



STATE POLICY AGENDA

A COVID-19 RECOVERY THAT WORKS FOR ALL OF US

The COVID-19 pandemic has laid bare the deep gaps in our economic and social infrastructure that have resulted from decades of underinvestment and policy choices that failed to center the needs of cis and transgender women, especially Black, Latina, Native American, Asian American and Pacific Islander, and other women of color. These communities are bearing the brunt of the COVID-19 pandemic and recession: As essential workers risking their lives for minimum wage. As caregivers forced to navigate how to bring home a paycheck and care for their families. As breadwinners losing their jobs. As patients blocked from accessing comprehensive health care. And yet, they have been left behind and left out in COVID-19 recovery efforts.

The world we rebuild in the wake of the coronavirus must grapple not only with the effects of COVID-19 broadly, but also how the ongoing pandemics of white supremacy and misogyny have exacerbated inequities and placed undue burdens on Black and brown women. The only way forward to prosperity for our country is to center the needs of women, especially women of color.

WOMEN ARE ON THE FRONT LINES OF THE COVID-19 CRISIS

Women—and especially women of color—predominate in essential jobs that are powering the country during this crisis. For example, women are 88% of home health aides, 75% of hospital workers, 93% of child care workers, and 66% of grocery store cashiers and salespeople. While these jobs are being recognized as essential, those working in them—disproportionately women of color—are being treated as expendable. Many of these front-line jobs are low paid and don't offer basic protections like paid sick days, employer-sponsored health care, or adequate health and safety safeguards. And now, women are bearing the brunt of the recession with

women-dominated sectors like <u>restaurants</u>, <u>hospitality</u>, <u>child care</u>, and <u>state and local governments</u> facing heavy losses, leaving Black women and Latinas with an <u>unemployment rate nearly 1.5 times</u> <u>higher</u> than white, non-Hispanic men.

Women are also paying a high economic price as they take on the lion's share of unpaid caregiving in the face of the collapse of our caregiving infrastructure. Many schools continue to operate remotely, and many child care and after-school programs are still closed, operating at lower capacity, or on the brink of shuttering permanently. COVID-19 has also reduced access to in-home caregivers for seniors, forcing many women to take on new responsibility for elderly relatives. As a result, women are the ones sacrificing jobs. As of December 2020, nearly 2.1 million women had left the labor force since the pandemic started, including more than 1.1 million Black women and Latinas, leaving women's labor force participation at the lowest level since the 1980s. We have lost more than a generation of gains.

The already high rates of economic insecurity women were experiencing before this crisis began, deepened by race and gender wage gaps, means that many women have no financial cushion to weather the current crisis and still feed their families, pay the rent or mortgage, and keep up with their bills. Further exacerbating this crisis and impeding recovery are the barriers to accessing health care, including reproductive health care, that women, especially Black women and other women of color, have long experienced. Students, especially students of color, are also struggling through this crisis, more disconnected than ever from a school community and counselors to help them with their emotional and mental health during this traumatic pandemic.

In the face of state revenue shortfalls from the economic fallout of the COVID-19 crisis, state policymakers' top priority must be helping families and communities by raising revenue to protect health care, public education, and economic supports for residents. The world we rebuild in the wake of COVID-19 must work for all of us, and that means centering gender and racial justice by:

Increasing Families' Access to Affordable, High-Quality Child Care and Early Education. Child care has always been essential to our economy, and the COVID-19 pandemic is bringing its centrality into even greater focus. Despite its importance, decades of underinvestment have created a precarious system that is now on the verge of collapse because of the COVID-19 pandemic. Many child care programs were forced to close during the pandemic, and those that remained open to serve essential personnel or reopened had to take safety measures—such as limiting enrollment, purchasing personal protective equipment (PPE), and finding and paying substitute teachers—all of which have lowered revenues and raised operational costs. Families cannot afford to pay more for child care, and child care workers—who are disproportionately women of color and immigrant women—should not have their already poverty-level wages reduced further. To save the child care system from collapse and avoid the harm that would come to children, families, child care workers, and our economy—a federal investment of at least \$50 billion is crucial. States should also invest additional available federal and state funds in child care, to the extent possible. In addition, states can respond to families' and child care providers' needs during the pandemic by: providing grants to help keep providers afloat while closed for health reasons and to help them reopen when safe to do so; helping providers obtain and purchase safety supplies and materials; increasing provider payment rates; offering bonus pay to child care workers; making targeted investments in home-based child care options (such as family child care and family, friend, and neighbor care); paying providers based on enrollment instead of attendance; and providing clear health and safety guidance to providers.

Expanding Access to Comprehensive Health Coverage. Access to comprehensive health coverage is more vital now than ever. Health coverage can make people healthier by addressing underlying conditions that make COVID-19 more deadly. Health coverage can also protect people from going into debt to get the health care they may need; the cost of hospitalized care for COVID-19 ranges between \$34,000 and \$45,000, on average. Comprehensive health coverage must be available to all those who need it, and it must include the full scope of care people need, including reproductive health care. States can ensure access to affordable, seamless, and comprehensive health care coverage by expanding Medicaid for low-income adults and expanding Medicaid eligibility for family planning services; guaranteeing comprehensive birth control coverage without out-ofpocket costs; and ensuring all individuals have coverage of abortion, regardless of their income or how they are insured.

Expanding and Strengthening State Unemployment Insurance

Programs. Unemployment insurance (UI) is vital for keeping women and families out of poverty and helps ensure our economy can recover from times of economic turbulence. Unfortunately, many state UI systems were not ready for another recession, much less an economic crisis of this magnitude. States can help make UI as accessible and helpful to workers as possible during this crisis and gird the system for the challenges of a recession and future economic crises. Such reforms should include (but not be limited to) adopting work-sharing programs to support workers whose hours are cut and help avert layoffs; adopting the "alternative base period" that allows unemployed workers to better account for their work history when qualifying for UI; improving benefit adequacy and duration; and expanding the "good cause" reasons for quitting and obtaining UI, including needing to care for quarantined or sick family members and escaping domestic violence, sexual violence and/or stalking. States should also ease or remove administrative barriers to help streamline the process for receiving UI and reduce the burden on already overloaded state systems.

Guaranteeing Paid Family and Medical Leave and Paid Sick Days.

Everyone needs time to care for themselves and their loved ones—but people working in low-paid jobs, who are least likely to be able to afford to take unpaid time off from work, are also least likely to have access to any paid sick days or paid family or medical leave. This reality leaves many women of color—who are disproportionately likely to hold low-paid jobs, and to be both breadwinners and caregivers for their families—and other working people with the impossible choice between caring for themselves or their families and maintaining their financial security. And the COVID-19 crisis has made clear that these tradeoffs can put entire communities at risk. To ensure that working people are not forced to choose between their paychecks and health during the pandemic, states should go beyond the temporary emergency provisions enacted in federal coronavirus relief legislation and ensure that all working people have access to at least two weeks of paid sick days, as well as at least 12 weeks of paid family and medical leave, for the duration of the current public health emergency. But the need for these protections will not end with the current health crisis. States can establish a permanent program to guarantee at least 12 weeks of paid, job-protected family and medical leave for all, ensuring that working people are able to take the time they need to bond with a new addition to the family, or to care for themselves or their loved ones when a serious illness strikes. And they can enable everyone to protect their health, attend doctor's appointments, and deal with unanticipated illnesses, without threatening their economic security, by ensuring that all employees can earn at least seven paid sick days each year.

Raising the Minimum Wage. Raising the minimum wage is one important way that states can shift power to working people and value the people who are caring for our children, protecting the public health, and keeping our economy afloat during the COVID-19 pandemic. Higher wages, particularly for the lowest-paid workers, can also help boost the consumer demand that is necessary for a strong, shared recovery from the pandemic-induced recession and help working people support themselves and their families. States should gradually raise the minimum wage to at least \$15 per hour, then index it to keep pace with rising wages overall, and phase out any lower minimum wages applicable to tipped workers, youth, workers with disabilities, and others to arrive at one fair minimum wage for all working people.

Protecting Workers' Safety and Health. All workers deserve to work with safety and dignity, and prioritizing worker health is essential to controlling, preventing, and mitigating the spread of COVID-19 in communities at large. Unfortunately, despite receiving more than 6,000 complaints about unsafe work conditions, the federal Occupational Safety and Health Agency (OSHA) under the Trump administraton did not enact an "Emergency Temporary Standard" (ETS) requiring all employers to provide COVID-19 specific safety protections for workers, such as social distancing requirements or PPE. The agency's failure to act has endangered millions of front-line workers, many of whom are women of color. On January 21, 2020, President Biden signed an Executive Order directing the Secretary of Labor to take a number of steps to put new COVID-19 workplace safeguards into practice, including, potentially issuing an OSHA ETS. While federal action is paramount, states can and should also act to ensure that workers and the general public are safe in this pandemic. To help employers achieve the safest possible conditions for workers, states can enact their own enforceable Emergency Temporary Standards, requiring all employers to provide COVID-19 specific safety protections for workers, as California, Virginia, New Jersey, and Michigan have done. In addition to clear and enforceable requirements for physical work locations, state standards should apply broadly to all workers, regardless of whether they are classified as employees or independent contractors. State standards should also take into account the importance of worker voice in enforcement and enact strong whistleblower protections to ensure workers can speak up about their health and safety without fear of retaliation.

Enacting Eviction Moratoriums and Providing Rental and

Mortgage Assistance. Fair access to safe, accessible, and affordable housing is vital to the well-being of women and girls, impacting health, education, and employment outcomes, particularly for Black, Latina, and Asian women. The devastating impact of COVID-19 and the recession has exacerbated housing instability for women and

families. While there are some eviction moratoriums and mortgage forbearance in place, the relief does not meet current needs. For example, the Centers for Disease Control and Prevention (CDC) order only provides some housing insecure renters protections from eviction through March 31, 2021. Congress passed a COVID-19 relief package in December 2020 that included \$25 billion in emergency rental assistance, but researchers estimate families may owe as much as \$70 billion in back rent. Tens of thousands of people have already been evicted because of the loopholes in the current CDC order, and potentially millions of families could face eviction in April without additional action - representing not only increased economic hardship for these families, but creating a ripple effect in terms of exposure to the pandemic. States should enact or improve their own eviction moratoriums that include requirements for landlords to inform tenants of their rights and prohibit landlords from filing for eviction for nonpayment of rent. States and localities should also take lessons learned from CARES Act rental assistance programs as they administer their portion of the new \$25 billion emergency rental assistance program to help families with back rent and utilities.

Protecting and Expanding Access to Reproductive Health Care.

Protecting and expanding access to reproductive health care, including birth control and abortion, is essential for many people's autonomy and well-being, and especially so as the country faces a crisis that threatens the health, livelihoods, and financial security of millions. The COVID-19 pandemic and the recession, however, have created new barriers to accessing this care and worsened existing ones. For many people—especially those who are already more likely to experience barriers to access, including Black women, Native American women, and other women of color—this means they may not be able to access the reproductive health care they need when they need it or at all. Ensuring that reproductive care is accessible and affordable must be a core component of the response to COVID-19 and the economic crisis. States can take several steps to protect and expand access to reproductive health care during, and after, the pandemic: clarify that contraception and abortion care is essential care that can be accessed while social distancing or stayat-home guidelines are in effect; protect reproductive health care providers and encourage the use of telemedicine when possible; suspend harmful and unnecessary restrictions on birth control and abortion access; adequately fund family planning services; expand Medicaid eligibility and ensure Medicaid covers reproductive health services; and, ensure that a health care provider's personal beliefs do not prevent someone from accessing the care they need.

Investing in School Counselors, Not Criminalization. Before a national emergency was declared, too many students attended schools that provided too little social and emotional support—and many schools misused too many of their limited resources on

criminalizing children instead. In fact, 1.7 million students attended schools with police, but no counselors. COVID-19 has also caused great disruption in children's lives, putting their emotional and mental health at risk and threatening families' ability to meet children's basic needs. Yet, nationally the student-to-counselor ratio is 430-to-1—nearly double the 250-to-1 ratio recommended by the American School Counselor Association. Some students have needs that require greater investments. For example, Latina girls—who report higher rates of sadness and hopelessness due to a variety of social and cultural experiences—and children who have experienced harassment, assault, or other trauma would benefit from resources that help them balance mental wellness and educational obligations. Students' mental health needs must not be ignored during this pandemic. Indeed, the need for counseling and support during this time of crisis has likely only increased. States should increase funding to provide virtual and in-person mental health supports for students, by diverting funds typically used for police in schools to increase counselors and similar supports. This will help push schools to focus on children's mental health needs once students are physically back in school, not their criminalization.

Making the Tax Code Help Working Families. States can improve economic security for families during the recession by establishing and/or strengthening state-level tax credits. Refundable state tax credits that are based on the federal Earned Income Tax Credit, Child Tax Credit, and Child and Dependent Care Tax Credit put money back in families' pockets, which will be quickly pumped back into local economies. While states are experiencing significant revenue shortfalls because fewer sales, income, and business taxes are being collected during the recession, they should consider rolling back tax benefits for the wealthy and large corporations to close the gap. In combination with expanding refundable tax credits, this would also make state tax systems fairer and more equitable: in nearly every state, low- and middle-income families pay a larger share of their income in state and local taxes than higher-income people do, because most states and localities rely heavily on regressive taxes (like sales taxes) to raise revenue.