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Who's advising Trump on health care?

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Donald Trump has a plan to make America's health care great again.

It's very simple, he says: Lock the best health care policy minds in a room – and don't let them out until they've crafted a plan for providing terrific coverage for everyone.

But the strategy, laid out in Trump's most recent book, begs the question: Who exactly would be locked in that room? And who is advising him on ideas which are as unorthodox for a GOP frontrunner as his candidacy?

Trump has repeatedly said everyone should have access to health care — going so far as to say he supports “the mandate” in a town hall meeting in South Carolina Thursday night (although he walked that back on Twitter, saying he was referring to the rule that insurers must cover people with pre-existing illnesses). He also says government should pick up the tab for the poor so no one is “dying on the streets” — a stance seemingly far to the left of the rest of the Republican presidential field.

Sam Clovis, Trump's national policy adviser, insists the campaign is talking with lots of health care experts – but declined to name any of those advisers.

“We have experts around the world who help us on these various topics,” Clovis said in an interview with POLITICO. “We get very frank and honest input if we do not expose these people to the scrutiny of the press. ... As we get further along they might want to come out of the shadows.”

To shed light on the advisers shaping Trump's eclectic thinking, POLITICO scoured the landscape of notable policy wonks – from academics to lobbyists to congressional staffers to think tank fellows – but was unable to find anyone, on either side of the political divide, who acknowledged whispering health care policy tips in the billionaire's ear. Or for that matter, of hearing of anyone who had talked to his campaign.

“He seems to be a one-man policy shop,” said Michael Cannon, director of health policy studies at the libertarian Cato Institute, and a leading critic of Obamacare.

“I don’t know anybody who claims to even have a clue,” said a former top GOP Senate health care staffer.

Health care experts at the other end of the ideological spectrum also professed ignorance about Trump’s advisers.

“Absolutely never been asked by the Trump people,” wrote Dr. Ezekiel Emanuel, who helped craft the health law as an adviser to President Barack Obama. “I know of no one else who has been asked.”

Some lobbyists are having a hard time even figuring out how to engage with his campaign.

“I have talked to several lobbying shops with clients who want to talk to him and they aren’t even getting call backs,” one health sector financial analyst said. “He seems to have zero interest in talking to them.”

On Trump’s campaign website, the only health care topic mentioned is the “drug epidemic.” In a video, he vows to stop the flow of illegal drugs with that Mexican border fence he’s building, and to provide treatment to addicts.

The clues that Trump has provided about his health care policy beliefs suggest eclectic thinking. He has repeatedly stated that everyone should have access to health care.

“That’s not single payer; that’s just human decency,” Trump declared during a town hall event.

But he also rattles off the traditional GOP talking points for life after Obamacare, like expanding tax breaks for health savings accounts and promoting free market competition by allowing insurers to sell across state lines.

Clovis chafed at the suggestion that a dearth of health care information on Trump’s website indicates a lack of interest. He promised more detailed health care plans will be forthcoming.

“As we move forward, as the field narrows, and it will, you can expect us to expand our aperture,” Clovis said.

Clovis does not have a background in health care. He is an Air Force veteran, former professor of business administration at Morningside College in Sioux City, Iowa, and once hosted a conservative talk radio program. He originally backed Rick Perry in the presidential contest, but switched horses in August.

“My role is really as a facilitator,” Clovis said. “I know what we’re looking at and what we’re looking for as far as policy goes.”

The lack of well-known policy experts advising the Trump campaign is perhaps not surprising. The GOP frontrunner has flourished by trashing the Washington establishment and ignoring the

typical campaign playbook. His populist disdain for lobbyists and special interests – including the pharmaceutical and health insurance industries – is a standard theme at his rallies.

But Trump also routinely joins the chorus of Republicans vowing to abolish Obamacare, or declaiming its “death.” As for specifics about what would come next? There aren’t many, on the stump or in his book, “Crippled America: How to Make America Great Again.”

“I’ve had to provide health care coverage for my workers,” Trump writes. “I know what the real costs are, I know what the problems are. I know what works and what doesn’t work. Most important, I know where the waste is and how to provide good medical coverage at reasonable costs.”

But he’s got some convincing to do. Even Republican experts who back selling insurance across state lines – which Trump has been stressing recently – concede it is only one element in a broader strategy.

“I doubt that’s really a panacea,” said James Capretta, a senior fellow at the Ethics and Public Policy Center who has been involved in efforts to craft a conservative alternative to Obamacare. “It’s something that might be good and helpful, but it’s not going to be groundbreaking.”

Trump has also called for giving Medicare the authority to negotiate prices with drug companies -- a stance that many Democrats favor but is heretical to Republicans who abhor government interference with the free market. And he’s vowed not to cut spending on Medicare or raise the eligibility age, even though many Republicans say the program's growth is unsustainable.

“Of all the candidates, one would expect a person with a business background to understand that a nation that has amassed \$210 trillion in unfunded liabilities is not in a credible position to bankroll these promises, and that entitlement reform is absolutely and positively necessary,” said Chris Conover, a researcher at Duke University’s Center for Health Policy & Inequalities Research, and an Obamacare critic.

To be sure, Trump is not the only GOP presidential contender to leave many blanks in his Obamacare replacement plan. Among the half dozen remaining contenders, Bush is the only one to flesh out a fairly comprehensive plan.

And wonks of all ideological stripes say they’d be willing to be locked in that room if a President Trump should summon them and say, “You’re hired.”

“As long as he provides food, and toilets,” said Timothy Jost, professor emeritus at Washington and Lee University School of Law, and an ACA supporter.

Still, some are skeptical of the locked-door approach. One of the chief criticisms of Hillary Clinton’s failed effort to overhaul the health care system in the early 1990s was a lack of transparency and public engagement, they point out.

“Those were hard lessons for all of us to learn,” said William Sage, a law professor at the University of Texas at Austin, who served on the Clinton task force.

Tom Miller, a health policy expert at the right-of-center American Enterprise Institute, is also leery of a plan that relies on experts to unilaterally determine the correct prescription to fix the health care system.

“It’s a good idea to lock the experts in a room given what they’ve advised in the past,” Miller said. “But then I would not necessary let them out.”

Clovis, however, is doubling down on the locked-room approach for coming up with solutions.

“I think that’s going to be the blueprint for a lot of things,” he said.