

The End of the COVID-19 Public Health Emergency: Lessons Learned from the Pandemic and Implications for People

Playbook for Federal and State Policymakers

CONCLUSION

The eventual end of the COVID-19 PHE will be disruptive to the health care system and challenging for people. Without policy protections and guardrails, many people may lose health care coverage, disproportionately impacting people of color and exacerbating existing racial health inequities. Additionally, people may lose the flexibility to get the health care services how and when they need it – including access to virtual care and telehealth, adding unnecessary roadblocks to provider visits.

However, this moment also provides a unique opportunity to improve the health care system. **The pandemic provided many lessons, and shows that carefully-crafted and intentional policies can help address health disparities and create a more flexible system that better meets people’s needs.** The flexibilities created during the pandemic were incredibly far-reaching, and touched people’s health care experiences in different ways. Federal and state policymakers must center people and health equity in planning for the end of the PHE, while prioritizing permanent policies and programs that improve health care coverage and access.

We cannot end this playbook without acknowledging how horrible this deadly pandemic was. More than one million people have died from COVID-19, workers and communities are facing significant economic hardship, students are falling behind academically and face widened opportunity and achievement gaps, and more. We also cannot “return to normal.” “Normal” before the pandemic is not good enough. The U.S. is still experiencing a [maternal health crisis](#), with significant disparities in outcomes by race, ethnicity, and socioeconomic status. Informal caregivers [experience many different challenges](#) depending on their race and ethnicity, geographic location, socioeconomic status, and type of caregiving. There are [huge gaps in data collection and reporting](#) that prevent health care stakeholders from identifying and addressing disparities. There remains many opportunities to [address unmet social needs](#) in health care. As United States of Care works to support policymakers, it is committed to building an equitable health care system that works for everyone.

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Board of Directors:

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Founders Council:

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“There can be real opportunities [but I am] worried that the health equity attention will fade. Health equity needs to be mainstream.”

- Andrew Dreyfus, member of United States of Care network