

**Oral History: Diana Dooley
The Years with Jerry Brown**

**Interviewed by Pauline Bartolone
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Part 2

Pauline Bartolone: What were some of your most difficult times working in government? So this includes your health policy work. Was there any time where you didn't know what to do or you were kept up at night?

Diana Dooley: Oh, that's an interesting question because I've never felt like I knew what to do. I have been in over my head in everything I've ever done. I think, "Oh, my God, I can't do this, I don't know what to do," I jump into the deep end and get to the surface and gasp for air for a while, and then start treading water, and then before long I'm swimming laps across the pool and it's just repeated itself over and over and over. Just as I described when I went from the Personnel Board to the Governor's office, I thought, "Oh, my God, how can I do this?" But I just started and got it done.

The Governor's so famous for all his Latin, and I've never been able to remember all the Latin phrases, but the one that most impressed me in my 20s was something like, "Age quod agis," which meant, "Do what you are doing, be in the moment, just keep doing what's there and the future will take care of itself." And that's certainly been the story of my career. I've never had a plan, I've never known what was going to come next, but I just was working hard at whatever was there and something else came up.

Bartolone: Was there any specific policy decision that was really like a quandary for you?

Dooley: Well, there were a lot that were hard. And I think people think that there are big, "Aha!" policy decisions. I think we build on every little thing, and there are a number of times at the very beginning of the third term in 2011, we had this horrible deficit and yet we had a Democratic president who had just enacted the most far-reaching health reform since 1965, when Medicare and Medicaid were established, it had been embraced in California by the Republican predecessor.

Arnold Schwarzenegger fully embraced the ACA and had established the health benefit exchange that became Covered California in state law and had committed to the Medicaid expansion by a process in the federal government that let California move forward ahead of 2014. And yet we knew that we couldn't make that work unless we balanced the budget. And so the first couple of years there were a number of policy disputes within the administration, with some in the finance department who believed we needed to back away from that because we couldn't make that promise, at the same time we were making cuts and with the...

Bartolone: The pro... I'm sorry, the promise of Medicaid expansion?

Dooley: The promise of the Medicaid expansion and the commitment to the Affordable Care Act

and the health benefit exchange. But we pushed ahead. I believed that the path forward was fraught with less risk than to try to dismantle. I thought we had to move forward, and I thought it was the right thing to do. And we did that. One specific example of a very difficult decision was in at the beginning of 2014, when the President was soundly criticized for his having repeatedly said, "If you've got... You can keep what you've got, if you like what you've got you can keep it." And there were intricate... specific issues in the law itself that made that not possible. One was you had to convert your old non-compliant plans.

I don't want to get too weedy in this, but it meant some people who had low premiums, because they had minimal coverage were going to have to move to a fuller, richer plan and pay a higher premium. And we had the insurance commissioner, Dave Jones, was telling us not to do that, the President was on publicly saying, "Don't do it." But privately, his people were wanting us to do it. And so we bit the bullet and we made the plans convert, and it was one of the most difficult decisions, but one of the most important that led to the success of Covered California. That's one that I remember, but we made decisions like that all the time.

Bartolone: I wanted to ask you about how you dealt with the budget cuts when you first came in as health secretary in 2011. So as you mentioned, there was, was it close to \$30 billion that the deficit was at that time? And you had to cut billions of dollars just from health care.

Dooley: Yes.

Bartolone: How did you go about that strategically? Well, first of all, was that ball in your court as health and human services secretary?

Dooley: Yes.

Bartolone: Was that Department of Finance?

Dooley: Well, we were together; it was the administration. And certainly we had to find the places and do the cuts, and more of the cuts were actually in social programs than in health programs.

Bartolone: OK.

Dooley: But we made cuts across with benefits in the Medi-Cal program, with rates of reimbursement to providers to actual cash benefits to people that were desperate. I didn't know there was a definition of deep poverty. We cut \$2 billion out of programs. And that was politically difficult as well, because at the same time we were promising new programs in the health exchange. And so I fought very often with the advocates who wanted us to be more full-throated in our support during 2012 and 2013 about the expansion, at the same time we were making cuts. And I said, "You just can't have that make sense to voters, that we're going to go backwards and forwards at the same time. We are going backwards right now until we get this budget under control," which we finally did in 2013, then we could make the march to starting the ACA in 2014.

Bartolone: And did you and Governor Brown have a philosophy about what kinds of cuts are most palatable, like pay cuts, or cutting small programs, or slicing many things off of many programs?

Dooley: It's sort of like, why do people rob a bank? It's 'cause it's where the money is. That's what

Health and Human Services are, that's where the money is, most of them you could close a park, or you could... The highway funds were all completely segregated for highways. There weren't very many places you could go except Health and Human Services, that's where all the spending was. So we tried to be as protective of the most vulnerable, our highest priority was for the people that were the most vulnerable, and those issues where it would be a situation where we would pay more later if we didn't maintain a program. And there were thousands of those decisions, and we had the whole organization of government helping to make that successful.

Bartolone: So you had very high-pressure jobs in government, both as a lobbyist for Jerry Brown, and then as health and human services secretary. You had to answer to a lot of people. You had to answer to the press. Everything you did or said had consequence really. I mean, how did you deal with that pressure?

Dooley: You just get up every day and you do your job. I don't think I ever stopped and thought about the pressure. I thought about the impact of decisions and how to get to the right answer. And you never have all the information you could possibly have. You have to... I always decided things by knowing how much more information if I'm going in one direction, how much more would make me turn around and if there was too much to make me turn I'd stay in that direction. So there is a point where you have critical mass and information that you say, "OK, we've got to go, we've got to make this decision. We've got to move forward."

I thought of my job as secretary in sort of three kinds of tasks. One was the administrative, I thought of it as like keeping the pilots in the planes, and the planes in their lanes, the air traffic control. I had 13 departments, they all had directors and chief deputies, and there were constantly changes of needing to recruit people and hire people and direct people. And then there was the external work that you described with the press and with the constituents and with stakeholder meetings and with people that wanted to hear from the governor's staff.

And then there was the part that I like. I'm an old analyst and so I like actually getting into the weeds of things, and choosing which things I could actually get involved with. We established the Lets Get Healthy California Task Force, and that was important to me. Working with the developmental centers and closing the last remaining developmental centers was a personal priority, foster care was a personal priority, and I led the foster... The Child Welfare Council together with Appellate Justice Vance Raye. Those were some subject matter areas that I got very involved with. So it was exciting, challenging, exhausting, but incredibly rewarding. I'm very humbled to have had the opportunity.

Bartolone: How many hours a day did you work and how many hours of sleep did you get at night?

Dooley: I don't know. It seemed like it was 24/7. There were a lot of mornings at 3 and 4 o'clock in the morning, I'd wake up and I just couldn't do that meditative return to the breath. I would just... My mind would not stop. But there were a lot of down times. I've got two grandchildren in Little Rock, Arkansas, and through the whole eight years I never went more than two months without seeing them. So I could take a Friday off and fly to Little Rock, and there was an early morning flight that would put me back in Sacramento at noon on Monday, and so I never missed a birthday. You manage; you find a way to find balance.

Bartolone: I always wonder if high-powered people actually only sleep four hours a night, are you

one of those people?

Dooley: No, I'm a pretty good sleeper actually.

Bartolone: So you said that you got a glimpse into California Government, you worked in California government two really distinct time periods, so in the mid '70s and early '80s, right? And then again in 2011 and the following eight years. Did you see a difference in California's relationship to the federal government or in terms of how functional it was? And was there a time where it was easier to get things done because of the relationship to the federal government?

Dooley: That's an interesting question, I think in the '70s, I think one big difference was the reach of the Federal government was much broader in the last 15-20 years, through the '80s and '90s both in criminal justice and in healthcare administration and in education, there are a lot... The federal government has expanded its engagement with state and local governments, and so there's more interaction. We didn't have any health waivers. They started in the 1990s. They weren't there in the '70s. And I think working with two administrations, the Obama administration, even though we were the same party, we frequently had disagreements about how to run our programs in Health and Human Services.

So there was a lot more engagement, and it could be the difference in my role, but I think part of it is the difference in the federal government. In state government, I would say, a very significant difference between the '70s and the time I just completed, was the effective term limits on the Legislature. In the '70s, there were members that had been members, there were always new members, but there were members who had been Chairmen of their committee for five or six or seven years. (Assemblyman) Dan Boatwright owned the Ways and Means (Committee), he knew the budget in and out, and so the budget process was much more on an equal footing, I think, than it became when the members both didn't stay in their offices, but they also didn't hold their positions, because they only had six years in one house, or eight years in the other, they would move from one committee to another. So there wasn't continuity in their ability to get deeply involved in a program area, and watch it over time, even over one administration, one governor to another. So those are a couple of differences that I would note.

Bartolone: So you mentioned term limits, implementing term limits. Do you think that was a mistake?

Dooley: Actually, I do, just to answer it straightforwardly. At the time I tried, I opposed it when it was passed, but having served on many boards and non-profit boards have term limits, I think there's an idea for new blood, and that was the argument. The campaign itself was not that high-minded. Willie Brown, Assemblyman from San Francisco, was then the longest-serving Speaker of the Assembly, very powerful and very effective. And the opposition to him used term limits to essentially get rid of Willie Brown, that they had to put a limit; you can't have someone in office for that long.

I always believed that that's the voters' decision. The voters can decide for themselves how and when to have someone represent them. The voters of San Francisco wanted Willie Brown; they got Willie Brown. Everyone else if they wanted to vote against somebody for voting for him for speaker they could have voted them out of office

There's a lot of turnover in legislative bodies without artificially saying you have to replace every one, and the effect of replacing everybody, before the recent change... The law now in California is you can serve 12 years in either the Assembly or the Senate, prior to that, from I guess it was 1994 maybe or '92, I can't remember when the initiative passed. They could serve only six years in the Assembly and eight years in the Senate, so a total of 14. But they were constantly looking for a new seat, they could never stay anywhere long enough to get any policy knowledge or relationship building across aisles or even between the same... Among the same party members.

So I think it has been a bad experiment. I don't think it's an experiment. I think it's something that we have to live with. But I thought there should have been an equal protection challenge to it, that I'm a voter, I'm disenfranchised because I can't vote for Pauline Bartolone if I want Pauline Bartolone to represent me. But that's my opinion about term limits.

It caused there to be a revolving door, just this spinning style at the doorway where everybody was looking for something else to do, so no one could settle in to getting their job done. Governor Brown could serve an extra two terms because it can't apply post facto, it couldn't apply backwards. So since he had been Governor prior to the enactment he could serve again, but he could never run again. So, if the people, as he was doing a good job in 2018, they couldn't keep Jerry Brown. That seems artificial to me, and wrong.

Bartolone: I wanted to ask you about your work outside of government and how it informed your work with Jerry Brown, and as Health and Human Services secretary. So your career is rather varied: You were in the private sector, you're an entrepreneur, you're in advertising, you're an attorney, you were a fire captain, and you were a CEO of a Children's Hospital Association. Was that experience an asset to you when you came back into government in 2011 as Health and Human Services Secretary?

Dooley: Yeah, I've joked with people that, if you look at my resume you'd think, "Jeez, that woman can't keep a job." I've just moved from one thing to another, but for me the tie between all of it is analysis and communication. When I was a lobbyist I understood the bills, I worked on them, I lobbied on their behalf. When I started my advertising agency, I worked with clients that I believed in, I worked on their message, and so again, it was analysis and communication. And when I went to law school when I was 40, again, it was a different forum, but was analysis and communication to a different audience. So I've also joked that I started as a lobbyist and then I became a PR flack, and then as a lawyer the downhill slide finally stopped.

Bartolone: And tell me about your time as a fire captain in the city of Visalia. I mean, what attracted you to that position, and how did that help you in your political career?

Dooley: It was about a year and a half and at the end of the Brown administration we were... The governor didn't end on a high note, he lost his election to the Senate, a Republican was elected governor, I moved to the Central Valley and he wasn't very popular there, so I had struggled to find work in 1983, and I was doing a variety of consulting projects. And the City Manager of the City of Visalia, had been moving to a program of what was called then, it was quite popular in the '70s and early '80s, participatory management, where he wanted people engaged with the decisions running the government. And so he had restructured the fire department into two divisions, a prevention division and a suppression division, and there was a chief of each division, and everybody had a matrix reporting.

So on a fire scene everybody reported to the chief, the Assistant Chief for suppression, and when they did building inspections and trainings assignments and school programs, they reported to the Assistant Chief for prevention. And he had insisted that they not have a firefighter for the assistant, he wanted to bring in a different kind of manager, and they'd done a recruitment. They hadn't been successful finding someone who wasn't a firefighter. And so the city manager reached out to me and asked me if I would participate in this recruitment and compete for this job. And so I said, "Sure, why not?" As I have so many other times. "Give it a go." And I was selected. And I joked that the firefighters knew they weren't going to get a firefighter as their assistant chief, but they never expected to get a woman.

So once again, it was an experience where I certainly brought something to them, but I learned so much from them. There is a place for participatory management, it is not on a fire scene, it is not in a war, it is not at a prison riot. I mean, there are times when you need autocratic, top-down, military control. You say, "Yes sir, yes ma'am." And you get the job done, and then you can talk about it later in a debrief and find out how to do it differently, but you can't participate in the decisions in those circumstances.

And that was very valuable, and I think it instructed times when I found that you have to take the bull by the horns and make a decision and just go with it, than where you get all the buy-in and you have everybody understand what the decision is going to be before it's made. Certainly having people own the decision makes a stronger decision, but there are times when you can't do business that way.

Bartolone: Did you apply that experience to your role as executive secretary, in those last half year, when you were with Brown and you were dealing with wild fires or?

Dooley: Literally dealing with wild fires. No, I don't think I had any occasion to do that, when you have very complex policy and business decisions, you really do have to get ownership, you do have to participate and get people around the table, you sometimes have to say, "OK, that's enough, we don't have any more time," or, "we know all we need to know," or, "this is where we're going, get on board." But I don't recall any fire scene-like experience.

Bartolone: And what about your experience in advertising, did that help you as a politician?

Dooley: I think I've always had an empathetic sense of looking through someone else's lens. I think when you can get on the other side of a problem, when I lobbied for the governor in the first term, I would often go to someone who I knew was opposed and I would know more about why they were opposed than they did. I did my homework and I would always offer the alternative argument. You're going to hear this and this is the answer to that. So before they even heard the opposition I could position it. And the same thing I did with advertising, I always found that helping my clients find the right message was a lot harder than actually communicating that message to the public.

And everybody wants to do broadcast all the time. Sometimes you don't need broadcast, I mean, sometimes you need to be very focused with a message just to the person who needs to hear it. And so I think in all the sectors, the same thing with the law, you don't always have to go to court, if you can figure out where a settlement is and how to find a path that can give everybody enough of a win that they can walk away and end a dispute, I think it's a particular skill set that all of the various

aspects of my career have played a part.

Bartolone: I wanted to ask about your time as Health and Human Services Secretary, you came in in 2011, and you were immediately tasked with helping to create a new state agency from scratch, Covered California. I'm not aware of a time recently when the state of California has created a completely new agency. What was that like for you?

Dooley: Well, the law had been passed, the state law had been a compromise between a Republican governor and a Democratic Legislature, they structured the governing board in a way that allowed the outgoing governor to make two appointments that didn't require any confirmation or review. So there were two appointments that I inherited, one was my immediate predecessor, the previous Secretary of Health and Human Services, and the other was Governor Schwarzenegger's chief of staff. So I had with me at Covered California from the beginning, the two most influential people in the previous administration, and then the speaker appointed one person and the Senate appointed one person. So I was the only Brown person on the five-member board, and the Senate didn't make their appointment until April, so we had a few months there where we weren't yet operating, but we had some consultants that were helping us get ready to start operating.

So we lost a little bit of time right at the beginning, and then we had this looming deadline of January 2014, we had to build an entire information technology, an IT system for the program. We'd had no staff, we recruited Peter Lee and he came in September of 2011. I had a deputy at the agency, an under-secretary, David Maxwell-Jolly, who had been the head of the Medi-Cal department. He had also started an IT system for the Child Support Services previously in his career. So I put David out there with Peter, and they butted heads sometimes, but they made a good team because Peter came from Washington, understood the Affordable Care Act, had also run a small business exchange in California 15 years before that had almost succeeded.

So he had the experience of an exchange, he had the drive to learn from what went wrong there to make it work. And I thought we had exactly the right combination of people, we had bi-partisanship, we had leaders who were very skilled in their respective areas and strong, it required a lot of management of personality and egos, but we were... It was the right combination, and it was hard work but very satisfying.

Bartolone: And what was it like working with the federal government?

Dooley: Well, again we were Democrat to Democrat, and I think externally, people would think, "Well, that should just be all goodness and light," but we had different views about what we wanted to achieve fundamentally and how it should be achieved, and there were the tensions between what they paid for and what they controlled, and a lot of our funding was coming... All of the start-up funding with federal funds. And yet we had to do it in the way that worked for California, and so there were some rough spots but, again, we worked through them through communication. I made several trips, and occasionally the governor would talk to the President and we'd resolve when conflicts got to the point where at an administrative level we couldn't solve them, but we worked through it, and very successfully.

Dooley: And I think they were proud at the end that California became an example of how it could work. But as my friend, Peter Long, who runs the Blue Shield of California Foundation and came from Kaiser Family Foundation, Peter said, "This law is not self-implementing. It takes a lot of

work." And we saw that. I used to joke a lot when people wanted to praise us, and I'd say that, "We do not have a "mission accomplished" banner above us on this aircraft carrier, and gratefully for us they're grading on the curve. We're only as good... We look so good because others haven't been as successful." But that wasn't false modesty, it was... We really, at any point could have fallen off the cliff, and every time we were nimble and committed and creative and we solved problems as they came up.

Bartolone: Would you share an example of how maybe the federal government in California didn't see eye to eye about a how to implement this new program of the Affordable Care Act in California?

Dooley: They had a lot of people who were very academic, they had academic understandings of what they wanted to achieve. And they didn't have a practical understanding of what it was like on the ground. Medicare is a nationwide program run by the Federal Government, the Medicaid program are 50 different programs, every state has their own program. So integrating our Medicaid program with the exchange where you could choose, if you couldn't choose, if you were eligible for Medi-Cal, you had to take Medi-Cal, you couldn't buy into the exchange. And our Medi-Cal program is run through 58 counties. One of the dispute areas was that they wanted us to centralize everything and run it through the state, and we already had an infrastructure for enrollment, for example, so there were those kinds of implementation problems that we had to do it our way in California, and they were more inclined to want to do a one-size-fits-all.

Bartolone: Another major part of the Affordable Care Act was expanding Medicaid here in California, which was huge. Millions more people have Medicaid coverage now under the Affordable Care Act. What was the most challenging part of implementing that for you?

Dooley: Well, again, we had a head start because the Schwarzenegger administration had embraced it, so we had between 2011 and 2014 something called the Low Income Health Program, which was a way for counties to start providing care to people who would ultimately be eligible for Medi-Cal but weren't, and the federal government was paying for that. So there were about 600,000 people who were already in a Medicare-like program when we started in 2014. That gave us both the opportunity to road test some of the enrollment issues, as well as get people into some kind of routine care before we had the big...

And then we brought about 3 million people in to Medi-Cal, and one of the issues early on was this question of whether they had to be in Medi-Cal. The law required that if they were eligible for Medi-Cal, they had to be in Medi-Cal. So we had to have all of our enrollment experts at Covered California knowing about Medi-Cal, and we had to have all of our independent insurance agencies understanding Medi-Cal, 'cause if they were going to sell a product from Covered California, but they were eligible for Medi-Cal, they had to divert them into Medi-Cal. So we had a lot of those tensions between the two programs, and Medi-Cal for some people had a connotation of negativity and so they didn't want to be in Medi-Cal, they wanted to buy the product in Covered California.

Over time, what we've seen is that the attitude of Medi-Cal has changed dramatically. Medi-Cal does not have the negative connotation that it once did, we have more providers providing care under Medi-Cal, we have more plans working with those providers, and we have more people understanding the bridge. Ideally, we'd have everyone from Medi-Cal to Covered California to employer-sponsored insurance. In my best of all possible worlds, everyone would offer everything

across all the platforms. And I began to advocate that in the last years of my administration to get people thinking about what universal coverage... It isn't just about people getting care, it's about having seamless-ness that works across the plans. And I could go into great detail about what's wrong with our current system, but like everything it started in 1965 and it is built up. And Rube Goldberg himself would not build a machine that looks like this, but it takes some vision and some focus and I think that's another evolution that the program can grow to.

Bartolone: Governor Brown had a reputation among consumer advocates and lobbyists that he didn't care so much about healthcare, that healthcare coverage for the poor wasn't a priority for him. Do you think that's fair?

Dooley: No. That's a very easy question to answer. I don't think you can look at the experience that we had in these eight years, and the expansion, the services, the reforms that we have implemented. I think he didn't talk about it, and people like to hear people talk about things and because he didn't wax on and on about the value of the programs that he was deeply supportive of, it created sort of a sense, "We want you to talk about it more." It's like at the beginning when we were making the cuts and the advocates wanted me to go out and talk about what was going to happen in 2014, I couldn't talk about what... People's memory isn't that long. You're not going to get... It's like getting everybody dressed up for the dance, and not starting the music. When you're ready to give a benefit, you're ready to provide a program or a service then you can talk about it.

But because he didn't talk about it all the time, there was that sense that he didn't care about it. But I think the record is quite clear. And if you look at all of the state of the state message, now, every single state of the state message mentioned the pride that he took in making people healthier, and providing coverage to more and more people.

Bartolone: California has a much more coordinated style of healthcare than most of the rest of the country. What do you attribute that to?

Dooley: Well, again, California's been an innovator for a very long time, when I worked for the governor in the '70s, in 1975, Medicare and Medicaid were only nine years old, and we were already in second-generation cost containment. We tried then a program called Certificate Of Need, where people couldn't expand, they couldn't make capital investments, they couldn't build a wing, they couldn't buy an expensive piece of equipment without getting government approval. That only lasted a few years because it was completely ineffective. Then we established a commission to set hospital rates, and that worked for a while to control rates until we got them controlled to the point where we couldn't get contracts.

In the meantime, we started in the '90s with managed care, where we were really trying to set up infrastructure of management to help people be healthy and not have so much cost in the treatment. Unfortunately, there was a lot of the capitalist creed that got into it and it became more about managing costs than managing care, and it took us a while to get over the stigma of what a Health Maintenance Organization was really about. And we've moved back forward into really managing care and giving the plans, the tools, a lot through the Affordable Care Act, to provide substance use disorder treatment and mental health treatment, for example, integrated into the plan and having integrated systems of hospitals and doctors. So I think that is the future, it's where we have to have the economic incentives align with the cost structures so that people are paid for people who are healthy, not for just providing treatment in a cost-per-service or pay-for-a-service kind of system.

Bartolone: You once told me when I interviewed you a few years ago that, I think we were talking about Medicaid expansion and that you said that the healthcare system is really based on a market-based chassis. What do you... Did that ever pose limitations to you and what you were trying to do in government?

Dooley: Well, I think this sense of a market economy and healthcare as a commodity, doesn't work as well when you've got a system of third-party payment, where you don't have the consumer paying directly for their care, the consumer pays a premium or the employer pays a premium or the government pays a premium, and then the plan pays for the care. I think in that environment, it's very hard to get cost containment because the patient wants all the services that they could imagine they might need, and the payer is disassociated from that payment. I grew up in the '50s with no health insurance. I never had health insurance until I got a job for the state. And we rarely went to the doctor, and when we did it was to get stitches or it's because we couldn't breathe with a cold. And we paid for it when we went. That isn't the right formula either, but there has... We don't have a good way of tying the cost with the benefit under this market structure.

Bartolone: Californians and lawmakers have been talking about creating a universal health care system for at least a couple of decades. There seems to be more discussion of it now, do you think that will ever be a reality in California? And what circumstances would give way to that?

Dooley: Well, I think we've been talking about universal healthcare coverage for more like a 100 years. Theodore Roosevelt talked about it, from Teddy Roosevelt to Teddy Kennedy there has been a recognition. And we've gone about it piecemeal, in World War II, we started this third party payment system because employers were under price caps, they couldn't give wage increases so they bought benefits for their employees, and that's how they competed. That's how Kaiser got started to keep people working in the steel mills, and in the shipyards, they started providing healthcare to keep their workers healthy. And so then, as we went out of World War II, the only people that had insurance were people who worked for big companies that had to offer that in order to compete to get the best workers. Then we got Medicare and Medicaid, so we had workers in large companies, old and very poor, they had healthcare. So from '75 to 2010, we tried to find something to bridge. The ACA has all of the elements, the Affordable Care Act, to get to universal coverage, and indeed in California, we are very close to universal coverage.

That is not the same thing as a single payer. So having the government run the whole program is something different than assuring that everybody has some appropriate level of healthcare. And I think we're very close to that, and I think continuing to assure the implementation of the Affordable Care Act can continue that incremental evolution that's been going on now for nearly a century.