Past Disasters Shaped Policy—Let’s Prepare Now for Our Post COVID-19 World
Welcome and Introduction

Lynn Quincy
Healthcare Value Hub
Thank you for joining us today!

All lines are muted until Q&A

Webinar is being recorded

Technical problems? Contact Dakota Staren at Dakota.Staren@altarum.org
Welcome & Introduction

Past Disasters Illustrate the Policy Opportunity and the Danger
  - Annaliese Johnson: Policy & Communications Associate, Healthcare Value Hub

Lessons for Our Public Health System
  - John Auerbach: President and CEO, Trust for America’s Health

Ensuring Equal Protection for All
  - Dr. Tekisha Everette: Executive Director, Health Equity Solutions

Universal, Quality Coverage as a Public Health Measure
  - Joan Alker: Executive Director and Co-Founder, the Center for Children and Families
  - Sabrina Corlette: Founder and Co-Director, Center on Health Insurance Reforms

Maintaining Policy Gains During a Period of State Austerity
  - Louisa Warren: Director of State Strategies & Engagement, Center on Budget and Policy Priorities

Q&A
Past Disasters Illustrate the Policy Opportunity and the Danger

Annaliese Johnson, MPP
Policy & Communications Associate, Healthcare Value Hub

@HealthValueHub www.HealthcareValueHub.org
1918 Flu Pandemic

Red Cross Volunteers, Boston MA

“Typhoid” Mary Mallon, New York American 1909

Original table maquette from Depression Survey, 1934-1935.
Figure 1. DRM and non-DRM Monthly Enrollment in NYC 10/92–5/02

Hurricane Katrina

Health Insurance Status of Katrina Evacuees

Potential Loss of Functionality: Hospitals

Data and Analysis Displayed:
This map displays potential loss of functionality in days for hospitals within close proximity to landfall of Hurricane Katrina. It also displays the estimated surge envelope from the National Hurricane Center. The information displayed is based on potential damages to hospitals due to wind speeds and to identify potential evacuees to回到家 areas. Hospitals play a critical role during the response to any event and it is important to identify the potential loss of these resources. This map helps in identifying potential evacuation routes and critical infrastructure locations.

HAZUS-MH: FEMA’s Software Program for Estimating Potential Losses from Disasters

HAZUS-MH uses state-of-the-art geographic information system software to forecast and display hazard risk and the results of damage estimates based on historical loss data for building and infrastructure. It also allows users to develop strategies to improve system performance before any event occurs.

For more information about HAZUS visit: www.fema.gov/plan/prepare/ha_zus/ HAZUS_HR_overview.shtm
Lessons for Our Public Health System

John Auerbach, MBA
President and CEO, Trust for America’s Health
Responding to a Pandemic:  
*Lessons for Our Public Health System*

John Auerbach  
President and CEO  
Trust for America’s Health
Trust for America’s Health (TFAH)

- Promotion of public health and prevention
- Independent, non-partisan
- Foundation-supported
- Focused on
  - Data/research for action
  - Health-promoting policies
  - Strong public health system
  - Informed policymakers
Public Health Departments Do A Lot

- **Infectious diseases** (immunizations; outbreaks/epidemics)
- **Chronic disease** programs (diabetes, obesity, tobacco)
- **Injury prevention**- (car accidents, falls, poisoning)
- **Behavioral health** – (drug/alcohol, suicide)
- **Safety-net clinical services** (STD, TB, WIC, vaccines)
- **Emergency preparedness** – (all hazards)
- **Environmental health** - (lead paint, particulate matter)
- **Regulation and safety** – (licensure, quality control of care)
- **Equity promotion** and population-specific efforts
Public Health's Focus Is Often Upstream

SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM

- **STRATEGIES**
  - Improve Community Conditions,
  - Addressing Individual Social Needs,
  - Providing Clinical Care

- **COMMUNITY IMPACT**
  - Laws, policies, and regulations that ensure community conditions, supporting health for all people

- **INDIVIDUAL IMPACT**
  - Medical Interventions

- **TACTICS**
  - Screening and intervention about social factors like housing and food access, use data to inform care and provide referrals

- **DOWNSTREAM**
  - Social workers, community health workers, and other community-based organizations providing direct support to address patients' social needs

- **UPSTREAM**
  - Communities, families, schools, workplaces, and others contributing to health by addressing social determinants

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Trust for America's Health

TFAH.ORG
Core Federal Funding Down

Figure 2: CDC Program Funding Fell Over Decade
CDC program funding, adjusted for inflation, FY 2010-19

Funding, FY 2019 dollars (billions)

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<td></td>
<td>$7.88</td>
<td>$7.16</td>
<td>$6.83</td>
<td>$6.41</td>
<td>$6.50</td>
<td>$6.41</td>
<td>$6.80</td>
<td>$6.52</td>
<td>$7.59</td>
<td>$6.48</td>
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Note: Appropriately comparing funding levels in FY 2018 and FY 2019 requires accounting for the transfer of funding for the Strategic National Stockpile from the CDC to the Assistant Secretary for Preparedness and Response in FY 2019, and excluding one-time lab funding in FY 2018. Data were adjusted for inflation using the Bureau of Economic Analysis’s implicit price deflators for gross domestic product.

Source: CDC annual operating plans
Meanwhile - Emergencies Increasing

Number of public health emergency declarations by year:

2010 – 2
2011 – 6
2012 – 3
2013 – 1
2016 – 2
2017 – 18
2018 – 15
2019 – 12
Public Health Responds to COVID - 19

- **Epidemiology** - investigating possible cases
- **Laboratory** - testing specimens to determine if positive
- **Quarantine** - setting policies/identifying locations to house people
- **Screening** - staffing at airports
- **Collaborating with clinical sites** - screening, diagnosing, treating
- **Educating** - taking steps to protect the public
- **Media** - responding to demand for information
- **Policy-making** - advising elected officials & declaring emergency
But Necessary Core Funding Has Been Decreasing

CDC Public Health Emergency Preparedness and ASPR Hospital Preparedness Program Grant Funding

(31% Cut FY06-FY18)
Emergency Funds Help But Come After Damage is Done & Are Short-Term

Congress’s three-phase response to the coronavirus crisis

**Phase 1**
- Initial support and vaccine development
  - **H.R. 6074 — Coronavirus Preparedness and Response Supplemental Appropriations Act**
    - $8.3 billion in COVID-19 response funding for developing a vaccine and preventing further spread of the virus
    - Became law on 3/6/20

**Phase 2**
- Paid leave, unemployment and food assistance
  - **H.R. 6201 — Families First Coronavirus Response Act**
    - $100 billion in worker assistance, including emergency paid sick leave, food assistance, and unemployment payments
    - Became law on 3/18/20

**Phase 3**
- Major economic stimulus package
  - **H.R. 748 Stimulus package**
    - Major stimulus package ($2 trillion)
    - Loans and support to major industries, including airlines and small businesses
    - Direct payments to individuals and families
    - Became law on 3/27/20
Some Current Efforts
to drive long-term change

- Increase testing, expand contact tracing & address social/econ needs
- Strengthen public health infrastructure by $4.5 B (160 groups endorse)
- Improve data collection & analysis systems including by race/ethnicity
- Focus on promoting equity
- Change social/economic conditions to promote health including older adults
Ensuring Equal Protection for All

Tekisha Dwan Everette, PhD
Executive Director, Health Equity Solutions
Policies to Promote Equity in the COVID-19 context

Tekisha Dwan Everette, PhD
May 8, 2020
Tekisha Dwan Evertte, PhD
Executive Director
Health Equity Solutions
Policy priorities for equity

1) Collect granular race/ethnicity data
2) Embed an equity lens
3) Address uninsurance
4) Streamline social services applications
5) Leverage community health workers
6) Adopt community-clinical integration
7) Guarantee accessible testing and treatment/vaccines
Collect granular race, ethnicity, and language data

Which States Release COVID-19 Data by Race?

Testing: 2 States (as of 5/2/20)

Deaths: 38 States (as of 5/2/20)

https://coronavirus.jhu.edu/data/racial-data-transparency
Embedding an equity lens:
A group or person focused on equity in all policies
Reduce uninsurance: Leverage Medicaid and other options

Table 1: Estimated Impact to Health Insurance Coverage due to COVID-19 Economic Downturn

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Unemployment Rate</th>
<th>Medicaid</th>
<th>US Population (in millions)</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-COVID</td>
<td>3%</td>
<td>71</td>
<td>13</td>
<td>163</td>
</tr>
<tr>
<td>Low</td>
<td>10%</td>
<td>82</td>
<td>12-13</td>
<td>151</td>
</tr>
<tr>
<td>Medium</td>
<td>17.5%</td>
<td>88</td>
<td>13-14</td>
<td>140</td>
</tr>
<tr>
<td>High</td>
<td>25%</td>
<td>94</td>
<td>13-15</td>
<td>128</td>
</tr>
</tbody>
</table>

Source: Health Management Associates, April 3, 2020:
Streamline social services applications
Leverage community health workers

Create a cadre of community health workers to fight Covid-19 in the U.S.

By ERIC D. PERAKGLIS / MARCH 31, 2020

Community health workers in the U.S. could take on many Covid-19-related tasks, including preparing personal protective equipment, as these volunteers from Project C.U.R.E are doing in Chicago.

SCOTT OLSON/GETTY IMAGES

Community-clinical integration

1. Community member completes social determinants of health screening
2. Community member referred to clinical community linkage hub
3. Community health workers engage with residents in community settings
4. Resources identified and linkages made to address social determinants of health

Great Lakes Health Connect Community Referral Platform

https://michirlearning.org/about-chirs/in-your-community/genesee
Guarantee accessible testing and treatment/vaccines

Occupations with the Largest Numbers of Uninsured Workers, 2018

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number of Uninsured Workers</th>
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<tbody>
<tr>
<td>Construction laborers</td>
<td>695,000</td>
</tr>
<tr>
<td>Cooks</td>
<td>618,000</td>
</tr>
<tr>
<td>Driver/sales workers and truck drivers</td>
<td>578,000</td>
</tr>
<tr>
<td>Cashiers</td>
<td>491,000</td>
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<tr>
<td>Waiters and waitresses</td>
<td>459,000</td>
</tr>
<tr>
<td>Janitors and building cleaners</td>
<td>444,000</td>
</tr>
<tr>
<td>Maids and housekeeping cleaners</td>
<td>441,000</td>
</tr>
<tr>
<td>Carpenters</td>
<td>432,000</td>
</tr>
<tr>
<td>Landscaping and groundskeeping workers</td>
<td>392,000</td>
</tr>
<tr>
<td>Retail salespersons</td>
<td>379,000</td>
</tr>
</tbody>
</table>

Note: Includes uninsured workers age 19-64  
Source: KFF analysis of 2018 American Community Survey, 1-year estimates.
Universal, Quality Coverage as a Public Health Measure

Joan Alker, MPhil
Executive Director and Co-Founder, the Center for Children and Families
Medicaid and COVID-19: Any Silver Linings?

Joan Alker
Executive Director
Georgetown Center for Children and Families
May 8th, 2020
Medicaid will be in the eye of the storm
An estimated 25-43 million people could lose their employer-sponsored health insurance coverage.

More than half of the newly jobless will obtain Medicaid coverage in states that expanded Medicaid, while only about 1/3 will receive Medicaid in the 15 states that have not expanded.

Less than a quarter of these workers and their dependents in expansion states will become uninsured, while about 40 percent in non-expansion states will become uninsured.
Medicaid Options for Responding to the COVID-19 Pandemic

1. Section 1135 Emergency Waivers
2. Section 1115 Emergency Waivers
3. Disaster Relief SPAs

- Center for Children and Families Tracker: https://ccf.georgetown.edu/2020/03/24/approved-1135-waivers/
What positive changes could be long term from state response?

Streamlining eligibility and enrollment

1. Waiving Premiums
2. Instituting 12-month continuous eligibility
3. Making it easier to apply and renew (self-attestation, longer time periods to provide documentation, etc...)
Emergency-related Changes to Premiums/Cost-Sharing

12 month continuous eligibility

• Adopting 12-month continuous eligibility allows children to remain enrolled on Medicaid/CHIP even with modest changes in household income or family circumstances

• Continuous eligibility reduces the likelihood of children experiencing gaps in coverage, *improves child health outcomes*, and provides a better ability to measure quality of care
States with newly implemented 12-month continuous eligibility

Want to Learn More?


• Follow us on Twitter: @GeorgetownCCF @JoanAlker1

• “Say Aahh!” Blog: https://ccf.georgetown.edu/format/blog-posts/
Universal, Quality Coverage as a Public Health Measure

Sabrina Corlette, JD
Founder and Co-Director, Center on Health Insurance Reforms
Health Care Value Hub Webinar
Universal, Quality Coverage as a Public Health Measure: Commercial Health Insurance

May 8, 2020
Sabrina Corlette, J.D.
About Georgetown’s Center on Health Insurance Reforms (CHIR)

• A team of private health insurance experts
• Conduct research and policy analysis, provide technical assistance to federal and state officials and consumer advocates
• Track action on private insurance across all 50 states + DC
• Learn more at https://chir.georgetown.edu/
• COVID-19 Resource Center
  https://chir.georgetown.edu/chir-covid-19-resource-center/
• Subscribe to CHIRblog: http://chirblog.org/
• Follow us on Twitter @GtownCHIR
Nothing Like a Pandemic: Gaps, Complexity of Current System Laid Bare
Problems With: Access, Adequacy, Affordability of Coverage

- Too many without any coverage
  - Pre-pandemic: 27.9M and growing
  - Post-pandemic: 30-40M?
- Administrative hurdles to obtaining coverage
  - “Churn”: Employer → Medicaid → Marketplace → Employer
  - Special enrollment rules
  - Eligibility rules
- Inadequate coverage
  - 29% considered “underinsured”
  - Deductibles have doubled in last 10 years
- Unaffordable coverage
  - Average family premiums, employer-based insurance >$20K
  - 52% increase in per-enrollee spending in last 10 years
Recognition of Challenges: Policy Action on Cost-sharing, Enrollment, Premium Relief and More

- States Taking the Lead
  - 35 + DC establishing new requirements for insurers
  - Coverage adequacy: cost-sharing, prescription drugs, telemedicine, provider networks
  - Enrollment: 11 + DC created special enrollment period (SEP); SBMs (and FFM) reduced paperwork
  - Premium relief: 17 + DC requiring grace periods, delayed due dates, froze cancellations

- Federal Action
  - Coverage for testing
  - Limits on surprise medical bills for COVID-19 patients
  - Encouraging extension of grace periods, use of telemedicine
  - BUT: No SEP, no enhanced ACA subsidies, no COBRA subsidies
Where Do We Go From Here? COVID-19 and Beyond
Access, Affordability of Widespread COVID-19 Testing Services

- Coverage Mandates Won’t Cut It
  - Temporary – often under “Emergency” authority
  - Not all providers take insurance
  - Costs borne unevenly
  - Too many fall through the cracks

- Proposal: Federal or State-administered Testing Fund
  - Financed by assessments on insurers, employers, taxpayers
  - Providers reimbursed through the Fund at pre-established rate
  - Prohibited from charging patients any fees
  - Could be tapped for an eventual vaccine, too
  - Coordinate public awareness, outreach campaigns
Future Coverage Issues: ACA Marketplaces & Insurance Adequacy, Affordability

- **New Appreciation: The Value of the ACA’s Marketplaces**
  - Employer coverage will continue to erode
  - Even Chamber of Commerce calls for SEP, increases in subsidies!
  - Investing in Navigator programs, outreach
  - Reducing paperwork, integrating with Medicaid
  - Another look at APTCs & reconciliation?

- **Improving Private Health Insurance Adequacy, Affordability**
  - Revisiting enrollee cost-sharing
  - Openness to telemedicine
  - Public option plans
  - Balance billing, provider pricing
Thank you!

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Maintaining Policy Gains During a Period of State Austerity

Louisa Warren
Director of State Strategies & Engagement, Center on Budget and Policy Priorities
State Austerity is Not a Given: How We Can Make Policy Gains in Crisis

Louisa Warren

May 8, 2020
Economic and Fiscal Crisis Setting In

• This recession likely deeper but shorter than the Great Recession, though strength of recovery very TBD

• Rising costs due to public health emergency, combined with collapsing tax revenue due to shutdowns

• Intense pressure on state finances due to balanced budget requirements = large-scale & harmful cuts
Response to COVID-19 Driving Skyrocketing Unemployment

Source: Actual: Bureau of Labor Statistics; Estimated: Congressional Budget Office (CBO) and CBPP calculations through interpolation of CBO figures

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG
COVID-19 State Budget Shortfalls Could Be Largest on Record

Total shortfall in each fiscal year, in billions of 2020 dollars

- **2001 Recession**
  - '02: $-60
  - '03: $-105
  - '04: $-110
  - '05: $-60

- **Great Recession**
  - '09: $-130
  - '10: $-150
  - '11: $-120
  - '12: $-60
  - '13: $-60

- **COVID-19**
  - '20: $-110
  - '21: $-190
  - '22: $-350

* Estimates based on CBPP calculations using Congressional Budget Office and Goldman Sachs unemployment estimates. Does not reflect use of rainy day funds or federal aid already enacted.

Source: CBPP survey of state budget offices (through 2013); CBPP calculations (2020-2022)
States Relied Most on Spending Cuts During the Great Recession

- Spending Cuts: 45%
- Emergency Federal Aid: 24%
- Taxes and Fees: 16%
- Rainy Day Funds and Reserves: 9%
- Other: 7%
Why more federal relief is needed

• Unemployment projected to remain high through at least 2021

• Some of the aid provided thus far is too limited
  • Aid tied to public health emergency instead of economic downturn
  • Limited uses of Coronavirus Relief Fund for states and localities
  • Projecting $500B state budget shortfalls ($105b fy20, $290b fy21, $105b fy22)

• Nothing to expand health coverage or boost SNAP benefits

• Many people left out of aid provided thus far
Priorities for the next federal relief package

**Overarching:**
- ✓ Continue aid until the economy has recovered
- ✓ Include people left out from enacted measures

**Specific priorities:**
- ✓ More state fiscal relief, including through enhanced FMAP
- ✓ More inclusive, adequate stimulus payments and better delivery mechanisms
- ✓ Preserve and strengthen health coverage programs
- ✓ Increase food assistance
- ✓ Create an emergency fund
- ✓ More aid for housing and homelessness programs
Principles for State Policy Response for an Equitable Recovery

- Lead with equity and target relief to people and communities most vulnerable by current crisis and/or struggling before it due to structural racism and other historic inequities
- Make structural fixes and reject short-term solutions, particularly when it comes to state tax codes and public employees
- Act swiftly to provide relief to people laid off, struggling to make ends meet—boost Medicaid, strengthen UI and paid leave programs, maximize SNAP, TANF, boost student aid programs
- Reject a scarcity mindset and advance a vision for an economy that offers prosperity for everyone in the recovery

Hardship is not inevitable. Policymakers can shape the arc of the recession and the harm.
To learn more


• Resource library for state advocates: bit.ly/CBPPPCOVID
  • Includes talking points, graphics, materials from other states

• Sign up for updates from CBPP via The Federal Scoop: bit.ly/cbppscoop
Questions for our Speakers?

- Use the chat box or to unmute, press *6
- Please do not put us on hold!
Resources from the Hub

**Easy Explainer: Healthcare Cost Drivers – High and Rising Unit Prices**

**Blog: More Than a Coverage Law, the ACA is integral to Creating a High-Value Healthcare System**

As we reflect on the 10 years since the passage of the Affordable Care Act (ACA), one key attribute that is critical to acknowledge is that the impact of the ACA extends well beyond the 24 million people who got their coverage through provisions created under the law. The ACA established a number of pilot programs, rules, and other initiatives that have benefited all Americans by encouraging high-value, patient-centered care. And, while under-acknowledged, the fact is that broader access to coverage and getting better value out of our healthcare system are intertwined policy objectives.

Let’s remind ourselves of the ACA’s contributions towards this critical policy partnership.

**Coverage is an Essential Part of Affordable Access to Care**

Insurance coverage is the number one determinant of access to care, care coordination, and improved health outcomes—goals associated with health system transformation. Without healthcare coverage, very few of us can afford the medical bills associated with serious illness or accident.

The best-known feature of the ACA is its coverage expansion through three mechanisms: allowing people to stay on their parents’ insurance plan until age 26, providing federal funds for states to expand Medicaid to adults with incomes under 138 percent of the federal poverty level (FPL), and creating a health insurance marketplace that allows people without employer-sponsored insurance to shop for health plans, featuring premium subsidies for those with incomes under 485 percent of the FPL. In 2018, 87 percent of those enrolled in marketplace plans qualified for this premium assistance. Without it, many would not afford their health coverage.

While coverage is essential, it is important to note that not just any coverage will suffice. The coverage must be protective in order to be meaningful to consumers. The ACA requires all insurers selling plans in the small group and individual markets to cover certain important medical services, known...
Thank you!

- To our Speakers: Annaliese Johnson, John Auerbach, Tekisha Everette, Joan Alker, Sabrina Corlette, and Louisa Warren!
- To the Robert Wood Johnson Foundation!

Register for future webinars at: HealthcareValueHub.org/events