary -- I can't believe it's been that long -- of the Affordable Care Act. Looking back at the ACA's original goals, where do you think it has succeeded?

LINKE YOUNG: It has been quite a ride over the last decade when it comes to implementation of the Affordable Care Act. Broadly, the goals of the ACA were to decrease the number of uninsured and underinsured Americans, to put downward pressure on health care costs and to do all of this without increasing the federal deficit.

I'll leave health care cost issues to other experts, but when it comes to the deficit, despite many changes since enactment of the law, the Affordable Care Act still reduces the deficit on that. And, so, and that, to mention the law, has certainly been a success.

And, perhaps most importantly, with respect to the uninsured rate, we have seen really important gains since the law was passed. The best estimate suggests that the share of uninsured in America has fallen by about 40 percent because of the Affordable Care Act. It's the closest to universal coverage that we have ever been. And, there are three primary parts of the ACA that have really accomplished that.

The first and probably the most important is the law's Medicaid expansion. So, the ACA provided funding to states that expanded their Medicaid program to cover all low-income adults in the state, a really big expansion and a change from

where many states' Medicaid programs were prior to enactment of the ACA.

The federal government covers 90 percent of the costs for states that choose to expand. Thirty-seven states have expanded so far, and 14 states primarily in the south have chosen not to expand. So, the Medicaid expansion has brought coverage to millions of people in the states that have chosen to expand, but there are still very significant gaps in those reached by Medicaid expansion, and those gaps are concentrated in certain parts of the country.

The second piece of the ACA that has enabled this major drop in the uninsured rate is a set of reforms and financial assistance for people that don't get health insurance through work and don't qualify for Medicaid or another public coverage program. Reforms to the individual market prohibited discrimination based on pre-existing conditions.

So, anybody who doesn't have another source of coverage has the option to go into the individual market and buy coverage directly from an insurance plan. It's really the first time that's been guaranteed in insurance markets across the country, and it's a really significant reform that makes the individual market accessible to everyone, even those with health care needs.

But, coverage in this market is very expensive, because health care coverage is expensive. And, so, beyond simply reforming the product that was offered in the individual market, the ACA also made pretty generous financial assistance available to people to make it possible for them to buy this individual market coverage. And, that suite of reforms has enabled millions more people to obtain coverage on top of

the Medicaid expansion.

Finally, the Affordable Care Act included a provision that I think many people are familiar with. It allowed young adults to stay on their family health insurance plan until they turned 26. And, while that reaches a very targeted group of people, there are a couple million young adults who would otherwise be uninsured who have gained coverage under that provision. So, it's a really significant step towards getting people coverage.

DEWS: Let me follow up on that and ask you -- how has the Affordable Care Act made people's coverage better? We know that it's expanded coverage, but how has it changed the quality of coverage, if you will?

LINKE YOUNG: Absolutely. That's a really important issue. So, the ACA reformed the individual market so that people with pre-existing conditions for the first time had guaranteed access to a comprehensive coverage product, but it has also improved the financial protection available to coverage that covers millions of people in the country. So, people with employer-based coverage have seen pretty significant benefits because of the changes to employer coverage.

People are probably familiar with the requirement in the ACA that insurance plans now have to cover preventive services with no cost sharing. So, when women go for their annual mammogram or when people go to get a colonoscopy, women who use birth control services, all of those services are now covered with no cost sharing because of the ACA. And, that was a big change that really improved the health insurance benefit for a lot of people with employer coverage.

The second really important way in which coverage has improved is less visible, but it has to do with the underlying financial protection that people have in their insurance product, the extent to which financial risk for a health care event is shifted from you and your family to your insurance company.

And, it used to be the case that employer coverage worked reasonably well for people who were healthy and even for people who were moderately ill. But, those who had a really severe medical event, something that costs millions of dollars, could find that they had pretty significant gaps in their health insurance coverage. And, that's because insurance companies used to pretty commonly use a technique in their benefit design called lifetime limits, where your insurance would run out after you had incurred \$1 million or \$2 million in claims.

So, you might think that you had high-quality coverage, and it would be high quality for typical needs, but if something really expensive happened to your family, like you had a baby and had a long stay in the neonatal intensive care unit or needed a series of heart surgeries or something like that, you could find yourself hitting this lifetime limit.

About 20,000 people used to hit the lifetime limit in their insurance coverage every year before implementation of the Affordable Care Act, and all those lifetime limits are a thing of the past. And, so, that's not something that affects most people on a year-to-year basis, but it is a real improvement in the quality of coverage that people have.

Similarly, insurance plans now have to include something called an out-of-

pocket maximum, a limit on the amount of costs that you as a family can incur in the course of a year. Under the ACA, that cap is about \$8,000 per person in 2020, and there are lower caps for some lower-income people.

People can certainly argue that the caps that exist aren't low enough, that that \$8,200 is still too much money for most people. But, the reason there's a cap in there at all is because of the Affordable Care Act, and that's an important protection that the law has brought to millions of people.

DEWS: And, does that protection relate to the phenomenon we hear about a lot, which is medical bankruptcies, people who just can't afford their medical care and it's so expensive that they have to declare bankruptcy?

LINKE YOUNG: Absolutely. So, prior to the Affordable Care Act, insurance plans could be designed in ways that left families exposed to tens of thousands of dollars if they had a significant health care need. Now, the cost sharing that your family faces is capped at this out-of-pocket maximum of no more than \$8,200 per person and double that for a family. But, that's still a big number and that can wipe out the savings of many families.

On top of that, some expenses that families may need in the event of something like a very serious car accident that requires rehabilitative services or stays in certain kinds of facilities, some services may not be covered by insurance at all, and that's a problem, that the Affordable Care Act hasn't made as much progress as maybe some would like. And, so, the ACA is a step forward and it does cap expenses within a certain bucket, but those caps may be too high and it may be the

case that people are facing expenses outside that limit.

DEWS: Let me go to or even stay on the other side of the coin from the ACA successes and ask -- where do you think the ACA, if at all, has fallen short?

LINKE YOUNG: No, I think that's an important issue. And, certainly, I think it's not quite the right question to ask where the law has fallen short, because the ACA was never intended to -- it couldn't be intended to fix all of the problems in the health care system. It made some significant progress, but, as you know, major gaps still do remain.

Some of those gaps include that, even as the uninsured rate has fallen very significantly since the law's passage, 30 million people remain insured. That's a big number and it's a big problem. Some of the insured are eligible for coverage under today's rules, but they're simply not enrolled in the coverage that they're eligible for, and some are not eligible for assistance, for a variety of reasons.

They may have employer coverage that keeps them locked out of the systems that exist to support people whose coverage is too expensive. They may live in a state that hasn't expanded Medicaid, and so they're falling into a gap there, or there may be other reasons that people are locked out of the assistance program. So, there is still a whole bunch of people who don't have coverage and who may not be able to benefit from the programs that we have in place today.

Second, for many people who have coverage, they can still face very high costs. They may face high cost sharing, as we were talking about, or they may face very high premiums that really put unnecessary financial stress on their family. And,



then, on top of that, especially in recent years, we've seen a proliferation of forms of health insurance coverage that are trying to evade the protections that we've been talking about.

So, there's been a real growth in market segments that are trying to divert healthy consumers away from regulated parts of the market and go back to things like lifetime limits and uncapped financial exposure in health plans. So, there's certainly important gaps in the way we regulate and bring health insurance coverage to people. The good news is there are good policy options that are on the table to make all of those problems better.

We can expand the financial assistance under the ACA so that it reaches more people. That's going to bring down the uninsured rate, and it's also going to make coverage a lot less expensive for people who have it today. So, it's going to speak both to the 30 million people that are uninsured and to many of the families that face those high-cost burdens today.

We can make the coverage that's available more generous by pushing down those out-of-pocket maximums and otherwise making coverage more affordable for people. We can use tools like auto enrollment to capture a greater share of those that are eligible for coverage to continue pushing down the uninsured rate.

We can also take a more comprehensive approach to how we regulate insurance, so that these unregulated market segments can become a thing of the past. So, there are definitely tools that we can use here to take additional steps and continue to address the problems in our health care system.

DEWS: Now, those would require legislation, I would think, from Congress and action by the White House. We know the Senate at least is controlled by the Republican Party. And, the White House, for the past 3 years of the ACA's life, has been controlled by the Republican Party. HHS, the Health and Human Services Department, kind of administers the Affordable Care Act. Can you talk about what we've seen in the past 3 years from the Trump administration in terms of how it administers the ACA -- its approach to the ACA?

LINKE YOUNG: Absolutely. We've seen an administration that is very hostile to the Affordable Care Act across a whole bunch of different fronts. Starting with legislative efforts, there was, of course, a major legislative push to repeal the Affordable Care Act during President Trump's first year in office.

Much of 2017 was focused on conversations about repealing the law. That was ultimately unsuccessful at the time, but Republicans continue to say that if they come back into control of both chambers of Congress, that they'll continue to think about legislative repeal.

DEWS: That's when we saw John McCain's famous thumbs down vote in the Senate.

LINKE YOUNG: That's absolutely right. But, beyond legislative efforts, we see Trump Administration hostility to the Affordable Care Act appear in lots of other places, that annual White House budget continues to propose enormous cuts to Medicaid and to the Affordable Care Act coverage programs. They've become a little bit less specific in the budget about what they want to do, but they still are

proposing removing a lot of the money that the Affordable Care Act put into our system to support these coverage programs.

Beyond sort of hypothetical proposals, we've seen really important administrative actions that are focused on undermining or undoing parts of the Affordable Care Act through rulemaking and other tools that don't require Congress. So, the Trump administration has lifted regulations on some of these unregulated market segments that have allowed them to proliferate and peel consumers out of regulated market segments and into these unregulated plans.

There's been a weakening of regulations related to what benefits have to be covered and how consumers interact with enrollment systems. We've seen that Trump administration cut funding for advertising and outreach that brings people into the coverage programs. I mean, we've seen small changes, like changes to technical formulas that mean the tax credits, the financial assistance available under the ACA, has decreased in value by about 2 percent, and people's deductibles are about 2 percent higher because of these technical changes.

So, really, across the board, you've seen administrative actions focus on undermining the ACA. But, perhaps even more prominently, we've also seen efforts to undermine the ACA through litigation. The Trump administration is currently asking the Supreme Court to strike down the entirety of the Affordable Care Act. The court will hear that case this fall, but it is a full frontal assault to the health care law.

But, I will note that, even as we've seen all of this hostility to the ACA from

the Trump administration, we've also seen them relying on components of the ACA in some of their priorities at times. So, the Trump administration has been really focused on issues around health care transparency. And, some of their signature issues to bring transparency to health care pricing have relied on components of the ACA to move that agenda forward.

We've seen this in Medicare policy. We've seen it in components of the response to COVID-19. And, sort of across the administration's health care policy agenda, you see places where they do rely on ACA authority even as they are asking the court to strike that authority down. And, I think that really speaks to the way in which the Affordable Care Act has become part of the fabric of our health care system and why attempts to unwind it could have such far-reaching impacts.

DEWS: I do want to follow up with you on the Supreme Court case in just a moment. But, first, I want to go back to the Republican Party. I mentioned earlier in this conversation that you and Matt Fiedler did a podcast interview -- and you also have a paper on our Policy 2020 website -- that looks at some of the Democratic candidates' policy proposals for health care, and we've heard about Medicare for all and others.

So, I'm going to ask -- does the Republican Party itself, let's say Republican senators, have an alternative health care plan or vision if they're thinking about dismantling the ACA? What would they put in its place?

LINKE YOUNG: Yeah. So, they absolutely have a vision, and you can piece that together from a whole bunch of different actions that they take. Fundamentally, I

think the Republican Party looks at our current health care coverage system and sees as the primary problem that we spend, in their view, way too much federal money on health care coverage programs.

And, so, what their proposals are focused on doing is scaling back some of that federal investment and either asking states or households to step up with additional investment or for more people ultimately to be uninsured. And, you see that in the legislative proposals that they floated during the Affordable Care Act repeal fights. You also see that in the White House budget.

So, the White House budget has in past years proposed zeroing out certain ACA-related accounts and replacing that with smaller block grants to states to support some of these same initiatives but that would reduce the federal footprint in this space. They've also been focused on reducing regulations that increase the cost of coverage for healthy people by covering people with pre-existing conditions and by ensuring coverage of a relatively broad set of benefits.

So, all of these themes are prominent in the way Republicans talk about health care policy. They don't have the same sort of plan documents that we have seen from some of the Democratic candidates, but there is absolutely a vision and sort of a through line in these policies.

DEWS: Let's turn to the Supreme Court now. Can you talk about what's happening with the legislation to challenge the Affordable Care Act in the court now? And, also, I mean, I know this is not the first time that the Affordable Care Act has been underchallenged in the Supreme Court. Can you kind of explain what's

going on there?

LINKE YOUNG: Yes. So, in 2017, Congress was not successful in repealing the entire Affordable Care Act, but Congress did decide that they wanted to get rid of the ACA's individual mandate, the penalty for people who go uninsured. Congress did this by reducing the amount of the penalty to \$0, so the penalty statute was still the law, but instead of the penalty amount that existed prior to passing this bill, now the law says you have to pay \$0 if you don't have health insurance coverage.

The lawsuit that the Supreme Court is going to be considering in the fall argues that because the penalty is \$0 that means that the individual mandate can no longer be thought of as a tax. And, if it's not a tax, then that means it's unconstitutional, because Congress doesn't have the power to put in place a mandate like that if it's not going to be considered a tax.

Then, the lawsuit takes the rather extraordinary step of arguing that because the mandate is going to be struck down as unconstitutional, in their view, that means Congress would have wanted the entire Affordable Care Act to be struck down as well. This is, I think, pretty obviously preposterous. We know what Congress wanted, because Congress did it. They got rid of the mandate, but they left the rest of the law in place. That's the choice that Congress made, and that's where we find ourselves today.

But, nonetheless, the Trump administration and a group of Republican state attorney generals are arguing that what Congress really wanted, in their view, was

for the entire ACA to be struck down. That's the view that is going up to the Supreme Court.

If the Trump administration and the Republican attorney generals were to be successful in that lawsuit, it would mean that everything about the ACA would be sort of stripped from the U.S. Code effectively overnight. It would immediately eliminate the provisions of the law that helped millions of people gain coverage. Estimates suggest that about 20 million people could pretty rapidly lose coverage. It would eliminate the benefits we've talked about in employer coverage that require employer health plans to include these sort of key protections.

It would also have sort of unsettling and destabilizing effects across our health care system, because the ACA did so much, and it's woven into so many parts of our health care system. It would require changes in Medicare payment rates, changes to the way the Indian Health Service operates. It would affect the FDA's authority to approve certain kinds of new biosimilar drugs, because that approval pathway was contained within the ACA.

So, it really would have far-reaching effects across our health care system that would immediately take coverage away from people and cause chaos in other places.

DEWS: It seems to me that the 10-year anniversary is really key here, because at its 5-year anniversary it had only been about a year since the ACA was becoming fully implemented. It took a few years for it to come online, but now we're 10 years into this and so many regulations and rules have been written.

Insurance companies have changed their behaviors. People have come to expect certain kinds of behaviors from insurance companies. So, I think the 10-year anniversary is a really important marker to be having this conversation.

LINKE YOUNG: Absolutely. There's so much that has happened, and the ACA has just become a part of the way so many Americans receive coverage and interact with the health care system. It's very difficult to imagine unwinding it.

DEWS: Let me ask you about the timing, too, of the Supreme Court case. Has the court heard the case, and will they be making their decision in the current term or is it something that will happen in the next term which, I believe, would be after October, which is very close to the 2020 presidential election?

LINKE YOUNG: That's a great question. So, the court has only recently agreed to hear the case. They have agreed to hear the case during the October term. That means briefs from the parties will be due in the spring and summer, and we can expect the case to be scheduled for argument sometime in the fall. So, we don't know what the argument date will be, but typically we'd be looking at sort of early fall, October or November for the argument date for a case like this.

DEWS: But, then their decision would come out for probably months afterward, --

LINKE YOUNG: Absolutely.

DEWS: -- long after the election.

LINKE YOUNG: That's right.

DEWS: A little gift perhaps to the next president, if it's not Donald Trump.



Either way. I mean, turn to COVID-19. I don't think we can have a conversation about health policy without --

LINKE YOUNG: Absolutely.

DEWS: -- mentioning COVID-19. You brought it up a few minutes ago. How is response to COVID-19 being impacted by the Affordable Care Act?

LINKE YOUNG: I think the best way to think about that question is to imagine how repealing or striking down the ACA now would impact the COVID-19 response, if the lawsuit was successful. Sort of, what would that mean for the way we are responding to this disease?

So, most prominently, there would be about 20 million more uninsured people pretty suddenly. So, we would have a major gap in health insurance coverage. On top of the folks who are already uninsured, we would be dealing with a bigger population who no longer has sort of stable, reliable access to the health care system.

You could also see increased fiscal pressure on states. As we talked about, the Affordable Care Act provides generous financial support to states that expand their Medicaid programs. Some states may want to try to keep some of that coverage expansion in place, particularly in the face of a pandemic.

But, without the generous financial assistance in the ACA, you're going to have a pretty significant pressure on state budgets coming at a time where the state is also looking at a potential recession that is also going to put pressure on state budgets. So, it's a pretty inconvenient time for states to be facing that kind of fiscal pressure associated with their Medicaid programs.

We would also have less leverage over private insurance coverage. Plans could go back to putting lifetime limits on coverage, which could result in families bearing costs for extended hospital stays. Plans in the individual market could decide to simply stop covering COVID-19-related services in their entirety.

They're largely required to coverage those services today, but without the ACA you could see the whole individual market simply opting out of COVID-19 coverage at all. So, even people who had coverage in that market wouldn't have access to these kinds of services. We would lose the protections that require coverage of preventive services, which don't currently include any COVID-19 services but could down the line as we see a vaccine developed or new options coming to market or being available to consumers.

It's also worth noting that the ACA invested a lot of resources at the time of its passage in public health infrastructure, and so, those dollars have largely been spent. But, there was a major investment that went into states and other facilities ability to respond, and I think we are perhaps seeing some of those benefits today.

DEWS: Well, again, it's the 10-year anniversary of the Affordable Care Act. Can you reflect on perhaps what has surprised you most about the last decade in this major health care shift in America?

LINKE YOUNG: Yes. So, I think it's been a pleasant surprise. What I've been most surprised by is the resiliency of the Affordable Care Act to attacks from all quarters. It's, as we've talked about, been through the ringer in court. This will be its third time before the Supreme Court. But, you know, here we are with the law

still in effect and largely undamaged by court cases.

We've seen that despite Republicans saying for years that they were committed to legislative repeal of the law legislative repeal efforts were not successful. It's really pretty remarkable. In the wake of the 2016 election, I think most political pundits thought the ACA was a goner. And, here we are years later with a law that is robust and is functioning and is bringing health insurance coverage to millions of people.

It's been similarly resilient in the face of administrative attacks. So, we talked about the ways in which the Trump administration is attempting to undo components of the ACA through administrative actions. But, what we've seen is small reduction in enrollment compared to prior years. Ultimately, millions of people are still enrolled in this coverage, and the law has proven very resilient to those kinds of administrative attacks.

In some ways, this maybe shouldn't be surprising. The ACA is a major benefit for people. Of course it's become part of our social compact and how we understand our health care system to work, and the policy process that led to it, the combination of financial assistance and insurance market reforms, like, that works. And, maybe it shouldn't be surprising that here we are 10 years later, but, when you're living it and watching it unfold in real time, it perhaps feels more fragile than it is.

DEWS: Let me extend on that, because you have been watching this for 10 years. You've been involved professionally in the Affordable Care Act. I mentioned

that you worked in the White House. This is one of your many roles that you've worked in in government -- federal government and state government. Can you reflect on the 10 years you've spent working on the Affordable Care Act and maybe share some of your own personal memories of that work?

LINKE YOUNG: Yeah. So, one of the truly great honors of my time serving in the federal government is having had the opportunity to read the letters that people sent to President Obama in the wake of the ACA's passage and the insurance market reforms coming online in 2014, stories about how the ACA had affected them and their families.

To this day, I choke up a little bit when I talk about these stories. So, you're going to have to bear with me here. But, I will never forget reading an email from a woman in January of 2014. She had been paying a pretty hefty premium for a form of limited insurance, a mini-med plan.

And, she wrote in her letter that she was a single mom. She understood how limited her coverage was, but she felt like it was responsible to have a health insurance plan to take care of herself so she could take care of her kid. And, this very limited plan was all she could afford, so she was paying this hundreds of dollars a month for this plan.

But, because of the ACA starting on January 1, 2014, she was paying just \$28 a month now for what she knew was now comprehensive health insurance. And, she was writing to say thank you for giving her better coverage and more money in her pocket that she was looking forward to spending on her family.

I remember a handwritten letter from a little boy, maybe 7 or 8. It was in blue crayon, maybe a marker. But, his dad had gotten coverage through the ACA, probably the Medicaid expansion, and the father was being treated for what the little boy called a lung disease in his letter. And, he wanted to thank the President for saving his daddy and getting him treatment for whatever was ailing him.

There was a young woman who wrote to us after her fiancé had died in a skiing accident, and she was thankful for the fact that she wasn't dealing with bankruptcy at the same time she was dealing with her grief. And, we also heard from just so many people who told stories, not about a dramatic interaction with the health care system but about how they felt their dignity had been validated by the opportunity to get a health insurance card, many of them for the first time in their adult lives. And, they felt that their participation in society had been sort of validated by getting this mark of access to the health care system, and they wanted to say thank you for that.

I think about those stories all the time. There is a lot of work left to do in health insurance policy, and politics and policymaking, perhaps particularly in health care, can be pretty ugly. But, those stories are examples of why this matters, and they show that we can do things, we can make progress, and we can make people's lives better. And, so, I reflect on that a lot as I think what comes next in health reform.

DEWS: Well, Christen Linke Young, I want to thank you for sharing not only your expertise but also your passion for this topic with us today. I appreciate it.

LINKE YOUNG: It was a pleasure. Thanks for having me.

DEWS: If you want to get more research and analysis on health policy, visit our USC-Brookings Schaeffer Initiative for Health Policy on our website, Brookings.edu. And, now, here's Governance Studies Senior Fellow Sarah Binder with another installment of what's happening in Congress.

BINDER: I'm Sarah Binder, a Senior Fellow in Governance Studies at the Brookings Institution. Fire alarms are ringing on Capitol Hill. Not real ones, just metaphorically. The cascading threat of the Coronavirus has caught lawmakers' attention. Speed is imperative, not simply because of the exponential rise in cases, but also because both the House and the Senate are set to leave town for a short, previously scheduled recess.

Take the deadline, add in Republicans divided over how to respond to the crisis, and President Trump who has challenged the severity of the crisis, add that all up and we have some contentious, fast-moving politics on our hands. And, it raises two questions. First, is Congress actually going to act? And, second, if so, how will lawmakers resolve their political differences over the appropriate policy response to the virus?

So, let's think about both of those questions. First, is Congress going to act? We often think that it takes a crisis to get a stalemated Congress to legislate. Think about the attacks on September 11th or the financial crisis a decade ago. Those crises compelled action, although the unity of purpose on Capitol Hill frayed pretty quickly soon thereafter. But, a crisis isn't always sufficient to compel Congress to act. The question is always: What are the political incentives of both parties and branches to

legislate quickly, and what's the cost to either party if Congress fails to act?

I do think Congress will legislate. The crisis is salient, it's spreading, and lives are at risk. But, there is some risk still of a partisan divide if Congress takes too long. The President has downplayed the seriousness of the risk, Fox News amplifies his attitude, and we even see Republican respondents in some recent surveys expressing far less concern about the virus than do Democrats. Still, with stock markets still plummeting and the Fed's interest rate cut doing very little to stem the tide, both parties will face rising pressure to respond.

So, second, what's likely to happen? House and Senate Democrats acting in concert beat the Republican White House to the punch. They set the agenda by moving first on a list of concrete policy steps. In contrast, House and Senate Republicans have been relatively mute, allowing the President and his economic team from the White House to float potential options.

But, Democrats in the White House are almost taking different approaches. True, both parties have expressed support for some form, to be determined, of paid sick leave for workers so they can afford to stay home to comply with health directives. But, the outlines of a larger bipartisan deal are still murky.

Democrats have largely defined the challenge of the health crisis. Republicans by and large seem more focused on an economic crisis. And, the President, by many reports, considers this an electoral crisis for himself. Democrats favor patching holes in the social safety net for those most at risk from the economic and health effects of the virus, targeting aid for those who need it most -- low-

income, wage-dependent workers, state and local governments, and health care workers on the front lines of battling the virus.

In contrast, the President thus far wants to suspend the payroll tax and provide what some call bailouts for industries, from cruise lines to airlines and oil and gas companies. But, the Trump administration is internally divided over the President's top priority of the payroll tax cut, and a proposal was pretty much dead on arrival on Capitol Hill this week amongst Republicans.

Why does this matter? Republican disunity increases Democrats' leverage over the government's fiscal response, and Senate Republican Leader Mitch McConnell implicitly acknowledged this. He sidelined himself and his chamber to let Speaker Pelosi and Treasury Secretary Mnuchin hammer out a deal.

It seems Speaker Pelosi will lead the House to adopt an initial package this week, before she and Secretary Mnuchin finalize a deal. Democrats, after all, don't need Republican support to get it through the House. And, then, the House would essentially leave it on the Senate's doorstep, where Democrats will pressure McConnell to call it up, even if Republicans are not yet fully on board while they wait for a concrete set of alternatives from the White House.

Now, when speed is of the essence, don't count on the Senate to act quickly. But, failure to act now will make the crisis worse, in hospitals, businesses, communities, and families across the country. The political danger for Republicans is especially acute, let the public squarely blame the White House and their party for the deepening crisis.



Finally, Capitol Hill is also at risk. The CDC says the elderly are particularly at risk. And, almost half the senators are older than 65. But, shutting down Congress is not an option. We're the captains of the ship, Speaker Pelosi said this week. We're the last to leave.

DEWS: The Brookings Cafeteria Podcast is the product of an amazing team of colleagues, starting with audio engineer Gaston Reboredo and producer Chris McKenna. Bill Finan, Director of the Brookings Institution Press does the book interviews, and Lisette Baylor and Eric Abalihin provide design and web support. Our intern this semester is Amelia Haynes. Finally, my thanks to Camilo Ramirez and Emily Horne for their guidance and support.

The Brookings Cafeteria is brought to you by the Brookings Podcast Network which also produces Dollar and Sense, The Current, and our Events podcasts. Email your questions and comments to me at [bcp@brookings.edu](mailto:bcp@brookings.edu). If you have a question for a scholar, include an audio file and I'll play it and the answer on the air. Follow us on Twitter, [@policypodcasts](https://twitter.com/policypodcasts). You can listen to the Brookings Cafeteria in all the usual places. Visit us online at [Brookings.edu](http://Brookings.edu). Until next time, I'm Fred Dews.

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