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Janet Varon

SUMMARY

A New York native, Janet Varon grew up in the Bronx before attending Harvard as both an undergraduate and a law student. Finishing law school in 1983, she accepted a job at Seattle's Evergreen Legal Services, where she primarily represented clients who had lost their health coverage and other public benefits. After 13 years at Evergreen, she founded Northwest Health Law Advocates and has served as its Executive Director for nearly two decades. She also coordinates the statewide legal advocates' Medical Assistance Work Group; serves on the Healthy Washington Coalition Steering Committee; and is a member of the board of the Washington Medical-Legal Partnership. She previously served on the board of the National Health Law Program and chaired the state's Medical Assistance Advisory Committee, and served on the Governor's Certificate of Need Task Force and on the Low-Income Populations Advisory Group to the Joint Select Committee on Health Care Reform Implementation.

Jeff Schwager : Welcome. I wanted to let you know first that you were nominated by a close friend of mine, who I believe is also a friend of yours for this Roberta Riley.

Janet Varon: No kidding. Yeah. I wouldn't have picked her out of the. I was going to ask you in that.

Jeff Schwager : Yeah, no, I was when I first started working on the project, I was out to dinner with Robbie and her husband Peter and a couple other friends, and I said, so I'm doing this wonderful project. Who should I include? And you were the immediate choice of Roberta.

Janet Varon: Wow. That's exciting. Yeah. So she knows a lot of people, so I'm very flattered.

Jeff Schwager : Yeah, yeah. So, um. Congratulations. Thank you. That was your nomination, and you were selected by the committee to be one of the agents of change who represent exceptional Jewish women of the northwest. Wow. So, um, I'm just going to I've got a list of sort of topics we're going to go through and, um, just talk about your life and your career and, um, just follow it wherever it leads, okay. So I'm going to ask first about your, uh, your, your background, where you're from, your upbringing. And, um, tell me about that.

Janet Varon: Okay.

Jeff Schwager : And there's water for you.

Janet Varon: Oh.

Jeff Schwager : Thank you. As you probably.

Janet Varon: Noticed. Well, I grew up in the Bronx, and, uh.

Jeff Schwager : My parents were both from the.

Janet Varon: Bronx. Really? Yeah. What part of the Bronx?

Jeff Schwager : My mother lived right by Yankee Stadium. Uh, and my father. I'm not sure exactly what part, although I was there a couple of years ago with him taking a little tour.

Janet Varon: Oh, so you didn't grow up there?

Jeff Schwager : No, no, I was born in Poughkeepsie and then moved to California when I was about ten.

Janet Varon: Yeah. Well, I grew up through high school. I lived in Riverdale, which is a northwest part of the Bronx. And, um, from there went on to. Well, that was your question. Yeah. My upbringing, um, and I could talk a little about my parents, actually. There. I'd love to hear about it. So my mother was born in Jerusalem when it was still Palestine, and moved to this country at the age of three. And was.

Jeff Schwager : What year was that?

Janet Varon: That would have been. She just turned 94. So that would have been 1927 that she moved to this country. And, uh, yeah, I grew up in various places on the East Coast, Pennsylvania, new Jersey, New York. Um, and she, um, was a school librarian. That was her her career. Um, my father. So I'm from a mixed marriage. My father was Sephardic, and he, uh, actually, he was. He was from a mixed marriage. His father was from Turkey, from Gallipoli, Turkey. Um, I never met him. So my father was born in Brooklyn. And, um.

Jeff Schwager : Were his Turkish ancestors also Jewish?

Janet Varon: Yes. Oh, yes. Um, so his mother, though, was from Brooklyn. And so my grandfather immigrated from Turkey via Paris, where he got a dental degree and then met my grandmother in New York and had a dental practice there. And then, um, it was always assumed that my father would become a dentist. And he did at a pretty young age. Um, and then, um, for a while considered maybe another career. But he remained a dentist. Um, my parents look fondly back on a couple of years when they were in the Air Force. He was in the Air Force as a dentist, and they lived in Japan and in France. And then, um, they came back and lived in Riverdale, and they lived in Riverdale until this past July. So same apartment for 60 years. And I helped them move to Seattle. So they now live here.

Jeff Schwager : Wow. And so they're both still alive?

Janet Varon: Yes.

Jeff Schwager : That's wonderful.

Janet Varon: Yes.

Jeff Schwager : Um. Were they are they observant?

Janet Varon: Um. You know, my mother grew up in a very observant family. Um, and her, she always had the push to assimilate, and so I was raised. Not that observant. Um, but we did have some connection to reform Synagogue. So, um, that was. And my father, um, the main association I think he has with Judaism is cultural, although he did have a bar mitzvah, but his and his aunt ran a wedding parlor that he worked in as a as a kid. So but they have always been been interested in studying Jewish scholarship and that kind of thing through the years. Yeah.

Jeff Schwager : I came from a completely non-observant family, and I'm not non-observant myself. My main connection with Judaism is through literature. Um.

Janet Varon: I would probably say that's true of them.

Jeff Schwager : Yeah. I, um, I produced a reading for Act last year called Beyond the Pale. Uh, Jewish Writers from Russia and the New World. Um, and had Grace Paley stories and Bernard Malamud and also Isaac Singer and, um, uh, Isaac Babel. So yeah, I mean, that's.

Janet Varon: Speaking of and I'm sorry I missed that. I know that that was around and I just didn't get to see it. So if it ever comes back, let me know. But I have been trying to find the the movie Finding bauble. You know, there was a movie about Isaac Babel.

Jeff Schwager : Oh, really? No.

Janet Varon: Yeah. And I've never been able to find it, so I thought maybe you would know where I don't.

Jeff Schwager : But I am tied in with the community of film collectors, so I'll ask around about it. Is it a do you know what language it's in? Is it a Russian film?

Janet Varon: I think it's in English, but it's possible it's Russian with English subtitles. I mean, I've always seen the title as Finding Babel in English, so that's why I assume that.

Jeff Schwager : Okay, well, if I find it, I will let you know. That sounds interesting. Um, yeah. We did a story of my dovecote, his famous story about the 1903 pogrom in Kishinev, which is where my mother was from. So I was really interested in that. Anyway, enough about me.

Janet Varon: Oh, I'm interested in finding out about you, too, if that's permissible. Of course.

Jeff Schwager : Um, so how did you end up in Seattle? Or I guess we're skipping law school. You went to Harvard?

Janet Varon: I went to Harvard, actually, as a college in college, and then worked for a couple of years in New York and then went to law school. Um, and I'll just tell you, because this is kind of integral to the story, I always tell, that when I worked after college, I worked at a hospital in New York, um, Saint Vincent's Hospital, and they had a Department of Community medicine, and my job was a research assistant to write up the successes of this program called Health Care for the Homebound Elderly. And they were trying to promote this program and also get funding through, you know, because the people they served were eligible for Medicaid and Medicare. So they were trying to get funding for this long term home health care program, and all that was funded at the time was this post-hospital short term care, but they were able to demonstrate that they were they kept people out of nursing homes with stable conditions. You know, most of the people had chronic conditions or were just, you know, old. And so we write up stories, data and so on. So I got to see something of the world of policy advocacy there. Um, and that made me think, oh, you know, it would be good to have a law degree to, um, be able to have some power and ability to influence and change things for the better. So I went to law school with that in mind, and really was always interested in a public interest career of some kind. Um, and during law school I worked in a legal Illegal Services, also known as Legal aid Organization um, which was one in Tennessee and then another that was in DC. That was more of a policy organization to learn more about how that work is done. And then when I graduated, I was looking for jobs. I really was drawn to representing individuals who were low income and had problems with, um, accessing benefits of various kinds. So I just applied all over the place for jobs. And I wound up in Seattle, um, which I really liked as a city. And I was sort of drawn to the opportunities here. And of course, the landscape and, um, ability to balance work and easily accessible opportunities to be in nature. So that's why I came here.

Jeff Schwager : And difference from the Bronx.

Janet Varon: Big difference. Yeah. I didn't see myself living in New York long term. I guess at that point. So.

Jeff Schwager : Um, so do you, uh, tie in your desire to help others through law with your Jewish values or. Uh, a lot. You know, people talk about tikkun olam, and, um, is that something that you were familiar with and thought about, or did it come from someplace else?

Janet Varon: Well, that's a good question. I mean, I think it it is tied in with Jewish values for me. Um, those are values I was just raised with. And I probably, you know, something about growing up in a Jewish community. You don't kind of separate what's Jewish values from what's not. I think, um, and I did grow up in a, in a Jewish community. So I think a lot of the people who are friends and peers also had a similar interest in You know, serving community and repairing the world. Tikkun olam. So and also, I think my parents were both in, you know, they inculcated those values. Um, my father was the kind of dentist who would just see anybody for, you know, payment was secondary. So, um.

Jeff Schwager : Were your parents political?

Janet Varon: Um, I would say they they were definitely liberal and, um, thoughtful. Thought about what was going on in the world. Still do. Um, they still read a lot and pay attention to what's going on. Yeah.

Jeff Schwager : Yeah. Um, so I'm curious about your time at Harvard Law School. My wife also went to Harvard Law School.

Janet Varon: Oh. No kidding.

Jeff Schwager : Uh, she was in the class of 93.

Janet Varon: I don't I was in 83.

Jeff Schwager : Uh huh.

Janet Varon: Ten years earlier.

Jeff Schwager : Um, and by the way, she actually worked one summer at evergreen.

Janet Varon: No kidding.

Jeff Schwager : And she had hoped to work at evergreen when she finished. But I guess there was a lot of there were a lot of funding cuts around.

Janet Varon: Oh, yeah.

Jeff Schwager : Then in the early 90s, um, so, yeah, she was very discouraged by the time we moved out here that she wouldn't be able to to find a job at evergreen anymore, that it was not going to have those opportunities. And she ended up clerking for Judge Rothstein, who was another Harvard graduate.

Janet Varon: My my husband, actually, who is a recovering attorney, um, he worked as a lawyer for about four years. Um, but he he interned for Judge Rothstein.

Jeff Schwager : Oh, really? Yeah. Um, actually, I interviewed Judge Rothstein for this program yesterday.

Janet Varon: No kidding.

Jeff Schwager : Oh, I hadn't spoken to her in about 25 years. Um, but she sounded great, and it was great to catch up with her.

Janet Varon: So, what's your wife's name?

Jeff Schwager : Megan muir.

Janet Varon: Her name sounds very familiar.

Jeff Schwager : She just started at a nonprofit called Global Partnerships, which deals in people in poverty in sub-Saharan Africa and Latin America.

Janet Varon: And is it public health oriented?

Jeff Schwager : No, no. It's investing in opportunities largely for women owned businesses down there. So microlending kinds of things. Exactly. Exactly.

Janet Varon: Wow.

Jeff Schwager : Yeah. She's also a recovering attorney. I guess she she had been in the corporate world for the between her clerkship with Judge Rothstein, and now she had been working as a as an attorney. And, um.

Janet Varon: She's ready to move on.

Jeff Schwager : She's ready to move back to her passion, which had always been to to do some sort of public service. I'm very excited for her. If you can't tell.

Janet Varon: Yay! Yeah.

Jeff Schwager : So she just started there? Yeah, it's a great nonprofit. I'm really excited. So anyway, enough about me. I'll just keep saying that. No.

Janet Varon: It's nice to have that kind of not feel like I'm the only one talking. Yeah.

Jeff Schwager : Yeah. Um, so when you were at Harvard, did you, um, Judge Rothstein talked a lot about, uh, the way that women were treated at Harvard. And it was very different from what Megan experienced. Uh, and I guess you were somewhere in between, uh, closer to Megan's time than Judge Rothstein's. But I'm curious what the environment was like for a woman law

student while you were there.

Janet Varon: I think it was changed from what Judge Rothstein experienced. I've read some of her reports and others from her class around. Yeah. Um, what? It was like, um, we had probably many more women in our class. I would guess a third. Um, well, definitely less than half. Um, and I think some of the professors were more I mean, I noticed there were definitely professors who didn't call on women as much, but there were also women who raised their hand a lot. I was not one of them. Um, but there was that what I remember, um, is that the we had a, um, a group of students who was advocating for more women professors and, um, had some conversations with the dean, who at one point said, you know, I really would like to hire more women professors, but we're just not finding the women with the qualifications. And, you know, I think what that that was code for credentials, which were credentials that women couldn't as easily earn or get. So that's sort of the stage that that was going on at the time. Um, and I think it's, it's definitely evolved since then. And now they've had women deans and um, you know, there was a celebration of public interest law maybe 8 or 10 years ago where um, there was really lots of evidence of women in leadership. That was very heartening to see. And I would say that's also true of of, um, of race, racial and ethnic minorities to the school has. Put a lot of attention and and energy into diversifying.

Jeff Schwager : Mhm. Yeah. Megan was there just after President Obama, uh, had been in and when she was there, there was the big controversy over I think his name was Derrick Bell.

Janet Varon: Oh yeah.

Jeff Schwager : Where he wasn't getting tenure. And I believe he ended up going back to New York. Um, but yeah, those sorts of things were still going on in her day. Um, and the struggle continues.

Janet Varon: It does?

Jeff Schwager : It does? Yeah. So are you still, um. Do you still are you still connected with the Harvard alum community? Is that.

Janet Varon: Um, mainly through people I've kept in touch with? Not. Not really so much as an alum. Um, but we I have, um, in particular, one colleague who was in my first year class and we went through together and really got to know each other more, um, when we both moved to Seattle and when my husband worked with him as a colleague in a firm, and he later actually co-counsel with me on one of our cases, um, that was that I'll talk about later. But, um. I would say he's probably my main connection, and maybe a couple of others that I keep in touch with.

Jeff Schwager : So you were you went to Harvard Law with the idea of doing public interest law. Mhm. And, um, never wavered from that.

Janet Varon: No, no.

Jeff Schwager : That's great.

Janet Varon: Um, part of yeah, there was sort of a culture around it. There were at the time, there was no funding for people to do public interest summer work. So we developed student funded fellowships to help collect money from the class. You know, a lot of the people were going to corporate summer jobs and making lots of money. So they we'd ask them to donate into this fund, and then we'd grant fellowships to people who were looking to do that. Um, so yeah, I was definitely one of the, one of the people most committed to doing that. But there was enough of a cohort of us that there was a lot of pressure. There may still be. I mean, because first of all, the financial pressure, but I think that's tons worse now. The cost was much lower then. But also the, the there was a whole on campus interviewing thing with the big law firms, and the timing of that was really way before the public interest employers interviewed people, which is more on a sort of just in time schedule. So there was a lot of sort of migrating to the to the on campus interviewing, and then they'd get offers. And, you know, that would be the beginning of the move of some people who had said they were a public interest oriented into more of a private sector. But, um, that was one of the one of those who did not really see myself in that path.

Jeff Schwager : So, um. Let's see. I guess I guess I'll just jump ahead to Nola.

Janet Varon: Okay. Well, can I first talk a little about what I did before Nola, which is I worked at Evergreen Legal Services for 13, 12, or 13 years. Representing individuals, mainly in administrative hearings. They'd be denied or cut off benefits. Um, and they were, um, I mean, in many cases pretty desperate to, to have to get that, uh, overturned and get back on. And there were a number of different scenarios that came up repeatedly, um, certain benefits, health benefits being not being covered or, um.

Jeff Schwager : This is like Medicaid benefits, Medicaid.

Janet Varon: Food stamps, which is now called Snap. Um, public cash assistance? Um, those are the main ones. Some child care benefits. And, you know, some of the cases, there were just, um, factual issues and some of them were just constraints because of the law. So, you know, we'd represent them sometimes we'd appeal, um, and more and more, I got involved in, um. Um, you know, identifying systemic issues and trying to figure out are there ways that we can address these? Um, and part of that, you can sometimes try and affect the agency rules or legislation. Um, sometimes you go to court and, um, I was involved in some of those sometimes one, sometimes loss. Floss. Um, there are just some. When you create benefit programs, there's always, um, ways, you know, ways that they're unfair to one person or another, you know? And so, you know, I became interested in that. And then in the mid 90s, sort of toward the end of that time, the state embarked on a health, um, health reform of its own. I don't know if you remember that time or you were around during that time, but, um, but there actually was, um, a for a couple of years, a requirement to get health insurance and to, and an expansion of our state's basic health program, which had subsidies for insurance. Um, and then within a couple of years, the legislature composition changed and it was largely repealed. But they left in and they um. But they left in place this, um, rule that you couldn't the insurance companies couldn't deny people because of a pre-existing condition. So guess guess what happened. The prices started going up because people started dropping if they were healthy. And then the prices went up more. So the death spiral, as we call it. Yeah. So that was the end of that. But I think that instilled in many people who who worked so hard to make this happen. The idea that we wanted to get back to a place where we could have both no pre-existing conditions and a requirement of getting insurance, so everybody was covered. Mhm. So there um, that sort of leads me to Nola. Um, so I started the organization in 1999. Um, this was right around right before, um, right as this death spiral thing was happening. Um, and in 2000, okay, so it started the organization with the idea that we would, um, work toward better access to health care, you know, really envisioning the, um, idea that everyone in this state should have access to health coverage at an affordable cost, you know, decent coverage, comprehensive and and quality coverage. Um, so going a little beyond the low income piece, but just looking more broadly because increasingly, as prices went up, you know, even middle income people couldn't afford coverage. And we're seeing that all over the place now. And um, various even, you know, people who are covered through the Affordable Care Act are underinsured, as we say. So. Right. Um, it.

Jeff Schwager : Seems like the Republicans might have seen our death spiral here and thought that was a good model for the ACA.

Janet Varon: Right. But, you know, we and and I would say I include the governor and everyone in the, in leadership in the state as saying, you know, we we learned that lesson. You know, what happened as a result of our death spiral is that, um, the state created this high risk pool with more expensive insurance for people who who had higher costs. So it was sort of re-imposing pre-existing conditions and saying, well, you can't be totally denied insurance, but you have to go to this more expensive thing that is somewhat funded through insurance taxes, but, you know, is also burdensome if you don't have money. Um, so we were very glad to see the ACA passed and to see that there was, you know, a real commitment to having a, um, a reformed system.

Jeff Schwager : Mhm.

Janet Varon: Um, so that was actually 22. So Nola had been in existence about 11 years by then. And before that we worked on some state health reform efforts, some, um, working to try and get better access in various ways. Um, let's see, um, we had a rural health access project at one time that, um, was primarily about letting people know what was available in Eastern Washington. We did a lot of work on the availability of hospital charity care, which is a state law here, but not many people knew about it. I think that's still somewhat the case.

Jeff Schwager : What is that exactly?

Janet Varon: It's a law that requires hospitals that are in the state of Washington to provide free care to people below the poverty level and then a sliding scale of some sort. Up to twice the poverty level. Um, but there have been issues with, um, and we've done some work in this area. There are a number of people who have, um, issues with people not being made aware that it exists or barriers to the, to applying for it, um, so that people still end up with medical bills even when they qualify. So, you know, and they're sent to collections, and if they're lucky enough to get an advocate who knows about it, they can get that straightened out. But, um, we do see, you know, there's a lot of medical debt in this state, just as there is across the country. Yeah. Um, and it can be, you know, it can be really, um, Hard to recover from that.

Jeff Schwager : Um, what are some of the other important issues, uh, that you guys focus on at Nola?

Janet Varon: So in the last few years since the ACA, we have really been focusing on making sure it's the best that it can be. Um, so we were quite involved in when the health care authority and the exchange were forming their rules and their policies around how to implement that. So everything from being testers at the computers when they were starting to test the health plan finder application, this online application to working on procedures for um, ensuring that people could easily renew coverage when they were on because we had seen in the context of Medicaid and other programs, there's always a lot of churn when it's time to review

eligibility. You know, people don't get the notice or they don't do it in time. And this can cause problems or they don't understand what they're supposed to do. Documentation issues. You know, not everybody has easy proof of their earnings. So there's a lot of streamlining, streamlining that happened with the ACA that we want to make sure was fully implemented. You know you can you can get coverage now based on your statement of what your income is your own statement. And then they can check on the back end. But it really gets people in quicker. So a lot of that process stuff as well. And surveying to find out what problems are people still seeing. How can this be fixed. And the state had a real commitment to trying to improve things. The first few years were a little bumpy, but you know, a lot of the stuff has been addressed and we think that, you know, us bringing it to their attention and working with them to problem solve has been helpful. Um, we also we have been fortunate to get some funding to pursue, um, reproductive health access. And so one of our big projects has been, um, monitoring the improvements in contraceptive coverage. So the ACA, um, requires that most plans there are some exceptions, but most health plans provide contraceptives at no cost, and all the different methods should be covered. I mean, it can be one, um, brand in a in each category, but, um, it's all covered. And so some of them are, are drugs, some of them are barrier methods and other types of coverage. So we decided we wanted to make sure these health insurance companies were actually making it clear that these were available. Some are more expensive than others, you know, for them. So we, um, engaged in a project involving secret shopper calls to their customer service and sales representatives to, you know, calling as women to find out if I join your plan. Can I get, um, this particular thing covered? And what about that particular thing? And we actually found that a number of the, um, people we talked to, a pretty high, staggeringly high number of the people didn't know. Um, and there are various reasons for this. I mean, I think it all boiled down to this is a new change and not everybody in these roles was informed about this. But we also looked at the online formularies. We looked at the filings with the insurance commissioner, and we found there were inconsistencies. And there were also the formularies. Didn't, you know, they'd list contraception and then they'd only list the ones they considered were things that go in a formulary. So lots of different things that if you were from their point of view, might have been logical, but for a consumer, somewhat misleading. So we were we had the help of the insurance commissioner, Mike Kreidler, who decided he liked the secret shopper survey. Um, he would and he would call and did call the insurance companies representatives all into a room with us and said, you've seen the draft report, what the Secret Shopper survey showed and these other, um, investigations. Um, I'll give you a certain period of time to respond. And we said we'll incorporate your responses in the widely publicized report we're going to do. And that was actually a very effective advocacy, because a number of the plants, I won't say all, did shape up and did, um, put, you know, give their customer service and their salespeople training. They fix their online stuff. A lot of this was devil in the details kind of, you know, the link doesn't go to the right place, you know, kind of thing. So, um, so we published a report, and one of the things we did in the report is make some additional recommendations for how insurers could create even better access. So one area being emergency contraceptives, um, covered at no cost. So some of the plans said they would. Some said they'd think about it. And one one of them actually said we think that's a great idea. We'll do it in all the states where we do business. So that was powerful. We hadn't ever had an impact, you know, outside of the state other than, you know, collectively with other other groups in other states. So, um, it seems.

Jeff Schwager : Like.

Janet Varon: That would be a useful.

Jeff Schwager : Brainer for insurance companies if the cost of emergency contraception versus the cost of having to pay for, I mean, just from a business standpoint, never mind a human standpoint.

Janet Varon: Yeah. I mean, I think there you know, what you probably, um, would guess is that every company has its own individual bureaucracy and, you know, running things up the flagpole. And then maybe there are people in some positions who are not sure they agree with the idea of providing it or making it that fully or easily available. So, you know, but it would seem to be, um, Pretty popular. I think we ultimately got have five insurance companies that are now doing that. Out of the main eight, eight might have been, I think a couple of actually dropped out since the number eight. So we may have six now, but anyway, it's um, you know, it just took, you know, suggesting that and pointing out the, the value.

Jeff Schwager : So you never or did you ever feel that the companies, as a matter of policy, were not giving out this information?

Janet Varon: No. I think you know, the way it was described, and I really believe this is true, is that there are silos in these companies. And, you know, some of it was just recognizing the silos weren't talking to each other. And, you know, the pharmacy, the people who do the pharmacy staff weren't talking to the docs, weren't talking to the people putting the ACA policy in place. You know, that kind of thing. So it just, um, highlighted that there needed to be some, some changes. So yeah. So we did a second follow up report last year, and there were a lot of improvements. There were still some, some companies that had, um, quite a few that had, um, people who were giving misinformation. It wasn't as prominent as the previous time, but still room for improvement.

Jeff Schwager : I'm always amazed at the insurance companies willingness or even eagerness to, um, pay for Ed medication, but not birth control. I've always been fascinated how they justify that internally.

Janet Varon: I know.

Jeff Schwager : As a man. It makes you feel bad.

Janet Varon: Yeah, it's. Well, I think hopefully it's changing a little bit. Um.

Jeff Schwager : Is it or is. I'm worried it's changing back.

Janet Varon: Yeah. Well there's that. I mean, there's the religious pressure and the, you know, the employers who really.

Jeff Schwager : But it's amazing about the religion that the same religious people who don't want to provide birth control are perfectly happy to provide ed medication. Seems. Unjustifiable. Yeah. Um.

Janet Varon: Yeah. Um, but.

Jeff Schwager : I'm sure that seems obvious to you as somebody.

Janet Varon: I mean, we're looking we're seeing all these changes in our current federal administration, too, that are sort of supporting that. Did you see there's now a new division of the Office of Civil Rights in Human Health and Human Services called something like The Conscious Conscience and religion or division, and I could look up the name for you. But, you know, it's explicitly about, you know, the idea of proselytizing or or evangelizing patients. Um.

Jeff Schwager : Abstinence based kind of.

Janet Varon: Well, and, you know, the end of life issues, um, you know, allowing providers to refuse to provide contraception if they don't believe in it or refuse to provide, um, certain end of life treatments if they don't believe in it. So, you know, they're trying to shift the framework to be it's all about the providers, um, conscience and, you know, constitutional rights or religious freedom rather than, um, you know. providing the patient with balanced views.

Jeff Schwager : Yeah, it's really horrifying.

Janet Varon: It is.

Jeff Schwager : It is. So in your work, are you? I mean, as a citizen, I feel so discouraged with what's going on right now. How does that affect you with your work?

Janet Varon: Yeah. Um, I mean, it is discouraging. I think living in this state that is a fairly progressive state that is, um, where you don't feel like you're also you may be fighting, fighting back, trying to defend what we have at the federal level, but there's a lot of support at the state level. And there are even initiatives to improve things at the state level. You know, I feel lucky to be an advocate in a state like this. You know, I see colleagues who are in states where, um, you know, like know, like Kentucky that just imposed work requirements on Medicaid. Um, so, um, and that's being promoted by the federal government, but their, their state government is also gung ho about it, and it's going to cause people to fall off the program. And, um, and probably a lot of the people who fall off are actually unable to work or, or, you know, just haven't gotten through the it's that churn thing. You know, they haven't gotten through the paperwork requirements or whatever it is, and then they can't get health care even though they're otherwise eligible. We don't have that here. We have a state where, um, the governor and his administration are saying we actually think that we want to support work by Medicaid people on Medicaid. And the way we do it is through supporting them and providing, you know, services that allow them to to work if they can, you know. So, um, so it is, um, encouraging in that sense. But overall, you know, this is a very difficult time. And I think, um. We I think it'll get better. I just seeing the polling on the ACA, you know, that that whole repeal thing was very was polling very well, um, even a year ago. And it's gradually I think many people have realized that this is beneficial. I mean, the Affordable Care Act was really a Republican idea. Um.

Jeff Schwager : Romneycare.

Janet Varon: It was Romneycare, right. So, uh, as people, as more people enroll and experience the benefits of it, I think, or their friends, their relatives, their neighbors, they, um, may concede that it's got some value. And, um, we'll just have to see how things go, whether it plays in as a 2018 election issue. Um, and how um. How states fare. It's what's really interesting is that, um, our state's marketplace, the exchange is doing very well right now. Um.

Jeff Schwager : Meaning a lot of people are signing up.

Janet Varon: Yeah. It's the enrollment was much higher than last year than the period that just opened in Roman period that just closed. So, um, it's like over 220,000 people, and we have a quarter of the state is on Medicaid, a quarter of the people in the state. So and then when you when you look at the other public financing and you've got Medicare, Medicaid, Veterans benefits. The exchange. You know, there's a real, you know, synergy. I mean, it's and we have much lower insurance rate uninsurance rates than we did in the past. So I have to think that that's going to play out in some positive way. And we're not just going to start getting loads of people. Uninsured again. But the key is going to be keep. If we. As long as we keep a marketplace kind of based system, um, you know, you want to avoid that death spiral thing. So that's the big question. And, you know, how can we do that? How can we put things in place at the state level that mitigate that problem.

Jeff Schwager : Mhm. And so do you do much lobbying at the state level.

Janet Varon: Some. We're a nonprofit. So we have limits on what we can do. But um mainly what we do is work with partners in various coalitions who have more lobbying capacity than we do, and we provide analysis. We do, um, some drafting of informational materials. Um, we will look at bills and suggest changes, you know, drafting kinds of things. And occasionally we'll testify and talk to legislators. So I just I just did testify on a bill on Monday which was about actually extending coverage. Um, we have one of the most forward thinking, um, programs for children in the state, which is nicknamed Cover All kids because there's no restrictions on what kids qualify other than income. And it goes up to over 300% of the poverty level. Um, so this bill would extend that to age from age 19 to age 26. And age 26 is the level that um is used for, um, the under the ACA requirement that um companies must or employers must offer dependent coverage to employees for kids up to age 26. And it's also the year used for former foster youth getting Medicaid. Um, so we think it's a reasonable thing, and it's a way to, um, get back to we had the state, as I mentioned before, we had a state funded state subsidized health insurance program called Basic Health before the ACA, and that went away when the ACA Medicaid expansion happened and the and the qualified health plans. But some people actually fell off. and it's mainly immigrants who didn't qualify for the federal stuff. So, um, we are interested in seeing that restored in whatever way we can.

Jeff Schwager : Undocumented immigrants or.

Janet Varon: Undocumented and also other immigration statuses that aren't listed in this federal list as qualifying for public programs. So actually, one of those groups is the Cofa migrants, the, um, people from these islands in the Pacific who, um, are allowed to live in the US. These are the islands where the US did a lot of, um, testing of nuclear weapons. Um, so Micronesia, Palau. Um, I'm trying to think of, uh, the other one. I think there might be two others, but they're small islands and there's a population here, and they can't get Medicaid because for some reason their status wasn't included in the list way back in 1996. So they have been trying. There's federal bills that never have gone anywhere. But now there's a bill in our state legislature to cover those folks. They can get they can get insurance through the exchange, but they have to pay for it. So this would be, um, a bill to pay their premiums. The state would pay their premiums to. And that concept is one that we think is really worthwhile. One of the things that we found out is that, um, even with the subsidies and the Affordable Care Act, the insurance is still not very affordable to a lot of people because they're very low income levels and they don't have any disposable income. So if they're especially if they're healthy, they would prioritize, you know, the basic necessities of life other than health care. So we are looking for, you know, improvements in that area.

Jeff Schwager : I was thinking how one Republican congressman said that people want to spend their money on something other than health care. I came up with some offensive remark, typically. I can't remember.

Janet Varon: What. Yeah. I mean, there's always that kind of thing. Yeah, it's it's a Republican talking point.

Jeff Schwager : Indeed.

Janet Varon: Yes.

Jeff Schwager : Um, so I just want to get some details about Nola. Um, how how large an organization is it? How many people do you have working there?

Janet Varon: So we have for, um. Let's see. So. Yeah. So it's I'm the executive director. We have an admin coordinator. And then we have one full time and two part time attorneys in addition to me.

Jeff Schwager : So and where does your funding come from.

Janet Varon: So we have about a third of our funding comes through um, Northwest Justice Project, which is a legal services organization. Um, certain types of work we can we do in conjunction with them or on their behalf or their client's behalf related to, um, things other than lobbying, because we can't do them. And some of that is coordinating advocacy around health care, um, you know, convening people, doing training and that kind of thing. Um, and then we get grant funding and donations. It's pretty much our.

Jeff Schwager : And what percentage comes from donations?

Janet Varon: Um, let's see. So I'd say maybe 15 to 20%.

Jeff Schwager : And is that something you're personally or does that take up a lot of your time or.

Janet Varon: Takes up some time? Yeah, right. I have a really great board to help out with fundraising in various ways. Oh, we also have, um, a part time communications person who's not on staff, but she also helps with getting out newsletters. We do newsletter twice every two weeks and we do um, and she also helps with fundraising communication too.

Jeff Schwager : And do you have any idea how many people you help a year?

Janet Varon: That's always the question that funders ask. And it's really hard to put a number on it because we don't do direct service. We can't count people. But you know, when we say something like we do an improvement to Medicaid, Um, or, you know, we we are integral to advocating for an improvement to Medicaid that could benefit really everybody on Medicaid in some situations where sometimes it's a fraction of the people. So, you know, hundreds of thousands, how about okay, um, oh, I should also mention this is if if you don't mind, I don't know if you have a time constraint here. No, not at all. Um, one of the things that we did, um, that was probably the litigation, the litigation with the most impact was a case when the legislature, um, restricted that basic health program that I was telling you about in the year right after the ACA was passed. Um, and there was also a recession. The legislature decided to restrict funding for the basic health program. And also they got some federal funding for um. a part of the program. But what they did is they cut off immigrants who did not have citizenship or, um, the other the five years as a legal permanent resident. Um, so that was tens of thousands of people. Um, and so we challenged that based on constitutional grounds. One reason being that their the process they use did not adequately look at whether or give people a chance to show that they actually met the the new qualifications and the other being equal protection. And we were fortunate to get a preliminary injunction on both of those, um, that helped some of the people actually maintain coverage until the ACA came in. And then for the undocumented group, they weren't going to do that, but they had a chance to. You know, the people who they designated as undocumented or ineligible had a chance to prove that they might might have been, but that wasn't, you know, checked out adequately. So. So that was, um, a concrete example of numbers. Great.

Jeff Schwager : Um, so when you were at evergreen, you were doing sort of helping individuals with specific cases, and now you're doing policy. Um, how do you feel about is it as satisfying to do policy as it was to help individuals?

Janet Varon: Yeah, I mean, it's satisfying in different ways because, you know, when you have when you get to change something systemically, you're not going to get client after client who has the same problem, which can be frustrating. I do in a way miss the individual interactions. But you know, in my organization, we make a point of really talking to as many people as we can who do interact with individuals so that we can find out really what's going on in the ground. And a lot of what we do, I think, is really trying to filter that information up to the policy levels and develop relationships with the people in the agencies particularly and say, you know, you may not have been hearing this, but this is what we're hearing is going on, and this is how, you know, this is something you need to address. And here are some ideas for how we can work together to do that. We'll comment on rules. We'll go to attend meetings to comment and things like that. And there are various groups. For example, there's a health equity advisory committee to the exchange. So we've been doing some work there around language access, you know, making sure the people who are limited English speakers can still figure out how to get coverage and access care and that kind of thing.

Jeff Schwager : Mhm. Okay. Good. Well that covers most of my questions I did want to ask. Your future plans goals for Nola. We're outside of that. What's the future hold for you.

Janet Varon: Ah well that seems to change on a daily basis. Um, you know, I think, um. We want to remain strong as an organization, and we're looking to try and do that in whatever way we can. Um, and certainly, you know, get to a better place so that people in the state really do have access to coverage. Um, and there aren't such financial burdens that could, you know, who knows how long that will take. Um, I feel like it's a lifelong thing. You know, for me personally, I love what I'm doing. I can't, um, you know, can't think about retiring yet. Um, in 2019, it'll be 20 years for this organization. So, you know, I, um, I think at that point we'll decide how how things, what things look like. But, you know, for now, I think it's going strong. And I feel a responsibility since, you know, we have a lot of, um, I think we command a lot of respect in the community to keep doing what

we're doing.

Jeff Schwager : Mhm. Great. Well, thank you so much for talking to me. Thank you for doing this. Um. Just about an hour.