Anne Ekedahl (De Biasi), MHA is a health policy consultant, leveraging skills honed over 30 years in health care, community health, public health and health policy. She is also Senior Fellow, Policy at WE in the World.

Anne served in policy director positions at Trust for America's Health, Nemours and the Children's Dental Health Project. She was President/CEO of the Oak Orchard Community Health Center and a Robert Wood Johnson Health Policy Fellow, working as health care staff for the U.S. Senate Majority Leader.

Anne serves on the <u>Brookings Institution Child and Adult Mental Health Working Group</u> and the <u>Institute for Medicaid Innovation National Advisory Board</u>. She is a member of the steering committee for <u>Facing Racism</u> in Jacksonville, FL.

Elaine F H Chhean is Special Assistant to the Executive Director at the National Academy for State Health Policy. In this role she supports the Executive Director on strategy, special projects, and coordination across teams and with external partners. In addition, she works with NASHP's teams on projects relating to social drivers of health, Medicaid, and workforce. Elaine began her career at Maryland's Medicaid agency, working on behavioral health policy.

Robin Wagner is a consultant to NASHP for the Health and Housing Institute. She is the retired Deputy Assistant Secretary for the Louisiana Department of Health Office of Aging and Adult Services. She was instrumental in the initial planning and development of the Louisiana Permanent Supportive Housing program and had oversight of its implementation and operation until her retirement, along with other HCBS and LTSS services.

Michelle Probert has been the Director of MaineCare, Maine's Medicaid Program, since early 2019. MaineCare currently provides health care coverage to over 400,000, or almost one in three Mainers.

One of Michelle's main priorities is transitioning to payment and delivery system models that support high value, person-centered health care. She has been leading a wholesale reform of and investment in MaineCare reimbursement through a process now codified in law, and since 2019, MaineCare has exceed its goal of more than doubling MaineCare spending associated with Alternative Payment Models (APMs) from just under 20% to over 50%. MaineCare has partnered closely with the Office for Family Independence and the Maine CDC

Office of Population Health Equity to ensure smooth implementation broad awareness of its new July 2022 coverage groups for children and pregnant people who were not previously eligible for MaineCare due to their immigration status, and to maximize continuous enrollment for members during the "unwinding" period marking the end of continuous coverage requirements under the Public Health Emergency.

Early in her career, Michelle was a family advocate for homeless families in Boston, Massachusetts, including many seeking asylum. The struggles trying to navigate our complicated web of programs and requirements led her to seek a Master's degree in Public Policy from the University of California, Berkeley. Michelle grew up in Maine and resides in Brunswick with her husband and two children.

Andrew F. Coburn, Ph.D is Research Professor Emeritus, Muskie School of Public Service, University of Southern Maine, Portland Maine. Andy's research has focused on topics related to health access and insurance, Medicaid policy, and rural health. As the founding director of the Muskie School's health policy and health services research programs, he has had a long-standing commitment to the application of health services research in policy and managerial decision making. Andy was also the founding director of the Maine Rural Health Research Center, a national center funded by the Federal Office of Rural Health Policy (HRSA). Andy is currently a member of the Rural Health Action Network in Maine, a voluntary multi-sector network of leaders committed to improving the health and economic circumstances in rural Maine. With his colleague Deborah Deatrick, MPH, he recently published, Addressing Health-Related Social Needs to Improve Rural Health: Ideas to Action.