

Dialogue4Health
Raising Your Voice in Support of Public Health and Access to Care
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>> Dave Clark: Greetings and welcome to today's Dialogue4Health web forum on raising your voice Take Action: Raising Your Voice in Support of Public Health and Access to Care brought to you by the American Public Health Association, Prevention Institute, Public Health Institute, and Trust for America's Health.

My name is Dave Clark. I will be the host for today's event. Before we get started there are just a couple of things I would like you to know about.

Concerning the audio, today's web forum is listen only. That means that you can hear us but we can't hear you. That doesn't mean that today's event won't be interactive. We will have a Q&A session at the end of the web forum. You can type your questions at any time into the Q&A panel. The Q&A panel is located on the right side of your screen. It can be toggled on and off by clicking the Q&A icon that you'll see at the top right of your screen. If you're on a Mac you'll see that icon on the bottom right of your screen.

In the Q&A panel it's very important that all panelists is selected. Choose that option to ensure that your question gets sent to the right place. You can use the Q&A panel to communicate with me and my colleague, Laura Burr, if you have audience I don't think issues. Let us know what the problem is and we'll do our best on to help you out. We are interested in your thoughts and questions. Be sure to get them into the Q&A panel and we'll try to answer as many of them as we can, I promise.

If you are interested in using captioning, we do have realtime captioning today provided by Home Team Captions. You'll see a multimedia icon at the top right of your screen. Open up that multimedia panel to access the captioning. And if the captioning window ever disappears during the web forum today, go ahead and click the multimedia icon that I mentioned again to bring it right back.

We are going to bring your voice into the conversation right now. We thought that we would get interactive right off the bat here. We thought you might be interested in seeing who you are attending today's event with. You'll see the poll appear on the right side of the screen right now and tell us whether you are attending today's web forum alone or in a group. Go ahead and make your selection. Choose from one of the four options and let us know. Are you attending today's web forum alone? All by yourself? Are you in a small group of 2 to 5

people? Maybe you are in a larger group of 6 to 10 people. Perhaps you're in a large conference room with all of your colleagues, more than ten people. Let us know, who are you attending today's web forum with?

Let's take a look at the results, get the results up on the screen. Who is attending today's web forum? If you don't see the results to appear right away, give them a few moments to tabulate. They will appear momentarily. If you made a choice and didn't click submit, you will see an option to do that. We will have polls later on in the web forum so this is a good practice poll to show you how the functionality works.

Well, not surprisingly, as is usually the case, very high percentage of you are attending alone today. About 90 percent. Another 5 percent of you are attending in a relatively small group of two to five people and a scattering of you are in a slightly larger group of 6 to 10 people. If you are in a group today you may want to assign a single person the responsibility of submitting questions on behalf of the group or even for individual group members. That might make things go easier for you. If you are attending alone we don't want you to feel all by yourself alone today. We want this to be an interactive group event today. Get your questions into the Q&A panel like I mentioned before and join in on the conversation.

All right, let's get started with today's presentation on raising your voice in support of public health and access to care. The moderator is Matthew Marsom Vice-president of Public Policy and Programs for PHI. He works to advance and support domestic and global health programs. He is responsible for designing and implementing strategy for monitoring and influencing public policy, regulations affecting PHI projects and public health policy relative to PHI's interests. He will be leading us through the rest of the event as today's moderator.

Matthew, over to you.

>> Matthew Marsom: Thank you, Dave, and thank you and welcome everybody to the audience in today's web forum Take Action: Raising Your Voice in Support of Public Health and Access to Care.

We have a really strong panel today who are joining us. I want to thank our presenters and introduce even of them to you who will be leading us through the content before we get to the Q&A discussion. First, Claire McAndrew, Director of Campaign Strategy at Families USA, who oversees advocacy work focused on the organization's mission to ensure high quality, affordable health coverage and care for all. Thank you for joining us, Claire.

Tiffany Kaszuba, Vice-president at CRD Associates in Washington, D.C. She joined CRD in 2011 following an internship with the firm, and she supports coalitions including the Coalition for Health Funding, which is how we know her work and her support for health funding and prevention funding as well. Tiffany reports to clients about budget and appropriations activities and plays a vital role in those coalitions. Thank you for joining us.

Pleased again that we can be joined by a familiar face and voice to the audience, Don Hoppert, Director of the American Public Health Association. He leads their grassroots activities on a variety of legislative issues, including public health funding, health reform, climate change, injury control and prevention, nutrition, an agriculture issues. Thank you for being here today, Don.

I want to acknowledge and thank the partners for today, bringing you this web forum: American Public Health Association, Prevention Institute, Public Health Institute, and Trust for America's Health.

Really quickly, as we get into the discussion, I want to acknowledge and thank the Dialogue4Health staff who also supported this, including Laura Burr and Dave Clark whose

voice you heard.

Who is the audience? You are coming from across 49 states, Puerto Rico and Canada. The following states on the slides right now have more than ten audience members. Thank you for joining us from across the U.S. Just to look at where the audience are coming in terms of sector, from the nonprofit, from government, advocacy, healthcare providers, across the spectrum including representatives from business as well. We are thrilled you could join us today.

And we want to get a sense which sector of industry best represents your work, if you are actually logged in today. On the screen right now, poll 2. Click a link. Which sector represents your work? Advocacy? Community-based? Education, faith-based, government, health, public health or other.

If it's another test out the Q&A by providing your answer in the Q&A panel and clicking "submit." We would love to hear that from you. You have a minute or so left to click on the poll.

And so with that, it's my pleasure now to reintroduce and thank for joining us Claire McAndrew with Families USA, and Director of Campaign Strategy. Claire, over to you.

>> Claire McAndrew: Thank you so much for having me today. Can everyone hear me okay? Hopefully folks can hear me okay on the line. I'm here today representing Families USA. We are a national nonprofit, nonpartisan organization. Our role is making sure that everyone across the country can achieve high quality affordable access to care and improved health. Here on the slide you can see how we focus our effort. We are focused on ensuring access to coverage. We are focused on ensuring health equity, no matter who you are, where you live, race, gender, you have the same access to improved health and healthcare. We are focused on healthcare value. The system is sustainable over the long-term and focused on ensuring consumer engagement, that the people who actually use the healthcare system have a seat at the table to make sure it works for them.

What I am going to be talking about today, though, is the efforts right now in front of us for healthcare reform, as we think of it to undo healthcare reform. The bill in front of Congress, the American Health Care Act which would undo the Affordable Care Act, what is going on in the Senate, and steps we can all take to engage.

First to level set, where are we right now? Many of you know this, but to put the picture in front of us, from 2010 to 2016 20,000,000 people gained health insurance coverage. These are the years the Affordable Care Act was being implemented. Of course we know that health insurance alone does not do everything we need to do to improve people's health, but it is the ticket to making sure that health problems that are plaguing our population can be addressed and setting the bar for improved health. When people have health insurance, health outcomes are better than when they do not.

The gains made were through private coverage and public coverage like Medicaid. We heard a lot including from Members of Congress looking to repeal Affordable Care Act that the law was not working, people don't like it. What we see is more than ever before the Affordable Care Act is very popular.

The public does not want it repealed. In fact, the bill that would repeal this law is very, very unpopular. Congress has before them a choice that could really set a course that is not very popular with the American public and from our perspective could do a lot of harm to healthcare and American health.

What exactly is in the bill before Congress right now and before the Senate right now? The bill

that already passed the House, the American Health Care Act goes, it is Medicaid which provides healths in to many populations. Under the Affordable Care Act, states were given the option to expand the Medicaid program to anyone who earned up to 133 percent of the poverty level. What the bill does right now that the House passed, the American Health Care Act gets rid of that program. For the 32 states that expanded the program, they have to scale back and get rid of the expansion. The states that did not expand Medicaid, they no longer have that option. The Medicaid plan that existed already for 50 years, that program would face significant cuts in the per capita cut. The federal government has matched funding to the States based on what the States actually need to cover populations like seniors, children, people with disabilities, et cetera. This funding has ebbed and flowed as it needed to increase. Thinking from a public health perspective, when we see public health crises, thinking of Louisiana during Hurricane Katrina, thinking of the rise in the opioid epidemic, mental health issues, Zika or other outbreaks, the public health system right now is designed to increase expenditure as the need increases.

Under per capita caps, the growth rate would be set in advance so if need increased the funds would not increase. It would really be strapping the amount of money states had to serve the vulnerable populations. Besides these cuts to Medicaid, there would also be increases in costs for people insured through private insurance, including through the marketplaces that the Affordable Care Act created.

Under the ACA, income based tax credits are provided for people who earn up to 400 percent of poverty, moderate income people who are earning too much from Medicaid and these credits help them afford coverage based on income.

What is before Congress now in the repeal bill, the American Health Care Act proposes flat tax credits, they are a flat tax credit that varies only based on age. The highest tax credit is \$4,000 a year, much less than the actual cost of a health insurance plan for individuals 60 or older. For a younger individual the tax credits would be less. This bill would also entirely eliminate the assistance people get right now if they earn up to 250 percent of poverty to make out-of-pocket costs more affordable.

What this looks like, looking at older folks eligible for assistance under the Affordable Care Act age 64 if you, a lower income person would spend about 6 percent of their income each year for insurance. Under the House bill they would be spending 61 percent of their income, which is a vast change.

For preexisting conditions you hear a lot of promises that there won't be changes in this regard, but the House bill creates a very significant change. In every state insurers cannot charge more for preexisting conditions but that becomes a state option. Whereas now in every state insurers are required to cover a set range of benefits from your hospitalizations, well care, your maternity care, mental health care. Those too become a state option.

So according to the Congressional Budget Office the nonpartisan score keeper for any legislation that goes through Congress. These are the impacts of the House bill, 23 million more uninsured by 2626, including more that would 14 million losing Medicaid, skyrocketing premiums for older people, and higher than average deductibles copayments and coinsurance. This is a very dangerous path for healthcare and public health. This is a bit of a scorecard showing how on the left there are significant cuts from health coverage and on the right you see the tax cuts in the bill because the bill also comes with significant tax cuts for wealthy populations and for corporations.

So where this is going now is to the Senate. There are key dates here that are very near. The

first is that the Senate is going to introduce the House version of this bill on June 26. However, they are going to make tweaks to it. The tweaks right now they are discussing are not public. We have seen no version of the bill from the Senate. They are going to drop a Senate version of the bill frankly late into the night before they take a vote on it around June 30th. June 30 is their goal because they want to get this done before they go on recess for the July 4 holiday. They want to avoid any more recess activity, public out pouring on this. They are trying to get it done as fast as they can.

There are key Senators who are seen still potentially movable. How movable we don't know exactly but we are putting effort into educating them. They are from the states of West Virginia, Alaska, Nevada, Colorado, Arizona, Maine, Ohio. There is fluctuation sometimes you see Louisiana, Tennessee. But these are some of the core states we are focused on.

What we know although we don't know the details, there are reports the Senate may change the bill, try to make it more generous. The fact is that we have had direct quotes from Senators that it is going to look quite a bit like the House bill. We had a direct quote from a Texas Senator who said it will be 80 percent of the House bill. They may extend the duration of Medicaid, it eliminates Medicaid expansion. They might delay some of the tax cuts for the wealthy, they plan to cut tax for wealthy significantly while paying for it through cutting healthcare for millions. We are not feeling very appeased by these.

Actions we are taking and encourage others who are concerned about public health, we will hear next about the cuts to the Prevention and Public Health Fund as well as the vast cuts to consumer healthcare as I discussed impacts public health too, the ability to respond to public health crises and take care of people. This is the way we are engaging on that. We are delivering messages that we oppose any bill, American Health Care Act or however they tweak it if it ends Medicaid expansion at any point in time. It is all the same. It cuts care, destroying the Medicare plan by putting caps in place through per capita caps or block grants. Any bill that increases the number of people without health insurance.

They are squabbling. We heard a report the other day, maybe this only increases the uninsured by 13 million. Only? Only 13 million? That is a big concern to us. Any bill that undermines the protections public health in place by the ACA including the preexisting conditions. We are concerned about that.

You are all going to participate in the Day of Action tomorrow. There is a toll free number we list here and there are other resources and activities you can engage in from other organizations that we'll hear about but there is a number you can call. At Families USA, on our website, go to the Protect Our Care Initiatives page, you can enter your zip code and we have a pre-populated email you can send with the messages, as I said. This is a key time with in-person engagement. With the expertise I know you have, getting to the Senators to share the educational information you can provide about the consequences is incredibly powerful. Doing take in your districts really raises their attention because they want to hear directly from their constituents as well as the Town Hall project that can show you when and where Town Halls are scheduled.

Because you have deep expertise, if you can share the letters to the editors in op-eds or local papers, I encourage you. You can populate emails to media.

Digital engagement, if you have Twitter accounts or Facebook, I encourage you to do this. We have resources as well that are easily shareable about Medicaid, about the consequences of the uninsured. If you visit the website FamiliesUSA.org and we have other resources that will be shared after this including details on the per capita cap, details on the consequences to

Medicaid. I want to stress what an important time this is. We never expected we could stop this bill in the House of Representatives, but we anticipated we would have to work hard for the Senate. Thank you for your engagement efforts taking place tomorrow. They are so helpful and important. I thank you for giving it your all and for your opportunity to participate in this webinar today and I'll turn it over to you.

>> Matthew Marsom: Thank you for the overview. Great content. For the audience that may be wondering, the slides will be available and we'll make sure you receive those. There was a lot of information there. We are going to quickly move to Tiffany, the next speaker. I want to make sure if folks are following along on social media there are a couple of hashtags, there is the #DefendPublicHealth and tomorrow the hashtag is #ProtectPrevention.

With that, over to you, Tiffany.

>> Tiffany Kaszuba: Thanks, Matthew. As Matthew alluded to, in addition to being Vice-president at Cavarocchi Ruscio Dennis, I also serve as Deputy Director for the Coalition for Health Funding, which really advocates for the discretionary programs at the Department of Health and Human Services.

So our primary concern is usually the top line number for Health and Human Services. However, we are particularly concerned about the passage or the potential passage of the AHCA, given the repeal of the Prevention and Public Health Fund which we anticipate will be in the version voted on in the Senate.

Quick overview. I want to give you a little bit of background on why the repeal of the prevention of public health fund would be so detrimental to public health funding especially given the rest of the budget environment, including budget control act of 2011, the return of sequestration in fiscal year 2018 and the threat of additional threats later this fall as a result of the increase which is another pressure that will be continuing.

So to start off the Prevention and Public Health Fund was established for sustained national for investment in public health programs. As originally established, there was some concern that there would be flexibility in how the Secretary spent the funding within the bill. But I'll explain a little bit later that's the funding up through this point has been appropriated by Congress to specific programs. In the past you might have heard this fund referred to as the Obamacare slush fund. Considering that the Secretary did have some power over how to spend it. But each year Congress through the appropriations process has designate the that money mostly actually to base CDC programs.

The Prevention and Public Health Fund as it currently stands supplanted a lot of the discretionary funding for the Centers for Disease Control and Prevention to the extent about 12 percent of the CDC budget actually comes from the Prevention and Public Health Fund.

There has been a tax to eliminate this fund as an offset for other government spending. And despite support for the CDC it has been really difficult to draw those lines. Making the point to that if that fund goes away it will pull, going to take funding out of programs for chronic diseases as well as infectious diseases and the prevention of those. In the past I mentioned off label uses on here because each year CDC gets the majority of the \$1 billion. Usually around \$850 million. However, some of the Prevention and Public Health Funding has been used to support the exchanges to get ACA exchanges off the ground. That's also important to note. So this fund is used for multiple health implications.

In addition to losing the 1 billion, a lot of law makers have said, well, losing a billion dollars out of CDC budget is fine, but the appropriators will increase discretionary funding, the spending they get every year through the appropriations process. As of now the budget control act in

2011 puts really stringent caps on discretionary funding. So we, the Coalition for Health Funding along with a lot of our partners in the public health space have been advocating for what we say is raise the caps to allow for more funding to be available for public health programs. However, in the now Republican controlled Congress it seems more difficult to have the type of deals that we had in 2013 and 2015 when President Obama and Senate Democrats were able to raise the caps and raise sequester levels.

Just to go back for a second, on top of the caps that were established in the budget control act, the failure of the super committee created what we now refer to as sequestration. In the first year of sequestration we'll remember in 2013 across the board cuts that were applied to every program, project, and activity. Following 2013 in the out years it reduces the caps further. The blue line on your screen is the original budget caps. The red line is the sequestered budget caps. We had some deals in the meantime to get a little bit closer to the blue lines, specifically the bipartisan acts of 2013 and 2015. But it is really taking a lot of effort on the Democrats' part. Now that the Republicans have full control of Congress, it is going to be a little bit more difficult to push for the two main tenets, which are a balanced approach and parity. Balanced approach meaning that we should offset these cuts with some combination of other deficit reduction and in the past we've said that the deals have imbalance between revenues and programs. And also we have been demanding parity, that there be equal relief for defense and nondefense.

Parity particularly is concerning to us right now given the president's proposal to slash nondefense discretionary funding under which CDC is funded to increase Defense Funding. So as I mentioned, the Bipartisan Budget Act of 2013 and 2015 increased the caps, each for two years. In fiscal year 18 full sequester returns. So that is a 3 billion-dollar cut to NDD which is again where the budget for CDC comes from.

So it's about \$3 billion less than the current funding when you take into consideration other programs in the discretionary realm including things like veterans healthcare, Pell grants in the Department of Education budget. And other changes there's \$12 billion in other reductions that will bring the grand total of about \$15 billion less in FY18.

That will be applied to the nondefense discretionary budget which will, of course, mean potential cuts for CDC.

I put this chart up. You'll notice that 530 to 516 is only \$14 billion, but this is actually the \$3 billion just adjusted for inflation. It's more like we're losing 14 billion off the bat.

As if sequestration and the budget control caps weren't putting enough stress on the CDC budget, the president has come out with a budget request that cuts CDC even deeper.

Actually would cut CDC by 17 percent overall. These cuts would be across infectious and chronic disease categories. New block grants would shift programs into block grants and then essentially cut them. Which is a lateraling to a lot of our partners in public health communities, alarming to a lot of state and local groups.

The president's budget, despite the fact that it's a 17 percent overall cut, still does include funding from the Prevention and Public Health Fund for fiscal year 18. To show you the request relative to funding since 2006, marked close back to 2013 when is when we were at sequestration levels. As I noted before all these numbers include the funding from Prevention and Public Health Fund which if the law was passed would go away in fiscal year 2019 did your further reducing the amount of money available for CDC.

As I noted, this is not, this environment of tight funding and tight budget caps is not anywhere near over. The debt limit is set to expire or we are set to reach the debt limit this fall. There

are already calls from some more conservative Members of Congress and the OMB Director, Mick Mulvaney for further increases in the debt ceiling which is something we are following closely as the process moves forward.

So in summary, passage of the AHCA would eliminate about a billion dollars for public health programs. This tied with pressure from budget caps, it will make it difficult to fund the CDC and other programs that are critical, SAMHSA, Indian Health Service, public health all along has seen about a 15 to 17 percent cut.

And in the current environment, the pressure to reduce spending is going to continue. So we need to be very vigilant in speaking out about public health funding at the federal level.

So with that, I will turn it back to Matthew.

>> Matthew Marsom: Thank you so much, Tiffany. Excellent overview. And I know that again a lot of information in those slide which will be sent to our audience. I think the audience must be thinking, okay, we understand the importance of this. We understand the pressure. But what can we do? For that I'm going to switch to our final panelist and introduce him, although he's very familiar to our audience. Don Hoppert, Director of Government Relations at APHA. Over to you and then we'll have Q&A.

>> Donald Hoppert: Great. Thank you, Matthew. As Matthew said I'm going to talk a little bit about some of the things that both your friends and Representatives in Washington are doing to address these issues. And more importantly, what you as advocates can do to help us protect the ACA as well as protect public health funding.

Some of the groups that are sponsoring today's events and many others do have folks in Washington that work with Members of Congress to advocate for many of the issues that have been discussed today. We do that through a variety of ways, both through direct lobbying, meeting directly with offices, Members of Congress and their staff, writing letters to Congress, and federal agencies, writing testimony for Congressional hearings so that Members of Congress hear from the real public health experts on how a bill or proposal will impact their members and more broadly how it will impact public health.

Submitting briefs to support or oppose various public health issues that are in the courts.

Submitting comments on proposed regulations that agencies are considering that will have an impact on public health. And also educating Members of Congress and their staff by hosting Congressional briefings, both individually and as a coalition of public health organizations which we often do together.

And while these are all effective an important activities for organizations to undertake, it really comes down to Members of Congress hearing from their constituents. We hear this time and time again. It is becoming more and more important, mainly because there are so many ways for constituents to interact these days with their Members of Congress. This is where all of you play a really key and important and influential role in helping us advocate for the many important issues that we have in front of us at this Congress.

Two things I just want to bring to your attention. Hopefully many of you have already signed up for both of these events and you received emails about them. But tomorrow we are going to be having two important events. The first being our virtual advocacy day. APHA and others will be working to encourage our members and other advocates to contact their Senators in support of the prevention fund and efforts to weaken the ACA and other public health initiatives involved with that that many of us have been working on since 2009. You can register for the advocacy day. If you do so, you will receive an email reminder with lots of information to help you reach out to your Members of Congress. You can see there we've got the shortened

URLs for both of these events. So try to make it easy for you to copy these down. You will also get, I believe you are going to get a copy of the slides. These links will be in there as well. If you want to quickly write these down, I'll hang on to this slide so you can do so.

Tomorrow we are asking folks to sign up for a Twitter Thunderclap where folks can use Twitter to support the prevention fund and more broadly the ACA and to reach out and advocate with your members of Congress, particularly your Senators about why the prevention fund is so critical and why Congress should not repeal that as part of any bill that will they push forward to change the ACA in any way, shape, or form. Unfortunately, we all know that the bill passed by the House completely eliminated the prevention fund starting in 2019. We have no expectation to believe that the current version of the bill that is being kind of hashed out behind closed doors won't do the same thing in the Senate. We need folks to speak out in support of the prevention fund. These are two opportunities for folks to engage.

We are asking for folks who do engage on Thunderclap tomorrow and throughout the day to use the hashtag #ProtectPrevention when they do that. There is another link to click on when you sign up and you will gain access as well to some sample tweets that you can use tomorrow as well.

I should say, you know, tomorrow is the day that we are trying to get folks to really have this ground swell, but any time between now and until we feel comfortable that the Senate is not going to move forward with a bill to repeal the ACA and or repeal the prevention fund, we need folks to be consistently weighing in. Even if you do it tomorrow, please keep in mind that there may be future opportunities for you to weigh in as well.

Some other activities. These are some of the ways that members of, and advocates can engage with their members of Congress. Writing letters to Congress, particularly including state-specific information. I know TIFA developed a number of fact sheets that show how each state is using Prevention and Public Health Fund dollars. Those are critical.

Phone calls. Claire mentioned their 800 number they are using. Another easy way to get through to your Congressional member is by calling the capitol him switchboard. You can Google capitol switchboard, it's an easy way for you to be asked to be transferred to your Senator's office and let them know you oppose efforts to repeal the prevention fund and dismantle the Affordable Care Act. During Hill visits and during a recess. Our hope is that the Senate will not move on the bill to repeal the ACA during the will next few weeks. They want to get this done before the July 4 recess. We hope they are not successful and that will give folks another opportunity during the Congressional recess to potentially interact with their members of con and/or the staff to let them know they are watching and they do not support that bill moving through the Senate.

Billing relationship and staying in touch with the health legislative assistants in your Members of Congress offices. Both your Senate offices as well as the representative's office, it's a great way to stay in touch. Hosting meetings with your legislators, inviting them to visit your sites. For example, if you work on a program that has received federal dollars from CDC, HRSA, et cetera, invite your Members of Congress and their staff to come visit those so they can see how the dollars are being put to use in their states, Congressional districts.

Another great way is to use the media to push for your issue by submitting letters to the editor, op-eds, and other opinion pieces to your local newspapers. It's a great way to get their attention. If you mention your Members of Congress' names in those, believe me, they will see them. They monitor the media quite closely. They know when they are being mentioned. It's a great way to get their attention as well.

Of course, we mentioned Twitter and other social media. If you get an op ed published it is a great way to share it more broadly using social media, post it on Facebook, share it on Twitter. If you host an event, post pictures of your group that invited a member of Congress and their staff to come see the program and post those pictures on your social media account. It's a good way to show them again that it is important to you and that you are paying attention to what they do.

And a few other things. Well, you're on one of them right now, an educational webinar. This is a great way to stay up to speed on the latest information that's out there and also again to hear from us about the things that you can do so that we are able to arm you with the proper information that you need to make your case. Many of the organizations have fact sheets and issue briefs on a number of issues that were talked about today, particularly around the prevention fund and more broadly the ACA.

We have tips, speaking for APHA, and other organizations do as well, tips for meeting with your member of Congress, a limb 101. Tips for submitting and writing letters to the editor and op eds. APHA puts on a number of Sessions at our annual meeting each year to educate folks on how to be an effective advocate. Again for APHA members we do a legislative update each month to let our members know what is going on in Washington and how they can help us influence and ensure that public does the right thing when it comes to public health. Many other partners including PHI, prevention institute and others have excellent resources as well. I often use Families USA resources particularly when it comes to Medicaid and coverage issues, another excellent resource to check out.

Of course, you know, throughout the year we at APHA tries to keep all of our action alerts up to date. Now, you do not have to be an APHA member to use our action alerts. I encourage folks if you don't have another way to contact your Members of Congress and don't feel like calling -- we think that calling right now is critical and if you are more comfortable sending email message, we have a system that is open to anyone to be able to use to get your message across to your Members of Congress, particularly right now we are obviously prioritizing our alert to oppose efforts to repeal the Affordable Care Act.

And again a few other things. We have just, I covered many of these earlier in my comments. But check out our website. We are constantly updating our fact sheets and providing the latest and greatest information as are many of our other partners who are sponsoring today's webinar.

I hope that you find this information helpful. We want, as I said, we want to be able to give you all the information and resources that you need so that you can be a more effective advocate. With that I will turn it back over to Matthew.

>> Matthew Marsom: Thank you so much, Don. And again a big thank you to all of our panelists. We will now transition in the next 15 minutes as we close out the web forum into action. For that I think poll 3 is critical. It is on your screen right now. Do you want to partner and are you ready to partner were folks from the web forum, to reach out tomorrow to the policymakers on June 15 for a virtual advocacy day in support of prevention?

If you can pull up poll 3 and respond so we can capture the audience responses on that, which is absolutely critical. I'm going to give it a moment.

>> Dave Clark: Actually it looks like we're having technical problems with the poll. Why don't you move into the Q&A session and we'll see if we can get the poll working in the meantime.

>> Matthew Marsom: Thank you, Dave. I'll bring back poll 3 in a moment. In the meantime we'll bring back our presenters right now, Claire, Tiffany, and Don and encourage you the

audience to send in questions in the Q&A.

A few questions came in. I'll flag them first. One that came in from Lieske, sorry if I'm not getting that right. What language has been particularly effective with Republican majority in the Senate? What are the messages that are resonating both broadly related to healthcare repeal generally and the bill they are advancing, but also on public health and prevention? Perhaps I can start with you on that, Claire.

>> Claire McAndrew: Sure, thank you so much for that question. When talking with members who are pondering whether they are going to vote in favor of in bill what we found most important, number one, making sure that you are targeting your messages to the members and Senators that actually represent you or represent the people that you advocate on behalf of. Talk about how it will affect the state that those members or Senators represent. Messages that get to how the bill might hurt the budget of that state, the economy of that state, the hospitals and healthcare systems and resources and jobs of that state. We are finding those messages very effective.

If you are a public health practitioner who works in healthcare systems or work in the economy of the state related to the health systems, those messages right now are very effective. And I think some of the expertise you have around public health crises or the opioid epidemic, anything that is unique to the state and anything that the Senator pledged that they uniquely care about, any populations they pledged to make a difference for, if you can connect the bill to those populations, it makes a difference.

>> Matthew Marsom: Tiffany, regarding the public health messaging, I assume similar framing applies. Do you have specific thoughts? Don as well?

>> Tiffany Kaszuba: Yes. So one of the ones that we have been working on more recently, especially with their desire to increase the defense funding for next year, web talking a lot about health security and how public health is important to protecting American security, just like the Department of Defense is important to protecting our security abroad. So that is certainly one that has been taking up a little bit.

>> Donald Hoppert: I would agree with both Claire and Tiffany. Anything state-specific. As I mentioned earlier, Trust for America's Health has done a great job on providing state specific fact sheets around the prevention fund. Those are great. Also check out, CDC has a great tool where you can pull down the information, HRSA as well, they have information where you can pull down all the grants that have gone to your particular state. It shows your member's why public health funding is so critical to their state.

So those are great tools. As Tiffany said, particularly in recent years when we talk about Ebola, Zika and other health threats showing them the public health system is indeed a part of defending the health of the nation and the critical, plays a very critical role.

>> Matthew Marsom: I believe poll 3 is ready to go. I'm going to bring it back up on the screen. Are you willing to partner with partners from today's web forum to reach out to policymakers on June 15 for the virtual advocacy day? Click A. If you click A you'll get additional information you can use in your Day of Action tomorrow. We'll also be sending links to the resources in the follow-up information. You have about a minute to respond. Please do click on that response so we can hear from you, the audience.

Reminder also to send in your comments using the Q&A on the right-hand side of your screen and click all panelists and click send so we can capture those comments.

And to address one specific audience question, question that came in -- I saw it there, did I lose it? There was a question about bipartisan solutions, recognizing -- here it is. Recognizing

that all of our organizations work across the aisle and we are bipartisan in our approach and always looking for solutions to these health issues. What tips do the panelists have to advance the partisan and bipartisan advocacy. It seems like we need champions on all side. I would love to hear the panel comment on that.

Feel free to jump in, Don, Claire, or Tiffany.

>> Donald Hoppert: This is Don. You know, we in all of our messaging we always end it with, particularly since most of the efforts around ACA have been Republican versus Democrat, that we have, in everything that we say, instead of pushing through a partisan bill that Congress should come together and work in a bipartisan way to address the issues that they see with the ACA. I don't think any Democrat in Congress thinks that the ACA as is is 100 percent perfect. And I know that many folks have made overtures to the Republican side to try to get everyone together to see if they can find some common ground and try to make the law better.

But we feel that repealing it is not going to do that. That is not the solution.

And we have seen quite a bit of bipartisan work when it comes to public health funding. You all, many of you saw that particularly in 2017, the current fiscal year, right after the president put out his 2018 initial budget document, he also called for additional cuts to 2017, more than six or seven months into the fiscal year he called for additional cuts to those programs and those proposals were out right dismissed by Republicans and Democrats in Congress because they did not see it as being good public health policy. They did work together and they were able to come up with an omnibus bill that while not all health programs were held harmless, it certainly was a better outcome than it could have been.

There have been some efforts. We would like to so more bipartisan work in Congress. By advocates encouraging their Senators and Representatives to come together, work together to improve upon the ACA rather than putting through bills on a partisan basis to out right repeal the law. Hopefully they'll get the message.

>> Matthew Marsom: Two comments that have come in. One from Alissa and one from Patricia. For those Senators or Representatives opposing repeal of the Affordable Care Act, what can folks in those states and communities do to engage with Congress? Reaching across to other states?

I think one comment that has been made, all of us have personal and professional connections in other communities across the country. Reaching out to friends and family, I think, just generally right now in the country it is important that we reach out across states and communities to people perhaps who may sometimes feel very differently from us. We have all lost friends on social media. I think we can reach out to those people, encouraging to seek and perhaps understand where perhaps we have different perspectives.

I think specifically as we look at advocacy in the coming hours and days ahead I would love to hear from the panel what steps in communities where the Congress members and Senators are already on the side with public health, healthcare and prevention, what can they be doing? Claire, perhaps, on that one?

>> Claire McAndrew: Sure. There are a few things important to do. First, I wouldn't abandon all of the similar advocacy efforts we described for a few reasons. First, you have to remember that folks who are in support of protecting public health and healthcare have to go into work every day and maintain that every. They need data. They need stories. It is important to reach out to those members, Senators, ask them if they need any state specific information that you can provide them. It is important to still make those calls even if the tone is a little bit different. The offices are tallying them. They need to report out how many people are saying

they are in support of this effort as opposed to opposition. It is important to do the drum beat, get the op-eds and letters in to show if you can count on them to carry the message forward, you don't want a cone of silence around them. They want to lift up the message.

>> Matthew Marsom: Good news, the Thunderclap tomorrow reached 500, which is exciting. You have the links where you can register for the advocacy days. The links won't work to click on, but you can type up the tiny URL.com and we will be sending out the links on a resource page that I will put up after the web forum.

We are coming up to the final five minutes of our time this afternoon. I wanted to acknowledge a comment from Rebecca. She is administrator of a small office, staff of six. Consults are proposed, what will happen, the budget will be detrimental to their existence. That reminds those of us in the audience of the significant impact on public health.

I think it is also important to recognize that many of you listening today work for the government or have state or federal funds and may feel limited. We often get a question about what people can do. It is important to emphasize that of course, everybody is entitled and has a right to do advocacy in their own time. There are important steps that people can take to share the impact of the work they are doing, share the message that is not lobbying. I call it funder outreach to reach out and talk about the important work that is being done through the Affordable Care Act. That is not lobbying. You don't have to include the lobbying section just to be able to reach out with that important story. Absolutely encourage people in the audience and do so within the rules of your own institution and organization, but if there's anyone in the panel that would like to underscore that, I welcome you to do so at this time.

>> Tiffany Kaszuba: This is Tiffany. Actually, I work with a lot of different types of public health officials and the thing that we emphasize all the time is the difference between education and lobbying. So unless you are going in there with a specific ask for funding for the CDC in the HHS budget, for example, you are technically not lobbying. As much education as you can provide to them on what it is, what programs are effective, where you're working and why it is important to maintain them, who is benefiting, those things are not lobbying. Just education.

So it's very helpful to have especially experts like many of you who are on the call, participate in that type of education.

>> Matthew Marsom: I put on the screen the resource slide. We'll send this out to people.

You'll get an email after the webinar today with links to information that are available at Trust for America's health, prevention institute, AHA and American public health institute.

As we approach the final minutes of the web forum today I want to thank our panelists and ask each of you for a closing minute or 30 seconds, final thoughts or your call to action to the audience if they are listening today. I want to acknowledge Claire McAndrew, Director of Campaign Strategy for Families USA. Your final thoughts, Claire.

>> Claire McAndrew: I would just stress again how important these next couple weeks are and that every single type of engagement is important right now. We talked about direct engagement, meeting face-to-face with Senators or calling them. Raise your experience in a health department, anything you can do right now, every type of engagement matters. I urge people to get out there. Thank you so much for every action from small scale to large scale. Every single action matters. Thanks forgetting involved.

>> Matthew Marsom: Thank you, Claire. Tiffany Kaszuba, Deputy Director for the Coalition for Health Funding and Vice-president at CRD Associates. Thank you, Tiffany. Your final thoughts for the audience?

>> Tiffany Kaszuba: Thank you, Matthew. My key thought is don't get tired. I know a lot of these fights feel like we keep having to have them, especially on the budget front. It is a lot harder to make up ground than it is to lose ground. So making sure -- or to maintain the ground that we have. So making sure that through the AHCA fight in the Senate and as we continue through the budget process this year it will be important to keep up your energy and keep engaged although it feels like there's a lot of fights.

>> Matthew Marsom: Last but not least, Don Hoppert, Director of Government Relations at the American Public Health Association. Your thoughts for the audience?

>> Donald Hoppert: I would just agree with Claire that time is of the essence and we need as many folks as possible to really weigh in, sooner rather than later. And just another quick comment on the question about what do I do if I feel like my Senators, my Representatives are already on board? They might be on board broadly in opposing repeal of the ACA. But when it comes to things like the prevention fund it might be even on their radar. They might not even realize the prevention fund is part of the ACA. Educating them and not taking for granted that when you talk to them about ACA that they are thinking of every single important piece. So we need to really make the case that whatever ultimately happens with ACA, and if they do at some point get to a point where they can work on a bipartisan basis, we will have support for the prevention fund and the other prevention pieces of the ACA from both Democrats and Republicans.

>> Matthew Marsom: Well, thank you to all our panelists again, Tiffany, Claire, Don. As we draw to a close I want to acknowledge that in the New York Times they described that the House bill is mean, for those of you who haven't read that in the news reports today. That demonstrates this is a bipartisan issue as you look at the impact on the healthcare bill. We urge all in the audience to do all you can to take action for public health and access to care than and raising your voices to reaching out. We also read reports from the Senators that they are not hearing from people with concerns, which I hesitate to believe, but I think we need to do all the more we can to reach out. I encourage you to reach out to the web pages that we will be sending out in the coming hours with links to information and to visit resources online and social media as well. I want to thank the partners for today's web forum: The American Public Health Association, Prevention Institute, Public Health Institute, and Trust for America's Health for support for this web forum and other Dialogue4Health web forums. And we will be back with more web forums in the coming months as well.

I encourage you to reach out to our Facebook page as well for information on how to take action. Thanks to everybody. We'll see you online taking action tomorrow on the Day of Action. So thank you so much. Good afternoon.

(The webinar concluded at 4:02 p.m. EDT.)

(CART provider signing off.)