

2021

STATE LEGISLATIVE RECOMMENDATIONS TO ADDRESS COVID-19



Executive Summary

State legislatures must act quickly to address the multiple, devastating impacts of the COVID-19 pandemic, particularly as [cases surge](#) across the country. As the growth in caseloads accelerates, the coming months will continue to bring significant health care and economic challenges for several populations, including: those who contract COVID-19 and require care, those whose access to care is threatened or disrupted, and [those who are increasingly affected](#) by the extreme stress of the moment and the social isolation of continued physical distancing measures. Reliable access to affordable care is all the more critical during a public health emergency, and the nation needs policies that respond to immediate health care, fiscal, and safety concerns.

The pandemic continues to illuminate structural gaps in existing policies that can, and should, be addressed for the long-term. There are several common sense steps that state legislatures should consider to protect access to health care for those who need it, which are outlined below and updated from [our May 2020 recommendations](#). While states made progress to combat COVID-19 and protect their residents during their 2020 legislative sessions, [many legislatures' sessions were cut short](#) and more work remains. This document seeks to provide state legislators with a menu of policies that should be considered immediately upon [returning to session in 2021](#).

The list reflects what we are seeing in public opinion polling and what we are hearing directly from Americans through our community conversations. It also complements the recommendations we have provided to the [incoming Biden Administration](#), [Congress](#) and [best practices we have elevated in states](#).

ABOUT USofCARE

United States of Care is working to ensure that everyone has access to quality, affordable health care regardless of health status, social need, or income. We were established by a diverse [Board and Founder's Council](#) to advance state and federal policies that solve the challenges that people face with our health care system. We seek to understand people's unique needs to drive health care policy innovation and partner with elected officials and stakeholders to pass and implement those ideas.



TALK TO US

[Contact USofCare](#) today if you need technical policy support, insight into people-centered approaches, or if there are topic areas where we can provide additional information or assistance.



State Legislators Can Take Immediate Action

Americans Widely Support Post-Pandemic Improvements to our Health Care System. [The data from our national survey](#) show that nearly all Americans (84%, 54% strongly) agree that we must build a better, more equitable health care system in the wake of the COVID-19 pandemic. This sentiment is shared by Republicans (71% agree) and Democrats (93% agree), and felt especially strong among Black voters (94% agree).

The following checklist of policy priorities reflects people's shared needs based on national United States of Care [polls from](#) in May and November 2020:

- ★ **People want accurate information and clear recommendations on the virus and how to stay healthy and safe.**
 - Policy Action:** Provide accurate and up-to-date information.
 - Policy Action:** Protect populations at high-risk of contracting COVID-19 with **safe care and shelter**.
 - Policy Action:** Resource and sustain **contact tracing** utilizing existing programs in state health departments, expanding executive action, pursuing public-private partnerships, and/or app-based solutions.
 - Policy Action:** Create **consumer assistance programs** to help people facing disruptions in coverage navigate their health care options.

- ★ **A reliable health care system that is fully resourced to support essential workers and available to people when it is needed, both now and after the pandemic.**
 - Policy Action:** Increase quality health care workforce capacity by extending waivers for **scope of practice and licensure** requirements and pairing it with expanded training and assessment.
 - Policy Action:** Support rural hospitals by expanding their access to funding.
 - Policy Action:** Meet **mental health and wellbeing needs** with solutions focused on health care, education, justice systems and workplaces.

- ★ **Being able to provide for ourselves and our loved ones, especially as we are worried about the pandemic's financial impact.**
 - Policy Action:** Protect patients against high **out-of-pocket costs**.
 - Policy Action:** Expand access to **virtual care services** for people with all coverage types.
 - Policy Action:** Extend **Medicaid coverage for new moms** to address disparities and remove financial barriers to care.
 - Policy Action:** **Ensure insulin is affordable** for a population at greater risk for serious COVID-19 complications.

- ★ **A health care system that cares for everyone, including people who are vulnerable and those who were already struggling before the pandemic hit.**
 - Policy Action:** Establish state **coordinated data collection** to address needs and gaps, especially in vulnerable and minority communities.
 - Policy Action:** Adopt a comprehensive approach to people's overall health by addressing **social determinants of health** through Medicaid programs.

In this document, you will find additional details on all of these policies, as well as valuable examples of where they have already been put in place.

Introduction

After several initial rounds of federal support, Congressional efforts to provide additional aid have slowed and remain uncertain. In the absence of action on key priorities and without additional resources flowing from Washington, DC, states face an ongoing need to take action. While policymakers at every level have a role to play to improve health care, state legislatures are [coming back in session](#) in 2021, and there is an urgency to address the complex challenges the COVID-19 crisis has placed on states. This provides an opportunity for them to both create policies addressing people's needs related to the pandemic, and also to advance additional health care legislation aimed at improving access to quality, affordable health care in the years to come.

As legislatures come back to session in 2021, there are a number of policies legislators should push forward in response to people's ongoing health care needs. These can build off the [many Executive Orders](#) Governors across the country have signed to address COVID-19 swiftly and/or improve upon the important executive actions that have been taken. It is clear the [long-term effects](#) of the pandemic on states will be profound, [particularly on state budgets](#), requiring significant state responses. Further, if proper analysis is done to understand what temporary policies are effective during the pandemic, those policies can later be enacted into law permanently through legislation.

Americans Widely Support Post-Pandemic Improvements to our Health Care System. [The data from our national survey](#) show that nearly all Americans (84%, 54% strongly) agree that we must build a better, more equitable health care system in the wake of the COVID-19 pandemic. This sentiment is shared by Republicans (71% agree) and Democrats (93% agree), and felt especially strong among Black voters (94% agree).

PROMISING STATE POLICIES TO RESPOND TO PEOPLE'S NEEDS

States have all been hard hit by pandemic, though the [severity and timing has looked different across states](#). While Governors and their administrations have had to lead much of the rapid response, legislators have an equally-important role to play, including identifying gaps in their states' response, providing funds for critical activities, and planning for the long-term implications for their state's economy and health care system.

From [our findings](#) from two national polls (May and November 2020), the public continues to express a series of shared needs in response to the pandemic, which policymakers should consider. These include the desire for:

- **Accurate information and clear recommendations on the virus and how to stay healthy and safe.**
- **A reliable health care system that is fully resourced to support essential workers and available to people when it is needed, both now and after the pandemic.**
- **Being able to provide for ourselves and our loved ones, especially as we are worried about the pandemic's financial impact**
- **A health care system that cares for everyone, including people who are vulnerable and those who were already struggling before the pandemic hit.**



PRIORITY AREA #1:

People want accurate information and clear recommendations on the virus and how to stay healthy and safe.

It's no surprise Americans [are feeling anxious](#) about the safety and health of themselves and their loved ones. The [majority of people](#) are taking this pandemic seriously and want to do their part to slow the spread of COVID-19. To do so, they need protection, as well as accurate, up-to-date information on the pandemic. This includes providing safe long-term and home and community-based care, as well as developing adequate contact tracing. These initiatives work together and should be prioritized by state legislators.

Providing Accurate and Up-To-Date Information

State and community leaders should continue to provide public health precautions and tips, as well as data on the impact of the pandemic within the state and within communities. Best practices on messaging can be found [here](#). States should also collect and share key data about the pandemic and their state's public health infrastructure and capacity, including the number of COVID-19 tests performed and measures of hospital capacity. [A number of states](#) operate detailed dashboards, providing important information, and states should augment these tools to provide key information about vaccines as they become available.

Providing Safe Care and Shelter

We must protect and adequately care for those at risk of contracting COVID-19 in addition to those recovering from the disease. Policies need to address the full gamut of people's needs—from protecting people in long-term care and skilled nursing facilities, to providing post-acute care to people during recovery, to offering places for people to isolate. States and localities are taking a [variety of approaches](#) to isolation and quarantine support for at-risk populations.

States have been recognizing this [risk](#), and are developing protocols and policies to both protect and provide care to their residents. For example, many states, such as [Indiana](#), instituted limited access and are screening visitors of nursing homes. Despite the initial changes that many states took to protect people in long term care facilities, some have since [pulled back](#) these protections and not all have reenacted them. This is becoming all the more problematic as [cases in nursing homes rise](#). In an effort to take on these serious risks, [Kentucky](#) has developed a COVID-19 Long-Term Care Task Force to protect vulnerable Kentuckians—and the health care workers who serve them—by advising long-term care facilities on issues including testing strategies, infection control measures, Personal Protective Equipment (PPE) strategies, staffing, resident/staff cohorting based on COVID-19 status, financial management, and resident transfers to acute care hospitals, where indicated.

Responses to these risks must account for the [increased need](#) as well, as more people will need postacute care at skilled nursing facilities when they recover from COVID-19. States have responded to this in a variety of ways:

- [Connecticut](#) and [Massachusetts](#), who designated select, COVID-only skilled nursing facilities specifically for those recovering from COVID-19.
- In October, the Connecticut Department of Public Health again required that all long-term care facilities [test their staff on a weekly basis](#) after previously relaxing the mandate. Health officials and legislators in the state are also forming a [Nursing Home Panel](#) to consider whether there should be new legal requirements, which could include standards for staffing levels, testing, and equipment procurement and distribution. Recommendations are due to the legislation by early January.
- Indiana is [deploying National Guard members](#) to support long-term care (LTC) facilities again as COVID-19 cases rise. In the first few weeks, they will help over 530 nursing homes, and will be available to assist LTC facilities until the end of 2020.

- CMS recently updated their [Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes](#). This report includes examples of innovative state-level solutions to protect people living in nursing homes during the pandemic, including programs to increase vaccination use.

Other post-acute care can be provided through home and community-based services, but protections also need to be put in place for those providing care, such as nurse aides, home health aides, [family caregivers](#), and personal and home care aides. Their protection is vital not only for their own health and ability to offer care, but also for the at-risk populations they serve. States can designate direct care workers as essential personnel to ensure access to personal protective equipment (PPE). As legislators monitor their state's distribution of PPE, they should ensure that all health care workers have the equipment they need to safely care for people.

Sustain Contact Tracing to Prevent Virus Spread

Slowing the spread of the virus also requires infected individuals to know they are infected and to take precautionary measures, which is challenging with a potentially asymptomatic disease. A proven public health surveillance technique is [contact tracing](#), which helps inform individuals if they have potentially been exposed to the virus and encourages them to isolate during the 14-day incubation period. While contact tracing is difficult when the levels of community disease transmission are [high](#), states should make and sustain continued investments in widespread contact tracing. While local and state health department personnel have historically done this work, many states have sought out [creative ways](#) to scale their workforces and stop the transmission of COVID-19.

Alabama state health officials, for example, [built](#) contact tracing efforts that will in part shift state employees into existing contact tracing programs within their health departments. Similarly, Michigan's Department of Health and Human Services (MDHHS) announced the launch of a [large-scale effort that expands contact tracing capacity through a public-private partnership](#), with more than 2,200 trained volunteers to aid local and state agencies in contact tracing. Efforts like these could be more robust with additional federal funding or state funding.

[Without an influx of federal funding](#), many states will not be able to mount adequate contact tracing programs to meet the needs of their residents. While [not adequate on their own](#), app-based solutions may be a tool states can deploy as part of a broader contact tracing effort. New York state released an app called "[COVID-19 Alert NY](#)" in October, which notifies someone if they've come into contact with a person who has tested positive for COVID-19. This tool, available on Google Android and Apple iOS phones, has been adopted by several other states releasing apps as well, including [North Carolina](#) and [Arizona](#). Though these innovations will save lives and state dollars, any technology-based contact tracing tools should still be vetted carefully to ensure they [maintain appropriate privacy protections](#) for individuals.

Providing Consumer Assistance

State legislators should also work to create programs that conduct broad outreach efforts to provide education and consumer assistance. These programs will help the many people facing disruptions in their health coverage who need assistance navigating their options. For example, in addition to Medicaid enrollment increasing, marketplace enrollment is expected to [increase significantly](#) as people churn off other coverage sources due to the pandemic and economic downturn –but people need to know about and understand these and other coverage options in order to benefit.

In anticipation of the increased need, some states are already making outreach and assistance programs a priority. [New Jersey](#), for one, offered new grant funding for community-based health navigators to offer additional health coverage education and enrollment assistance. Since the state now operates its own health insurance marketplace, they were also able to double the length of the open enrollment period. Both of these efforts are important for improving in consumer care access, and should have a positive impact on enrollment this year.



PRIORITY AREA #2:

People want a reliable health care system that is fully resourced to support essential workers and available to people when it is needed, both now and after the pandemic.

The COVID-19 pandemic has put a visible strain on our health care system. It has highlighted systematic, resource, and infrastructure limitations needed to provide adequate, reliable, and accessible care to everyone. Legislative action can help increase the capacity of our health care system and build on much of the executive action that has already taken place, including executive action to increase personal protective equipment access and testing capacity. As providers face uncertain revenue streams and the deteriorating wellbeing of their teams, states also need to take steps to make sure that providers can successfully weather this period and reopen as the spread of COVID-19 becomes more contained. Providers and practices need to be supported now so they can continue to provide care to people during and beyond the pandemic.

Waiving Scope of Practice and Licensure Requirements

State legislatures can advance policies to address health care workforce capacity, providing assistance to front-line workers and people in need of care alike. These policies should be multidimensional and flexible to allow states to prepare for future surges in COVID-19 cases, address built-up demand for non-critical procedures that were paused to preserve capacity and personal protective equipment, and alleviate issues like provider burnout and crisis fatigue as the country enters a sustained recovery.

While federal guidance on licensure and scopes of practice has changed significantly in light of the pandemic, [professional licensure](#) is often regulated at the state level. In the short term, many states have temporarily waived scope of practice and licensure requirements to allow out-of-state providers or retired medical professionals to provide care in their state or allow [physicians](#) to practice in another state. For the [states](#) that haven't already statutorily removed regulatory requirements to allow nurse practitioners and other clinicians to independently see patients, some have done so under their emergency declarations, expanding access to care both in person and through telemedicine during the public health emergency.

Regulation of scope of practice for licensed providers can sometimes be viewed as controversial policy. To help ensure people are getting both access and high-quality care from these providers, [future policy conversations](#) about which emergency-declared regulatory changes should be adopted into state statutes need to be informed by clinical best practices, the strength of evidence for outcomes in quality and access, and [recommendations](#) on criteria like training, supervision, and education. This will enable providers to safely and appropriately practice to the top of their license after the pandemic while utilizing lessons learned during the crisis.

Protecting Rural and Critical Access Hospitals

Rural and critical access hospitals are facing [unique needs and challenges](#) as they navigate care provision during the crisis. Even with the [allocation of federal funds to hospitals](#), these care sites will still be under tremendous strain. State legislatures should take action to ensure they are able to provide needed care to people living in rural areas. For example, with the [approval](#) of the Centers for Medicare and Medicaid (CMS), Kentucky can now recover Medicaid federal match rates and provide federal funds for a payment that benefits over 50 rural hospitals. In the coming months, legislators should consider policies to strengthen or improve actions like this taken by their governors.

Meeting Mental Health and Wellbeing Needs

The pandemic has taken a serious toll on the nation's mental health and well-being. As a direct result of the stresses and worries of this year, [over half of adults](#) reported negative impacts on their mental health. Additionally, increased anxiety, limited physical activity, job loss, and the mourning of loved ones all impact mental health and are [increasingly prevalent](#) as a result of the pandemic. Further, having an underlying condition—which could lead to complications with COVID-19—is a [risk factor to many mental health disorders](#), emphasizing the need to focus on mental wellbeing as an essential facet of health. Providers themselves will have increased mental health care needs as they provide care in this high-stress environment, [necessitating policy responses](#). State legislators must create policies to prevent the burdened mental health system from being further strained—and to improve care for those who need it most.

While not sufficient on their own, states are addressing mental health needs of people by creating specific state-wide mental health hotlines including [New York](#), [South Carolina](#), and [Texas](#). These may be operated by volunteers, through contracts with local mental health facilities, or funded through emergency disaster declaration funds. Providing this type of support remotely is important, but states must also take action to expand access to mental health services through other avenues, including improved reimbursement models and investing in virtual care integration.

Without an intentional focus on mental health and addiction, the [rising epidemic](#) of mental health concerns and substance use disorders will fester under the COVID-19 pandemic, resulting in a [second wave of health concerns](#) for states to address. The fragmented nature of the mental health care delivery system will also hinder efforts to mitigate and reverse the negative impact of the pandemic on mental health and addiction recovery efforts. Fortunately, there are a few essential courses of action every state can consider—across each method of mental health care delivery—to tackle these issues in:

- **Health Care Systems:** Require insurers to cover mental health and substance use disorder care without referrals and at the same rate as physical care. Radically expand access to medication, emergency overdose products, and other evidence-based treatment and recovery support services. Expand scope of practice for qualified practitioners, and extend it beyond the pandemic. Consider incentivizing payment innovations to move systems toward coordinated, whole-person care.
- **Education Systems:** Ensure students can access care when and how they need it—especially as students' routines and access to mental health services within schools are disrupted—by offering virtual and co-located services, as well as outreach and engagement activities that shift the culture around seeking care. Require health plans (especially Medicaid programs) to cover mental health care [delivered on school grounds](#).
- **Justice Systems:** Require correctional facilities to offer resources that support and improve mental health. Expand telemental health for those in incarceration, and suspend, rather than terminating, Medicaid for those who are incarcerated. Reexamine the role of policing in responding to community mental health and substance use concerns, and consider adopting components of the [national standard of crisis care](#).
- **Workplaces:** Consider offering state health coverage options (such as public options) that include mental health coverage, which can insulate workers from some of the turmoil and stress of job loss. Encourage and incentivize workplace programs that maintain worker mental health and physical safety, including accommodation of caregiving responsibilities and no-cost access to licensed therapists.



PRIORITY AREA #3:

People want to be able to provide for ourselves and our loved ones, especially as we are worried about the pandemic's financial impact.

The coming months will continue to bring significant health care challenges, both for those who contract COVID-19 and require health care, and for those whose access to care is threatened or disrupted due to job loss amid the economic crisis. Reliable access to affordable care is all the more critical during a public health emergency, and there are several common sense steps that state legislatures should consider to protect health care for those who need it, outlined below.

Protecting People from High Out-of-Pocket Costs for COVID-19 Care and Surprise Bills

Throughout—and **before** the COVID-19 pandemic—people have had serious concerns about being able to afford their health care. To address these legitimate anxieties that come with seeking care and treatment for health issues, including COVID-19, legislatures can take action to protect consumers from high out-of-pocket costs.

State legislatures can limit out-of-pocket costs for COVID-19 treatments, and dedicate funding to ensure COVID-related care is available to people who are uninsured. So far, **several states** have waived cost-sharing for COVID-19 treatment, and **Michigan** and **New Jersey** have legislation pending that would eliminate cost-sharing for COVID-19 treatment. These and other states can advance this important legislation to better provide care to people in need.

No one should ever worry that they will face an astronomical “surprise” medical bill, but the importance of these protections is all the more acute during a public health emergency when someone may need to seek care at an out-of-network facility because of capacity concerns. **Many states** have already passed legislation to protect people from surprise medical bills, and, while there is **some ambiguity at the federal level** related to surprise billing for the duration of the pandemic, states **can further protect consumers** by enacting their own legislation to ban surprise billing. For example, Massachusetts' Governor issued an **order** that built on existing surprise billing protections by, in part, eliminating cost-sharing for COVID-19 treatment services provided by in-network and out-of-network providers in inpatient and emergency settings. Legislators can follow their lead to provide people with financial security and peace of mind knowing that their services will be covered.

Improving Access to Virtual Care

To allow people continue to access the health care services they need during a pandemic, care needs to be provided outside of traditional settings, including through virtual care. Virtual care—including telehealth, remote monitoring, and other remote forms of communication—was sporadically used prior to the COVID-19 pandemic, but has been widely implemented as part of the response. Virtual care services should be available to all people with varying coverage types, including Medicaid. States **have been making progress in this area**, including:

- Allowing people to have access to audio-only virtual care, text message services, and remote monitoring devices by ensuring coverage reimbursement, especially for those using Medicaid, Medicare, and the Civilian Health and Medical Program operated by the Department of Veterans Affairs.
- Ensuring that people can utilize telehealth services from Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC), Community Health Centers, and Indian Health Services beyond geographic barriers and with simplified coverage reimbursement structures.
- Expanding people's access to telemental health and telebehavioral health services including coverage for school-linked behavioral health services, people living in rural areas, and people on Medicaid and/or Medicare.

- Ensuring that people have the best virtual care opportunities by requiring studies, research, and analysis on virtual health care to inform updates to policies, including studies on people’s quality, cost, and access to virtual care.
- Expanding people’s access to virtual care by removing geographic barriers on distant sites and originating sites for receiving care.
- Allowing people to establish a physician-patient relationship via telehealth.
- Increasing people’s financial access to virtual care by requiring virtual care payment parity equal to in-person visits.
- Expanding people’s opportunities to use virtual care by allowing telemedicine visits across state lines.
- Ensuring people can safely get the medications and devices they need by allowing prescriptions to be written via virtual care.

However, it is important to craft policies that recognize that not all populations will be able to access or utilize virtual care services in the same way. Barriers to virtual care exist: nonexistent or unreliable broadband access in rural areas, limited digital literacy, and privacy concerns, to name a few. If not addressed, these barriers will create further disparities and [inequities in access to virtual care](#).

We can and should utilize technology to improve access to care without worsening pre-existing inequities in access to care. Legislators should carefully monitor the impact of these changes in care delivery, and use the lessons learned from the pandemic to craft long-term policy.

Additional Protections for People Enrolled in Medicaid

Medicaid should be at the core of a state’s health care response to COVID-19, and will continue to be a critically-important safety net program during and after the pandemic. Preserving and strengthening Medicaid will be paramount as more people utilize Medicaid during this time. While state executive action on Medicaid has been [relatively robust](#) and there are [even more steps](#) governors and their administrations should take, there are also a number of policies states can pursue legislatively. For example, prior to the pandemic, [many states](#) were working to reduce significant [maternal disparities](#) by extending postpartum Medicaid beyond the traditional 60 day period. While federal legislation currently requires states to continue to cover those already enrolled in Medicaid (including new mothers), those policies end when the public health emergency ends, creating an opportunity for states to create longer-term policies that allow people to more easily keep their Medicaid coverage. For example, extending the length of time that a new mother is covered under Medicaid—beyond the length of the public health emergency [currently required](#)—can provide important continuity of care, which is all the more important during this time of disruption. State legislators should protect new moms by creating legislation that bolsters [action taken at the federal level](#). Alabama, for example, introduced [legislation to expand postpartum Medicaid for new mothers](#) for up to one year post-birth.

Additionally, state legislatures can eliminate out-of-pocket costs for COVID-19-related care for anyone enrolled in Medicaid or Children’s Health Insurance Program (CHIP) programs that require cost-sharing. In addition, in states that have Medicaid/CHIP premiums, legislatures can remove those premiums so people have fewer financial barriers to care.

Improving Insulin Affordability

The cost of life-sustaining insulin has put millions of people’s lives at risk, and with millions of people losing their jobs and potentially their health insurance, many more people with diabetes won’t be able to pay the [average \\$300 to \\$800 monthly cost of insulin](#). These same individuals—who may already face challenges managing their condition—are at greater risk for [serious complications](#) as a result of COVID-19. In response to this and [rising insulin costs](#), Minnesota lawmakers passed the [Alec Smith Insulin Affordability Act](#), which created a program to provide

emergency access to insulin. Prior to the outbreak, several states passed legislation capping monthly out-of-pocket costs for insulin—including [Illinois](#), [New Mexico](#), [New York](#), [Utah](#), [Washington](#), and [West Virginia](#)—and other states can take similar approaches to address the affordability of insulin during and after the crisis.

Expanding Worker's Compensation Coverage

Essential workers across the country are risking their own lives and health every day on the job. Recognizing the risk first responders are taking, policy makers are expanding eligibility for worker's compensation benefits. Minnesota enacted a [law](#) to make first responders who contract COVID-19, including health care workers, eligible for worker's compensation benefits based on the rebuttable presumption that they were infected on the job. North Dakota's Governor issued two executive orders expanding eligibility for worker's compensation benefits for [first responders](#), [health care workers](#), and [funeral directors](#) who test positive for COVID-19 and can demonstrate it resulted from exposure to an individual who tested positive. Vermont [passed similar legislation](#) to protect front line workers who contract COVID-19 due to their job.



PRIORITY AREA #4:

People want a health care system that cares for everyone, including people who are vulnerable and those who were already struggling before the pandemic hit.

The COVID-19 pandemic has shed light on existing inequities and care gaps within the American health care system—including the historical lack of access, implicit bias and structural barriers to care, as well as our limited capacity to care for people with complex needs. This pandemic amplifies many existing, somber realities for us as a nation. [But it also provides us with the opportunity to live the principles we as a nation claim to value.](#)

It is clear that infectious diseases don't specifically target minority populations. Yet we know that the negative outcomes from COVID-19 disproportionately impact [minority groups and underserved populations](#). Populations facing higher risks from COVID-19 can include seniors, people with disabilities, and people with chronic and underlying conditions, whose health care needs our system has long struggled to meet. There is an urgent need for legislation to address these inequities and put forward people-centered solutions that provide adequate access to comprehensive and affordable care.

Improving Coordination and Data Collection

The first step in developing an equitable COVID-19 response and health care system is to ensure a well rounded data set is collected and shared, and that actions across the state are coordinated to meet the needs and gaps illuminated by the data. State legislatures can require important data be collected and reported on in their states. Data collection during this pandemic should include race and ethnicity, and be aggregated by rates of infection, hospitalization, ICU stay, and mortality.

[While all states now](#) report cases by race and ethnicity, the level and other type of demographic data provided ranges from state-to-state. [For example](#), while all states now provide race/ethnicity data for COVID-19 cases and deaths, less than half of states provide data on hospitalizations by race and ethnicity and less than a quarter provide data on testing by race and ethnicity. State policymakers can require more data be collected and reported, and can work with state agencies to drive toward [the creation of more equitable policies](#). For example, New Jersey enacted a [law](#) which requires hospitals to report COVID-related demographic data to the state—including the race and

ethnicity of those who tested positive, passed away, and tried to get tested but were turned away. Particular data collection should also be obtained from vulnerable care centers. For example, Massachusetts has a [pending bill](#) that requires assisted living and long-term care facilities to report COVID-19 data to the state.

Some states have developed task forces to coordinate data collection on how the pandemic has disproportionately impacted vulnerable and minority communities, and develop policy responses to ensure their health and safety. Examples include [Louisiana's](#) development of their COVID-19 Health Equity Task Force, [Pennsylvania's](#) Health Disparity Task Force, [Michigan's](#) Coronavirus Task Force on Racial Disparities, and [New York's](#) COVID-19 Maternity Task Force.

Addressing Social Determinants of Health

States must also look beyond health care alone. Even before the pandemic, states have been marshaling resources and crafting policies to address social determinants of health through their Medicaid Programs; [North Carolina's](#) Healthy Opportunities Pilots are one great example. As legislators and organizations at all levels have pivoted to responding to COVID-19, many are focused on weaving together solutions to medical and social health needs. In [New York City](#), a collection of cross-industry organizations came together to form the Covid-19 Rapid Response Coalition. Using claims data, they located and reached out to high-risk New Yorkers in an effort to connect them with pre-existing support and resources around the city. This effort, now run by [Public Health Solutions](#), continues to ensure that all community members have secure access to basic services like food and housing—making everyone safer.

As the pandemic highlights disparities in access and health outcomes, comprehensive approaches to health will be all the more necessary—and improving coordination between state agencies will be critical to the success of these efforts.

Funding Considerations

States are facing [unprecedented fiscal challenges](#). While Congress appropriated nearly [\\$250 billion for states and local governments to respond](#) in the Coronavirus Aid, Relief, and Economic Security (CARES) Act, further federal funding is necessary to provide fiscal relief for states to successfully stop the spread of the virus while waiting for an effective vaccine or treatment and respond to the economic recession. Both [USofCare](#) and the [National Governors Association](#) recommend \$500 billion in additional federal fiscal relief to states but Congress has yet to pass this appropriation. States have been called upon to lead a multi-year public health response to the Coronavirus—an unprecedented public health response effort for which states have not budgeted. Additional federal funding for state budget stabilization, as well as more funds for testing, contact tracing, and self-isolation, will be critical for states to continue to effectively respond to the pandemic.

State revenues have come in significantly below projections. States are likely to face ongoing deficits while also seeing increased needs for state programs from residents losing their jobs and incomes. States are facing increased demands on safety net programs for their constituents, including Medicaid. Millions of people in America have lost their jobs and, therefore, their access to health care or ability to afford coverage. Legislatures should consider tapping rainy day funds to address the fiscal crisis. In addition, they should consider creating rainy day funds to fill revenue gaps when there are unanticipated budget gaps in the future. These funds can be established now and [require deposits into the fund when state revenues exceed forecasts](#). [States with robust rainy day funds](#) are better positioned to blunt the impact of an economic downturn. For example, Tennessee established a Medicaid rainy day fund, the [TennCare Reserve](#), to ensure there are resources available to serve a surge in Medicaid eligibility during an economic downturn.

At the same time, states should consider [state-level funding mechanisms](#) to continue providing services to people in need. Long-term recovery will require states to make difficult budget decisions—both now and in the future—that balance people's needs with the financial situation the state is facing. The [majority of states](#) have passed legislation or taken executive action to address immediate budgetary issues and provide additional resources to their state health departments to respond to Coronavirus. In some cases, this includes reallocating existing appropriations and also tapping existing budget reserves. Others enacted policies to add new revenue streams, such as [Colorado policymakers](#) who established a state health insurance assessment to replace the previous federal tax in order to provide [more affordable coverage options for Coloradans](#). [New Jersey](#) is among a handful of states that either passed or considered other revenue to shore up state budgets. A robust response in the short-term will help mitigate budget gaps in future years.

CONCLUSION

Legislators are returning to work in many states with long to-do lists and many needs to balance as the public health crisis caused by COVID-19 continues, all while states are confronting unprecedented economic slowdowns and budget gaps. Legislators must prioritize the actions that will help people remain healthy and safe and take care of their families in these turbulent times.