>> Philip Kahn-Pauli: Good afternoon and welcome everyone. I am so delighted to have you all joining us. We got people logging in from all across the country to join us for this really critical conversation. And it's a conversation and it's a listening session today, not just a straight webinar where the talking heads and the little boxes on your screen talk, but really this is a chance for us to engage with the people in the community. People with disabilities who have tremendous lived experience. And that's what we're here talking about today. So the title of our session is "Overcoming Barriers And Work Disincentives: A Listening Session". I'm delighted to be presenting today's event in partnership with the wonderful folks at United Spinal, RespectAbility is really delighted to be working with them on a variety of issues. We'll probably have a chance to talk a little more about what that partnership is gonna shape up and work around, but the big piece, and the reason why we're having this event today is that the Center for Medicare and Medicaid Services is currently soliciting public input on how to work around barriers to promote greater access to Medicaid and Medicaid buy-in to really improve services for people with disabilities, and to really help support people with disabilities who want to work. It's critically important that we get people together. We get your perspectives. We can do all the advocacy work as national organizations, but really at the end of the day, it comes down to you, the people in communities across the country who are affected by these policies. And we wanna hear from you and today is a chance for you to share your perspective, to ask us questions and help us drive it in an advocacy agenda that reflects the input, perspectives and ideas that you have from the wonderful things you're doing and the work you're doing to live and embrace the American dream. So I am joined today by an esteemed panel of folks from United Spinal and from RespectAbility, I am really excited to be joined by in no particular order, Josh Basile, who is a tremendous advocate and philanthropist who has really achieved tremendous change at the state level. I'm in awe of what he's done and what he's doing. And I'm actually gonna be soon joining him in the fatherhood department. So quick shout out to his growing family there who are directly benefiting from the advocacy work that he is doing. At the same time, I am joined by my colleague, Alex Bennewith from United Spinal, who is the VP of government relations. She and I serve on the National Coalition of the Consortium of Citizens with Disabilities Employment and Training Taskforce, where together we are working on a variety of advocacy goals related to the federal policies and programs that impact people with disabilities. And also from RespectAbility today, we have Matan Koch who's our VP of workforce programs and faith inclusion. He's been around a long time. He even has earned the title of the honorable from having been confirmed by the Senate once upon a time. And so together we are your panelists and together we are gonna be talking about this critical opportunity. I'm gonna turn on a slide deck here. You've got some headshots of us, though if you can, you can see us on the sidebar with the windows, but I wanna dive right in and turn the floor over to Alex. So Alex, we're here together, United Spinal, RespectAbility. We're here talking about the CMS RFI. So what does that mean? What is going on? And can you lay the groundwork for us in our conversation today?

>> Alexandra Bennewith: Thank you Philip that's great, and wonderful to be here with all of you. Thanks for joining our webinar today. Wanted to give you a little bit of background before we get into some of the facilitated discussion later in the webinar. And before Josh also will be speaking a little bit about his unique experiences. So what are we talking about? We are about Medicaid eligibility to be able to continue to work while being eligible for Medicaid. And there are various programs out there that enable this for you. One of them is what's called the balanced budget act. And one of them is the ticket to work and work incentives improvement act. And you don't have to worry about these names. I'm just trying to tell you that there are two different ways that you can become eligible and they both have slightly different criteria. The positive thing about all of this though, obviously is when you are able to work within the Medicaid buy-in program, it does result in increased income. It does increase the number of hours that you can work and hopefully able to accrue savings for home purchases, retirement and other needs. And there's a data out there that show that you do have increased wages once you're enrolled, which is all good. Can you go to the next slide please? And I did see a chat in there there's over 40 states currently that have various Medicaid buy-in programs. They're very different related to income levels and asset limits and Matan and others can speak to more of that in the discussion. But I just wanna give you the background about some good things. It's obviously good for people with disabilities, but it's also good for state Medicaid agencies, where if there are more people able to have better health outcomes with more independence, that's a good thing. If individuals are able, if employers can also benefit from hiring workers with disabilities because they receive increased profits and higher employee retention. But unfortunately even with some of the successes, there are still less than half of working age people with disabilities who were employed in 2019, and you can see the stat there. And a lot of this information comes from the bipartisan and policy center report where you can pull the full report from that link. But I wanted to give you that background and also explain that the reason why this RFI, the request for information is out now is because states really need better technical assist sense from us. They want expertise from members, from our members, United Spinal and RespectAbility and from the disability community around what types of things you are experiencing at the state with challenges to getting employed. We really wanna ensure and encourage economic mobility and making sure that you are able to be made eligible for Medicaid programs. And so that's what they need to hear from you. We wanna make sure that states have better technical assistance and guidance so that they can implement these programs better for you and also lift the fairly low, actually very low in common asset limits that several states have and want to do a better job of ensuring that more people, more diverse populations are able to enroll and CMS RFI, CMS is the Centers for Medicare and Medicaid Services, where this program handles Medicare and Medicaid programs, that's within the department of health and human services. And RFI, as you see on this slide is just a request for information. So I just wanted to give you that background as why it's important to submit these comments and the deadline for that is April 18th. So we have a good week for you to kind of think through, as we talk through the webinar now and listen to some of the other speakers and have you all kind of raise questions as you are now. So I'm gonna hand it over to the next speaker. I believe Josh Basile is gonna explain some of his challenges and Phil, did you wanna jump too, before we go to Josh?

>> Philip Kahn-Pauli: Yeah, very quickly. That is some really great context, Alex, and thank you for that. And so the thing is is that normally these are highly technical things where the government bureaucracy is asking for what is your perspective on line 59 of authorizing statute ABC on subsection XYZ, the way that they're doing this, and I'm gonna go to this is they have an online portal where they're actually asking you to submit your contact information and to actually provide direct feedback, direct ideas. And this is actually really unusual, but I think it's really important because it is a direct chance to have folks around the community really offer their perspectives both directly to CMS who are making these decisions and looking for solutions. At the same time we're asking everybody who's here to lend your perspective to us as organizations that are working on these issues. What do we need to look out for? What do we need to flag? Issues beyond kind of the technical jargon of folks who are in the trenches in Washington, but at the end of the day is how can we leverage the lived experience and perspectives of so many people affected by of these programs to improve the policies that are being made? And I think the exact reason why I brought Josh Basile on today's webinar is because he has leveraged his personal experience to achieve systemic change. So Josh, talk about the work you've done, the change you've affected the states and why people should not be afraid to log in to a link, provide some information and offer their perspective to affect change in government.

>> Joshua Basile: Absolutely Philip, thank you for having me today. And my name is Josh Basile and I'm a C45 quadriplegic. So that means within my unique world, I'm paralyzed below my shoulders. I'm a power wheelchair user, and I'm also a trial attorney and an advocate in the community. But as soon as I graduated from law school and got my first paying job, I basically hit all these rules that limited me on what my future would be like and what it could be like. So in short I will review state programs is 45 out of 50 states have Medicaid buy in programs, which is great. I would like it to be 50, but 45 out of 50 is still pretty good. And as advocates, we can help change those other five. But also with that being said, the states that did create programs after getting those two legislative authorities in 1997 and 1999, basically states started bringing these programs into existence. And unfortunately they did it with very conservative limits and a lot of rules that impact age, that impact income, assets, spousal inclusion, retirement, and savings. And all of those, whenever you put limits on all those different areas, it can truly impact your day-to-day life and your future planning. So like in Maryland, I can't save more than $10,000 in assets. And if I got married, I could only have $15,000 in collective assets and accountable resources as the state determines what is accountable. And then my income would be limited at 300% of the federal poverty level. So the second I became employed as an attorney back in 2013, I was kept at that amount. So I've not been able to take a pay raise, even though my skills and talents have increased over the last eight or nine years. And with all that being said, all these limits just kind of unfairly put people with disabilities in a weird position where they basically are being told what careers they can work in or how successful they can be or how they can raise or start family. Spousal inclusion is another big issue. If I were to get married, I would immediately get kicked out of my Medicaid buy-in program. And that's just a huge disincentive. It punishes workers with disabilities to get married and start families. And congratulations Philip on upcoming fatherhood as well. But six weeks ago I became a dad to a baby boy. And it's weird that I cannot right now in today's world get married. And as an advocate, nobody's gonna fight harder for me that I'm gonna fight for myself. And being able to work with other advocates in Maryland, we've all kind of talked and talked and said, let's do something about this. So over the last few years, we've been working with the administration in Maryland through governor Hogan and been working with them to lift some of these limits. In September 2021 we got the state to agree to lift all income and asset limits. They agreed to lift a few spousal inclusion limits, but not all of them. They would not touch the age requirement. And we were able to talk about lifting some of their retirement limits. So with that being said, being able to either work with administrations within the different states based on how the different statutes, which basically brought about a lot of the Medicaid buy-in programs, because it's always up to the state to decide what rules they want to create. But more and more as time has gone on, states have been lifting those rules cause they've recognized, yes, we wanted to go conservative in the beginning because we thought everybody and their brother would be signing up. And they learned that it's not easy to work with a disability and creating limits on that work ends up making it harder and harder and people just end up hearing horror stories and they don't pursue work. But when you lift those limits or you are able to see other people doing it successfully, we're gonna start creating a movement of more workers with disabilities getting back into the workforce. And pandemic has shown that remote work is a huge opportunity for businesses to get those skills and talents. And the disability community has millions of workers ready and able and that can contribute in really, really high levels. So in Maryland, we got the state to agree. They haven't implemented it yet, but they said in 2022, they were able to get a budget request in in January for the money needed to do the Medicaid buy-in expansion. And so I'm excited to either in the summer or the fall for them to live up to their promises and actually deliver removing all income asset limits. in January as well, which is exciting, and I was mentioning, other states are starting to create or pass laws to make changes. Washington state a few years ago lifted all income limits, asset limits, the spousal inclusion, which is amazing. And in January, New Jersey lifted all income, asset, spousal inclusion, and the age limit as well, which is fantastic. And Washington state did the age limit as well. So states are training on making these big changes. So as a community, within the disability community, we need to get our voices, our stories, our wheels, and get them to legislators and let them know that our futures are being limited. And our successes, our abilities to start families, our abilities to take care of ourselves and save for the future are being limited. And we need to make Medicaid buy-in changes to the rules and together we can make this happen. It's being done in other states and it's just gonna be a domino effect the more and more states that we get to come on board to make changes. Everybody is gonna start seeing that this is really good public policy to let workers work and to focus without limits. So thank you for the opportunity to share my story here today.

>> Philip Kahn-Pauli: Thank you very much, Josh. And I wanna get to Matan in just a second. So I dropped a couple of things in the chat box while Josh was talking. And really it is interesting in that CMS is asking a lot of directed questions and directed questions that I think indicate that they're starting to really think about kind of the differences we're seeing at the state level as Josh was talking about. Some of the specific questions that CMS is really looking for feedback on are around how do they provide timely enrollment supports? What additional capacities do states need to support people who are on Medicaid, but want to work? Interestingly enough, there's a strong commitment and interest in addressing gaps in diversity and equity, the unequal access to supports through Medicaid, which is particularly important because of the diversity within the disability community. There's even an entire set of questions that they're asking about cultural competency, which I think is really interesting. And then also a lot of questions about now that we're in a remote work situation, we're in a telehealth situation, how do providers either in the Medicaid system or how to workers kind of navigate all of that. We got some great questions in the chat box. I see Liz and Erica have their hands up, but I wanna turn this over to Matan to help facilitate this discussion further.

>> Matan Koch: Hi everyone. I'm so excited to sort of have this talk with you today. As Philip mentioned, I'm Matan Koch, I am a vice president here at RespectAbility, but today, mostly, I hopefully am just your facilitator. I do wanna first address some of what is going currently back and forth in the chat and say for those that have questions about their specific benefits and programs, this probably isn't the place to discuss it since we are speaking to all 50 states, except to say that since a lot of the thrust of the questions is around income and asset limits, know that both United Spinal and RespectAbility strongly advocate for programs that relax or limit those limits in favor of a program that matches a person's economic responsibility for some part of their medical needs to the income and assets that they have, which really is, honestly, our two organization shave started an initiative to work on it. And it's the next generation of Medicaid buy-in because Alex put in a great description in the chat of Medicaid buy-in but what I would add is that the main point of a Medicaid buy-in is that it allows you to spend some of your own money if you're earning money, then have a higher income limit whilst receiving Medicaid. And so we believe that rather than having these asset limits that are being asked about it makes sense instead to simply up people's contributions as they have more to contribute, but we already know what we know, what we are really looking for today is what you know. So I will respond to one other chat message about isn't this a state level issue and say, yes and. Of course it is currently seen as a state level issue because each state has their own Medicaid program. But as you know, because your comment to the commenter seems to indicate a legal background, state programs such as Medicaid are implemented pursuant to federal guidelines. So right now the joint project between United Spinal and RespectAbility is exploring to what extent is there work to be done on state guidelines and to what extent is there work to be done on federal guidelines, which will thus broadly impact state guidelines as opposed to needing to go state by state. So that's why I'd like to say, yes and. But what we really want today is for you to share themes related to the questions that Philip just listed off that will allow us to put it in our commentary, but I'm gonna go one step further. As long as you have access to the chat, you've seen a link where Philip put those actual questions in. And in fact for those that hadn't looked down and don't wanna scroll through Philip, can you put it one more time right in there? And so I wanna encourage each of you as citizens, as individuals, look at those questions and share your lived experience because as smart as our national organizations are, and as much as we write good stuff, we can't hold a candle to you sharing your own experience. That's really what's gonna teach the policy makers making decisions they need to consider. But for the timeframe, I wonder if other folks want to put conversation starters in the chat or in the Q&A box based on anything that we've said or the questions that Philip has shared and if, while we're waiting for that to happen, any of my fellow panelists have anything to add to the gloss that I've just offered.

>> Alexandra Bennewith: I think everyone has done a great job so far. We really just wanna hear from you and know that the states are asking for this information, that they really need our help to better provide better programs. So no comment or question is unwarranted. We wanna hear from you and look forward to the discussion.

>> Philip Kahn-Pauli: I was gonna say, I know Erika Abbot has been asking a lot of questions about kind of baseline asset limits. And I think wherever it's possible to kind of reiterate that message that asset limits create a lot of problems and that systemic reform is needed, I think that's important, valuable feedback to be offered. So appreciate those questions Eric. Does Kai Tashirogi, do you wanna type in your question or put it in the chat box? I see your hand's up and his hand is down.

>> Matan Koch: Nonetheless, we really appreciate any of you that wanna put in input into the chat box or the Q&A session, because we are really here to listen to you. I realize the webinar format makes this slightly more challenging because you cannot speak to us the things you wish to say. And so I also want to encourage, in case you, like me, for disability reasons, can't access the chat and Q&A boxes with ease that you email any thought you have to philipp@RespectAbility.org, that's philipp@RespectAbility.org. And Philip will be happy to incorporate them. That is a wonderful question from Himei. We are working hard to put that information together as part of the collaboration between United Spinal and RespectAbility, but it does not currently exist. Himei put into the chat cause I realized some of y'all may not be able to see it. Is there a grid of the differences between the states and what is there? And the answer is stay tuned.

>> Joshua Basile: One of the big feedbacks that we can get from the community also is the application process. Some states do it really well, others do not. And if you have hurdles or barriers within the application process itself, it becomes a challenge to apply and to be able to do every determination application every year to be able to let the state know what your income is or what your assets are or anything of that sort. So getting the feedback from what really works and what doesn't work is gonna help states and states across the country know what to do better.

>> Alexandra Bennewith: I'd like to add on to what Josh was saying. That's a good point to flag that Josh. I think a lot of states and employees in general, employers and employees have come a long way with using tech. And I'm hopeful that that will affect some improvements and accessibility for applying online to these different programs. But yeah, there's still a lot of stuff that needs to be done to help to make it easier. But I'm hoping because of all the experiences that we've all gone through the last couple of years with COVID and as Philip mentioned, there are a lot more people that are working from home and using email and online systems. So I'm hoping that there are some improvements in online access, but of course we wanna hear that from you guys and it's up to them to make them better for you so you can easily apply and reapply with not a lot of the same information over and over again that they've received year over year.

>> Philip Kahn-Pauli: And I'll just add a quick present comment. And I think Kai typed in some feedback for us in the chat box, just something to really think about is this is a very present conversation about Medicaid because, let's be real, we are a nation who's lost 1 million citizens due to COVID and millions more are grappling with long COVID and may have lost their jobs or now need to depend on Medicaid, but might still wanna work or might need to figure out how to survive now. And that's gonna put a lot more strain on state systems and the federal system overall. And so redeterminations is really important. And that is a factor that I think really, I'm sure the folks at CMS are thinking about that, but they may be thinking that's a longer term problem and might not realize that this is a very present problem they need to deal with.

>> Matan Koch: So Erika just asked the question, why does the state get to determine what I make? And I think that on the one hand, one could be pedantic and say they're not determining what you make so much as they're determining at what income you're no longer eligible for benefits, but the better point, which is the point that you're I think making is that we want to make sure that those numbers make sense. And we want to make sure that those numbers give you a clear sense of choice. And what I mean by that is that with the programs that we think are most effective, because they essentially have contributions that go up by income, you choose when you decide that you're making too much to make it worth paying for your part of Medicaid anymore, rather than the state arbitrarily imposing that choice on you. So the real answer is we're hoping to get to a place where that is not the case. And I see now the chat is heating up. So I'm gonna see what we're getting.

>> Joshua Basile: I wanna try it out a little bit, but the real reason why it's up to the state is because where your domicile, where you live, where your home is, where your condo, apartment, whatever it might be, that is your state, and to get the long term care supports and healthcare through Medicaid that you need, you have to apply through it through that state. And if you want to continue being eligible for those services, you have to maintain Medicaid, which when it was created in the 70s was based on income. You had to be quote unquote in the system as poor to be able to get into it. But they recognized people were not going back to work with disabilities because they chose to survive over thriving with work. And unfortunately that's when they created, fortunately that's when they created the 1997 and 1999 legislative authorities to give states the options to create Medicaid buying programs. And one of the big things that frustrates me the most with Medicaid buying programs is I truly kind of feel stuck in the state of Maryland. That's where I get my Medicaid. If I were to move, let's say I had a job opportunity in California or even somewhere else in the country, I would have to reapply for Medicaid from scratch. And there's no guarantee that I can get the different services that I'm currently getting. So that's one thing that I would love in the future to be easier, to be able to bring my skills and talents and my family, wherever kind of those opportunities might present itself in the future.

>> Matan Koch: Yeah. So thank you. Just I'm following the chat. And Kenneth here has made a very interesting point about essentially his income went up, he lost benefits. It created a cycle of unemployment. So I think the feedback that I'm gleaning from here Kenneth that we will certainly take note of is that in addition to the long term fixes of working on income eligibility in those questions, there needs to be a short term fix where a change in your earnings does not result in an immediate loss of benefits before a strategy using one of the current options, whether it's enable account or a special needs trust can be addressed. That one needs to make sure that immediate income changes don't result in an immediate loss of benefits, Philip will of course note that down and we'll make sure that that is reflected in the testimony that we provide. Reading also the contribution by Kenneth. I wonder if I could encourage you Kenneth to put into the chat whether there's a recommendation to go with this helpful perspective of how things were in the 90s. And then it seems that Alex has asked the question, has there been research on the sweet spot? I have a feeling that the sweet spot differs for everybody. So we need our formulas that respect the individuality of folks and respond to their needs so that they can live the best life for them. Erica discusses her time as a writer. And of course, her experience is gonna be different than that of Jos who is a lawyer and also different based on Maryland versus California. So I think the key is an individualized approach.

>> Philip Kahn-Pauli: Absolutely. And I just wanna jump in and just add a little to that is one of the questions that is being asked in this request for information from CMS is should CMS look at more of a whole person care perspective or look more as a more impersonal care coordination model. And I think that's really important and whatever possible we have more person centered planning is really important. Shout out to Beth Forbes who's already talked about, she's gonna take action to submit some information about her experiences and the experiences of her son navigating Medicaid. Shout out to you, Beth. If you have any information you wanna follow up with us, please share, we're glad you're engaging. It's really interesting where technology makes this so much easier for you to help inform what your government is doing. I know that seems like a contradiction in terms, but this is out there. This is out on the internet and there is nothing easier than making a few clicks and writing in your perspective, actually, Annie Strite in the Q&A box had a question for Josh about what were your beginning steps to getting the asset limit changed in Maryland?

>> Joshua Basile: It all starts with a conversation. So I had an opportunity to meet with the governor and basically I told him my employment journey and that I worked very hard to go through the state's vocational program. The state of Maryland helped me get through community college, through undergrad and law school. They helped all these different things to help me get a job. And all of a sudden, when I got a job, I told him these are all the limits on my future. And I really want to get married someday. And I basically will never be able to get married because of this program. And he was just like, I believe your skills and talent should be able to apply everywhere. I'd love you to work for me in my administration. I was like, if I ever worked for you administration, I would make too much money. I'd get kicked out. He's like, that makes no sense, Josh. And that's when he ended up getting people within his administration to start having a conversation with advocates, have a seat at the table. And we brought together, it was called the willing to work coalition. And we had different groups from across the state sit with us. So we had a diverse group of voices representing the disability community. So that's how we did it in this state. And I know in other states where you just meet with your legislator, you meet with your state delegate, your state Senator, say this is my future. These are the problems. What can we do to change it? Oh, by the way, Washington state and New Jersey just did this, can we do something similar to them? And then your state Senator or delegate can draft a legislation and you put it forward. And then you get together disability groups and you testify in front of it saying how this bill is gonna change my life and change my future and help others in that state live their best life. So what's really cool about advocacy is the advocacy game. There's many different paths forward. It's just a matter of choosing which path you want take. I personally like the route of doing the state level going through the legislature because you can codify it. You can get the rules put down in writing. It's a lot harder to change those rules. But it's showing that other states are doing it, showing the trends and personalizing it. We all have really powerful stories to tell. And it's just a matter of letting the world know that that we're being held back in some way of doing something that could benefit our quality of life. One of the big things I'm hearing in a lot is states is that a lot of states have an age 65 limit on working. So when you turn to the age of 65 and you're in a Medicaid buy-in program, you're kicked out of eligibility and that's not fair. Other workers without disabilities are not forced to retire at 65. Why should workers with disabilities? I am a big believer that should be changed in every single state across the country.

>> Matan Koch: So thank you, Josh. I noticed in the chat, there is a fairly technical New Jersey question that's been posed. I don't know if anyone of our panelists feels able to answer it, but if not, I'm certain we can, if you provide us contact information, we perhaps provide you more information offline. But does anyone have a quick answer to the New Jersey question that was posed?

>> Alexandra Bennewith: I do not have a quick question, but that's a good question, and we have, if you registered, we should have your email. We can follow up with you.

>> Matan Koch: And they've also put their email right here in the chat.

>> Alexandra Bennewith: Oh, even better.

>> Matan Koch: We'll grab it. And one of us will get back to you with, at the very least, resources to try and answer that question. Thank you for sharing the question.

>> Philip Kahn-Pauli: So I will just -- quick shout out, and this is why you should get in if you have a connection, say, to the spinal cord injury world, you should really get involved with your state or local chapter of United Spinal. We can achieve so much more together in collaboration and in coalition than we can as individuals. I was gonna say it takes both, advocacy requires both groups of people working together as well as really strong, independent individual voices to drive the conversation. And also just a quick shout out to say is that, I think this is why this engagement is so important is because when we're talking about Medicaid, we're talking about things that are very rooted in the medical model of services, supports, health access, discreet procedures. And it loses out on the kind of the whole perspective of people with disabilities, we're more than just our medical conditions. We have employment aspirations, we have personal goals and CMS needs to think about how do they administer a Medicaid program, but they need to recognize that somebody might want to take a job across country and may be limited in doing that because of the way the current rules are in five out of 50 states.

>> Matan Koch: Yes. And thank you, Philip. Well, on the one hand, we very much wanna hear from all of you. On the other hand, we don't want to keep you on a Zoom if you have shared the feedback that you have to share. So I would say, I guess, Alex, any closing thoughts on behalf of United Spinal?

>> Alexandra Bennewith: No, just we look forward to hearing from, hopefully CMS will hear from many of you and we'll be sending out comments as well. And a lot of national organizations will be doing the same. So let's see what we can do. We'd love to get CMS to make changes to help make it easier for you to get to work and to have savings. Don't have any more closing thoughts, but thank you so much for joining in, and we wanna make this better for you all. So when you tell them what your challenges are, hopefully they'll make a difference. They'll make a change. So thanks.

>> Matan Koch: And I want to offer some closing on behalf of RespectAbility and say, this is how change is made. Those of you that showed up today that shared your thoughts, even better, those of you that are going in to share your lived experience in response to the link in the week that is left to do it, that is how change it gets made. We often look at the things that are not yet how we want them in the world. And we often say, well, what can I do? These are so big. These are so overwhelming. Medicare, Medicaid, SSI, SSD, we can't control those. But the fact is that once in a while at a time like this, we find out that somebody's listening and that is the best moment to raise our voices. So this is an opportunity. This is a moment. I just encourage you all to reach out and grasp your moment just as you did by showing up today. And I want to thank you for that. I want to thank our panelists for showing up and for sharing of your wisdom and experience and even more importantly for the work that you have actually, each personally, and professionally done to advance this important issue. It is an absolute privilege to collaborate with you all to move things forward and to see the world that we would like. And so I encourage everyone here. You got our email addresses or at least Philip's and Alex's email addresses who will be your direct point of contact earlier. Philip's gonna drop them in the chat one more time. We want to hear from you. We need to hear from you. We can only make change when we hear from you. Philip, can you drop those in? And then we will wish everyone a good day. The PowerPoint is available online, the fully accessible Zoom recording of this meeting will be available online within the next week or so. Thank you again. And I think that brings us to a close.

>> Alexandra Bennewith: Thank you everyone. Happy Monday.

>> Joshua Basile: Great to be here today. Thank you.

>> Alexandra Bennewith: Take care. Thanks Josh.

>> Philip Kahn-Pauli: Take care, everybody.