

## **USofCare 10/1/20 Webinar: How is COVID-19 Impacting Health Care, Wealth Care, and Philanthropy?**

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EMILY BARSON: Good afternoon everyone. Welcome to today's webinar for United States of Care, How is COVID-19 Impacting Health Care, Wealth Care, and Philanthropy? I'm Emily Barson, Executive Director of United States of Care. We have a great program and discussion lined up for you this afternoon. Before I turn it over to our speakers. I'd like to share an overview from United States of Care and what we're hoping to accomplish with events like today's which is geared toward professional advisors and their clients and other interested partners.

United States of Care is a nonpartisan nonprofit organization founded in 2018 by a diverse group of policy makers, advocates, regular people, providers, entrepreneurs, public health experts, community leaders, and many more. Our mission is to ensure that everyone in the country has access to quality, affordable health care regardless of health status, social need or income. We must change the conversation and create a new narrative that puts health care over politics and redefining the goal around the human impacts, the outcomes for people - and not political terms. And supporting a positive, practical, durable approach to changing policy in this country.

Our country is at a pivotal moment. And our mission has never been more relevant or more important than right now. The COVID pandemic, economic downturn, and national movement for racial justice have all shined a light on long standing gaps and critical inequities in our health care system.

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Since the pandemic began, United States of Care has shifted our resources to support COVID-19 response efforts and needs. We have coalesced our network of experts including our Founder's Council members, Entrepreneurs Council, and Voices of Real Life to serve as resources in finding solutions during this critical time. These are our partners with diverse perspectives from everyday people, business leaders, policy experts, and more. We've done listening research and released a number of valuable resources and recommendations to health care leaders. Grounded in peoples' needs and values. As well as providing expert assistance to federal and state policymakers. Our efforts have included giving recommendations to the health, education, labor and pension committee in the Senate on preparedness for future pandemics. Creating a comprehensive set of resources around opening safely and supporting contact tracing needs at state and federal levels. And most recently we released health care guides for candidates and voters. Our voter action guide will help the general public be informed about candidates seeking your support and how to engage and ask questions of candidates. We are encouraging all Americans to participate in our democracy and exercise their right to vote on November 3rd.

[02:39]

At today's event we're excited to announce the launch of a personal advisors network. United States of Care has been a trusted source for many audiences surrounding health care and policy and we want to share our expertise with the financial advising field, philanthropic advising, estate and tax planning advisors and their clients. We're all feeling the impact these days on both our physical and financial well being. COVID-19 has impacted all of our lives in a multitude of ways. Leaving us all wondering what's next when we think not only about our families health and health care, but the impacts on our finances and questions around how we can best help others through this crisis. Today we'll hear from four national experts with their perspectives.

[03:24]

It's my pleasure to welcome and thank all our speakers for joining us today and I'm honored to introduce them.

Andy Slavitt is Founder and Board Chair of United States of Care and former administrator for the centers for medicare and medicaid under President Obama.

Congressman Charlie Dent served as a Republican member of the US House of Representatives for Pennsylvania's 15th congressional district and currently serves as a Senior Policy Advisor for DLA Piper.

Dr. Carolyn McClanahan is a family and emergency medicine physician and certified financial planner. She founded Life Planning Partners in 2004 and continues to volunteer in her community at a clinic for the working homeless. She's involved with health care policy and serves on the CNBC financial advisor council.

And Cara James is President and CEO at Grantmakers in Health. She previously served as Director of the Office of Minority Health at the Centers for Medicare and Medicaid Services where she provided leadership vision and direction to advance goals related to reducing disparities and achieving health equity.

On today's call, each speaker will share their perspective and after we've heard from all four speakers we will open the floor for your questions. You can type in questions at any time throughout the conversation using the Q&A button and we'll start addressing those during the last portion of today's event.

With that, please welcome our Founder and Board Chair, Andy Slavitt to begin our conversation. Andy...

[04:47]

ANDY SLAVITT: Thanks, Emily. And thanks everyone for joining. It's great to be here. I think with Congressman Dent, with Carolyn, with Cara James - after I'm done you're going to have a really great panel.

So let me just give you a little bit of an outlook from a perspective of kind of what we're dealing with here as we look forward. First question I think I'd answer is there going to be a sort of silver bullet moment when we can all plan that life returns to "normal"? And my answer to that is - no. I think we're going to make great progress over the next twelve months, in a number of fronts, but I think that we should look at everything, including vaccine candidates and others, as tools in our arsenal as opposed to kind of one day when things return back to normal.

[05:48]

When we hear vaccine sometimes we think - oh, this is like the MMR vaccine, which is going to work with 97% of people. We put one shot in our arm and we're done for life. This is probably going to be more like the influenza vaccine. Where you have something that works for some people, for some period of time, and gives them some level of immunity. What those some are; remain to be seen.

[06:14]

The great news is we have a number of vaccine candidates. They are going to be with us relatively very quickly and while it will take awhile for them to get around. Those will be part of the step to getting us back to normal and healthy life. Now a vaccine is also dependent on how many people choose to take it. One of the things that I think in separating the wheat from the chaff and all the noise is - forget about all the politics about the vaccine. Vaccines are critical things for our country. The year before the measles vaccine, 1964 I believe it is, 9 million kids died of measles. We don't want to go back there. We want to be in a place where we advise people that they can trust vaccines. And the way we'll know is because the 70,000 men and women who are scientists at the Food and Drug Administration will do the work and give us their opinion. And whether that comes on November 1st or December 1st or January 1st shouldn't matter. We just need to let them do their jobs. And we will all pay attention to the extent that we are worried about any sort of political interference in the process, I think the scientists will be speaking loudly. But it's very important that people keep their confidence up, in a vaccine, because it is a part of the process.

[07:39]

Making adjustments to our daily habits is also part of the process. I suspect 2021 will be a transitional year. I suspect wearing masks for at least the first half of the year will save a lot of lives, if people are willing to do that. I think the important message, that I hope we get back to, is that that's not a political statement, one way or the other. Whether we wear a mask or whether we don't. I hope we don't continue to antagonize people for their choice. I hope we listen to them. Because it's truly the way that we're going to move forward. There's a lot of obvious conversation that we'll continue to have about peoples' rights and peoples' freedoms and being required to do things, whether those things are mandates and so forth, which are not popular. But I also hope we call on ourselves to understand that with our freedom comes some responsibility. That the people who came before us that built this country recognized that there was a cost. That cost sometimes means some sacrifice. This is a relatively modest sacrifice. And I will tell, just by basis of comparison, you look at the continent of Africa. 1.3 billion people. There's been about 30,000 deaths from COVID. This is not a particularly high tech undertaking

to save peoples lives. It is a very simple undertaking. It requires us to not breathe near one another. It's as simple as that. In the scheme viruses, this is an easy one. This is not nearly as infectious as the most infectious and it's not nearly as lethal as the most lethal. Yes, it's problematic. And what's most problematic about it is, of course, that it spreads during an incubation period of five days which makes it tricky to catch and it spreads among young people and it eventually finds older people that it can do more damage to. And then of course, when people get the virus it's much more problematic than we originally thought. So preventing people from getting the virus is the right thing to do. It's the communal thing to do. And it's something that hopefully will bring the country together. So the more we do that - the quicker we move on.

[09:50]

What does moving on mean? Moving on means more and more normalcy. I was just on a call with Gene Sperling on the economic impacts of COVID-19 and there are a couple of conclusions I would draw out for you. One is that it's a very unequal impact. The wealth of billionaires has gone up half a trillion dollars since the pandemic started. Obviously you don't have to be a billionaire to have done well, but there's a lot of people in this economy that are doing quite well depending on where they sit. On the other end of the spectrum, there are a lot of people doing not so well. People who have a lot more job insecurity, people who can't go to work every day, people whose communities are particularly hard hit. And those two groups of people don't always know one another anymore. Frequently people will say to me, "Hey, Andy - I don't know anybody that's died of COVID-19". And my answer is, that's probably because you don't know the people who grow your food any longer, you don't know the people who drive the trucks that bring your food to the store, you may know the people who work in the store on a first name basis, but you maybe don't know that they live with their parents or grandparents. And you probably don't know the people in your county jail, you probably don't know the people in the homeless shelter in your community - and that's where there's a great deal of loss and suffering. Both financially and from a health standpoint. So, it's always misleading to look at averages. But in some respects this is a little bit of a tale of two cities, where people who have steady and stable jobs that they can work from, they are doing quite well. Companies are getting by with less labor. The question becomes, what's going to stimulate the economy to return to a state where people are doing the things that drive it again? Not just get haircuts, but buy cars, sign leases, travel. And that's going to mean people needing to feel safe. People feeling like we have enough of the kinds of things that allow people to do those things safely. And that in turn will allow us to open our schools. Such as, enough testing for people to enter places and to take it home. And those things are coming. And I think those things will come over the course of the next year. And those things will help us get back to normal. But I think you can expect that things like bars, indoor bars, may not be back to normal next year. You can expect that in many parts of the country big arenas, large family gatherings - those kinds of things may still be the kinds of things that people should be careful about.

[12:36]

So I think there will be some steps forward, in the right direction, but I think you should also suspect that this is going to linger on probably in a seasonal form for some time. Only 10% of

the public, 9% of the public has had COVID. We don't really know yet what immunity means. We don't know how long they are immune for. We don't know whether they're immune to all kinds of strains. So there's a great deal of uncertainty. And obviously for your clients, uncertainty is not their friend. But in uncertainty there is also opportunity. And I think if people understand the landscape well. And finally I think what people are looking for is a plan with a light at the end of the tunnel. Some transparent information about how things work and more clarity about what role they can play. What they can do to help put this behind them. I think we will get better and better at that as more and more is known, but the picture is by definition, you know if you don't hear, "I don't know", frequently when listening to people - you're probably talking to the wrong person because we're still gaining on it.

[13:50]

So anyway, I hope those comments are helpful. I look forward to hearing the rest of the panel and to answering your questions. I think I'm going to be the one to introduce Congressman Dent. Charlie Dent, as you just heard, is a former Congressman from Pennsylvania. A very principled and popular congressman who decided that he would be much more relaxed, and look at you now, you look much more relaxed, if you were doing something else than sitting in the Congress every day, but thank you sir for your service and that you for joining us today.

[14:29]

CHARLIE DENT: Thank you Andy for that kind introduction and thank you for your opening remarks. They were very insightful. I think a really fine overview of where we are today.

One thing I didn't mention in the introduction, I just wanted to say that I did have COVID-19. I had it back in March. Fortunately for me, my symptoms were relatively mild. Unpleasant, but mild. And no respiratory issues. But I had about 4-5 weeks of some pretty nasty fatigue that just didn't want to go away. But I got through it and that's the good news. Never had a fever. Never had a respiratory issue. Chills. I had chills and sweats and lost my taste and appetite. And bad back aches. So I had about a week of uncomfortable and unpleasant symptoms. And then fatigue. So that's the bad news. The good news is I'm in good shape and I've been great since about Easter. So just wanted to share that with you.

[15:26]

ANDY SLAVITT: Great to have you back.

[15:27]

CHARLIE DENT: Oh, thank you. Thanks, Andy.

I thought I'd focus my comments today on what congress has been doing and what they are likely to do going forward. As you may remember, back when the pandemic first struck, Congress acted pretty quickly and in a bipartisan manner and passed the original CARES Act in a robust way. They've passed a few bills since then, as you're aware, you know providing for all sorts of relief for people. For the unemployed, for small businesses, for PPE, for testing, assistant for state and local governments, so we know that Congress and the President have

responded up until more recently where the Democrats have introduced a bill in the House and passed, it was north of 3 trillion dollars, the HEROES Act that has passed, went to the Senate. The Senate said they were initially going to put forward about a trillion dollar program, of course and then the Senate offered a program, but it didn't seem they had a whole lot of support within their own caucus. The Senate Republicans for that trillion dollar program and they came back with another proposal that was about a half trillion dollars. And so that's where the Senate is.

Then, of course, in the meantime, one group of lawmakers - the problem solvers caucus, a group evenly divided between Republican and Democrat they put forward their own plan. That group is led by Democrat Josh Gottheimer of New Jersey and Republican Tom Reed of New York. The two of them put together, under their leadership, they put together a proposal for about 1.5 trillion with an escalator that could take it up to close to 2 trillion dollars. And frankly it's got some pretty significant support. I think it's a good proposal. At least to move people off the dime, at least Steve Mnuchin and the administration have spoken kindly of that proposal. So that was encouraging. House Democratic leadership sort of panned it, Senate Republicans were unenthused, and so here we are today. Where there's some shuttle diplomacy between Treasury Secretary Mnuchin and Nancy Pelosi. Left to his own devices a suspect that Secretary Mnuchin could reach an agreement with Nancy Pelosi although I think that Secretary Mnuchin is being watched very closely by Chief of Staff Mark Meadows who kind of has Mnuchin on a leash and I dealt with Mark Meadows and he was part of that freedom caucus in the House and I always said that those guys were pretty good at blowing up deals; not putting them together. So I think as long as Mark Meadows is riding her on Secretary Mnuchin it will be very difficult for Mnuchin and Pelosi to reach an agreement. And so I know they met today at one o'clock. I don't know what happened in that meeting, but I suspect they didn't come to a resolution. I believe tonight the House Democrats will now vote on a new bill that the Democrats have offered, which is about a 2.2 trillion dollar proposal that we'll see. That will pass the House. Because many of these members of Congress, in both parties frankly, who are in competitive election situations, I think would like to be able to vote for something that they see as somewhat reasonable and I, even though this is a Democrat bill, I suspect that there will be some substantial Republican votes in the House for this bill. As I said, many of these members in tough districts need to vote for something. And so, I think they will pass it. The Senate still is stuck at that one trillion dollar number, but the higher the price tag on the bill, the fewer votes there are in the Senate Republican conference. It's that simple. That's where it is.

[19:13]

No one ever gets very poor betting on Washington not doing something. So what may happen, if there is no agreement, and I hope there is one, but if there is no agreement, I do think all this stuff could move past the election. Now, in the interim, there will be hardship. We're learning about airlines laying off people by the thousands. You heard about Disney yesterday laying off people by the tens of thousands. So there are real people involved here. One area that I'm very sensitive to, having served in a state legislature, are the states. The states right now are facing some very dire fiscal challenges. I'll speak to the state I know best, Pennsylvania. And I know the Commonwealth of Pennsylvania is facing a 5 billion dollar revenue hole. That's their deficit. It's mostly a loss of revenue. So they are at wits end. And they passed their budget you know in

the end of June, but only through November, so it was a short-term budget with the expectation, or hope, or prayer, that Washington would come through and provide needed relief to state and local governments. That has not happened. So they are at wits end, but Pennsylvania is no different than any other state. Because let's face it, during a recession many states' budgets are very dependent upon a strong economy to drive revenue. In a state like Pennsylvania, not unlike many other states, they are very dependent on a personal income tax. Well, when people get laid off, guess what? There's a lot less income tax revenue generated. When you're in a recession, spending often goes down, so your sales tax revenue drops, and of course, corporate tax revenue also drops because presumably many businesses will not be doing as well and many small businesses in particular have failed or are out of business. So, that's what you're dealing with. So it's counter-cyclical in these states where the economy is good; the revenue is good. When the economy is bad; the revenue drops and of course needs on programs like Medicaid. I know Andy and Cara too can speak to Medicaid. But Medicaid is a counter-cyclical program where the demand for Medicaid goes up during a bad economy. And of course many state governments, they are pressured right now to cut Medicaid, because it's a big line item, because they are losing revenue. It's counter-cyclical in that sense. So I would just say, so keep an eye on that. So the state governments are key.

[21:40]

Final comment. OK, let's assume for a moment there's no agreement on a COVID bill between now and the election. We'll see what happens in the election. But regardless of who wins the presidency, they will have to pass another bill. A law to support those who are struggling whether it's for the PPE, paycheck protection - you know all the programs out there that are in need right now. There's so much need. So they will have to do something.

If Joe Biden wins the presidency well I'm sure he will have a more generous package than if Donald Trump is reelected. And based on polling, it looks like Joe Biden is more likely to win today. And then of course then you can also predict what will happen too if the Senate flips to the Democrats and the House will likely remain Democrat as well.

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So bottomline, a lot is still in flux, but I would still bet that there will be a relief package. It may not happen now, but something will have to happen after the election. And heaven forbid it doesn't happen after the election - it will assuredly happen if there's a new administration. Well that's my quick take on what is happening in Washington on the congressional side with respect to the pandemic and to the relief measures on the table. So thank you. I'll yield back to Andy.

[23:00]

CAROLYN McCLANAHAN: I think it's supposed to be me...

[23:06]

CHARLIE DENT: Dr. McClanahan. I'm sorry.

[23:08]

CAROLYN McCLANAHAN: No, that's quite alright. Yah, I think we're supposed to introduce each other but I think we all know, we're half way through now. Thank you, both of you, for those fantastic comments. Like Andy said, as far as the economy, you know we basically have two economies right now. As a financial planner, one for people who have resources and money. Seem to be holding up and doing well. But we have this whole swath of people who are suffering very, very greatly. And I think we're eventually going to see a huge trickle down, or trickle up, to that affecting everybody eventually.

[23:45]

Like Congressman Dent said, we're seeing more and more lay-offs. I'm in Florida and I know that from a perspective of unemployment and all that, all those that were laid off in Disney World, between unemployment and their lack of ability in Medicaid expansion in Florida there's going to be significant issues in health care for those people. So, what I want to cover... and so, first off it's an honor to be here. I mean I admire all your work greatly and I'm so glad that I get to be here to help participate.

[24:17]

Coronavirus pandemic has just shown us so many flaws in our health care system, in so many ways. In addition to the challenging logistics of helping our clients, we're also coming to grips with the fears our clients have around our broken health care system, how we're going to pay for health care, and especially if they get sick. How are they going to get the care they need? In addition to helping our clients directly, I think it's very important as an organization for financial services people to be advocates for their clients and for the profession to fix our health care system. And to encourage politicians to fix our health care system. And so groups like United States of Care; they have done a fantastic job furthering that conversation. So we need to be supporting organizations like this.

[25:09]

I would like to share three points about what's going on. First off, the pandemic has revealed that we have some serious flaws in our health care system, in our payor system, and also in our health care delivery systems. So not only do we need to fix the payor system, we need to fix health care delivery. And to me the biggest flaw - I've written and talked about public health and our lack of preparedness for pandemics for over a decade now - and in fact, I tweeted in 2013 when coronavirus first came to big awareness, there were some cases back then - I said I think this could be the next black swan. And you know, I was 7 years off, but we're seeing it now. And we've known there are thousands of viruses that can cause potential problems. And it is important to have a great public health system to deal with that.

[26:00]

First, let's talk about flaws in our payor system. One flaw that was revealed is that having insurance that's totally tied to employment without any sort of backstop, is a serious issue if a person loses employment and we have such a massive recession that they can't get a new job. Now those people don't have income to pay Cobra premiums. They may have already made too much money for the year to get tax credits through the Affordable Care Act and for example, in

the state of Florida, if we did not expand Medicaid, those people out of luck. In fact, I had a call from a woman whose 30-year-old son had lost his job, lost his health insurance, couldn't afford Cobra, so he declined Cobra. Lo and behold, 6 weeks later he broke his ankle and already he has bills over ten thousand dollars and the bills haven't even finished coming in yet. And so he's going to have to declare so sort of medical bankruptcy. This shouldn't be in this country. We're the richest country in the world. There's no reason for us to not have universal health care with backstops for when people are facing serious issues.

Had politicians worked together to fix the ACA, like making certain we fix the issues with the tax credits and addressing Medicare expansion in every state. We wouldn't be facing these unknowns in health coverage. So that's my first point.

[27:16]

The next is...we talk about the health payor system, but you know you can fix the payor system, but in economics that's like using monetary policy to fix the economy where fiscal policy is really more what's needed. So all those packages like Congressman Dent talked about. And so with health care, yes, we need to fix the health care system, but we seriously need to fix our health care delivery system. There are three things to me that we really need to address. We need to rebuild primary care. The Affordable Care Act had great funding to rebuild primary care, rebuild community health and after Congress changed hands and there had to be a ton of budget negotiations, unfortunately a lot of the funding that went to public health, community health, and to rebuild primary care - that went away. So now, that hasn't happened. 70% of the population only needs primary care and so we need to build a primary care system to at least serve those people. So we can do a great job taking care of the base of people. And then let's work on fixing the payor system also. We need to rebuild the community health system. I volunteer in the community health system. I actually worked in a clinic, where we serve the working homeless. Now I'm in a clinic for the working uninsured. And it's a challenge. These people would normally qualify for Medicaid in most states, but in Florida they do not. And people don't realize, it only takes a thousand dollars per person per year to deliver primary care. Good comprehensive primary care through community health centers. And so if you did that for everybody in the country it's about 300 billion dollars. The government already pays \$5,000 per person per year for health care costs. And so if we could provide primary care as a public service to all for a very, very inexpensive amount that would take some fortitude for politicians to actually create something new. And I always like to think of Franklin Roosevelt with the New Deal and how he says we've got to take a chance at trying something. Rebuilding community health is a great way to go.

[29:31]

And then finally our electronic medical records system. Right now, electronic medical records are built around patient billing; not patient care. And this has proven to be very difficult when we're talking about coronavirus and knowing the statistics of what's going on. And long term side effects. In England, they do have a nationalized electronic medical record for their primary care system and it allowed them to pinpoint some very specific issues early on. They're the ones who discovered that dexamethasone was working well. If we had a nationalized electronic

medical record system where we could do things like that it would be, that was built around patient care, it would be so much better for our health care, for our patients, and probably save us a lot of costs. So you know health care delivery is full of innovation. We should have community health workers. Thank goodness coronavirus brought to light the use of telemedicine. So now I think we'll see an expansion of that.

[30:25]

And then my third point, and I talked about this briefly already - we need to fully fund public health. Historically, public health funding has been at the discretion of Congress. We need to make it mandatory funding. And it needs to be ample funding. So I think we've seen the foolishness of this decision in - cuts in public health through the years and cuts in pandemic planning. And so we need to work together to encourage Congress and hopefully they'll never make that mistake ever again. Community health and public health organizations have to employ lobbyists, volunteers, and a ton of energy to beg Congress for money every year and that just shouldn't even be a question. Again, I encourage all my fellow financial advisors, this is important stuff for our clients and we need to encourage Congress and work with organizations to fix health care, fix health care payment system, and by banding together maybe we'll eventually get somewhere. So, I think next I'm turning it over to Cara. She's President and CEO of Grantmakers. I think she already had a great introduction. And she going to talk about the issues with philanthropy.

[31:35]

CARA JAMES: Thank you, Dr. McClanahan and good afternoon to all of you. It is a pleasure to be here. And as was just said, I'm the President and CEO of Grantmakers in Health. We are an organization that works to achieve better health through better philanthropy. And we include about 240 foundations, corporate giving programs and others who are doing grantmaking in health. They are large and small. Some of them you know and some you may not be as familiar with. But assets range from less than 10 million to more than 2 billion and are in 38 states across the country focusing locally, state, nationally, and internationally. We focus on a number of areas of work including access, health equity, quality, behavior health - to name a few. But that's not all that we do. We are working with philanthropy to figure out how to move forward. As with everyone, when COVID hit philanthropy pivoted and everyone adjusted to the environment in which we were living. We saw that individual giving in households about 56% of households engaged in charitable giving early on, as well as a third of those who gave money directly to charity and other organizations. Many, about half the households, provided money indirectly to organizations through going out to eat, through gift cards and other things to help keep those in their community up and running. But as you heard throughout all these presentations this did not happen equitably and all over in terms of some of the disparities that we saw. Older adults were less likely to engage in giving at this time, single women in particular saw a decrease in their giving. Not to name the least because they were also disproportionately impacted early on by some of the loss of jobs.

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But organizations also pivoted and we saw a lot of philanthropy organizations who responded to COVID by giving flexibility to their grantees. Allowing them to streamline requirements and to remove caps in indirect spending to allow them as well to use the grant dollars for general operating expenses and delayed and waived reporting requirements so that the organizations could work to address the needs in their community. Foundations and other philanthropy organizations also serve as trusted sources to communities providing information and a number of them stepped up resources to share information with nonprofits and other community organizations to understand where there were opportunities for engagement on grantmaking or other resources, as well as just information on COVID. They also implemented rapid response grantmaking to quickly get money into communities and into other areas to help address things such as PPE or food issues or basic needs that people are having, And also work to help support the safety net working with community health centers and other who were pivoting to try and provide telehealth. Making sure that they have those resources. And we saw a number of organizations also commit early on to increase their payouts. So that more dollars were going out this year. In some areas we saw that, you know, the pandemic has been hard hit and some who have been delayed so when we think about rural communities and other communities of color we saw in particular in some of the rural areas the increased need for telehealth and support there. As well as health safety nets. And we also saw a number of organizations pool together their resources to maximize the impact that they had. And just as philanthropy was responding and addressing COVID, we started having issues of social unrest. Needless to say COVID has highlighted a number of the disparities that already existed. The social and racial justice issues that we have have really been amplified. They are, unfortunately, everywhere in our system. We have seen racial disparities in the number of COVID cases, as well as hospitalization and mortality. We have also seen disparities related to access around personal protective equipment, nursing home deaths - in some places the location of testing facilities not being in communities that are greater at risk. Also, related to the essential workers, and their access to coverage, and their ability to take care of themselves and their families should they get sick. The impact of unemployment and who lost jobs in the pandemic have also highlighted disparities. Food insecurity, which we continue to hear more and more about. And one of the things that we really are seeing now is participation in virtual education. Highlighting a lot of the educational disparities that we have and the needs for childcare and other issues. Those highlight the disparities not just related to those in rural communities who may not have access to broadband. Compared to those in urban areas. But we also know that households where parents have a high school education or less are less likely to have broadband. And when you think about those who are essential workers and working with kids, if they are not there to help with the kids, thinking about the engagement and potential loss of opportunity for these kids is one that is deeply concerning.

[37:17]

So as with COVID, the philanthropy organizations really pivoted to address a number of areas in which social unrest, as well as, health equity. And what we saw early on, and I would say this is a continuing, we saw a number of organizations issuing statements calling for an end to racism, police brutality and health disparities. We also saw a demand for more data for people to actually understand where we have disparities related to the pandemic. We saw a number of

organizations early on, foundations who increased support. And I would say not just the foundations, but corporate organizations, a number of them came out increasing support to grantees led by black, indigenous, people of color and focusing on the needs of vulnerable populations. We've seen a number of foundations who have launched initiatives around health equity or racial justice. Including those focusing on helping to improve communication and partnership with the justice community and with communities of color. As well as expanding community partnerships and removing barriers to participatory philanthropy and power sharing. So that there is more funding that is going to a number of organizations but also looking at systemic change.

[38:42]

We've seen a number of organizations also pivot internally to look at how they can create more diverse and inclusive environments, as well as to look at some of the grant making practices that they have which may be unintentionally reducing the resources that are going to vulnerable communities. So we've seen some of that happening as well in terms of creation of positions around diversity, equity and inclusion in a number of organizations. Strategic plans that are coming forward that are lifting up equity as a priority and a focus area. As well as engaging in training and sensitivity training for staff and creating forums in which staff at organizations can actually talk about some of the issues that may be barriers in the work that they're doing.

[39:35]

And one of the things that we have been doing is conveying a number of CEOs to talk about where there may be opportunities for collective engagement and opportunity. And we've seen a number of issues that are coming forward. I think more to come for sure. In terms of the work in the space. As a number of foundations and organizations are still figuring out what their path forward is going to be. Understanding this is a long game and I number of the issues are going to take time for us to address. So we expect a lot more to come out of that. I think one of the other things that we're seeing that organizations that who have already been in the space, but I think are lifting up this work, particularly at this moment as we talk about being so close to an election is those who are increasing their commitment to civic engagement and working to make sure that we have representation and participation from a variety of communities. So as we look ahead and think about what's coming, I think a number of organizations are thinking about what is the role and how does one support the vaccine distribution to make sure that it is equitable. Reaching a number of communities. We need to think about what we have learned during the pandemic. We want to make sure we institute those lessons and do not repeat them with the vaccine, but also helping to make sure that those communities are connected as these plans are being developed and the resources are going forward. And I think a number of organizations have thought about you know where they are and looking at the long game that I don't think many of us thought that we would still be in this space months ago when our communities began to close down for awhile. And so for some it is looking at what the economic situation will be going forward. I think some organizations will probably contract their giving next year as they try to sure up their own financial resources. Which also has an impact which we heard earlier states are struggling with their budgets and other funding may get cut. I think their resources can be an issue. And so we do hope that those who can continue to give and can continue to

step up when possible. I think we also will see more org inequity as this is a long term issue. These are not issues that arose overnight and they are not going to be resolved in a 30, 60, or 90 day plan.

[42:02]

Really making sure that we don't squander this moment in terms of having lasting impact. At some point we are going to pivot and I want to make sure that when we do we have put in building blocks that really do make meaningful change and progress toward achieving equity.

We are looking for folks to continue to support their communities, to continue to think about some of the broader needs. I think people have really stepped up individually and at an organizational level. And we do need to see that continue. Also want to think about the pipeline. As we look to achieve equity and reduce disparities many people are focusing on the diversity of our workforce. Trying to diversify boards, trustees, looking to diversify staff and part of that can't happen if we don't have a robust pipeline. We have huge educational disparities in this country in terms of graduation rates from college and others and it makes it hard to have a diverse staff or workforce if we don't have that. So I think thinking about how we can support in a pipeline programs that are looking to diversify and continuing to address those basic needs that people are struggling with. Food insecurity, housing, childcare - those social determinants of health are important needs we still have and will continue to have for the foreseeable future. So, with that, I will stop and turn it back to your host.

BEGIN Q&A

[43:41]

**EMILY BARSON:** Thanks so much to all of our speakers today for that really robust perspective. Love to invite our speakers to come back on camera and we have gotten several questions teed up from the participants that we will get into now. With our full panel my colleague I think Rebecca is going to kick us off.

**REBECCA:** Great this question is for Congressman Dent. Dr. McClanahan mentioned the economy and job losses. Many states will be looking at budget deficits next year and we're still in the midst of a pandemic. What would you advise legislators to do during a time of increased need?

**CONGRESSMAN DENT:** Well great question. What I would advise these legislators is to directly lobby their members of the house and senate. Tell them how dire the situation is I mean I served in the state legislature for 14 years, 8 years in the state house, 6 years in the state senate. Unlike Washington state legislators don't have a printing press in the basement of their capitals and they can't print money to build themselves out they just can't. And most of them don't have the capacity to raise this kind of revenue. They'll do you know absent federal relief, they'll raise some taxes, they'll use one time funding schemes, non-recurring revenue sources to pay for things, but it's not sustainable. So right now I guess I would say that they need to do a full court press on their members and particularly those if you're a legislator on this call from say

Florida or Texas, republican states or you have republican governors, it's important for them particularly to make a case to their republicans members why this is so so dire. You know like I said in my state you know we have a 5 billion dollar revenue problem deficit and I don't know what they do come come you know after November 30th you know how they how they how they don't have the capacity to raise it and even if they did try to raise it, I don't think they get the money that fast. So bottom line is get on the horn, talk to those federal elected officials, tell them how dire it is, it's the only thing they can do right now. Now you might get some help with the election if Biden wins and I think you're I think I think the spigot will be turned on heavier and so it's all I can say. Lobby the federal guys right now especially if you're a state legislator, you got to do it.

JESS: That's great. Thank you Congressman Dent. If there's anyone else on our speakers panel who would also like to chime in, happy to also open the floor or I can move forward with other questions. All right. This next question that came in is for Andy or whomever else feels that they'd like to answer. There seems to be unequal access to testing. We see pro-athletes and even college athletes getting tests everyday. For regular people we still have barriers for testing, even if we have symptoms. What do you think can be done to level the playing field of access, especially as we move forward with vaccinations as well?

ANDY: Thank you Jess. The obvious answer is to join the NFL that's clearly the best path to getting tests. Look I think it's a valid issue. I would say a couple things have to happen are happening I was just on a call today with Admiral Gerard and France Collins and the White House team talking about this very issue and in fact congress in the wisdom as congressman Dent indicated did allocate some money specifically for testing for they call it UC testing, underserved community testing, and I got a chance to listen to what they're talking about there and as I think Cara says and knows better than anybody saying it is one thing, doing it is another. But at least there's some resources. A couple things need to happen first of all at 150 dollars tests will not be more would not be made broadly available to anybody... we focus on tests being highly accurate. What we need tests to be is highly frequent. And when they're highly frequent, the only way they'll be highly frequent is when they're not 150 dollars or 100 dollars a test, but when they're 10 and 20 dollars a test. So the good news here is that a new type of test is coming forward. We worked on a test called saliva direct which is an open source test. Any lab in the country can extend the protocol, they can use any materials they want, it's approved by the FDA and it can be done for as little as a few dollars. We have 8 or 9 labs now running those tests. We're mostly doing them in schools, but by the end of the year we're going to have them broadly available in the US for about 10 dollars. When I say broadly, I don't think that means everybody that we have there's enough for everybody yet but there's plenty more. New antigen tests and new paper-based tests, are the FDA has been looking to approve and you know there will be a time in a few months I suspect when we'll have tests that are very much like pregnancy tests. They'll be paper-based, you'll be able to use them at home, they won't be as reliable as the current types of tests, but it doesn't matter as much they'll give you a good signal allow you to do things to go about your life. You know the so what happens now is and by the way I should say that the to take Minnesota as an example, we have saliva direct being made available through hennepin county, so we've been focusing on places where our

safety nets are moving in their other tests like that so I think I think you can anticipate some progress i will give some credit to the NBA the NBA even though they were in a bubble and even though they used a bunch of tests the they developed a test they developed and paid for this open source test that they made available to everybody so unlike other organizations who were focused just on them the NBA took the step of saying if we develop something we're going to make it good for society and so they paid for it, they don't own it, they've given it away to the public. They used themselves as protocols. They basically tested every NBA player using saliva direct test and a regular nasal test and as a result of that, they were able to prove that it works. So there are good actors in society that are stepping up. The whole question of a vaccine is even I think more complex and critically important as well.

JESS: Sorry, technical difficulties. I apologize. We have time for one more question it appears since this ends shortly and this one is one that all of you can answer, but I'll start with Dr. McClenahan and also Cara James. SCOTUS will hear a case in early November that could find the ACA as unconstitutional. What are a couple of the most obvious economic, financial planning, philanthropic, healthcare, and medicaid consequences that could happen? So I'll start with Dr. McClanahan and then we'll go to Cara and then we'll move from there.

DR. MCCLANAHAN: The issue with the unknowns in healthcare policy has affected financial planning for quite a while and especially when you have clients in their late 50s to early 60s that may retire early or lose their job it becomes very hard for them to get health insurance at a reasonable cost and if we lose the protection of the Affordable Care Act for them to get tax credits and guaranteed issue insurance, that's going to be a big deal and so from my perspective one of the things we do with that age client is we are trying to keep them staying employed for as long as possible until we have clarity around the health policy situation. You know from a financial planning perspective around healthcare costs, we can't predict the future. It's you know, healthcare has inflated a lot you know 6,7 percent over the last 30, 40 years and that's unsustainable. If we continue that kind of inflation, healthcare would take up 50 percent of GDP in the next 25 years and that's just not feasible and so politicians have to get their heads out of the sand and really fix, help not only health how we pay for health care, but how much healthcare costs to the person and one of the things we see in congress is they're focusing on how much government pays for healthcare, but they're not fixing how much healthcare costs the consumer so those are some things we have to address if the ACA is overturned, we're basically going to be starting over. We'll be back to the world before the ACA, which I remember very clearly. It was a horrible place to be from a health insurance perspective and ideally we get politicians that see a better way.

JESS: Dr. James, do you have anything to add?

DR. JAMES: Yeah I think you know so I would add on that when you think about where we were before with the higher uninsured rate, I think the uninsured disparities that we had is not going to be a good thing. I think the other thing which I'm looking at another question that we had that ties into this is when we look at the dependence on public hospitals sort of rural hospitals and others for medicaid dollars and medicare dollars, having more people who are uninsured we

already have 50 percent of rural hospitals that are operating in negative margins that money is not going to be missed if it is if it disappears, if you have more people who are not able to afford their coverage, their care, they're still going to need the care, but we've seen already about 20 rural hospitals that have closed this year, which is more than we had last year so we continue to have that be an issue so I think that's one where we could expect that, but you know the affordable care act is huge as we all know in terms of all of the pieces that it included so I think we don't really have a good sense of what all of the impacts of that could be, but as Dr. McClanahan said it's not going to be pretty.

JESS: Thank you and as we have 3 minutes to go and just a brief closing. Do any of the rest of you like to jump in or we'll move forward.

CONGRESSMAN DENT: Yeah the only thing I would add I just maybe will follow up on that question maybe I'll be a little more optimistic than some others on the call might be in this case. I'm not sure that the US Supreme Court is going to rule in a way that will invalidate the ACA. You know we saw before what happened with John Roberts. John Roberts is a very smart, clever individual. He doesn't want to own you know the problem of denying health coverage to so many millions of people and the court would be blamed now granted justice Ginsburg may she rest in peace is no longer on the court, but I have to think that some other justice you know might want to think along the lines of Robert, I'm saying like one of the more conservative justices... I still think that these justices do worry about the they do worry about how the court is viewed by the American public and if they were to take a position this strong that would invalidate a policy that was you know enacted into law by congress and the president, I think it would undermine you know the credibility of the court. So I'm not convinced by any stretch of the imagination that the court is going to throw this thing out. But others, feel free to disagree with that assessment.

DR. MCCLANAHAN: I don't disagree and one comment I do want to make though is that even if the court doesn't throw it out, will our politicians come together to fix and repair the Affordable Care Act? That's a huge issue and you know who knows what the election holds. So I'm holding my breath until then.

ANDY: So I don't think I'm getting my camera to work, but I will, this is Andy, I'll just comment here we don't know. We don't know what's going on in the supreme court. I think I hope that Charlie is right you know there is there's a lot of work here in addition to the ACA. Saying that the law, saying that one element of the law invalidates the entire law would be a pretty enormous step for a justice to make and I'd hate to be a justice for the next 30 years and having to basically say that every single law was completely inseparable from every other part of the law because that would that would bind me in a matter of speaking to tossing out all kinds of good things over the course of my career. So I suspect that that logic will even if they don't love the ACA that logic could get to someone like a Justice Kavanaugh who has shown that he could be persuaded that way, you think I'd say since we don't know there's only if you want to preserve the ACA, and this is not intended as a political message but as a factual message, a democratic congress and a democratic president could fix it in one day with one word. And so

regardless of what happens in the court case, you know that's the only way to ensure that it goes forward. I think I'd say that if there was a, I would project that if there is an all Republican, in other words if Trump holds, on somehow wins the house and retains the senate, they could pass something. My sense is what they would pass would be maybe 20 to 30 percent of what the ACA is, but they would have the votes to do it. I think that's a less likely scenario and I think that if Joe Biden wins, but doesn't win the senate or Trump wins, but doesn't win the house, I think we're in a stalemate and I don't know if Charlie would agree or disagree, but I think I would suspect that the Republican senate would put forward kind of a replacement plan, which looks something like a small block grant to states that would try to entice states to support and that could be used for either medicaid expansion or ACA credits. Try to put pressure on Democrats to get on board, but if they didn't, put the blame on Democrats for not passing a replacement plan. I think Pelosi would have a tough time supporting something like that so my strong sense is then if the case goes for Texas and against California and if the congress and the presidency remain split, we have a very good chance of having this not replaced, notwithstanding the fact that I tend to agree with Charlie as baseline. You want to play all those scenarios out, but those are what I see.

REBECCA: Thank you so much. This has been a great discussion today and I appreciate everyone's time. We're just over the hour so I just want to say if you want to have more discussions like this please follow us on usofcare, @usofcare on Twitter and look for more invites to great conversations and events on the topics of healthcare, public policy, wealth, and philanthropy. Thank you all for joining us this afternoon and a special thanks to all of our great speakers. That's it for today and have a great afternoon.