

Building A Better Health Care System in the Midst of a Pandemic

Tue, 1/26 2:59PM • 1:00:56

SUMMARY KEYWORDS

people, states, medicaid, pandemic, policy, issue, terms, populations, united states, opportunities, serve, coverage, experiencing, delivery system, access, care, social determinants, healthcare system, system, health equity

01:06 - DENNIS HEAPHY

Thanks for joining us today. My name is Dennis Heaphy. I'm a health justice advocate with the Massachusetts disability policy consortium and a member of United States of Care's Founders Council. I, like many of you, have spent the last year working to keep people in my state healthy, and to make sure we all have equitable access to health care, and the opportunity to live healthy, meaningful lives. I'm also a person who wakes up every morning, worried about contracted COVID-19. Will one of my personal care tenants, or delivery person or other person who comes to my door have COVID-19? Will I contract the virus? I know that I should track COVID my chances of survival are very small. But this is not about me. It's about all of us. This last year has been like no other. The US has 4% of the world's population, but 20% of the world's deaths attributable to COVID-19. As reported by the Center on Budget and Policy Priorities, millions of people lost their jobs or had their hours cut. They saw how the digital divide made it possible for higher wage earners to work from their homes remotely. While low income frontline workers disproportionately African American or other ethnic and minority populations had to go out and work on the frontlines in dangerous conditions. Small businesses across the country were forced to close down or remain teetering on the edge.

02:30 - DENNIS HEAPHY

Millions of people face food insecurity, as attested by the long lines of people throughout the country, waiting for food at makeshift and pop up food pantries and millions more face housing insecurity and potential homelessness, unsure of their ability to pay their next month's rent or mortgage. Hardest Hit African Americans, Latinos, indigenous peoples elders and persons with disabilities. Even with limited data tracking available reports show that a disproportionate number of persons with intellectual disabilities have died from COVID. Too many of these people contracting the virus in congregate settings, dying with our friends or family members at their sides. Calls to Samaritans suicide hotline and other hotlines like it have seen a surge in calls, as increasing numbers of Americans experience suicidal ideations from stress, isolation and other causes. The National EMS Information System reported that compared to February and March 2019, opioid related activities rose from 2000 emergencies per week, to 5000 per week during that same timeframe in 2020.

03:37 - DENNIS HEAPHY

During this unprecedented crisis, we saw examples of proactive responses by states to mitigate risk of harm to the thousands of newly unemployed people needing Medicaid insurance. Massachusetts has robust Medicaid services available to its residents and state leaders were quick to reduce regulatory requirements that might jeopardize access to Medicaid services at the start of the COVID 19 pandemic. They were also proactive in protecting access to personal care and services for persons like myself needing assistance with activities of daily living such as dressing, bathing, and eating by putting in place a temporary pay raise for personal care tenants temporarily doing away with overtime restrictions, and more. They also reduced barriers to opioid and other medication treatments. These policy changes enable people like me to stay in my home and not have institutions and others to maintain their substance use recovery. In addition to positive actions, we saw blatant discrimination against people with disabilities in policy development. The Center for Public Integrity, analyzed rationing policies and guidelines for 30 states and found most states guidelines, putting people Disabilities at the back end of life receiving life saving treatments. Denied access to resources, including home oxygen or access to ventilators and hospitals. With some conditions allowing ventilators to be taken away from some patients who use the vents on a daily basis.

05:08 - DENNIS HEAPHY

Looking ahead, state leaders need a strong partnership with federal government in order to turn the corner in this multifaceted public health and economic crisis. United States of care will continue to advocate to the federal government to remove barriers and provide financial resources to states to make sure all residents have access to quality, affordable health care. This includes investments in home and community based services to enable persons with disabilities and elders to live in settings on their own choosing. It is also important that we own COVID not as a public health crisis, but a crisis of conscience. We need to own the direct connection between institutionalized discrimination and biases that lead to the health and economic situation we face. The highest among these is racism. This requires a commitment to shoring up our state Medicaid programs, collecting data on health disparities, and working with community based organizations and other groups that represent populations disproportionately impacted by institutional biases and discriminatory practices that permeate our country. Despite the challenges, this is an exciting time, we have a unique opportunity to work creatively together in building a better healthcare delivery system in the wake of COVID-19 with the opportunity to build a healthy society, and as a response to COVID-19, which is why I'm looking forward to the discussion today with these three state leaders. First, I have the pleasure of introducing United States of affairs executive director, Emily Barson.

06:37 - EMILY BARSON

Well, thank you, Dennis, for that introduction, and really for reminding us all what's at stake at this critical moment. And thanks to all of you for joining us this afternoon and morning for our webinar, building a better health care system in the midst of a pandemic. We've learned a tremendous amount over the last year about what we are capable of during the public health and economic crisis. state leaders are incorporating much of that learning in real time into this next phase of the COVID pandemic. This month, state legislators return to regular sessions and ramp up their work with governors, public health leaders and medical professionals to eradicate COVID, stabilize the economy and address the disparate impacts on members of our communities. USofCare is convening this panel

of experts today to share lessons learned and recommendations for where state leaders should focus their healthcare priorities in 2021.

07:33 - EMILY BARSON

First, a bit about United States of care. United States of care is a nonpartisan, nonprofit organization, we work to ensure that everyone has access to quality, affordable health care, regardless of health status, social need or income. The health care system isn't working for millions of people in the United States. As we'll talk more about today, people want a better health care system in the wake of the pandemic. And in fact, there may be an opening for reforms that weren't possible before. We do our work in a unique way. We go around the country to understand people's needs to drive health care reform. And we're tackling these big challenges on two tracks. First, we're working in states to expand access to quality, affordable health care right now, because people can't wait for a perfect solution from Washington, DC. And second, we're also working to create the conditions for long term change. We know that we need a new national conversation, and new innovative solutions to build momentum for a federal change that people can rely on that won't be overturned in every election. We do all of our work in partnership with policymakers, advocates, leaders, entrepreneurs and everyday people. And with the support of our extraordinary United States of care leadership councils. Our bipartisan Board of Directors supports our mission and principles and represents a wide variety of relevant expertise and governance and healthcare delivery and policy.

09:06 - EMILY BARSON

Our founders Council is comprised of more than 100 experts from across industries and experiences, including patients and caregivers, advocates, clinicians and other care providers, policy experts, former elected and appointed officials and others. Our entrepreneurs Council is a group of executives who combine transformational thinking with practical solutions, and the real world success necessary to solve our most substantial healthcare challenges. And last but not least, our voices are real life, comprised of people living ordinary and extraordinary lives who provide their unique perspectives to shape health reform priorities. we weave their real life needs and experiences into the fabric of the United States of cares policy development. Before we get to our esteemed panel of speakers, I'd like to share a bit of data with you from United States of cares national survey conducted in November 2020. I understand there's some technical difficulties with the slide. So I will do my best to walk you through it. And while we work on resolving that, and much of what we found in our survey may sound obvious, but really what stood out was the agreement across political parties and other demographics. And that can really get lost in the churn of a 24 hour news cycle. First, and overarching really, we found broad agreement that we need to build a better healthcare system as a result of COVID-19. More than 80% of Americans across demographics overall believe making changes to our current system as a result of COVID-19 is important. This sentiment cut across the political spectrum with 71% of Republicans and 93% of Democrats calling for solutions.

10:59 - EMILY BARSON

Far and away, we found that cost is the most important thing our current healthcare system needs to improve for two and three people across the country. More than a third of people are concerned about losing their own health and health insurance, and nearly half are concerned about friends, family, or neighbors losing their coverage. You can find this information and a deeper analysis of our survey on

our website at [United States of care.org](https://www.unitedstatesofcare.org). And given our technical difficulties, we'll also make sure we send out the slides and follow up from this event. As the data demonstrate, people widely support post pandemic improvements to our healthcare system in the United States of care recommends overall and consistent with our mission that policymakers should ensure that everyone has access to quality, affordable health care regardless of health status, social need or income. A focus on solutions that bring down costs and all aspects of the healthcare system while preserving quality and dependability. Recognize that there is an acute sense of urgency to making improvements, especially related to bringing down costs and making coverage more dependable following nearly a year of the pandemic and the related economic impacts. And recognize that most voters are satisfied with their existing care, and that policymakers should focus on areas to improve the system rather than dismantling or radically changing it. United States of care is gaining insights into people's needs and experiences to identify and create policy solutions that meet their needs, and build toward a better and more equitable system. We also partner with elected officials and stakeholders to pass and implement those ideas. Our policy action areas for 2021 are responding to the ongoing covid 19 pandemic, making health care more affordable and dependable by expanding coverage options, ensuring equitable access through virtual care and ensuring people's well being mental health and substance use disorder.

13:13 - EMILY BARSON

In order to advance our 2021 policy areas, we've released several resources over the last several months to support policymakers, which you can find at our website at [UnitedStatesofcare.org](https://www.unitedstatesofcare.org). I'm now honored to introduce our three outstanding panelists. Each panelist will share their insights and recommendations and then we'll open it up to questions from our participants. throughout the event as you have questions or feedback, please send them in through the q&a function and we will make sure to address as much as we can during the q&a session. Our first panelist Jessica altman serves as insurance commissioner for the state of Pennsylvania for the Commonwealth of Pennsylvania. In this position, she regulates the Commonwealth insurance marketplace, overseeing licensed agents and insurance professionals monitoring the financial landscape of companies doing business in Pennsylvania, educating consumers and ensuring residents are treated fairly. She serves as chair of the health insurance and managed care committee and co chair of the long term care task force for the National Association of insurance commissioners, and she also serves as vice chair of the healthcare access and finance steering committee of the National Academy for State Health Policy.

14:31 - EMILY BARSON

Our second panelist, Tom Betlach is a partner at spear healthcare strategies, where he advises government and private sector clients on complex health policy and strategic initiatives. He's a nationally recognized thought leader on Medicaid and health care policy, known for his expertise in serving complex populations delivery system transformation, value based purchasing, managed care and cost containment. Prior to joining spear, Tom spent 27 years serving in a variety of leadership roles for the State of Arizona under five different governors in three different cabinet positions, most recently as director of the Arizona health care cost containment system, Arizona state Medicaid agency, where he reported directly to the governor. Tom served as both Vice President and President of the National Association of Medicaid directors, and He currently serves on the board for the National Committee for Quality Assurance and as a member of the Congressional Budget Office panel of health advisors.

15:28 - EMILY BARSON

And finally, Jeff Hayden is a senior government relations specialist at Fredrickson and Byron, a multi practice law and government relations firm. Jeff served 12 years in the Minnesota State Senate and four years in the House of Representatives, most recently serving as assistant minority lead and lead member on the Health and Human Services Committee before and while he served in the legislature, Jeff has focused his career on increasing access to high quality health care, health and human service delivery and economic justice in his South Minneapolis community. Thanks so much to you all for being here today. And to kick us off, I will turn it over to Commissioner Altman.

16:06 - JESSICA ALTMAN

Thank you so much, Emily. And good afternoon, everyone, at least those of you on the east coast. And thanks to United States of care for hosting this webinar and for the opportunity to share my perspective on what Pennsylvania has learned in 2020. And where we should be focusing to address the myriad of challenges before us. I also don't and never plan to have slides. So you are not missing anything here with the technical issues. I'm going to start with something that we all know, all too well. 2020 was a crazy year, it was a year that turned everything upside down and forced us all to rethink fundamental elements of how we live, how we work, and what is most important. Government does not always have the best reputation for being flexible or moving quickly or embracing change. But I actually believe 2020 was a very important demonstration and how quickly government can move to respond to a crisis or crises, shifting worksite staff dollars time and really our top priorities for what we need to accomplish. Was it perfect? No, of course not. Nothing in 2020 was perfect, but it really was impressive in scope. You know, every single state agency in the Commonwealth was impacted in so many ways. In the initial months of 2020. Insurance regulators across the country alone issued over 1000 bulletins, and other actions providing guidance calling for flexibility by regulated entities and advising consumers of what they needed to pay attention to when it comes to their health insurance. Insurance applications even are such a small piece of the overall picture of COVID-19. But still, I was struck by the breadth of issues that we have dealt with and dealt with really at the beginning of 2020. Now as an insurance regulator, I believe one of the most important learnings coming out of this pandemic is what happened in relation to coverage and the way that our healthcare system ties health insurance so closely to employment, and how that creates vulnerabilities, particularly when you have a compounding health and economic crisis like COVID-19 and the exposed societal disparities that exist alongside that nearly half of all Pennsylvanians obtain health insurance through their employer which is in line nationally. Unfortunately, even very early on in the pandemic measures to limit the spread of the virus led to the displacement of many workers. And because coverage is so tied to employment, many of those people lost or were at risk of losing their health insurance in the middle of the pandemic. One analysis published last spring predicted an unemployment rate at about 17% in Pennsylvania, not far off from the 15 or so percent we reached in April, and that that would result in a loss of employer coverage for over 900,000 people in the Commonwealth alone. Of that 900,000 they predicted that 700,000 would enroll in Medicaid largely because of the expansion 87,000 in the marketplace, and 150,000 would go uninsured. Now in practice, we did not see quite that level of decrease in employer coverage, although it did decrease or that level of increase in Medicaid or the marketplace. Although enrollment in both has increased. We do know that a lot of people have opted for Cobra and as a result may have paid more than they needed to for coverage. Many did not lose coverage to begin with. And all too many chose to go uninsured. To better understand that last dynamic in particular our Department of Human Services

put out a survey to individuals asking why they didn't sign up for coverage through Medicaid or the marketplace. 42% responded that they believe they would receive health insurance from an employer in the near future.

20:00 - JESSICA ALTMAN

But 32% said the process of signing up was too difficult or confusing, and close to 30% responded that they did not know how to apply for coverage. Or they could not find a plan that met their needs. There's a lot more that we have to understand in the data. And I think a lot more to come when it comes to coverage, lessons learned. But there are a few things I think we do know. First, the marketplaces and Medicaid expansion are absolutely critical to our coverage, safety net. These are the places people can go to get coverage when they don't have coverage from anywhere else from their employer. It was not lost on many of us that just as we were experiencing all of these dynamics in the course of the pandemic, the Supreme Court was hearing arguments in Texas v. California, a case that will determine the fate of these two critical coverage options not inherently linked to employment. And while we need to talk about the vulnerabilities of the system that we have today, we should for at least just one second, imagine how much worse it would have been. If we didn't have the Affordable Care Act still in place in 2020. Second, we have to continue to generate awareness about options and look for ways to smooth transitions as people move from one type of coverage to another 60% of people in that survey said the process was too hard or they didn't even know where to start. And to me that's not acceptable. We need to get creative. As one example, we initiated a new partnership here in the Commonwealth with our brand new state based health insurance exchange Penny, our Department of Human Services that oversees Medicaid, and then also our Department of Labor and Industry that oversees the unemployment system to work across silos to understand the data. But also to make sure that as individuals came to apply for unemployment there, we were receiving the information they needed to know their coverage options, and to get where they needed to go to access coverage. And finally, I don't think we should let ourselves feel too comfortable because covered losses were lower than initially predicted. Just because something isn't as bad as it could have been, doesn't mean it wasn't bad, and doesn't mean that it couldn't be worse next time. To me what this pandemic has truly shown us is that the vulnerabilities in our healthcare system are exactly what we already knew our vulnerabilities to be, they were just brought to the forefront. More people very well could have lost their employer coverage, but also from our still too high uninsured rate to begin with to premiums and deductibles that are unaffordable for too many to the severe racial and socioeconomic disparities. We have a lot of work to do. We know that COVID-19 has had a disproportionate impact on minority communities. And we know that American Indian Alaskan Native and black individuals are five times more likely and Latinx individuals four times more likely to be hospitalized for COVID compared to non Hispanic whites. We know predominantly black counties are experiencing higher COVID death rates and low income Americans are more likely to experience comorbidities that make COVID potentially fatal. As we rebuild from COVID-19, we're going to hear and we need to hear a lot about rebuilding our economy. And my biggest takeaway here is that we have to continue to recognize that healthcare is an economic issue, an economic well being is a healthcare issue, and that there are significant racial disparities in both our healthcare system and our economy that we have to address. My hope is that as we move into 2021, we continue to appreciate this interconnectedness and seek policies that will raise all boats, improving economic well being alongside physical and mental well being in a way that very intentionally strives for equity at the same time. Now as big of a challenge as COVID-19 is and will

continue to be it is also an opportunity. There are certain areas like telehealth and access to an understanding around mental health and substance use disorder services where we have taken significant strides in the past year. I spoke at the beginning of my remarks about the massive shift the public sector went through to respond effectively to COVID-19. Now the challenge we face will be how to re harmonize knowing everything we know the weaknesses exposed by the existing framework, the systemic inequities and the resulting disparities, we have to consider how to unwind the temporary emergent solutions we no longer need, but keep the things that have worked and that will help us construct a more equitable and effective health insurance and coverage health care system. Moving forward. We have a challenging path forward. But I am really inspired by the collective commitment of so many like United States of care and the others. You'll hear on this webinar to making sure that we do just that and that we construct a healthcare system that is ready to meet the demands to all that need it. And so with that, I look forward to hearing from our other speakers today. And I will turn things over to Tom.

25:09 - TOM BETLACH

Thanks so much, Jessica. And thanks to the United States of care for the opportunity to be with everybody today. And thanks to Dennis and his thoughtful comments and kicking off our discussion and his call to action. And Jessica, for her great comments, I'm going to come at this largely through the lens of Medicaid, given the experience. And clearly what happened in 2020, for me was a reinforcement of the importance and the uniqueness of Medicaid and the delivery system in terms of the population served in terms of the different provider types and services that are delivered through Medicaid. And when you look back at just the unprecedented amount of uncertainty and challenges that have already been highlighted. In our conversations, you just see that uniqueness of Medicaid play out in terms of the population served. And early on, we saw that occurring within nursing facilities, knowing that two thirds of nursing facility days are Medicaid members and Medicaid having to come up with strategies in terms of even things that in the past, you know, had had structure in place like transitions and have to make changes around that unique services, I mean, Dennis, to the nice job of highlighting the importance of home and community based services and being able to make changes there. And in some instances, you know, having providers that had always delivered services in person that have a very difficult time transitioning to telehealth services and what that looks like. Clearly, state government had significant challenges as it relates to organizational work, and just always doing that typically in person and having to move that virtually, and then being able to make sure that there were connections to stakeholders and others. Through that process. There was a unique reminder in terms of the importance of the federal state partnership, as part of the Medicaid program and their work together to move quickly in terms of increased flexibility. And looking at opportunities, like some of the policy levers that were used to increase enhanced fmap and additional resources that were made available to states. And then in addition to that, looking at the opportunities for coverage that Medicaid provided and the ongoing requirements as it relates to eligibility to provide continuity for individuals, during COVID. And then finally, you know, on top of all this, there's all the other work that needs to get done and how we think about that other work through the lens, in terms of COVID going forward and making the changes that both Dennis and Jessica highlighted in terms of trying to deliver improvements into the overall delivery system. There's also, you know, what happened in 2020, with regards to social justice and health equity. And again, I think the unique opportunity Medicaid has in terms of addressing these issues head on, and looking at strategies and looking at what state, other states have done that are in a

leadership position, to be able to improve overall health equity and social justice and to look at what types of opportunities exist.

28:25 - TOM BETLACH

There are clearly some key takeaways beyond just the importance of Medicaid. And that was some of the outcomes that we saw. So when we look at, you know, what Trent, what has transpired with regards to the impact of COVID on dual eligible members, and the fact that if you were a dual eligible member, you were hospitalized at a rate four and a half times that of other Medicare members that were not dual eligible members, we saw that the fragmented complex systems that we have in the United States that Medicaid is a part of clearly have negative impacts in terms of the outcomes that we've seen on mortality, and other things in the delivery system. And that policymakers need to learn from this, it was good to see the federal government moved quickly in terms of leveraging some of the opportunities to deliver additional resources to states and some additional expectations. So states, and then we also saw Congress through their efforts to provide support to providers, and clearly there are lessons to take away in terms of the ability to streamline that I know in many instances, that became such a frustrating point for states, for providers for federal partners in terms of how those different tools were used to push resources out to providers, in which really was a sub optimal process. So what can we do to improve the system? What are the opportunities to really drive change? And what is the Medicaid role and all of that looking forward? And I think the first place we have to look is complex populations, we have to look at those individuals that are dual eligible individuals with serious mental illness, individuals with developmental disability and other populations, that Medicaid plays such a critical role in terms of providing coverages in terms of providing unique services to this population. And at the end of the day, COVID is shown clearly that system design matters, and oftentimes is overlooked in terms of how we think about Medicaid, its role in serving these populations, how Medicaid has structured the delivery system, to serve these populations, and what Congress has done in terms of creating structures. I mean, I think everybody can agree that in no way shape or form, would we create a system today, that looks like the system that we have to serve individuals, for example, that are dual eligible individuals, where you have three to four different organizations that are responsible for just a portion of services, where there's really a lack of coordination amongst those organizations in terms of how they serve that individual. And the other day, it's up to that individual, or a family member to figure out that complexity. And so, you know, we really saw the negative impact of that fragmentation as it relates to all of these populations, who depend upon Medicaid, and in many instances, both Medicaid and Medicare. And as a result of that, in 2021, and beyond both state and federal policymakers should demand changes as it relates to our system design and how we serve these complex populations. And every state comes out Medicaid, and has its own unique fabric. And I understand that, but there are clearly short and long term changes that need to be made. And I think initially, it requires some investment. I think it requires when we look back at how the delivery system has evolved in some of the turning points for populations like dual eligible members, there have been investments made in the past. So states had planning grants in which they were able to take resources and come up with strategies to improve their system design and their delivery system for populations like the dual eligible members and the overlap with other complex populations that are involved in that. And then we need to take that investment in terms of early planning, and we need to look towards implementation of what are the changes that need to be made at the federal level to support important system changes? And what are the changes that can be made at the state level to focus on the opportunities. So that, you

know when we see an issue like this play out, again, we don't have something that results in the negative outcomes that we've seen this time. Social Justice is another clear area where policymakers need to demand change in terms of how healthcare is delivered. The first is just capturing data. In many instances, we don't even have the data to highlight the disparities that we know exist within populations and the shortcomings that exist within the delivery system, we need educational efforts to occur within states within stakeholders, we need to continue the efforts that have been made already by Medicaid as it relates to addressing social determinants of health. And we need to expand those opportunities because they ultimately impact health care disparities, we need to look at alternatives in terms of service delivery models. So one example I always like to highlight is the crisis now model that looks at opportunities to improve services for individuals experiencing behavioral health crisis. And we know that with the rollout of 988, as being a national number, for individuals experiencing behavioral crisis, there's going to be increased demand for individuals who are reaching out not just as a result of COVID, but with a more streamlined opportunity to seek behavioral health crisis services. And states really should look to a model of what their crisis system looks like. It looks at a call center capability that looks at Mobile response that looks at stabilization for individuals who are experiencing the most significant behavioral health crisis. And of course, in 2021, we're gonna have to see states grapple with, you know, starting to unwind some of the things that they put in place during COVID. So we had eligibility Maintenance of Effort requirements, there's going to be a significant amount of work that states and counties have to take on as it relates to redetermination. What's the future of telehealth and our delivery system within Medicaid and how do we continue to improve the quality of telehealth services and continue to serve populations that now may be accessing services at a more regular basis than what they might have in the past with just physically delivered services? There's clearly

35:00 - TOM BETLACH

They're going to be an unmet behavioral health need, that's going to be experienced and Medicaid is a big part of needing to address that. And then waivers and flexibilities and what's important what do states want to keep? And what do states want to roll forward. And then finally, there's the budgetary impact. And we know that really, there's a continuum of where states are in many states are experiencing shortfalls. Some are not in a bad position. But there's going to be conversations this spring, as states develop their budget around potentially having to make difficult decisions in the Medicaid program. And, you know, it's important for policymakers to recognize the total fund impacts of these decisions and to recognize as they're having conversations, not only what's the general fund savings, or the state match savings, but how am I impacting the total impact from a total fund perspective and the dynamics around that have really changed since the ACA, and policymakers need to be aware of that, and make sure they're looking at all alternatives as it relates to different decisions that need to be made around the Medicaid budget. It was great to see, the Biden administration announced that the PhD. will be extended through the end of the calendar year, I think that gives states some more predictability. And I know that's something the National Association of Medicaid directors was pushing for, for states. And now maybe in terms of a broader change that we can look to make from a federal policy perspective, Congress can look at making more statutory change around increasing resources to states during times of recession and put that into statute and not just require on ad hoc legislation. So I could go on, but I think those are touching on some of the more important aspects of, you know, the types of opportunities that I think states and federal policymakers need to be

looking at, as a result of what was highlighted to COVID. And, Jeff, with that, I'm gonna turn it over to you. So take it away.

35:51 - JEFF HAYDEN

Thank you so much time, you and Jessica have done a fantastic job to our other panelists, and thank the United States of care, I think you guys have done a phenomenal job really kind of talking about the challenges that we have and some of the opportunities that we need to look when we look forward in dealing with the issue of not only COVID, but health disparities, Medicaid and others in a time and where our economy is really fractured between the haves and the have nots. And I think for us, especially here in Minnesota, we have seen our budget look different. The governor is actually coming out with his budget, as we speak in Minnesota, John, but one of the things that we saw in our forecast a couple of months ago, the fall forecast leading into our spring forecast, which we'll be working on in Minnesota, is that there was clearly loss in revenue because of COVID. And that, you know, hospitality industry and, and other places. They have those low income wage workers were out of a job. But the high income wage workers were doing well, they were spending a lot of money. So though were projected a deficit out into the next biennium, we thought that we were going to have to have one in the current biennium, and we weren't, and we didn't, we actually had a surplus. So it'll be interesting to see how the economy has changed, or continues to kind of expand between kind of the haves and the have nots. And that's kind of like at the core of what I want to talk about is this issue of the haves and the have nots, want to make sure I watch my time here, you guys won't go too far. In the social determinants of health, that we talk about this issue of COVID, as it relates to people of color, Jessica gave the numbers three and four and five times more people of color, African Americans are getting the disease

38:48 - JEFF HAYDEN

At the same time that very resident of getting the vaccine, at least that's what I hear. And that's what I've been seeing because of these historical traumas that have happened in our community. And it really lends itself to be really a disaster, especially in the African American community, but communities of color, in terms of how we deal with the issue of getting people well, and, and moving people forward. We know that it's had a disparate impact in terms of our children for distance learning. Distance Learning has been tough on everybody. But in communities of color and the African American community. It's been somewhat devastating starting with when we started this process in Minnesota, 62% of children in the Minneapolis Public School System didn't either have a device or the internet connectivity to do distance learning. So we quickly tried to close that gap. But just think about how much learning was lost due to those issues. And we know that education is one of the key principles to the social determinants of health. If people aren't educated young people aren't able to go to college or post secondary option and they're not able to take care of themselves, they end up on these systems that often don't deliver health care services, education services in a way that we think, are really helpful. So we know that housing is an issue here in Minneapolis, most of you guys, no, I don't think you'd probably be under a rock if you didn't, we not only are dealing with the COVID issue, but the social and civil unrest of the cause of the George Floyd murder. So Matter of fact, the district that I represented, and where I sit today is only eight blocks from where George Floyd was murdered. And so the amount of pressure that went on the system also really exposed the homeless population in the disparate amount of folks that are homeless, and how many of those folks are African American and indigenous

populations? So we had to deal with that issue. How do we house them? How do we deal with medical fragile people? How do we know that they're at greater risk, they all of them have comorbidities. So that makes them at much greater risk for COVID-19. So we spent a tremendous amount of our general fund money slated for COVID, in the Kazakh money, just trying to get people in a house. We also live in a really cold climate, it's very cold outside. So getting people inside is an imperative, so that they literally don't freeze to death. So when you start to think of those issues, and how it relates to people of color, it just stacks upon itself, upon itself upon itself. And this issue of health equity and Health Access, and the social determinants is nothing new. I think it was about six years ago, that our then Department of Health Commissioner wrote a white paper and said that racism really is a major factor of this issue of the social determinants of health equity, that racism is a public health issue. We haven't moved that far. So yes, COVID, has really kind of exposed it, and shown us these two Americas, of the social unrest is really kind of fuel of that issue. But we haven't done much to change it. And so I don't think that we need to study it much more, I don't think we need to reflect on it. I don't think that when I talk to people, we don't want the incremental change, we really need to start to change the trajectory of this issue. And I think that policymakers in legislatures all across the nation, here in Minnesota, that the focus should be on that. We are really lucky. We have a people of color and indigenous caucus, we have more people of color in the Minnesota Legislature than we ever have, I was lucky enough to be part of that.

42:37 - JEFF HAYDEN

I was lucky enough to be the chief author of a lot of the equity spending that we did to target priority communities, Latino, Somali, East African, African American, indigenous, and then among Southeast Asian population, that all showed up the last five or six years to say that don't ever doubt most people in Minnesota, why people in Minnesota should say we're moving forward that they were regressing. And so we've been targeting resources to do that. I think that legislators have to be able to figure this out. And we have to be able to have the tough conversation and not fall into the same old conversation back and forth about like, why should we carve out for this? Or why should we come up for that? Or we need to study what we need to do. We kind of know it, you know, is what we need to do. And in our state, we're going to once again, once a procurement cycle for our managed care organizations who manage a big part of our Medicaid population. I think that it needs to be a prerequisite in those RFIs and all those RFPs that say that what are you going to do to manage this issue of health inequity? How are we going to lower how are we going to manage the social determinants? What is going to be your part, and then work that across systems to be able to do that? If not, I feel like we're going to run into the same thing over and over and over again, the 12 years that I spent in the legislature, a good portion of my time, was really thinking about that. So I think the challenge to us is to the thinking is there. The data supports it. We know what to do. But I think what we really have to do is to have the courage and in which to do it. I'm not going to take up more of our time kind of regurgitating what these wonderful experts have already articulated to you. But I think what we really need to do is to look deep down. And I know many people when they saw what happened to George Floyd, at least in this community, and people out there nationally have looked inwardly at their own organizations and have looked at the work that they're doing to figure out what do they need to do? Why do we have these two Americas that are showing up? How can we become one we follow?

45:00 - JEFF HAYDEN

Just a couple of weeks ago at the Capitol, we really need to get serious and get creative and create the health equity and the Health Access that we need. And the last thing I will say is, even though this issue I had a there's a state representative here, Ruth Richardson that I like to shout out, she really impressed upon me on black women's maternal health, that it isn't just access, it's the relationship. And for the providers out there, mental health providers, physical health providers, doctors, nurses, nurse practitioners, physician's assistants, those that are providing the service, what is the relationship that you have with your patient? Do you look like them? Do you understand their culture, because if you do, you can develop a relationship, and you can get more compliance, and we can start to move forward. But if you don't, and you simply just think that it is access, which by the way, is really important. But if that relationship isn't there, if we're not developing more people of color to be in the system to be practitioners, then I also think that we're going to lose esteem. So you know, once again, I want us to get to the q&a. But as I was listening to our panelists, as I've been thinking about this for the last 12 years, I know that we can do it. But I do think that we have to have the courage in what to do in which to do it. So I think I'm supposed to turn this back to Emily. Yes, that's right. So I'm gonna turn back to Emily for the q&a. And, and once again, just thank all of you for inviting me to the panel.

45:32 - EMILY BARSON

Great, thank you. Thanks to all of our panelists, I think, really great array of perspectives and both on the lessons from COVID from the past year, and sort of what that means going forward. You know, one of the questions that was submitted, I think, is a great follow on Jeff, to the comments that you just made. The new executive order advancing racial equity and support for the underserved communities calls on all federal programs to systemically look at inequities. And the participant asked, how should we be looking at non health care programs and infrastructure to advance economic and social equity? And how can we start shifting investment to the social determinants side of the equation and what our state's doing and parallel to the feds? Jeff, I know you touched on some of this, but I wonder if you have any more thoughts on that question?

46:21 - JEFF HAYDEN

Yeah, I mean, I just think that, you know, we did this equity proposal, I told you four years ago that put over \$100 million focusing on those priority populations, we have to have more of that. We have to continue to impress upon our legislators. And I will say, even though this is a non partisan group, but I would say we did that. We were in the majority of Democrats in the Senate at the time, and the governor was a Democrat, but the Speaker of the House was a Republican. So it can be done. That's the reason why I brought it up not to be political, but to say that we can do this in a bipartisan way. So I think we have to have the will. I think we already know what's what the issue is. And then we have to impress upon legislators in the suburbs in Greater Minnesota, and on both sides of the aisle, that it is really good for their state if they do this.

48:16 - EMILY BARSON

Thanks. Do either other panelists have any insights on that?

47:18 - JESSICA ALTMAN

I want to actually pick up on the last point that Jeff made in his prepared remarks, which really covered this question. So well, in so many ways, which is about relationships, and really the concept of trust.

And I think this year, there have been a lot of important conversations and important data, and even surveys from places like Kaiser Family Foundation about not just how much or how little trust that people have in the healthcare system, but how different that looks like from certain racial and ethnic groups to another and there are really good reasons why certain groups lack trust in our healthcare system, going back to the Tuskegee study, and the story of Henrietta Lacks, too, as recently as the public charge rule, right? And we have to find ways to rebuild that trust so that whatever we build from a policy perspective that people come and take advantage of it, and we're going to see it manifesting in things like vaccine hesitancy, a willingness to even pick up the phone and call your state Medicaid program, or the marketplace because of fears around your citizenship status or your family members and loved ones citizenship status, right? There are so many ways in which the fear and the trust and the lack of trust are going to impact our system and continue to further the disparities. And so whether it's through improved cultural competency, improved diversity amongst the provider, community and other areas of leadership, the statistics on the difference in maternal mortality among black women when the physician is African American is stunning. Right. So all of those things and then just generally working with the communities and the people that those communities trust to see how can we build that trust? And then how can we try to prevent us from breaking in again, in the future? If policy changes, I think there's a lot to be done with that trust building.

50:19 - TOM BETLACH

And then beyond trust in the comments that were so well said by both Jessica and Jeff, I would add Medicaid needs to increase its expectation. So oftentimes, Medicaid is pushing out resources, whether it's for graduate medical education, other workforces, workforce opportunities, whether it's community health workers, peers, there needs to be increased expectations within Medicaid in terms of addressing these issues. And then on social determinants. You know, I think there's been a couple of good examples of leveraging creative opportunities through 1115 waivers, but states need to do more there. And hopefully, the new administration will be looking for states to present thoughts and ideas in terms of how to advance health equity, and social justice through 1115 waivers.

51:06 - EMILY BARSON

Thanks, thanks for those insights. What support or flexibility from the federal government do you see that would help states to be successful in, you know, as we've been talking about really addressing these dual challenges around controlling the pandemic and reviving their economies? You know, Tommy started to talk about flexibilities and ability in Medicaid to encourage programs to address racial inequity. And I think that's a great place to start wondering if other thoughts come to mind as to what the federal government can do to enable flexibility?

51:46 - TOM BETLACH

Well, there's a number of tools already available to states, right in terms of pursuing 1115 waivers in terms of looking at different financing models within their own state. And so oftentimes, you know, states have these different initiatives underway. And they, I think, just need to continue to increase expectations and to look at the opportunities that exist and addressing some of the issues that have been elevated. But I really think, you know, it goes back to a fundamental issue, I raised beyond just the flexibilities, and that's the thought around system design. And so much of, you know, the challenges that we have seen is the complexity of the system that's been created, and how that results in poor

outcomes. And so I would hope that beyond just existing flexibilities, or even maybe it's leveraging, we've seen states pursue dual demonstration waivers and other things like that. So the federal government has said, there's more opportunities to do that. But beyond just doing demonstrations, we need a discussion. And we need to move beyond the discussion, just as Jeff just described, and we move to move to action in terms of what are the policy changes we're going to make to better serve populations?

52:56 - JEFF HAYDEN

You know, the thing I'll add just a little bit is, I found over the last three or four years, we had a really strong move because of the opioid crisis. Right. So states, we were moving, you know, we had a law firm, make sure people had the antidote to heroin, I lost my mind. last moment. We got that in the tall of the first responders, we started to change the way in which we thought about addiction. And we moved from a criminal justice into a health care model, we started to, we did just phenomenal work, and dealing with the issue. What I found to be interesting, now my father runs a treatment center and have for the last 40 years over 40 years, that's culturally specific, right? So I've seen kind of how this works. So I'll just be really blunt here. And hopefully, I don't, you know, offend anybody. When this affected white people, we really moved quickly. We got all the tools in people's hands, we decriminalized and we ended it was a statewide issue. When this was a black issue, when heroin has been in the black community for the last 40 or 50 years or longer, when the crack epidemic happened, right? We criminalize these issues, we didn't put the resources in those communities. And so therefore, people now are left that we talk about social determinants with felonies and a whole trail of things that they can hardly shake because of their addiction. But when white people started to have the same issue, we recognized it and we've done everything in the world that we can for them to be able to get the help that they need, or that we need, and then not have all of those things following them as they re-emerge in society. So I just like to bring this up just in a very blunt way to say that we really got to be laser focused, and then we have to admit to ourselves, that the system that we've designed, as Tom said, it also is inherently and structurally racist. And we've just seen this over the last three or four years through the opioid crisis. The COVID thing is just kind of showing us again. But I tell you people are calling African Americans aren't surprised about this issue. We've been living through this for a long time. So I think we got to recognize that and as we move forward, really have that at the foundation of what we want to do and change.

55:19 - JESSICA ALTMAN

I completely agree with everything that Tom and Jeff said, to go back to the original question about, you know, the federal government, I'm going to go with kind of the low hanging fruit easy answer. But if we don't talk about it, I think we'll be missing a lot about the dynamic around states and the federal government. And that's money. We are completely reliant on the federal government for most of our core funding streams, of course, Medicaid and Medicaid expansion, also the marketplace subsidies, and it's no secret that state budgets are in really difficult places. And there are a ton of things that we can do. Even within the current funding structure, Tom talked about a lot of the system design options and flexibilities and things that states can do, particularly in their Medicaid programs. But there are also things that we need to address around affordability that are going to require funding that states are not going to have and I think if you look to even the the current Biden stimulus plan, things like the additional ACA subsidies, that would be life changing to many middle income families and individuals

who don't have access to coverage from other sources. There are just places where, frankly, we need the federal government to step up to the challenge of the day.

56:33 - EMILY BARSON

Great, thank you. Thank you all for that. I know, we're just close on time. So we'll do a bit of a lightning round just sort of picking up on a question that was asked, which certainly could be its own set of webinar. But you know, just to share one example of some something that you know, that state that's doing this well, either, you know, 1115 waivers addressing value based care, or community engagement, you know, is that is there an example that you would point our participants to that we can sort of take This homework to learn more about? If anyone wants to jump in there?

57:16 - JESSICA ALTMAN

Well, I'll start, because if you ask me what Steve is doing great things, I'm gonna say Pennsylvania, just like I'm sure the others will be biased. But, you know, we, this is more about where we're headed, although some of this we have already underway. But Governor Wolf, in partnership with all of us that are privileged to serve in his cabinet, just actually, last month released, something we're calling the whole person health reform package. And it really is a set of initiatives, most of which we can do, within our executive authority within our current funding streams that are going to move the needle on equity, on access on social determinants on cost. And so I think for me, it is all the more impressive, this was something of course, we were talking about pre COVID, we have used the lessons we've learned thus far from COVID to enhance and improve and build. But we've also been able to roll that out, even with everything that we're dealing with on COVID. And I think that's what we need to be looking to states to see, you know, how are they going to take the energy and the focus that COVID has given us and moving that forward into concrete policies and really taking this window of opportunity where everyone is saying we need to do something and and do something with it.

58:33 - JEFF HAYDEN

I guess I'll just say I'm really encouraged with our state and our governor focus on equity, under some really kind of trying times, and then the state of electing a historic number of people in the bipoc community and then being together as a caucus and leading at the beginning of session, talking about these issues to put that focus. And then hopefully that action that I talked about.

57:59 - TOM BETLACH

I'll go with Oregon in their efforts around health equity, the efforts that are going on in North Carolina and the social determinants, the work that's been done in Arizona and other states around the crisis now model in terms of offering, you know, hope and access to individuals experiencing behavioral health crisis. And then, you know, the work in Minnesota and other states around dual eligible members in which, you know, we've clearly seen from a study and independent study in Minnesota that if you could get the same person in the same plan for Medicare and Medicaid, you can significantly reduce hospitalization, you can increase home and community based services, increased primary care, and it shows the importance of reducing fragmentation for complex populations.

59:46 - EMILY BARSON

Great. Well, thank you all so much. This has been a really great discussion. And thanks to all of you for joining as we enter this next phase of the pandemic, we certainly at United States of care look forward to continuing our work with all of you, stakeholders with state and federal policymakers to build a better health care system in the midst of a pandemic. I'd encourage you all to go to our website at [United States of care.org](https://www.unitedstatesofcare.org) to access the resources that we've referenced, and to help support your work during the upcoming legislative sessions, and I would like to invite all of you to join us next week for another webinar, healing our nation, state based solutions for connecting people to mental health care and Addiction Recovery Services. And that's going to be on Monday and will focus specifically on policies to improve mental health care coverage and access for youth. And you can see our speakers here. So thanks again for joining and hope to work with you going forward. Have a great afternoon. Thank you, everyone.