



RESEARCH REPORT

How Might State Responses to the Pandemic Affect the Safety Net?

Opportunities and Questions for States

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How Might State Responses to the Pandemic Affect the Safety Net?

The COVID-19 pandemic and related economic downturn stretched state budgets to the breaking point in spring 2020, jeopardizing the very services that are in higher demand during a crisis. Though the economic outlook no longer seems as dire as a year ago, especially since the huge new investment of federal funds, the situation varies by state and considerable uncertainty remains. What options do state legislators and program administrators have now for bolstering their social safety net programs, adopting new approaches, and using funding effectively and equitably to meet their residents' needs?

The pandemic has taken more than half a million lives, and the economic repercussions of steps to curb the virus's spread have been widespread but not uniform throughout the population. Millions of Americans have lost their jobs or had their hours cut, are behind on rent and utility payments, and are food insecure (Karpman and Zuckerman 2021).¹ These burdens have disproportionately fallen on Black, Latinx, and American Indian people, reflecting long-standing racial and ethnic disparities that stem from systemic racism and discrimination. Safety net programs can help people weather the economic crisis by providing stability and helping them make ends meet when they earn low wages or are out of work. States are on the front lines of helping people access federal and state supports for food, housing, cash, child care, and health care, among others. As the economic downturn also affects state budgets, states have faced serious challenges and choices about how to respond and now must consider how to make the most of opportunities created by the American Rescue Plan.

In this report, we provide an overview of the state budget context and then examine how the pandemic and economic situation have affected the need for supports, how states are responding, and the implications for racial equity.² We examine the Supplemental Nutrition Assistance Program (SNAP) and other food assistance programs; housing assistance; Temporary Assistance for Needy Families (TANF) cash assistance; child care assistance; and Medicaid and other health programs. We conclude by highlighting key questions facing state leaders as of April 2021.

Circumstances continue to change quickly, as they have throughout the pandemic, and the information and questions raised in this report reflect a specific period in this evolving situation. Our findings primarily reflect insights into and responses to the pandemic that emerged between March 2020 and March 2021 (box 1).

Key Findings

- The pandemic created serious economic and budgetary concerns for states, though the timing and depth of the crisis has varied by state; with significant federal help, the situation in most states is now improving.
- During the pandemic, people lost jobs and income; food insecurity and housing insecurity worsened; the child care market was upended; and the way people received health care changed dramatically.
- Workers in low-wage jobs, who are disproportionately people of color, have borne the brunt of both the health and economic crises and their various repercussions.
- Federal and state supports for food, housing, cash, child care, and health care can help people meet their basic needs while they are earning low wages or out of work. States' roles in designing, administering, funding, and delivering supports vary by program but are essential for ensuring people can access the help they need.
- To address the challenges, states have used federal flexibilities to improve access to food assistance; provided emergency rental assistance and established moratoria on evictions and utility shut-offs; implemented online and telephone application and case management systems to help people access cash assistance and other supports remotely; adjusted policies to ensure child care providers can remain in business; and used federal flexibilities to safeguard coverage of Medicaid enrollees, support health care providers, and improve access to telehealth.
- As of April 2021, following passage of the American Rescue Plan and a ramp-up in vaccinations, the health and economic situations appear to be improving, and states now face crucial questions about how to equitably and efficiently spend the large and temporary influx of federal relief funds; address the racial and ethnic disparities and economic inequality that have worsened during the pandemic; prepare for an uncertain future; and determine which investments or innovations of policy and practice to carry forward beyond the pandemic.

BOX 1

Methods

Between December 2020 and February 2021, we conducted 21 individual and small-group interviews with 46 experts on state budgets, governance, and safety net programs—including health, housing, child care, TANF cash assistance, and food assistance program stakeholders—to examine key concerns about state budget implications during the pandemic-prompted economic downturn. We also conducted and periodically updated a comprehensive scan of publicly available information on state budgets during the pandemic from sources such as national policy and research organizations, professional organizations, and national and local news outlets.

Even though this crisis is feeling old, it is still early days in terms of legislating a response to it.
—State policy expert

State Budget Context

The COVID-19 pandemic has had serious implications for state budgets, though some states have been hit far harder than others.³ As Urban’s Richard Auxier wrote before the American Rescue Plan’s passage, “Most states are still a long way from digging out of their COVID-19 budget holes.”⁴ The American Rescue Plan, in addition to earlier relief bills, provides much-needed funding, but states still face tough questions about how best to direct federal funds and tackle long-term fiscal issues. For a list of the fiscal relief bills enacted since the pandemic began, see box 2.

By their nature, recessions cause state revenues to fall and costs to rise, and the recession caused by the COVID-19 pandemic is an even greater crisis than the typical economic downturn because of the simultaneous and drastic increase in public health need. Between March and August 2020, the deepest period of the recession so far, state tax revenues were 6.4 percent less on average than for that period of the prior year.⁵ At the same time, states also faced rising costs associated with personal protective equipment and other modifications required for the safe provision of government services, as well as increased demands for high-cost health care, unemployment benefits, and other public benefits and services.

The combination of serious budget shortfalls and ongoing uncertainty led many states to take both stopgap measures and a “wait-and-see” attitude as they weighed their responses to the recession and tried to avoid making any unnecessary cuts. States must balance their budgets, even in hard times, though many may draw from “rainy day” or carryover funds if they have them. States have so far mostly responded with furloughs, hiring freezes, and elimination of vacant positions, rather than layoffs. Nonetheless, state and local public employment fell 6.4 percent from January 2020 to January 2021.⁶

National averages of the impact of COVID-19 on state revenues mask wide variation by state. Though most states have been negatively impacted by this recession, the extent of the impact depends on “the severity of the virus in a state; the composition of its economy; and its tax system,” according to Urban Institute analyses.⁷ Examining state revenue losses from April to September 2020 relative to the same period in 2019, the Urban-Brookings Tax Policy Center found that overall tax collections declined in 40 states, were flat in 2 states, and increased in 8 states.⁸ Some of the hardest-hit states were those with economies that depend on tourism, such as Hawaii, Florida, and Nevada, or oil revenue, such as Wyoming and Alaska. States that saw revenue growth (or smaller declines) were mainly states that have progressive income taxes (because workers with higher incomes have not been as adversely affected financially as workers with low incomes during the pandemic) and states that tax groceries (most do not).⁹ In Nevada, for example, after the unemployment rate peaked at nearly 30 percent,¹⁰ the state legislature convened in a special session over the summer to cut nearly \$1.2 billion from the two-year budget they had enacted before the pandemic; however, by January 2021, conditions had improved enough that the governor’s 2022–23 budget released that month restored some the funding cut over the summer and was only slightly smaller than the prepandemic budget.¹¹ California went from facing budget cuts in summer 2020 to having a \$15 billion budget surplus in early 2021,¹² thanks to a progressive income tax and residents with high incomes who were largely insulated from the worst economic effects of the pandemic.¹³

Nonetheless, even as conditions continue to improve, the economic impact of the pandemic is “a multiyear problem,” according to the Urban Institute’s Tracy Gordon.¹⁴ Because the tax system is intrinsically retrospective, any year’s economy will continue to affect state revenues in following years. Dadayan and Rueben note, “Lags can range from a quarter (for sales taxes), to a year (for income taxes), to perhaps three years (for property taxes).”¹⁵

As of April 2021, states face new challenges and opportunities. Specifically, the \$1.9 trillion package of supports and policy changes in the American Rescue Plan, including \$220 billion in flexible block grants to states, have shifted conversations in some states from where to cut budgets to how to

distribute the new funds. States must now decide how to spend unprecedented amounts of short-term federal funding, address inequalities, and prepare for continued uncertainty.

The Economic Downturn Burdens Workers with Low Incomes, Who Are Disproportionately People of Color

Despite a sense that the nation may be nearing the end of the pandemic, many people remain vulnerable and in need of safety net supports (Waxman and Gupta 2021).¹⁶ Provisions in the American Rescue Plan that directly support workers and families have the potential to reduce the US poverty rate by one-third and cut child poverty in half (Parolin et al. 2021). In addition, the influx of federal funds to states and localities for child care, rental assistance, and other purposes creates new opportunities and new questions for states about how they will use federal and state funds to effectively and equitably support their residents.

Black, Latinx, American Indian, and immigrant households have been hardest hit by both the virus and economic fallout, as the pandemic highlighted and exacerbated the nation's long-standing inequities across race, class, and immigration status. Because of structural racism and discrimination in employment, housing, and education, families of color were more financially vulnerable and generally had poorer health than white families before the pandemic (Kijakazi et al. 2019).¹⁷ Families of color are also disproportionately represented both in industries with higher pandemic-related job losses, such as hospitality and retail, and in occupations that could not be done remotely and put them at greater risk of exposure to the virus, such as warehousing and transportation (Dubay et al. 2020). Because of these combined factors, Black, Latinx, and American Indian people have been infected and killed by the virus at higher rates than other racial and ethnic groups.¹⁸

The nation is more focused on racial equity than ever before, with bipartisan interest among some state legislatures. So as legislatures consider their budgetary responses, they are likely to give more attention than in earlier times to whether they are exacerbating or ameliorating inequities. Some states prioritized equity before the crisis and others have newly prioritized it. However, not all people see the racial inequities that others see, so the implications for racial equity will vary by state. As an indication of state attention to racial equity, 8 of the 46 Governors' State of the State speeches, as summarized by the National Association of State Budget Officers (2021), specifically mentioned racial equality or justice.

BOX 2

COVID-19 Fiscal Relief Bills Enacted during the Pandemic

The **Coronavirus Preparedness and Response Supplemental Appropriations Act**, passed March 6, 2020, provided \$8.3 billion in emergency discretionary funding primarily to the Centers for Disease Control and Prevention (CDC) for COVID-19 vaccine research. It also provided states with grants and cooperative agreements.^a

The **Families First Coronavirus Response Act**, passed on March 18, 2020, provided small and midsize employers refundable tax credits that reimbursed them for providing paid sick and family leave wages to their employees for COVID-19-related leave (the Paycheck Protection Program). It also gave states \$1 billion for emergency transfers to pay for unemployment benefits. The law also authorized the federal Medicaid program to increase its federal medical assistance percentage (FMAP) match rate by 6.2 percentage points for states that agreed to Maintenance of Effort (MOE) rules that prohibited disenrollment of any beneficiaries who were in the program when the federal Public Health Emergency was declared on March 13, 2020.^b

The **Coronavirus Aid, Relief, and Economic Security (CARES) Act**, passed March 27, 2020, provided an estimated \$2 trillion stimulus package to battle the pandemic's harmful effects. It included a \$150 billion Coronavirus Relief Fund for state, local, and tribal governments (allocated by population shares) for expenditures incurred because of COVID-19. It also expanded unemployment insurance from three to four months and provided a temporary supplemental \$600 in unemployment compensation a week; established a \$500 billion lending fund for businesses, cities, and states; and provided a \$1,200 direct payment to many Americans and \$500 for each dependent child, among many other provisions.^c The CARES Act also established the Paycheck Protection Program to provide loans to small businesses as an incentive to keep workers on payroll.^d

The **Paycheck Protection Program and Health Care Enhancement Act**, passed in April 2020, provided an additional \$310 billion to the Paycheck Protection Program, \$75 billion in aid to (mostly) hospitals and other health care providers, \$25 billion for COVID-19 testing capacity, and \$60 billion in small business disaster loans.^e

The **Consolidated Appropriations Act, 2021**, passed at the end of 2020, included \$900 billion in COVID-19 relief and for direct payments to individuals, an extension of the Paycheck Protection Program, education funding, and restoration of earlier enhancements to unemployment insurance payments.

The **American Rescue Plan**, passed March 11, 2021, provided an additional \$1.9 trillion in funding for direct payments to individuals; \$350 billion in direct aid to state, local, and tribal governments to cover increased expenditures, replenish lost revenue, and mitigate economic harm from the pandemic extensions of unemployment benefits, tax credits (child tax credit, earned income tax credit), and COVID-19 health measures (testing, contact tracing, health coverage expansions); and additional educational support for K–12 schools and higher education institutions.^f

^a Erlinda A. Doherty, “Phases of Federal Financial Response to Coronavirus for States,” National Conference of State Legislatures (NCSL) blog, April 30, 2020, <https://www.ncsl.org/blog/2020/04/30/phases-of-federal-financial-response-to-coronavirus-for-states.aspx>.

^b Doherty, “Phases of Federal Financial Response to Coronavirus for States.”

^c NCSL, “Summary of HR 6201—Families First Coronavirus Response Act” (Washington, DC: NCSL, n.d.).

^d “COVID-19 Stimulus Bill: What It Means for States,” NCSL, April 2, 2020, <https://www.ncsl.org/ncsl-in-dc/publications-and-resources/coronavirus-stimulus-bill-states.aspx>; “Unemployment Insurance Relief during COVID-19 Outbreak,” US Department of Labor, accessed April 15, 2021, <https://www.dol.gov/coronavirus/unemployment-insurance>; and Mary Williams Walsh, “Virus Did Not Bring Financial Rout That Many States Feared,” *New York Times*, March 1, 2021, <https://www.nytimes.com/2021/03/01/business/covid-state-tax-revenue.html?referringSource=articleShare>.

^e “Paycheck Protection Program,” US Small Business Administration, accessed April 15, 2021, <https://www.sba.gov/funding-programs/loans/covid-19-relief-options/paycheck-protection-program>.

^f “American Rescue Plan Act of 2021,” NCSL, March 9, 2021, <https://www.ncsl.org/ncsl-in-dc/publications-and-resources/american-rescue-plan-act-of-2021.aspx>.

State Opportunities and Challenges in Safety Net Programs

Safety net programs—federal and state supports for food, housing, cash, child care, and health care, among others—are vital for reducing hardship, helping workers with low incomes maintain employment, and providing people with stability, whether they are experiencing a national pandemic-related recession or a personal economic crisis during a strong economy (Mills, Compton, and Golden 2011; McKernan, Ratcliffe, and Braga 2021).¹⁹ States have an essential role in providing the administrative processes and staff for accessing safety net supports and, depending on the program, may also provide direct funding for supports. For some programs, states also establish the policies that determine who is eligible for assistance, how much, and under what circumstances. Throughout the economic crisis and health emergency requiring social distancing, states have faced serious challenges and choices about how to support residents in need and now must consider how to make the most of the opportunities created by the American Rescue Plan.

Safety net programs vary in structure, funding, and the extent of state flexibility. Understanding these program contexts is important for identifying state options and potential consequences for targeting funding and services. In this section, we examine state opportunities and challenges in delivering selected key supports.

SNAP and Other Food Assistance

Food assistance programs are essential for addressing the hunger and food insecurity people are experiencing during the pandemic. Food assistance benefits are largely federally funded, sparing state budgets, but states must cover a share of the administrative costs and state policy choices can affect the access people have to these vital supports.

WHAT ARE SNAP AND OTHER FOOD ASSISTANCE PROGRAMS, AND WHY DO THEY MATTER?

The primary government program providing food assistance is the Supplemental Nutrition Assistance Program (SNAP), which provides noncash benefits to households with low incomes for purchasing food. Receiving SNAP has been found to reduce the likelihood of experiencing food insecurity by as much as 30 percent (Ratcliffe and McKernan 2010). The number of people receiving SNAP benefits in November 2020 (nearly 42 million people) was more than 10 percent higher than in November 2019.²⁰ Though SNAP benefits are provided entirely with federal funds, states must cover at least half of administration costs, such as the costs of accepting applications, determining eligibility, and distributing benefits to participating households. SNAP benefits are an entitlement, meaning that all eligible applicants are entitled to receive benefits, so as need rises, SNAP participation—and the costs of providing and administering benefits—also rise. Though a household's SNAP benefit amount typically depends on the number of people in the household and their combined income and assets, federal relief efforts have allowed all eligible households to receive the maximum amount allowed for their household size regardless of their income and assets for the duration of the public emergency. The maximum amount itself has been increased by 15 percent through September 2021 (Dean et al. 2020).²¹ Further, federal relief legislation temporarily suspended the three-month time limit on SNAP for unemployed adults under age 50 not living with dependent children (CBPP 2021).

Federal relief efforts also created a new food assistance program—Pandemic Electronic Benefits Transfer (P-EBT)—to help families of children who would otherwise receive free or reduced-price meals at school but whose schools were closed or were operating in a hybrid learning model.²² Other food assistance programs, such as the Commodity Supplemental Food Program serving older adults and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), also received additional federal support during the pandemic.²³

HOW HAS THE PANDEMIC AFFECTED FOOD INSECURITY?

Food insecurity—the lack of access to sufficient food because of limited financial resources—worsened during the pandemic. Though fewer people were experiencing food insecurity immediately before the

pandemic than at any time in the previous two decades, that still left 35 million people, including about 7 percent of children, without enough to eat.²⁴ People who were already facing food insecurity were among those most affected by the increased unemployment and poverty during the pandemic and resulting economic crisis. The number of people seeking food at community food banks increased by more than 50 percent early in the pandemic, and about 40 percent of them were visiting food banks for the first time (Waxman, Gupta, and Gonzalez 2021).²⁵ Though the stimulus checks provided to many households and the increase in unemployment benefit amounts temporarily contributed to a dip in food insecurity in spring 2020, data from the Urban Institute's Coronavirus Tracking Survey shows that food insecurity edged back up later in the year. In September 2020, about 20 percent of adults reported experiencing food insecurity, as did nearly 40 percent of those who reported they or a spouse or partner had lost a job (Waxman, Gupta, and Gonzalez 2020). Feeding America anticipates a somewhat better situation in 2021 but still projects that 1 in 8 people (42 million), including 1 in 6 children (13 million), may experience food insecurity.²⁶

HOW ARE STATES RESPONDING TO THE CHALLENGES?

In response to new and heightened needs for food assistance during the pandemic, the US Department of Agriculture (USDA) provided waivers that gave states additional flexibilities in SNAP to simplify access and reduce staff workload, participate in an expanded online SNAP purchasing pilot, and implement P-EBT:

- **SNAP flexibilities to simplify access and reduce staff workload.** Using existing and new flexibilities, many states have made temporary changes to SNAP procedures that make it easier for eligible households to apply for and maintain assistance, while also reducing the workload for state staff. These include, for example, allowing people to apply for SNAP by phone without requiring a recorded signature, waiving application and recertification interview requirements, adjusting the requirements for reporting household or income changes, and allowing households to maintain their eligibility for longer periods before needing to recertify (CBPP 2021). The SNAP simplification measures have been important as need for food assistance was rising simultaneously as social distancing requirements led state SNAP agencies to close physical offices.
- **SNAP online purchasing pilot.** Before the pandemic, a small number of states had recently begun participating in a pilot program to allow SNAP beneficiaries to make online food purchases with approved retailers. Though the pilot was intended to roll out slowly, USDA

quickly expanded the pilot to all interested states in spring 2020, and nearly all states have chosen to participate.²⁷

- **Pandemic EBT.** Though P-EBT was created to replace the school meals students missed during school closures, it was a new program requiring immense start-up efforts for states opting to participate. The school meal programs administered by the USDA reimburse states and local school food authorities for the costs of meals provided to students who qualify for free or reduced-cost meals (GAO 2009). Though state SNAP agencies have a relatively small role in overseeing the school meal programs, they have a major role in developing and implementing plans for administering P-EBT, which has also required extensive collaboration with state education agencies.²⁸ To implement the completely new P-EBT program, states needed to develop new infrastructure, policy, data, application, delivery, and communication mechanisms (Dean et al. 2020). The implementation of the 2020–21 school year benefits has been particularly complex because states have needed to determine benefit levels for different modes of instruction (e.g., all virtual, hybrid). Though states initially were responsible for half the P-EBT administrative costs, these costs will now be fully reimbursed by the federal government (Dean et al. 2020). Nonetheless, states may need to shoulder the costs in the short term while they await reimbursement. All 50 states, the District of Columbia, and the Virgin Islands chose to implement P-EBT programs in for the 2019–20 school year. Fewer states so far (27 states, the District of Columbia, and Puerto Rico as of March 25, 2021) have received approval to distribute P-EBT benefits for the 2020–21 school year (CBPP 2021). Five states have received approval to implement a new P-EBT program for families of young children who have missed meals provided by child care settings that have closed or had reduced capacity during the pandemic. In addition, the American Rescue Plan has authorized a summer P-EBT option this year, which will now represent a third round of implementation.

WHAT ARE THE IMPLICATIONS FOR RACIAL EQUITY?

Long-standing social, economic, and political disadvantages for people of color have contributed to racial inequities in food insecurity, which have continued during the pandemic.²⁹ Data from the Urban Institute's Coronavirus Tracking Survey indicate that Black and Latinx adults have double the rates of food insecurity (30.5 and 28.2 percent, respectively) as white adults (14.7 percent) (Waxman, Gupta, and Gonzalez 2020). Though survey sample sizes prevented estimates of food insecurity for other racial and ethnic groups, other data show that about 1 in 4 American Indian people experienced food insecurity before the pandemic and the pandemic has increased food insecurity for both American Indian and Asian American people (FRAC 2020; Waxman, Gupta, and Gonzalez 2021).³⁰ Feeding

America projects that in 2021, 1 in 5 Black people may experience food insecurity compared with 1 in 9 white people.³¹

Some states have much larger racial and ethnic disparities than others, reflecting differences not only in their direct responses to food insecurity, but also in their other safety net policy choices and overall economic responses to the pandemic.³² For example, states that have not yet implemented P-EBT for the 2020–21 school year, or are only now providing retroactive payments for meals missed earlier in the school year, may have greater racial and ethnic disparities in food insecurity because a disproportionate share of the children receiving free or reduced-price meals are children of color, reflecting their disproportionate exposure to poverty.³³

KEY FOOD ASSISTANCE QUESTIONS FOR STATE LEGISLATURES AND PROGRAM ADMINISTRATORS

Looking forward, food insecurity is likely to remain elevated for several years, according to experts we interviewed, because it is typically the last item in a family's budget to be fully restored. Following the Great Recession, food insecurity did not return to prerecession levels for a decade. State legislatures and program administrators face continued choices for ensuring equitable access to the assistance that is vital for reducing food insecurity:

- **Will more states choose to implement P-EBT?** Implementing P-EBT was an enormous challenge, but all states succeeded in providing this assistance for students in the 2019–20 school year. Changes to federal legislation and administrative guidance have permitted the use of simplifying assumptions in state plans for the current school year, but the complexity of determining benefit levels given shifting modes of instruction has contributed to significant program delays. As of early April 2021, not all states have submitted a plan to make these vital benefits available to students.
- **Will state and federal policies continue to support simplified access to SNAP?** The rising caseloads and need for social distancing necessitated many of the practical changes that federal flexibility allowed and states implemented to improve access to SNAP. How will the lessons from this experience shape future federal and state policy and practice choices?
- **Will state and federal policies reinstate SNAP time limits?** During the public health emergency, SNAP's work-related time limits have been suspended. These otherwise require adults under age 50 without disabilities and not living with dependent children to work or engage in employment and training activities as a condition of accessing SNAP for longer than

three months in a three-year period. When the public health emergency ends and the federal policy is reinstated, states may be able to request waivers of these work-related time limits in areas of the state with high unemployment. But in the past, states also have voluntarily removed waivers, even when economic conditions met waiver criteria. Prior Urban Institute research found that numerous administrative challenges and structural barriers related to these time limits complicate compliance and can lead to people losing access to vital nutrition assistance (Hahn et al. 2019).

Housing Assistance

Affordable housing was a crisis long before the pandemic and related economic crisis. The major housing assistance programs are federally funded and administrated by local housing authorities, not state governments, but governors and state legislatures do have some control over policies affecting housing and homelessness. With additional federal funding now headed to states for emergency rental assistance, states face the new challenge of quickly, effectively, and equitably distributing the funds.

WHAT IS HOUSING ASSISTANCE, AND WHY DOES IT MATTER?

The major federal rental assistance programs are not well-suited to respond to the current crisis. Only about 1 in 5 eligible households receive housing subsidies, and families wait an average of 2.5 years for housing vouchers (Kingsley 2017; Scally et al. 2018; Watson et al. 2017).³⁴ Instead, the federal government has responded to the pandemic with eviction moratoria³⁵ and relief funds to provide emergency rental assistance. Several of the federal COVID-19 relief bills have included funding to states and local governments that may or must be used for emergency rental assistance and addressing homelessness.³⁶ However, according to housing experts, the billions in emergency rental assistance is still not enough to address the full need, especially considering so many people had difficulty paying rent even before the pandemic.³⁷

HOW HAS THE PANDEMIC AFFECTED HOUSING?

The pandemic and economic downturn have worsened circumstances for millions of households that were already struggling to keep up with rent payments before the crisis (Joint Center for Housing 2020).³⁸ A national housing expert we interviewed said, “We went into the pandemic with a half a million people homeless on any given night and 11 million people cost burdened.” As of early February 2021, nearly 1 in 5 adult renters (about 13 million adults) owed back rent.³⁹ Households behind on rent are at risk of eviction, which has been a serious concern during the pandemic. Not only has the

economic crisis made it harder for people to keep up with rent, but at the same time the pandemic's stay-at-home and social distancing requirements make it all the more important for people to have homes and minimize doubling-up. Further, a lack of shelter capacity means that if people become homeless, they are likely to be living on the street.⁴⁰ Homelessness is both a humanitarian and public health challenge in the context of the pandemic, when people experiencing homelessness are at risk of both contracting and spreading the virus.⁴¹

HOW ARE STATES RESPONDING TO ADDRESS THE CHALLENGES?

States have responded to the housing challenges by creating and expanding rental assistance programs and establishing state moratoria on evictions and/or utility shutoffs, but states also face the daunting task of determining how to target and distribute the federal emergency funds:

- **Emergency rental and mortgage assistance.** At least 22 states have created or expanded emergency rental and mortgage assistance during the pandemic, according to information compiled by the National Governors Association (NGA) Center for Best Practices. States and localities are funding these programs through housing trust funds, general revenue, and existing federal resources.⁴²
- **Eviction and utility moratoria.** States and local governments can establish and extend eviction moratoria in addition to the federal moratorium. About half of the states took action at some point in the past year to temporarily halt evictions and/or foreclosures and about half took action to prohibit utility disconnections, with at least 14 states taking both actions at some point (NGA 2020).⁴³ Nonetheless, housing experts we interviewed warn that evictions have continued despite the moratoria, in part because people do not know they are protected. They also noted that though eviction moratoria address the immediate crisis, they are not a long-term solution. They expressed concern for how unpaid past-due rent will be handled when the moratoria eventually end.
- **Targeting and distributing federal emergency rental assistance.** States and large municipalities have considerable flexibility and minimal federal guidance on how to administer new federal funds. The \$30 billion in the American Rescue Plan and the \$25 billion for federal emergency rental assistance included in the December 2020 COVID-19 relief package will go to states and large municipalities, which will need to determine how to distribute the funds to support landlords and renters. According to national housing experts, this investment was still not enough to address the need, leaving states and localities with hard decisions to make about who is eligible for relief, how much, and for how long. For example, according to our interviews,

states could provide renters with ongoing subsidies or limited-term subsidies, pay all or partial back rent, or any combination. California established a rental assistance program that will reimburse property owners for up to 80 percent of unpaid back rent if they agree to waive the back rent for income-qualified tenants.⁴⁴ States like California that already faced a significant housing crisis that is now even worse have to make hard choices about whether to provide a smaller amount of relief to a larger number of people or provide substantial relief for the most vulnerable. Because the funding is not enough to meet the need, “states and localities will need to be intentional to achieve impact,” according to an Urban Institute analysis.⁴⁵

A lot of the housing programs have faced declining revenues over time, and now there is huge need, so it is a “trying to do a fire hose through a garden hose” situation. The local capacity is not there.

—National housing policy expert

- **Facing challenges with limited administrative capacity.** Many state and local governments are addressing the housing challenges of COVID-19 and administering housing assistance programs with relatively limited capacity. Though most states and counties have a state agency or office focused on housing and/or community development, these agencies have been chronically underfunded, have “atrophied over time” according to an expert interview, and often are not involved with federal funding streams for housing, which more typically flow through public housing authorities in the form of housing vouchers. For the new federal relief funding, “It is really completely up to the state or municipality to decide where the money funnels through,” according to our interviews. Depending on the state, funds could flow through state housing agencies, public housing authorities, homeless service providers, or other housing providers.

WHAT ARE THE IMPLICATIONS FOR RACIAL EQUITY?

Long-standing structural racism and discriminatory housing practices created disproportionate housing cost burdens and housing instability for people and communities of color before the pandemic, which have contributed to these communities being disproportionately affected by the pandemic as well.⁴⁶ According to a CBPP analysis of Census Pulse data, as of early February 2021, 29 percent of Black

renters, 22 percent of Latinx renters, and 16 percent of Asian renters, compared with 13 percent of white renters, reported being behind on rent payments. Among American Indian, Alaska Native, Native Hawaiian, Pacific Islander, and multiracial adults, collectively, 19 percent reported being behind on rent payments.⁴⁷ National housing experts note that addressing these disparities will require effective targeting of relief funds.

Race is a big issue here. The way these funds are implemented could either help meet needs for the right people or further lead to more disparities.

—National housing expert

KEY HOUSING QUESTIONS FOR STATE LEGISLATURES AND PROGRAM ADMINISTRATORS

As states grapple with how best to address the housing crisis intensified by the pandemic, national housing experts raised the following considerations and questions for state legislatures and program administrators:

- **How can states implement emergency rental assistance equitably and efficiently?** As discussed earlier, national housing experts caution that distributing emergency rental assistance funding equitably and efficiently—whether funds are limited or abundant—requires deliberate and careful planning, as well as close monitoring so they can adjust the approach if needed (Ellen et al. 2021).⁴⁸
- » To promote equity, national housing experts recommend distributing funds based on need, not a first-come, first-served basis. This means targeting funds to renters who are most at risk of housing instability and homelessness as a result of the pandemic and investing in outreach to these populations so they know they can access help. To help states and localities target rental assistance, the Urban Institute has created an assistance prioritization tool that highlights neighborhoods that are experiencing high rates of job loss and historically have been high risk.⁴⁹ Though targeting strictly based on race could run afoul of civil rights laws, race is highly correlated with other indicators of need. Targeting funds could also include ensuring some are reserved for small landlords. To ensure long-term stability, housing experts recommend that state and local governments couple relief

dollars with counseling and other supportive services that help families understand their rights and negotiate with landlords, a proven approach from the Great Recession.⁵⁰

» For efficiency, experts recommend using existing housing programs to distribute the funding, rather than developing new systems. However, they also recommend simplifying applications and documentation. A recent report found that the more documentation was required, such as a driver's license, social security number, and proof of COVID-19-related income loss, the more applications for COVID-19 rental assistance programs were incomplete (Ellen et al. 2021).

- **What will happen when the eviction moratoria end?** The federal and selected state moratoria are preventing many evictions for now, but they do not absolve renters of paying the past-due rent when the moratorium ends. Rather, they are compounding the debt and related issues until a point in the future. Currently, the CDC's eviction moratorium is set to expire at the end of June 2021.⁵¹ One housing expert we interviewed expected the ending of the moratoria to be a "major issue" because governors have some control over policy approaches but there are no clear answers about the best approach to take.
- **How can states address the needs of both renters and landlords?** Though most attention has been on renters, the eviction moratoria leave many landlords without income. Some may have access to other funds through the Paycheck Protection Plan, for example, but according to our interviews, landlords that rely on small property income or small complexes "are really hurting." One housing experts said, "at some point, you will have to unwind and it will be tricky."

TANF Cash Assistance

Families who have lost jobs and income during the pandemic may seek cash assistance to help them afford necessities. Temporary Assistance for Needy Families (TANF) is the primary federal program providing access to cash for people without disabilities and who do not meet the requirements for unemployment insurance. States may use the flexibility of TANF funding not only to support families with cash and other supports, but also for a broad range of other state priorities. States not only face challenges serving clients remotely, but also difficult choices about how to use their limited funding, especially when state budgets are under pressure.

WHAT IS TANF CASH ASSISTANCE, AND WHY DOES IT MATTER?

Temporary Assistance for Needy Families is a federal block grant to states that can be used, along with required state funds, for several purposes, including providing cash assistance to families with children experiencing poverty.⁵² For families with little or no other income, TANF may be the only public assistance they receive that can be used to purchase essentials like toilet paper, laundry detergent, or diapers. Relatively few families experiencing poverty receive TANF cash assistance, as a result of federal and state policies and practices limiting both eligibility and take-up among eligible families. Before the pandemic, for every 100 families experiencing poverty, about 23 received cash assistance (Safawi and Schott 2021).

Though TANF is best known for its time-limited basic cash assistance programs, states also use the flexibility of the TANF block grant to support a wide variety of other activities and purposes, such as child care, employment services and subsidized employment, and other work supports (Safawi and Schott 2021), as well as “nonrecurrent short term benefits” supporting families experiencing a crisis lasting no more than four months. In addition, states use almost half their TANF funds for a wide range of other activities, including child welfare programs, college scholarships, pre-K programs and state earned income tax credits. Spending patterns vary widely across states (Safawi and Schott 2021).

As a block grant, funding for TANF is limited and does not increase as program demand increases, and when states have designated TANF funds for purposes other than cash assistance, it can be difficult to reallocate those funds in times of need. The amount of each state’s block grant has remained unchanged since TANF was implemented in 1997 (Falk 2021b). For federal fiscal year 2020, as in recent prior years, Congress appropriated an additional \$608 million for TANF contingency fund that was already nearly depleted as the pandemic began (Falk 2020). TANF had not received any additional funding during the pandemic until the American Rescue Plan, signed into law on March 11, 2021, which included a \$1 billion Pandemic Emergency Assistance Fund for TANF that can only be used for certain nonrecurrent short-term benefits (Falk 2021a).⁵³ In contrast, during the Great Recession Congress enacted a \$5 billion TANF Emergency Contingency Fund that was instrumental in supporting increased basic assistance, noncurrent short-term aid, and subsidized employment (Falk 2010).⁵⁴

HOW HAS THE PANDEMIC AFFECTED TANF AND THE NEED FOR CASH ASSISTANCE?

During the pandemic, TANF caseloads have fluctuated, but the stay-at-home orders and social distancing requirements have created additional challenges for states:

- **Caseload fluctuations.** Nationally, the number of families receiving TANF cash assistance rose during the initial months of the pandemic and peaked in June 2020 at a rate 4.4 percent higher

than in December 2019, but by September 2020 (the most recent data available) had fallen back below the number from September 2019 (Falk 2021a).⁵⁵ Experts we interviewed and others believe the need for TANF was mitigated by other aspects of pandemic relief, such as the expanded unemployment checks (Falk 2021a).

- **Challenges meeting work requirements.** Regardless of caseload sizes, states face challenges meeting their work participation standards during the pandemic. Though states establish the specific work requirements for adults receiving TANF cash assistance, states themselves risk losing federal TANF funds unless they document that at least 50 percent of their work-eligible caseload is engaged in work or countable work-related activities for at least a minimum number of hours (Falk 2021b). During the pandemic, not only are fewer jobs available, but other work activities, such as job search and job training have been disrupted by the stay-at-home orders and social distancing requirements (Falk 2021b). Federal TANF administrators lack the authority to waive the work participation standards under current law but have pledged to minimize the penalties states face for failing to meet the standard as a result of the pandemic and have encouraged states to “keep their focus on addressing the crisis and protecting the health and safety of the people they serve and the public at large.”⁵⁶
- **Serving families remotely.** States also face the practical challenge of serving families while minimizing in-person contact both among staff and between staff and clients. Compared with some other safety net programs, like SNAP and Medicaid, TANF typically has involved more frequent office visits for face-to-face interviews and submitting paper documents. Federal TANF administrators have encouraged states to offer online or telephone applications; phone or virtual case management; online options for engaging in virtual trainings and job search and work readiness activities; and flexibility for documenting income.⁵⁷

HOW ARE STATES RESPONDING TO THE CHALLENGES?

States have considerable flexibility to design their standard TANF programs and adapt them to address the challenges of COVID-19. Within federal guidelines for providing time-limited cash assistance to families with children and requiring work activities, states have broad discretion to make policy choices about financial eligibility rules, benefit levels, work-related activities required of applicants and recipients, sanctions imposed for failure to comply, and time limits.⁵⁸ In response to the pandemic, few states have made many changes to their eligibility rules or benefit levels, but several are using their flexibility to make other changes to help people access and retain TANF assistance and to serve people through means other than basic cash assistance:

- **Remote application and case management.** States have implemented online or telephone applications and case management, though at least some continue to offer in-person services as well. States also have sought to reduce the need for interaction, such as by extending the time for submitting documentation, waiving reapplication requirements, or extending redetermination periods for recipients, hoping these can be handled after the need for social distancing ends (NGA 2020).
- **Financial eligibility rules.** Five of 20 states responding to a survey in May 2020 reported they had changed their income thresholds for eligibility, either for TANF cash assistance or nonrecurrent short-term benefits. Among the 20 states, 7 chose not to count the additional \$600 weekly unemployment insurance payment in a family’s income when determining eligibility for TANF (Shantz, Hahn et al. 2020). All states were prohibited from counting the economic impact payments created by the CARES Act.⁵⁹
- **Increased benefit amounts.** Massachusetts is the only state that increased TANF benefit amounts during the pandemic. Though TANF benefit levels vary by state, they are consistently low and average \$474 a month for a family of three with no other income (Shantz, Dehry et al. 2020). In nearly all states, a family of three receiving the maximum TANF benefits would remain in deep poverty—below half the poverty level.⁶⁰
- **One-time payments (nonrecurrent short-term benefits).** Before the pandemic, 32 states provided one-time cash payments to families to address immediate crises and avoid the need for ongoing cash assistance (Shantz, Dehry et al. 2020). In May 2020, 11 of 19 states responding to a survey reported they were using their existing short-term benefit programs or expanding them for families impacted by COVID-19. No state at that time reported creating new short-term emergency cash assistance grants (Shantz, Hahn et al. 2020). More states may be encouraged to provide nonrecurrent short-term benefits (lasting no more than four months) now that an additional \$1 billion is available through the Pandemic Emergency Assistance Fund specifically for providing supports—such as emergency assistance and diversion payments, emergency housing and short-term homelessness assistance, emergency food aid, short-term utilities payments, burial assistance, clothing allowances, and back-to-school payments.⁶¹
- **Work requirements and employment and training services.** States have taken action to address the challenge of meeting work requirements during the pandemic and stay-at-home orders: some states have suspended sanctions for noncompliance with work requirements or excused participants from participation by granting them good cause for not participating; others have expanded opportunities for people to meet the requirements through home-based

activities. Among 19 states responding to a survey in May 2020, 14 had granted good cause exemptions to all or targeted groups of recipients, and 15 states had developed or were considering developing virtual learning opportunities through which people could meet their work requirements (Shantz, Hahn et al. 2020). The federal Office of Family Assistance encouraged states to consider both approaches.⁶² In addition, several states that had policies requiring applicants to complete job searches before receiving assistance waived these job search policies during the pandemic (NGA 2020).

- **Suspending time limits.** Federal law imposes a lifetime limit of 60 months of TANF cash assistance for adults, though states can allow a share of their caseload to receive benefits beyond this limit. A few states provide state-funded assistance beyond this limit and several impose shorter time limits (Shantz, Dehry et al. 2020). In response to the pandemic, at least six states exempted TANF from state time limits, and Washington extended the time limit beyond 60 months for some families (NGA 2020).

WHAT ARE THE IMPLICATIONS FOR RACIAL EQUITY?

Racial inequities inherent in TANF before the pandemic are almost certain to continue. The structure of TANF and many of its policies ignore the role of structural racism in creating disproportionate need among people of color (McCallum 1999; Minoff 2020).⁶³ Variation in state TANF policies further exacerbate racial disparities, with Black families disproportionately concentrated in states with less generous and more restrictive state TANF policies (Hahn et al. 2017; Safawi and Floyd 2020). Studies have also found racial bias in local TANF administration and caseworker decisions (McDaniel et al. 2017). Nonetheless, to the extent that the economic hardship caused by the pandemic may be recognized as occurring beyond the control of the people experiencing the hardship, it is an opportunity to illustrate how economic hardship in other times also results from structural forces beyond the control of the people experiencing the hardship.⁶⁴

KEY TANF QUESTIONS FOR STATE LEGISLATURES AND PROGRAM ADMINISTRATORS

State legislatures and program administrators face numerous questions about how to shape their TANF cash assistance programs and use the TANF block grant:

- **Will the TANF block grant be used to fill holes in state budgets or shift to other priorities?**
Over the years, many states have used the flexibility of the TANF block grant to address shortfalls in other areas of state budgets (Safawi and Schott 2021). States whose budgets

currently are stretched thin and whose economic outlook is uncertain will likely feel pressure to shift their TANF funds to state priorities other than basic assistance and supporting work.

- **What TANF policies to support vulnerable families are states willing to implement or maintain?** As discussed earlier, many states have made policy changes during the pandemic to better support vulnerable families. States could consider which policy changes to keep or implement going forward. For example, they could choose to increase cash assistance amounts, expand the availability of one-time payments for families facing short-term crises, and suspend or revise policies that limit access, such as short time limits, harsh sanctions, and high application hurdles. Because time limit and sanction policies disproportionately impact people of color, loosening these policies could help them the most.⁶⁵ Though policy changes that help people access benefits, by definition, entail increased program costs, these costs could be borne by increased funding from the American Rescue Plan, including \$1 billion for TANF. In addition, some states have unspent TANF funds from prior years. At the end of federal fiscal year 2019, states collectively had unobligated balances totaling \$4.5 billion (Falk 2021b).
- **What accommodations for remote service delivery should be continued after the pandemic?** Before the recession, TANF programs consistently required more in-person interaction than other safety net programs. Now that many states have implemented online and telephone applications and case management and other accommodations to reduce in-person contact, program administrators could consider which accommodations made for the pandemic should remain.

Child Care

The pandemic and recession have disrupted the entire child care market, making affordable child care even more difficult to find than before the crisis. Families receiving child care subsidies as well as families in the private pay market report that not enough child care providers are available, and the loss of child care has had a major impact on women's ability to work. Because child care services stabilize parental employment, especially mothers' employment, child care subsidies and a strong child care market in which to use them are essential for working mothers' employment and their communities' economic recoveries (Giannarelli et al. 2019). To shore up the child care market and help parents get back to work, Congress has provided more than \$50 billion in new federal relief funds for child care across multiple COVID-19 relief packages. These funds have two primary goals: to support parents, including essential workers, who need help paying for care, and to stabilize the child care sector so child care programs devastated by the pandemic can recover and meet family's needs. The federal

government gave states a fair amount of flexibility in how they spend these funds. Overall, these funds are much needed to support families, providers, the child care market, and the overall economy, but states face a steep challenge in quickly, effectively, and equitably distributing the temporary relief refunds.

WHAT ARE CHILD CARE SUBSIDIES, AND WHY DO THEY MATTER?

Child care subsidies are critical for the well-being of families with low incomes. They not only support children's development, but also parents' economic success by helping those with low incomes afford care so they can work or participate in education and training (Hahn, Rohacek, and Isaacs 2018). The Child Care and Development Fund (CCDF) is the primary funding source through which the federal government gives states funds to pay for subsidies and support the quality and supply of care. The federal government issues guidance and provides states fixed amounts of funding; states must contribute at least a minimum required level of state funding (Hahn, Rohacek, and Isaacs 2018).⁶⁶ States have considerable flexibility to establish and implement policies and processes for administering the funds within federal guidelines (Adams and Matthews 2013). Child care subsidies are not an entitlement, and limited funding before the pandemic meant that only about 15 percent of families eligible for subsidies under federal guidelines received them (Chien 2019). Many families also do not qualify for subsidies but nonetheless have difficulty affording child care. The child care subsidy system is a small part of the overall child care market, which is predominantly paid for by parent fees and tuition.

The pandemic relief funds include significant funding to help parents afford child care so they can work and keep their children safe. For example, of the \$39 billion in the American Rescue Plan supporting child care, nearly \$15 billion flow through the CCDF and are designed to provide child care assistance to parents, including essential workers, regardless of income.⁶⁷

Nothing is more critical than child care funding right now because it underpins economic recovery, child and family well-being, emergency services, frontline workers...It enables the nation to operate.

—National health and human services expert

HOW HAS THE PANDEMIC AFFECTED THE CHILD CARE FIELD?

The pandemic has been “massively devastating” to the broad child care field, according to child care policy experts. The child care field faces multiple challenges from the pandemic, including reduced demand for child care among parents who lost their jobs or who had to leave their employment because of virtual schooling and lack of child care, reduced enrollment capacity as programs comply with social distancing, and significant increased costs associated with additional staff, cleaning supplies, and other health and safety measures. At the same time, essential workers and many others continue to need child care, including both those who did not move to remote work and parents who are working from home. (Adams 2020; NAEYC 2020a, 2020b)

Many child care providers have closed temporarily or permanently during the pandemic. Whether child care providers have been allowed to remain open and under what circumstances has varied across states and over time during the pandemic, but child care centers have faced frequent temporary closures because of rules about responding to outbreaks. Child care providers generally operate with thin financial margins, making it difficult to remain in business when costs increase or enrollment drops even minimally or temporarily (NAEYC 2020a, 2020b). More than one-third of child care jobs were lost during the first few months of the pandemic when many child care settings were shuttered,⁶⁸ a figure that highlights the importance of this sector not only for other working parents, but also as an employment sector itself. The child care workforce is disproportionately women of color (Sethi et al. 2020; Adams, Ewen, and Luetmer 2021). As of December 2020, the child care workforce remained 17 percent smaller than before the pandemic (Adams, Ewen, and Luetmer 2021).⁶⁹

Three of the fiscal relief bills include provisions to stabilize the child care sector so that it can be there to support parents as they come back to work. For example, the American Rescue Plan designates \$24 billion for a child care stabilization fund to shore up the child care sector, including for providers who have not traditionally received funding through the subsidy system. State child care agencies administer these new funds and distribute them through grants to qualified providers. The funds can be used for a broad array of pandemic-related expenses, including personnel costs, rent, personal protective equipment, costs associated with the pandemic, and mental health supports for children and employees.⁷⁰ Providers receiving grants must not reduce compensation for their staff and—to the extent possible—must try to reduce costs for families struggling because of the pandemic. In addition, to address gaps in supply, states can use funds provided through the CCDF quality set-aside and stabilization funding to support the supply of care.⁷¹

HOW ARE STATES RESPONDING TO THE CHALLENGES?

States responded to the challenges of the child care field initially by focusing on sustaining child care centers and providing care for essential workers' children, but states now face the administrative challenge of distributing new federal funding (Bedrick and Daily 2020).

Early in the pandemic, state child care agencies focused on keeping child care centers from permanently closing, both so care was available to workers during the pandemic and so the child care infrastructure would be intact when the crisis ends and more parents return to work. For example, though child care providers serving subsidized children typically are reimbursed only for days that a subsidized child attends their program, during the pandemic many states switched temporarily to paying providers based on the number of subsidized children they had who were enrolled in their program at the beginning of the pandemic, rather than on attendance. This temporary change supported by CARES Act funding provided much-needed revenue stability for child care programs that served children receiving subsidies.

The influx of more than \$50 billion into the child care system is welcome relief but creates significant policy and logistical challenges for the state staff tasked with administering the new federal funds through both existing and new administrative structures. As a comparison, total federal allocations to the CCDF in 2019 were about \$8 billion.⁷² Many state child care offices are small, with only a couple of staff, or part of larger offices where staff are responsible for diverse policy portfolios, according to our expert interviews. With some notable exceptions, state child care offices often lack authority to independently create and implement new policies, and according to our expert interviews and prior research, state government oversight frequently has compelled them to focus on compliance rather than encouraging the creativity that the CCDF block grant structure allows (Hahn, Rohacek, and Isaacs 2018). Further, state administrators face an additional challenge of quickly identifying needs and the level of resources needed. Because the funds may be used to support both child care providers who are not receiving subsidies and those who are, states are reaching out to providers with whom they might not have already been in contact. Given these limitations, as well as stress, burnout, and turnover among both state and federal child care administrators, national child care experts worry that states will struggle to quickly develop effective spending plans.

WHAT ARE THE IMPLICATIONS FOR RACIAL EQUITY?

Before the pandemic, the child care market was deeply inequitable in terms of access and affordability, a situation that subsidies can somewhat mitigate but may have intensified during the pandemic. Studies show that as a result of racism, discrimination, and systematic underinvestment, Black and Latinx

families have the most difficulty affording child care; Asian and Latinx families have the most difficulty accessing subsidies; and Latinx and American Indian communities experience the most limited supply of licensed child care providers and high-quality child care (Sethi et al. 2020). Though we do not yet have research to say that child care inequities have been exacerbated during the pandemic, according to our interviews it appears the impact is disproportionate, because child care supply in areas with higher incomes has not been devastated the way it has been in communities with lower incomes. During the pandemic, parents in communities with lower incomes and communities of color experienced disproportionate job losses. Meanwhile, throughout the early months of the pandemic, parents with higher incomes were still paying tuition even if they were not sending their kids to care. To reverse these inequities, states will need to focus deliberately on maintaining, restoring, and rebuilding supply where it is needed.

KEY CHILD CARE CONSIDERATIONS FOR STATE LEGISLATURES AND PROGRAM ADMINISTRATORS

State legislatures and child care administrators face numerous questions about how to promote equity as they use existing and temporary new federal funds for subsidies and stabilization. They also face questions about how to promote equity in their policy approaches and which policies and investments to continue after the pandemic:

- **How can state implementation of the new child care pandemic relief funds promote equity?**
Because young children can face serious and long-term adverse effects from experiences that are heightened during this pandemic and recession—parents under stress, food insecurity, and instability in caregivers and environments—child care should be prioritized for the children and communities most affected by the pandemic, according to our expert interviews. As discussed earlier, communities of color and communities with low incomes not only have been most affected by the pandemic, but also faced a limited supply of licensed and high-quality child care providers before the pandemic.

Subsidy resources: Looking first at the subsidy investments, states could use the funds to support a more equitable recovery in numerous ways. For example, Urban Institute child care policy experts Gina Adams and Sarah Minton offered three actions state child care agencies could take to support an equitable recovery.⁷³

- » **Allow child care subsidies for parents looking for work.** Looking for a job can be challenging for parents without child care, but unemployed parents often cannot afford child care. States that do not already could make subsidies available to parents looking for work, even if they

were not already receiving a subsidy. Because Black and Latinx parents have experienced greater unemployment than white parents, this policy would promote a more equitable recovery.

- » ***Allow child care subsidies for parents participating in education and training.*** To prepare for permanent industry and occupation changes that result from the pandemic, parents may need new education and training. Child care subsidies can help parents participate in education and training, but state subsidy policies generally have made these parents lower priority, instead prioritizing working families (though there are a few exceptions) (Durham et al. 2019). Because the pandemic has exacerbated existing racial inequities in Black and Latinx parents' access to education and employment, the policy would promote a more equitable recovery.
- » ***Allow child care subsidies to be used in the full range of child care settings.*** Black and Latinx families are disproportionately employed in jobs with nontraditional work schedules and need child care during hours that child care centers rarely open.⁷⁴ However, state child care subsidy policies often favor care provided in child care centers over care provided by relatives, friends, neighbors, and other small programs that may be available during nontraditional hours. Expanding access to subsidies for the full range of child care settings in more states would promote a more equitable recovery.

Stabilization resources: States should also consider historical inequities in access to care as they consider how to target their stabilization funds. In particular, it will be important for states to ensure that their stabilization grants prioritize historically underresourced communities that face greater challenges, as well as consider the challenges that providers in these communities may face in competing for grants. Ensuring the grant process is accessible to the full range of providers—including home-based providers that may be less experienced in accessing public funds,—and that supports are available to help providers meet the grant application requirements, will be an important step to supporting more equitable access to these resources.

Examining equity implications of current policy approaches: Finally, states can use the opportunity provided by these additional funds to identify and work to address the inequities inherent in their current policy approaches, so they can build more equitable and sustainable systems for the future. Ensuring that the parents and providers from various communities are included in conversations about such policies is an important step. Forthcoming reports by Urban Institute researchers will explore other ways that state child care policies could support

more equitable access to subsidies, to support the ability of families receiving subsidies to have more equitable access to quality care and to use public funds to create more equitable supports for the child care and early childhood education workforce.

- **What policies and investments should continue after the pandemic?** The flexibilities and funding increases in the relief bills present an opportunity for learning. The experts we interviewed strongly urged that we should examine how states use the funds, what the impact was, where changes have been made for the better, and what it says about which policies and investments should be kept in place beyond the pandemic.

Medicaid and Other Health Programs

Medicaid and other health programs are vital during the COVID-19 pandemic for helping people access care both directly related to the virus and other medical issues as well as mental health and substance use disorders of heightened concern during the stress of the pandemic. Yet the social distancing requirements and fears of contracting the virus have changed how people provide and receive care. With the support of temporary federal funding provisions and administrative flexibilities, states are taking actions to safeguard Medicaid enrollment, keep health care providers in business, and ensure patients' access to care. Key questions remain about what will happen when the crisis and the temporary provisions end.

WHAT ARE MEDICAID AND OTHER HEALTH PROGRAMS, AND WHY DO THEY MATTER?

Medicaid provides health insurance and health care to millions of people with low incomes, including eligible adults, children, pregnant women, elderly adults, and people with disabilities.⁷⁵ States administer Medicaid within federal requirements, and both states and the federal government jointly fund the program. Other health programs, supported largely by state funds and federal block grants, focus on public health, mental health, substance use treatment, and maternal and child health.

Access to health care, whether through Medicaid or other means, obviously has been crucial during the pandemic. Public health programs are essential to support ongoing COVID-19 testing, contact tracing, and vaccine rollout. They are also critical to support community and population health needs after the pandemic. Behavioral health programs are playing—and will continue to play—a crucial role in supporting people who have suffered from mental health and substance use disorders amidst pandemic-related personal and financial losses. And maternal and child health programs, which largely

support preventive and primary maternal and pediatric care infrastructures, will be required to support mothers and children disproportionately vulnerable to COVID-19 and its effects.

Federal policymakers have provided new funding to help safeguard these programs. State Medicaid and other health programs received assistance through various provisions contained in the six federal relief bills (see box 2) and also benefited from additional flexibility granted by the federal agencies that set policy and help administer operations. For example, the Families First Coronavirus Response Act, passed March 18, 2020, authorized the federal Medicaid program to increase its federal funding match rate (federal medical assistance percentage—FMAP) by 6.2 percentage points for states that agreed to Maintenance of Effort (MOE) rules that dictated, among other things, that states not disenroll any beneficiaries who were on the program at the time the federal public health emergency was declared (March 13, 2020).¹ The CARES Act doubled the size of the Substance Abuse and Mental Health Block Grant and included an additional 5 percent set-aside for crisis intervention.⁷⁶ The Title V Maternal and Child Health Services Block Grant program also increased by \$32 million last year.⁷⁷ And most recently, the American Rescue Plan builds on these investments by providing additional incentives to states to expand Medicaid coverage of single adults using Affordable Care Act authority as well as extend Medicaid postpartum coverage, \$7.66 billion to bolster the public health workforce, \$1.5 billion for block grants for community mental health services, and \$1.5 billion for block grants for substance use disorder prevention and treatment. Still, states facing dire budget shortfalls may need to make cuts in these areas despite infusions of new federal dollars.

HOW HAS THE PANDEMIC AFFECTED HEALTH AND HEALTH PROGRAMS?

The pandemic has prompted dramatic changes in how health care is sought and delivered, as social distancing and fears of contracting the virus have led to greater disruptions in care, limited in-person visits, and increased reliance on telehealth (Gonzalez et al. 2021; Hill and Burroughs 2020; Gonzalez et al. 2020; Smith and Blavin 2021). Consistent with other data sources (Gonzalez et al. 2021), the experts we interviewed reported that people have avoided routine, preventive, and nonurgent care throughout much of the pandemic—for example, having fewer childhood vaccines, dental visits, and follow-up actions on newborn screenings. They also described how the pandemic has exacerbated health needs, particularly related to mental health and substance use disorders. In 2020, 4 in 10 adults in the US reported symptoms of anxiety or depressive disorders, up from 1 in 10 in 2019, with even higher rates among young adults, parents, communities of color, and essential workers.⁷⁸ The CDC also reported accelerated substance use and overdose deaths during the pandemic (Czeisler et al. 2020).⁷⁹

Two health care areas—virtual health care visits and home- and community-based services—experienced especially large shifts during the pandemic. Telehealth now accounts for 6 percent of all outpatient visits—compared with 1 percent of visits before the COVID-19 crisis—and 1 in 3 adults report having used telehealth between March and September 2020 (Mehrotra et al. 2020; Smith and Blavin 2021). Experts we interviewed reported that virtual care likely ameliorated preexisting barriers to care, such as lack of transportation and child care, leading to better attendance for certain health care visits, including prenatal and postpartum care appointments and group therapy sessions for substance use treatment. Consumer interest in home- and community-based services and family caregiving also increased, according to our interviews, as hospitals have made more referrals to home-health providers and fewer referrals to nursing facilities for long-term services and supports.⁸⁰ For decades before the pandemic, Medicaid programs worked to increase the share of service delivery and spending for long-term services and supports in home- and community-based settings relative to institutional settings (Watts, Musumeci, and Chidambaram 2020). This shift accelerated in response to COVID-19 as nursing homes and other long-term care facilities experienced dramatically high death rates, accounting for 35 percent of all US COVID-19 deaths, yet only 1 percent of the population,⁸¹ and providers worked to avoid these settings in favor of approaches that allow elderly and disabled people to remain at home and limit their exposure to COVID-19.

The large number of people losing jobs and employer-sponsored health insurance coverage during the pandemic raised concerns that millions might lose health insurance. However, it appears that uninsurance rates have not grown significantly in the past year, as losses in employer-sponsored coverage have been largely offset by increases in both Medicaid and Affordable Care Act marketplace enrollment.⁸² This is likely more the case in states that expanded Medicaid under the Affordable Care Act, where the health care safety net program succeeded in providing more Americans with coverage during the pandemic than in states that have opted not to expand Medicaid (Buettgens 2021).

There were also concerns early in the public health emergency that some health care providers were financially vulnerable, particularly primary care practices, behavioral health providers, substance use treatment providers, pediatricians, dentists, adult day health centers, and other congregate community services, who no longer had the volume of patients needed to maintain solvency, according to our expert interviews. Even with state Medicaid program efforts to extend financial support to providers facing revenue declines, experts emphasized that many providers are still struggling and some have gone out of business or significantly reduced their capacity—raising concerns about supply issues in a postpandemic future when demand presumably increases. This is especially true for mental health and substance use treatment providers, who key informants described as operating on very thin

margins to begin with, and who were especially in need of federal fiscal relief in 2020. They reported that smaller, community-based behavioral health care facilities were most likely to have temporarily closed their doors while they established processes for virtual care and obtained enough personal protective equipment to function—some have since restored their capacity, but others have remained closed, possibly permanently.

COVID-19's long-term impacts on the population's mental health and substance use rates are also of great concern, as millions of Americans have lost jobs; suffered through the deaths of family members; and attempted to cope with the stress and anxiety of social isolation, caring for sick family members, juggling work and children's distance learning, food insecurity, and homelessness. Studies have documented higher rates of depression and suicidal ideation during the pandemic (Czeisler et al. 2020), and stakeholders voiced concerns about increases in intimate partner violence, homelessness, and opioid and other substance use (Evans, Lindauer, and Farrell 2020). According to behavioral health experts, working at a job is a critical component of recovery from mental health and substance use disorder, but in an economy that has lost millions of low-wage jobs (Kinder and Ross 2020), this aspect of recovery may not be accessible.

HOW ARE STATES RESPONDING TO THE CHALLENGES?

With the financial protection from key federal relief provisions, and with additional flexibility granted during the pandemic, states have mostly avoided significant budget cuts to Medicaid and other health programs and have taken several steps to support health care providers and adjust policies to improve patients' access to telehealth, and home- and community-based care during the pandemic. States have shifted to virtual operations and remote administrative staff.

At the outset of the pandemic, the US Department of Health and Human Services (DHHS), Center for Medicare and Medicaid Services (CMS), which oversees Medicaid, acted quickly—according to experts interviewed for this study—to issue guidance for states that allowed health programs to respond to the pandemic more nimbly and effectively (see list below).⁸³ CMS also developed templates for states to use for Medicaid Disaster Relief State Plan Amendments and for submitting requests for waivers of program rules.⁸⁴

- **Limited budget cuts to Medicaid and other health programs.** As a result of the enhanced federal match funding provided for state Medicaid programs and the supplemental federal funds to other public health programs, states did not make significant cuts to Medicaid or other health program budgets in 2020. Some states did implement staff cuts and furloughs as a cost management strategy, and select cuts were made or proposed to non-Medicaid health

programs that were not protected by federal legislation, but many of these cuts were avoided or have been reversed.

- **Support for health care providers.** Many state Medicaid programs took actions to increase financial support or direct payments to providers who were experiencing steep revenue declines. States used State Plan Amendments and waiver authority to modify their Medicaid programs in ways that increased financial support for providers. For instance, a majority of states used disaster-relief State Plan Amendments—in place for the duration of the public health emergency—to temporarily increase provider payment rates.⁸⁵ Most have used emergency waivers to ensure providers are reimbursed even if they cannot comply with certain requirements because of the pandemic. For example, they allow billing by out-of-state providers, increase the scope of practice for some providers, and waive requirements for quality measure reporting so providers are not penalized for experiencing lower-than-anticipated volume. States have also helped providers stay afloat by employing mechanisms like interim payments, which are made to providers in advance to address immediate cashflow issues, or retainer payments and help providers maintain capacity when circumstances such as social distancing or self-quarantining requirements prevent beneficiaries from actually receiving the services.
- **Safeguarded Medicaid coverage and improved access to telehealth.** The federal public health emergency's MOE requirement protected Medicaid beneficiaries from losing their coverage during the public health emergency, which is still in place, and states took additional steps to ensure beneficiaries could safely access health care remotely. Policy adjustments to accommodate the shift to telehealth have included, for example, expanding rules to allow providers to connect with patients via telephone calls and virtual platforms like Zoom, Skype, and FaceTime (Hill and Burroughs 2020). Before the pandemic, only 19 state Medicaid programs paid for telehealth services delivered to patients in their homes, and not all states reimbursed these services at the same rate as in person care. But within the past year, all 50 states and the District of Columbia expanded telehealth for Medicaid populations.
- **Improved access to home- and community-based services.** Policymakers have bolstered home- and community-based services during the public health emergency, incorporating flexibilities and expanding reimbursement for these services. A majority of states have taken advantage of flexibilities in the altered federal Medicaid rules to allow family caregivers to deliver and receive reimbursement for this care, including home health services to older adults and children and young people with special health care needs.⁸⁶ Further, the Biden

administration has proposed new supports for family caregivers providing care across the lifespan—from children to older adults—such as tax credits.⁸⁷

- **Shifted to virtual state operations and remote administrative staff.** The pandemic necessitated a shift to virtual operations and remote work for state program administrative staff. Most experts we interviewed reported that the transition to virtual program operations and remote work had been relatively smooth overall, in part because some states had already invested in the necessary technology before the pandemic. Other states, however, were “completely unprepared,” according to experts we interviewed, and were working without the appropriate technology for months—for instance, some agencies lacked laptops with cameras and microphones.

WHAT ARE THE IMPLICATIONS FOR RACIAL EQUITY?

Long-standing systemic and structural racism have led to racial disparities in underlying health conditions that, in turn, have contributed to higher risks for people of color of contracting and dying from COVID-19 (Kijakazi 2020). A consistent pattern also exists across states of Black and Latinx people receiving smaller shares of COVID-19 vaccinations compared with either their shares of COVID-19 cases and deaths or their shares of the total population.⁸⁸

Political support for addressing racism and structural health inequities through policy change has grown—for instance, three state legislatures and a much larger number of city councils, county boards, and public health entities declared racism a public health crisis in 2020.⁸⁹ The framing of racism as a public health issue has prompted state legislators and governors to form working groups, task forces, and advisory councils to delineate actionable steps for addressing structural inequities. For example, as of August 2020, 18 states had created task forces to address COVID-19’s disproportionate toll on communities of color.⁹⁰

Moreover, state task forces have reportedly emphasized the need for states to directly engage with communities and integrate input into all policies and strategies, both within the context of the pandemic and more broadly.⁹¹ As structural and social determinants of health are impacted by myriad policies and programs, experts highlighted that state programs must use a coordinated approach to address health and social needs through a community-driven equity lens. Accordingly, a handful of states have launched strategies to incorporate community feedback into long-term policy decisions. For example, in Michigan, Governor Gretchen Whitmer established the Black Leadership Advisory Council, tasked with developing, reviewing, and recommending policies and state actions targeting racial inequities.

KEY HEALTH CARE CONSIDERATIONS FOR STATE LEGISLAURES AND PROGRAM ADMINISTRATORS

States have taken several actions to bolster health care during the pandemic. Questions remain about what additional actions states might take both during and following the crisis:

- **Will more states expand Medicaid coverage?** Since the implementation of the Affordable Care Act of 2010, states have had authority to expand Medicaid coverage to single adults with incomes below 138 percent of the federal poverty level, but not all states have done so. The American Rescue Plan includes key temporary provisions that implement more affordable marketplace subsidies and that further incentivize states to expand Medicaid coverage (Rudowitz, Corallo, and Garfield 2021). Oklahoma and Missouri are poised to implement Medicaid expansion following successful ballot initiatives (though the latter’s Republican-controlled legislature is moving to counter the measure), and policymakers in Alabama and Wyoming are actively debating this topic.⁹²
- **What will happen to Medicaid eligibility once the public health emergency’s MOE requirement is lifted?** This is a large, looming question that holds significant implications for state budgets. During the public health emergency, states are prohibited from disenrolling Medicaid beneficiaries, but when the public health emergency ends, states could face a large backlog of eligibility redeterminations. Advocates expressed concern over how state systems will cope with this demand, especially in states where staff cuts and furloughs were used to balance the budget. Significant declines in Medicaid enrollment could occur, or not, depending on the state of the economy when the public health emergency is lifted. And if state systems are overwhelmed by the need to redetermine eligibility for their entire enrollee population in a condensed time frame, stakeholders expressed fear that the quality and accuracy of those redeterminations may suffer, leading to unintended outcomes.
- **Will telehealth access continue?** Although many experts we interviewed were optimistic about telehealth’s potential for improving access to care, they also described concerns about the efficacy, equity, and sustainability of telehealth-related policy changes. Some interviewees expressed support for policies such as payment parity to be made permanent, while others disagreed, worried about the quality of virtual care. For instance, several suggested that although audio-only care can reach patients unable to connect via video applications, it presents challenges because providers are unable to monitor important indicators such as their patients’ physical condition, affect, or expressions during an audio-only health visit. Some people we interviewed described the potential for increased costs related to overuse of virtual

care in fee-for-service environments and pointed to the lack of sufficient data to determine whether telehealth access and outcomes are equitable across populations (Hill and Burroughs 2020). Key informants unanimously agreed, however, that the expansion of telehealth services would be sustained in some capacity; they expressed doubt that the US would revert to the low levels of utilization and rigid policies seen prepandemic. One remarked that “telehealth is here to stay.”

Conclusions and Considerations for State Leaders

A year ago, as the seriousness of COVID-19 was becoming apparent, governors were issuing stay-at-home orders, and employment was plummeting, states braced for sharp budget cuts and skyrocketing need for public assistance. Though the hardship has been immense, and the loss of life unfathomable, federal relief efforts and better-than-expected state revenues have mitigated a fiscal and economic situation that could have been even worse. Provisions in the American Rescue Plan, for example, could cut the 2021 child poverty rate by more than half, relative to what it otherwise would have been, and also reduce the poverty rate by more than half for people in households experiencing job loss (Wheaton et al. 2021). Federal funding from the American Rescue Plan, both directly to states and taxpayers, provides much-needed relief but leaves states with tough questions about how best to direct both state and federal funds.

As we have discussed in this report, each aspect of the safety net offers significant relief from hardship but involves state policy and practice choices, often with implications for racial equity. Each policy area entails specific considerations for state legislatures and program administrators, yet several overarching questions have emerged:

- **How will states spend the large and temporary influx of federal dollars?** Much of the new federal funding is designated for specific programs, but with access to new federal funding, will states shift existing funding to other needs? Funding decisions across multiple programs can interact, so it is important for states to consider how to make use of the flexibilities of federal funds without undermining the purposes of that funding. TANF funding, for example, has often been used creatively and now primarily supports costs other than direct cash assistance. With new, dedicated child care funding and an ongoing boost in the Medicaid match rate, states may feel less pressure to repurpose TANF funds. The question of how to spend the federal funds is not only one of what to spend them on, but also the state and local capacity to administer and distribute billions of dollars in federal relief for housing and child care. Experts advise using

existing systems rather than inventing new ones, but existing systems may also have insufficient staff capacity.

- **How will states address the racial and ethnic disparities and economic inequality that have been exacerbated by the pandemic?** Communities of color and communities with low incomes have borne the brunt of both the pandemic and the recession, intensifying long-standing inequities that have resulted from systemic racism and structural barriers to economic success. State safety net policies and targeting of relief funds have the potential to either mitigate or worsen these inequities. States must carefully consider how to implement emergency rental assistance and child care subsidies equitably and target funding to the people and communities who need it most.
- **How will states prepare for an uncertain future?** Economic forecasts and projections of poverty and hunger are improving, and states budgets for the coming year reveal a cautious optimism, but the past year has highlighted how uncertain the future can be. Much remains unclear about what will happen when the eviction moratoria end, when the increased federal funding has been expended, and other relief provisions and flexibilities expire. States must consider the implications of their actions for service delivery, racial equity, and fiscal health in both the short and long terms.
- **What policies, practices, and investments changed in response to crisis should continue?** Responding to stay-at-home orders, states quickly established policies and practices to allow people in need to access benefits and services from a remote workforce. States should consider not only which of these innovations demanded by the pandemic should be carried forward, but also should build on their new understanding and experience of how quickly and creatively they can act. Will states continue the internal governance processes that facilitated these rapid changes?

States will undoubtedly differ in how they approach these questions, challenges, and opportunities. Though there are no easy answers, state approaches have the potential to shape the well-being of their residents, economies, and communities.

Notes

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