**FOREWORD**

The health of a state, like that of an individual, performs best from a holistic approach. As states work to improve the health, safety and economic well-being of their residents, they must do so in recognition of the many complimentary efforts, partnerships and related issue areas that come with it.

The 2021-22 CSG Healthy States National Task Force was formed in recognition of this to include four key policy focuses: civic health, economic and workforce health, fiscal health, and human health. Each selected policy focus is representative of areas where continuous improvement and innovation may support and drive the health of states overall. This is especially pertinent given the challenges experienced by states since the start of the COVID-19 pandemic. The policy focuses are not at the exclusion of the many other vital responsibilities of state government, but rather are intended to be a connecting catalyst for a state’s overall benefit.

The 2021-22 CSG Healthy States National Task Force was comprised of 57 state leaders from across 38 states and all three branches of government. The state members of the task force are the most important assets of this endeavor, whose policy work greatly benefited from the diversity of states, political perspectives, branches of government, and people represented. The respective expertise and perspectives shared by task force members over the past two years were the key components to the formation of this final report.

The resulting product of the two-year task force is a set of 38 bipartisan recommendations for state consideration. The recommendations are a result of bipartisan collaboration of state leaders to inform and guide opportunities for state policy action. It is acknowledged that not every recommendation may be addressed quickly or easily by a state. However, each recommendation holds the potential to strengthen the health of a state through improved information sharing, collaboration and policy design.

The work of the task force would not be possible without the support of private sector and nonprofit partners who provided critical support through the duration of the task force. In addition, the many subject matter experts who provided their expertise during task force events greatly contributed to the knowledge and overall work of the task force.

As the work of the task force culminates, it is hoped that the recommendations included here represent the genesis of new and continued state efforts to build healthier communities, fiscally resilient states, greater and more equitable economic opportunities for residents, and a well-informed and civically engaged public.

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**Sen. Bryan Townsend**  
Healthy States National Task Force Co-chair  
DELAWARE

**Sen. Bo Watson**  
Healthy States National Task Force Co-chair  
TENNESSEE
EX E C U T I V E S U M M A R Y

The 2021-22 CSG Healthy States National Task Force is a bipartisan, multistate effort to improve state resiliency to the challenges of the past several years and prepare states to capitalize on the opportunities that the next few years will bring.

The onset of the COVID-19 pandemic created an abrupt disruption to states that resulted in immediate implications for state leaders charged with oversight of fiscal, health, economic and workforce, and civic policy infrastructures. The task force’s mission to provide widely applicable, bipartisan policy recommendations was established as a means to support holistic policy strategies by state leaders to improve the health of their states.

The 2021-22 CSG Healthy States National Task Force represents a second iteration and builds off the work of the previous CSG national task forces — the 2019-20 Healthy States and Future of Work national task forces — with the recognition that a state’s well-being is not exclusive to one policy area. To prioritize its work under this holistic approach, the policy areas of human health, civic health, economic and workforce health and fiscal health were adopted as the key focuses.

Membership of the task force consisted of 57 state leaders from across 38 states and all three branches of state government. Included in this membership were state legislators, lieutenant governors, secretaries of state, supreme court justices, and many other represented offices of state government. Each task force member was assigned to one of four subcommittees, each representing one of the task force’s key focus areas.

The work of the task force was further supported by subject matter experts and private sector partners, who provided invaluable insights and resources. This diverse membership enabled the task force to benefit from the wide range of perspectives, experiences and knowledge brought to the policy conversations.

In total, the task force adopted 38 policy recommendations across the four focus policy areas. The policy recommendations were formed in response to the presentations and discussions held by the task force over the course of three in-person and virtual meetings. Central to the development of recommendations is that they passed with unanimous support of the task force subcommittee members and were structured to support varying state contexts.

Included in the task force materials are the adopted recommendations with accompanying policy research, resources and state examples. State leaders may use these materials as guides to their own policy strategies. Further information on the task force and its resources may be found on the project website, web.csg.org/csghealthystates.

Lead Partners

Partners
# Table of Contents

## Civic Health Subcommittee | Healthy States National Task Force
- Civic Health Policy Recommendation 1 ................................................................. 5
- Civic Health Policy Recommendation 2 ................................................................. 6
- Civic Health Policy Recommendation 3 ................................................................. 7
- Civic Health Policy Recommendation 4 ................................................................. 8
- Civic Health Policy Recommendation 5 ................................................................. 9
- Civic Health Policy Recommendation 6 ................................................................. 11
- Civic Health Policy Recommendation 7 ................................................................. 13
- Civic Health Policy Recommendation 8 ................................................................. 16
- Civic Health Policy Recommendation 9 ................................................................. 18

## Fiscal Health Subcommittee | Healthy States National Task Force
- Fiscal Health Policy Recommendation 1 ............................................................... 20
- Fiscal Health Policy Recommendation 2 ............................................................... 21
- Fiscal Health Policy Recommendation 3 ............................................................... 22
- Fiscal Health Policy Recommendation 4 ............................................................... 23
- Fiscal Health Policy Recommendation 5 ............................................................... 24
- Fiscal Health Policy Recommendation 6 ............................................................... 25
- Fiscal Health Policy Recommendation 7 ............................................................... 26
- Fiscal Health Policy Recommendation 8 ............................................................... 27
- Fiscal Health Policy Recommendation 9 ............................................................... 28

## Economic and Workforce Health Subcommittee | Healthy States National Task Force
- Economic and Workforce Health Policy Recommendation 1 .............................. 30
- Economic and Workforce Health Policy Recommendation 2 .............................. 31
- Economic and Workforce Health Policy Recommendation 3 .............................. 32
- Economic and Workforce Health Policy Recommendation 4 .............................. 33
- Economic and Workforce Health Policy Recommendation 5 .............................. 34
- Economic and Workforce Health Policy Recommendation 6 .............................. 35
- Economic and Workforce Health Policy Recommendation 7 .............................. 36
- Economic and Workforce Health Policy Recommendation 8 .............................. 38
- Economic and Workforce Health Policy Recommendation 9 .............................. 39
- Economic and Workforce Health Policy Recommendation 10 .............................. 40

## Human Health Subcommittee | Healthy States National Task Force
- Human Health Policy Recommendation 1 ............................................................ 43
- Human Health Policy Recommendation 2 ............................................................ 44
- Human Health Policy Recommendation 3 ............................................................ 45
- Human Health Policy Recommendation 4 ............................................................ 47
- Human Health Policy Recommendation 5 ............................................................ 49
- Human Health Policy Recommendation 6 ............................................................ 50
- Human Health Policy Recommendation 7 ............................................................ 52
- Human Health Policy Recommendation 8 ............................................................ 54
- Human Health Policy Recommendation 9 ............................................................ 56
- Human Health Policy Recommendation 10 ............................................................ 57

## Summary ........................................................................................................... 61

## Additional Resources ......................................................................................... 62
Civic Health

Rising polarization, the prevalence of misinformation/disinformation/malinformation, and increasing mistrust in government institutions provided a clear direction for the work of the Civic Health Subcommittee. Central to the bipartisan discussions of the Civic Health Subcommittee members were ways to improve civic discourse and trust and improve transparency through elections and civic education.

The Civic Health Subcommittee adopted nine policy recommendations across two main focuses — civic education and elections.

Civic Education

Civic education is crucial to the long-term civic health of states. Such education serves as the basis for an understanding of shared heritage and political culture, inducing a sense of the importance of electoral participation and community engagement. Particularly in the last 20 years, involvement with community organizations and political parties has declined while the exchange of ideas and promotion of political activism across a variety of social media platforms has flourished. Meanwhile, Americans’ level of civic knowledge and engagement has remained stagnant.

As states seek to reinvigorate civic knowledge, policymakers may consider implementing incremental changes to how civic education is conducted in schools and promote with a rich environment for civic learning, engagement and growth.

1. States can utilize innovative frameworks in the K-12 civics curriculum that focus on participatory skills, experiential learning, media literacy and engagement in digital platforms.
2. States can report on success in strengthening civic understanding beyond what can be captured through academic testing results, including through alternative metrics such as portfolios and service-learning, among others.
3. States can consider increasing civics instruction requirements in K-12 schools. Increased civic instruction requirements should be supported by appropriate funding.
4. States can invest in the public’s on-going civic education and consider policies that make voting accessible to all eligible citizens, including but not limited to:
   - Removing barriers to voting for justice-involved individuals.
   - Providing opportunities for voter education and more accurate information on voting.
   - Implementing more modern and convenient forms of voter registration.

Elections

The COVID-19 pandemic served as both a laboratory for voting reform and an inflection point in public trust of the nation’s current voting systems. Democrat and Republican policymakers worked together to administer elections in 2020 unlike any most states had ever seen and expand options for voting in the process. Bipartisan efforts were made in many states to pass legislation that codified these enfranchising voting reforms into standard practice. Yet, at the same time, an unprecedented number of Americans still believe a conspiracy theory that the 2020 presidential election was “stolen,” and as a result, trust in voting systems at all levels of government remains low for some Americans and the leaders who represent them.

In order to correct negative trends in voter confidence, a policy response is needed. Voting is a central tenant to the United States’ most novel contribution to the modern world: the peaceful transition of power. To keep that peace and ensure representative government survives the test of time in this country, policymakers will need to employ new tactics to inspire trust in state voting systems and make every citizen’s vote a meaningful reflection of their political priorities.

5. The Council of State Governments could explore working with the National Association of Secretaries of State to create an Elections Best Practices report that communicates efforts made by secretaries of state that successfully expand voting access, strengthen electoral security and increase public trust in the electoral system. This report may be disseminated to leaders nationwide, across all three branches of state government.
6. All state policymakers and elections officials can strive to make voting as accessible, convenient and secure as possible within the context of their election systems.
7. States can consider creating bipartisan election advisory groups or committees to improve public education, combat misinformation/disinformation/malinformation and recommend strategies to build voter trust.
8. States can investigate and invest in youth engagement activities that encourage future electoral participation and familiarize youth with the mechanics of the state’s election system (e.g., process, voting machines, and system safeguards against fraud).
9. States can investigate, invest in and share best practices on activities with elections personnel that help the public engage more directly with the voting system, the voting process, and the mechanics of voting.

Civic Health Subcommittee Members

- Secretary of State Shenna Bellows, Maine, Co-chair
- Secretary of State Frank LaRose, Ohio, Co-chair
- Justice Alisa Kelli Wise, Alabama
- Chief Service Officer Josh Fryday, California
- Senior Adviser Tommy Druen, Kentucky
- Sen. Sal DiDomenico, Massachusetts
- Sen. Joan Lovely, Massachusetts
- Secretary of State Maggie Toulouse Oliver, New Mexico
- Assemblymember Catalina Cruz, New York
- Secretary of State Nellie Gorbea, Rhode Island
- Sen. Jennifer Boysko, Virginia
- Lt. Gov. Deidre Henderson, Utah
Civic Health

Policy Recommendation 1:
States can utilize innovative frameworks in the K-12 civics curriculum that focus on participatory skills, experiential learning, media literacy and engagement in digital platforms.

The Civic Health Subcommittee approved this recommendation citing a need for civics education to address topics such as media literacy and include opportunities for students to participate in democratic processes and debate political ideas with each other in a structured, civil environment.

Public education exists to prepare students for their future careers but also to prepare young citizens for active citizenship. It is an unfortunate fact that far too many children graduate with inadequate knowledge of basic civic processes and lacking the curiosity necessary to become informed voters. Opportunities abound to engage students in civic education and excite them for the opportunities to positively impact the political life of their communities, states and our nation. As public leaders we should partner with education professionals to help prepare students to become engaged voters, poll workers and candidates.”

— Secretary of State Frank LaRose, Ohio

Service-learning opportunities have been found in numerous studies to provide students with benefits that include: enhanced self-efficacy and self-esteem; more positive attitudes toward school and education; an increase in positive attitudes and behaviors related to community involvement; and gains in social skills relating to leadership and empathy. At the same time, there is international evidence that students who are given media literacy training in the classroom are more capable of identifying misinformation when browsing online content.

Research also shows that deliberative environments, guidance and considerable practice are needed for youth to participate effectively. Otherwise, youth may not gain the necessary skills to challenge naïve ideas about civics, gather objective evidence and think critically about the consequences of specific actions.

State Examples

Virginia’s Excellence in Civics Education Seal is awarded to graduating high school students who complete 50 hours of voluntary participation in community service.

Delaware’s House Bill 175 (2021) allows one excused absence per school year for students grades 6-12 to attend civic engagements such as visits to the U.S. Capitol, Legislative Hall and sites of political and cultural significance; or participation in a rally, march, protest or walkout.

Ohio’s Youth at the Booth program allows 17-year-old students to serve as poll workers on election day. Participating students can receive community service hours and extra credit. They are also paid for their time.

Additional Resources

- The Council of State Governments State Civic Education Toolkit — https://www.csg.org/2022/05/03/state-civic-education-toolkit/

Endnotes

Civic Health

Policy Recommendation 2:
States can report on success in strengthening civic understanding beyond what can be captured through academic testing results, including through alternative metrics such as portfolios and service-learning, among others.

The Civic Health Subcommittee approved this recommendation, citing a desire to see more hands-on experience and project-based assessments in civics learning as part of social studies and history curricula.

Regardless of background or ideology, we can all agree that civics education is the foundation of more informed and participatory democracy. Some of the best civics education happens outside of the classroom including experiential learning and volunteer opportunities. It’s important that our metrics capture not only academic performance but also educational achievement outside the classroom.”

— Secretary of State Shenna Bellows, Maine

States should ensure civic education progress is measured by performance-based testing instruments. CivXNow,1 the advocacy arm of iCivics, recommends that “states should require that students develop a real-world public policy project with alternative forms of assessment, such as performance-based, portfolio or reflections, at the middle and high school levels. These public policy projects may be thought of as a ‘civics lab,’ similar to laboratory work in science class.”2

States might further strengthen the accountability structure for K-12 civics learning by:3

- Ensuring assessment instruments offer a comprehensive measure of civic and history learning and permit the reporting of results disaggregated by subgroup.
- Directing schools and school districts to create civics learning plans aligned with the Educating for American Democracy Roadmap.4 Civic learning plans could be aggregated across local education agencies to allow comparisons and assessment of progress and integrated into school evaluation systems if the state uses a school ranking formula.
- Including civics assessments in the Every Student Succeeds Act plans states submit to the U.S. Department of Education.5
- Providing performance-based student credentialing benchmarks at appropriate grade level junctures, including civics graduation seals or certificates.
- Participating in the National Assessment of Educational Progress in Civics and History6 to allow for disaggregated results by state.

State Examples

In 2012, Tennessee required project-based assessments in civics at least once in grades 4-12 (Tenn. Code Ann. § 49-6-1028).

In 2021, Rhode Island enacted Senate Bill 76 which requires public school districts to provide at least one student-led civics project during either middle or high school. The projects should be designed to promote a student’s ability to:
- Reason, make logical arguments and support claims using valid evidence.
- Demonstrate an understanding of the connections between federal, state and local policies, including issues that may impact the student’s community.

Additional Resources

- The Council of State Governments State Civic Education Toolkit — https://www.csg.org/2022/05/03/state-civic-education-toolkit/

Endnotes

1 The Council of State Governments is a member organization of the CivXNow Coalition.
Civic Health

Policy Recommendation 3:
States can consider increasing civics instruction requirements in K-12 schools.

The Civic Health Subcommittee approved this recommendation citing a desire to bolster student understanding of and engagement with topics such as law and government, among others, while combating the lack of trust in public institutions and increasing understanding of how U.S. institutions work.

Well-funded civics education should be an integral part of K-12 education. Students should learn accurate information and understand that our electoral system is run by the people who live in their community. Social media algorithms have targeted the news sources individuals consume. Without a comprehensive civics curriculum in schools, students will not understand how the electoral process works or how the government works. We need to make sure that students have a safe opportunity to engage with these concepts so that they are fully informed and understand how our government operates and how each student can participate.”

– Sen. Jennifer Boysko, Virginia

All 50 states include civics education as part of social studies requirements in K-12 schools, according to the Center for Information and Research on Civic Learning and Engagement. However, these requirements vary significantly by state and are often minimal, especially at the high school level. Increasing the minimum number of credits in civic education students must earn to graduate would enable them to receive sustained and systematic instruction pertaining to topics such as law and government.

Increasing civics instruction requirements in K-12 schools will help combat the lack of trust in public institutions and their lack of knowledge of how U.S. institutions work. Shawn Healy of iCivics presented at the subcommittee’s June 2021 meeting, highlighting the challenge.

• Trust in the legislative branch fell to 33% after 2020.
• The federal government invests five cents per student for civics, but $54 per student for science, technology, engineering and math.
• Student performance on the National Assessment of Educational Progress in Civics is stagnant, with civic knowledge and skills spread inequitably by race/ethnicity.

Additional Resources

• The Council of State Governments State Civic Education Toolkit — https://www.csg.org/2022/05/03/state-civic-education-toolkit/

Endnotes

Civic Health

Policy Recommendation 4:

States can consider policies that make voting accessible to all citizens and invest in the public’s ongoing civic education, including: removing barriers to voting through actions such as restoring rights to justice-involved individuals; implementing automatic voter registration; and conducting voting education courses for the public.

The Civic Health Subcommittee approved this recommendation citing a desire to increase civic engagement and voter turnout. The subcommittee recommends investment in the public’s ongoing civic education. The subcommittee also encourages states to reduce barriers to voting and increase the ease with which people can register.

According to a July 2021 poll, 57% of the American public view voting as a fundamental right that should not be restricted, while 42% viewed voting as a privilege which can be limited. A 2017 study found the U.S. ranks 26th in voter turnout among the 32 Organization for Economic Cooperation and Development countries for which data is available.

The subcommittee discussed mechanisms for raising voter turnout. For example, voter registration rates have increased in every state that has adopted opt-out as opposed to opt-in strategies, with increases in registrants ranging from 9% to 94%. State leaders should also consider ways to continuously educate the public about the administration of elections, which could increase voter trust and bolster participation rates.

Making felons ineligible to vote (in some cases permanently) has historically been commonplace in the U.S. The general trend has been towards reinstating the right to vote at some point, according to the National Conference of State Legislatures. But there is wide variation across states. For example, in 21 states felons lose their voting rights only while incarcerated and receive automatic restoration upon release. In 11 other states, felons lose their voting rights indefinitely (for some crimes) or require a governor’s pardon in order for voting rights to be restored.

Continuous voter education was also discussed during the subcommittee’s working session at the CSG National Conference in December 2021. Subcommittee members noted efforts to increase the amount of reliable and publicly available information about individual elections and their unique characteristics. State leaders can use social media to build legitimacy and maintain a steady stream of reliable civic information. State leaders can also cultivate partnerships with social media companies to help tag bad information circulating online as quickly as possible.

State Examples

- In Washington, D.C., justice-involved individuals never lose their right to vote, even while they are incarcerated.
- In Maine, redistricting is handled by a 15-member commission that consists of leaders from both major political parties.

Additional Resources


By working for equitable access to voting for all eligible citizens, we can uphold the ideals of our democracy. In 2019, we passed Public Act 101-0442 in Illinois, which exemplifies the goals laid out in this recommendation. Public Act 101-0442 increases access to the ballot for people who are detained in county jails awaiting trial throughout the state and allows voter education for people who are about to be released from department of corrections custody.”

Civic Health

Endnotes


Civic Health

Policy Recommendation 5:
The Council of State Governments can work with the National Association of Secretaries of State to create an Elections Best Practices report that communicates efforts made by secretaries of state that successfully expand voting access, strengthen electoral security and increase public trust in the electoral system. This report could be disseminated to leaders nationwide, across all three branches of state government.

The Civic Health Subcommittee approved this recommendation citing a desire to see elections administration best practices widely disseminated across all three branches of state government. The subcommittee believes that intermediary organizations like The Council of State Governments, the National Association of Secretaries of State and The National Association of State Election Directors have a unique opportunity to address growing challenges related to trust in elections and elections administration by bringing different stakeholders together to examine these challenges across the states and promote possible solutions.

Civic Health Subcommittee members agreed that the work to investigate and disseminate elections best practices should include a wide range of stakeholders, including:
- City and county election officials.
- Voting rights advocacy groups.
- Additional intermediary organizations representing all elections officials such as The National Association of State Election Directors.

The National Association of Secretaries of State has begun this work with its IDEAS (Innovation, Dedication, Excellence & Achievement in Service) Award, which recognizes exemplary state contributions to elections and voting, state business services and state heritage/archives.

State Examples

In 2022, the office of the Louisiana Secretary of State won the IDEAS Award for Operation Geaux Vote, a task force made up of staff from the Department of State and outside partners—both governmental and non-governmental—to successfully execute the 2020 and 2021 election in Louisiana despite the threats of COVID-19 and the devastating impacts of four major hurricanes that hit the region between 2020 and 2021. The successful conclusion of Operation Geaux Vote in 2020 saw the largest voter turnout in Louisiana since 1996 (70.1% of registered voters), with 93% of voters choosing to vote in-person and received bipartisan praise from elected officials. The 2021 activation of Operation Geaux Vote also saw typical turnout across the affected areas.

Iowa’s Voting Accessibility Quick Check was a 2022 finalist for the IDEAS Award. Partnering with Disability Rights Iowa, the Iowa Secretary of State produces and distributes Voter Accessibility Quick Check booklets to every precinct in the state. The booklets include valuable information for precinct elections officials about accessible voting equipment and signage and can be used as a measuring tool to ensure polling spaces are accessible for wheelchairs and other mobility devices.

Additional Resources
- The National Association of Secretaries of State IDEAS Award — https://www.nass.org/node/180
- The National Association of State Election Directors: About NASED’s History — https://www.nased.org/about-nased

Working with the National Association of Secretaries of State (NASS) can be a meaningful partnership with the primary organization for which most state chief election officials belong. If NASS were to adopt a report of best practices, this could help break down the toxic, partisan divide around election administration, and create a platform for greater bipartisan efforts around combating both attacks on our democracy as well as improving trust in the most basic building block of government: the election process.”

— Secretary of State Maggie Toulouse Oliver, New Mexico

The decentralized nature of election administration in the U.S. results in substantial variation in processes across states. As a result, state innovations are not always widely known by leaders across the country. Organizations such as the National Association of Secretaries of State create an environment where bipartisan best practices can be studied and shared among top elections officials. The Council of State Governments could partner with them to ensure that these best practices are disseminated across all three branches of state government.
Civic Health

Endnotes


3 Ibid.


5 Ibid.
Civic Health

Policy Recommendation 6:

All state policymakers and elections officials can strive to make voting as accessible, convenient and secure as possible within the context of their election systems.

The Civic Health Subcommittee approved this recommendation, agreeing that states should be expected to make their election systems as secure, convenient and accessible as possible, while acknowledging that election statutes and systems vary from state to state.

The right to vote is fundamental and a hallmark of American society. Representative democracy works best when more people are engaged in the process. We want to ensure that state government removes as many barriers as possible and makes voting easier and convenient.”

— Tommy Druen, senior policy advisor, Office of the Speaker, Kentucky House of Representatives

While the American public remains divided on general questions of how we should vote and whether the results of elections can be trusted, there are areas of significant common ground as demonstrated by polling. A large majority of Americans support measures including:

- Requiring electronic voting machines to print paper backups of ballots.
- In-person voting available prior to election day.
- Requiring some form of government-issued photo identification to vote or register to vote.
- Allowing people convicted of felonies to vote after serving their sentences.

While the political context in each state matters and may change what the outcome looks like, members of this subcommittee support the idea that all states should be tending to elections systems that honor the principles of accessibility, convenience and security.

State Examples

Hawaii Senate Bill 548 (2021) expanded opportunities for same day in-person voter registration and clarified rules for absentee voting.

House Bill 574 (2021), a bipartisan election reform bill in Kentucky, established three days of early voting (one day being a Saturday) and addressed election security concerns by requiring voting machines to create a paper trail of votes cast so that there is a physical record of every vote.

In 2021, Nevada passed Assembly Bill 321 making it the sixth state to adopt a permanent vote-by-mail system. In effort to making voting more accessible, all active registered voters in Nevada receive a ballot in the mail that they can either mail back once completed or drop off at county drop box location. Voters are also able to track their ballots online to ensure their votes are counted.

Additional Resources


Endnotes

Civic Health

Policy Recommendation 7:
States can consider creating bipartisan election advisory groups or committees to improve public education, combat misinformation/disinformation/malinformation and recommend strategies to build voter trust.

The Civic Health Subcommittee approved this recommendation acknowledging that the work to rebuild trust in state administered elections must be bipartisan and must be taken seriously at all levels of government if it is to be successful.

The success of our democracy is incumbent on our citizens having a clear understanding and framework of the facts and issues before them. Right now, voters across our nation are subject to disinformation and smear campaigns from candidates across the aisle. If we want an informed citizenry, we must work together to ensure that the information being disseminated is fair and accurate. Moreover, if we want to gain voter trust we must first lead by example and show that we trust one another. By doing right by our system of governance, we can help ensure we are doing right by our constituents and our country.” — Sen. Joan Lovely, Massachusetts

According to a November 2021 NPR/PBS NewsHour/Marist poll, 58% of Americans trust elections in the country either “a good deal” or “a lot.” However, there is considerable variation: approximately 90% of Democrats trust U.S. elections while only 33% of Republicans share that trust. State leaders from all major parties hold a crucial role in instilling trust in our state elections systems by firmly defending the results of free and fair elections. In so doing, state leaders will need to combat various forms of dubious information about elections including:

- Misinformation – information that is false, but not created with harmful intent.
- Disinformation – information that is deliberately false and created with harmful intent.
- Malinformation – information that is based in fact but is being used inappropriately or without proper context to cause harm.

One strategy for breaking down the public’s acceptance of dubious election information is establishing bipartisan election advisory groups that include various stakeholders from the major political parties who are willing to monitor state elections, suggest improvements and educate the public on why they trust their state’s elections systems.

State Examples

The committee studied elections best practices in three other states (Colorado, Florida and Utah), held public hearings on elections administration, sent a questionnaire to 257 election workers and hosted an online survey that collected the opinions of 20,251 Pennsylvanians on the topics of vote by mail and in-person voting. This work culminated in a final report proposing eight policy recommendations.

Colorado established a standing Bipartisan Election Advisory Commission consisting of members from the executive and legislative branches, county clerks, party chairs, voting subject matter experts and a representative from the disability community. The commission was created to develop and suggest best practices, administrative rules and legislation to the secretary of state.

Additional Resources

- The United States Cybersecurity & Infrastructure Agency: Mis, Dis, Malinformation — https://www.cisa.gov/mdm#:~:text=Misinformation%20is%20false%2C%20but%20not%2C%20manipulate.
P O L I C Y   R E C O M M E N D A T I O N S

Civic Health

Endnotes


2 Ibid.


4 Ibid.

Civic Health

Policy Recommendation 8:
States can investigate and invest in youth engagement activities that encourage future electoral participation and familiarize youth with the mechanics of the state’s election system (e.g., process, voting machines and system safeguards against fraud).

The Civic Health Subcommittee approved this recommendation without hesitation, noting that efforts to engage youth in democratic processes such as state election systems are imperative to improving civic health in the United States.

Young Americans often cite a lack of meaningful opportunities to participate in democratic processes as a barrier to their civic engagement. To improve civic health in the long term, state leaders might consider ways to incorporate young people in civic and decision-making processes early in life.

In their 2022 report, the Center for Information and Research on Civic Learning and Engagement (CIRCLE) found that state policies making it easier for youth to register to vote, and those that allow teens paid work opportunities in local elections go a long way in instilling civic behaviors in young people. Recent research supports their findings; for example, in 2020, counties with pre-registration had a higher youth voter (ages 18-29) turnout rate than those without. Likewise, in Minneapolis, a study found that precincts with a higher number of youth poll workers saw a significant correlation with higher voter turnout among 18- to 24-year-olds.

The CIRCLE research team notes that where these and other policies already exist, elected officials and election administrators can make them more effective by examining their implementation to ensure that there is adequate information about them and strategies in place for that information to reach youth broadly and equitably in different communities.

State Examples

In Maine, 16-year-olds can be pre-registered to vote, a measure intended to increase the number of young people learning about and preparing for democratic participation in the state.

A partnership among the Nevada Secretary of State’s Office, Department of Education and local school districts created the Nevada Student Mock Election, which allows K-12 students to participate in mock elections that coincide with statewide races. This gives students more knowledge of the voting process and makes them more comfortable with it so that they become more likely to participate in civic activities.

Through a program called Grads Vote, every Ohio high school receives voter registration packets to distribute to graduating seniors. The goal of the program is to enable young people to become full electoral participants.

Additional Resources

- Center for Information and Research on Civic Learning and Engagement (CIRCLE): Growing Voters – Building Institutions and Community Ecosystems for Equitable Electoral Participation — https://circle.tufts.edu/circlegrowingvoters
- The Council of State Governments: State Civic Education Toolkit — https://www.csg.org/2022/05/03/state-civic-education-toolkit/

The bipartisan committee discussed a range of activities from mock elections to recruiting youth as poll workers to educate and prepare the next generation of voters and leaders. In Maine, we put this recommendation into action by holding a statewide mock election and training high school students to serve as poll workers on Election Day. Engaging youth early and directly in activities that help them understand how elections work strengthens democracy now and into the future.”

— Secretary of State Shenna Bellows, Maine
POLICY RECOMMENDATIONS

Civic Health

Endnotes


Civic Health

Policy Recommendation 9:
States can investigate, invest in and share best practices on activities with elections personnel that help the public engage more directly with the voting system, the voting process and the mechanics of voting.

The Civic Health Subcommittee approved this recommendation expressing the importance of creating activities that demystify the voting process and allow residents to discuss their concerns with elections officials.

Recently, while watching a football game with my 9-year-old daughter, I found myself answering many questions she had about the rules of the game. This experience got me thinking that while any parent could explain the finite rules of football, too few of us could explain the rules for how elections work. Of course, I love football, but how much more important are elections! The last few years have exposed a fundamental deficiency in the understanding citizens have about how we keep elections honest and accessible. In Ohio, we’ve found many creative ways to fight false information and to educate voters about the process. I’m eager to share these ideas with other states and learn from them how we can do even better.”

– Secretary of State Frank LaRose, Ohio

To disprove conspiracy theories about elections and equip people with the knowledge they need to cast their votes, state leaders can invest in public education campaigns that allow residents to develop familiarity with voting machines and the overall voting process. State leaders may consider activities such as:

- Inviting state residents to elections centers where they can interact with elections officials and see voting equipment outside of the voting context.
- Bringing voting equipment and elections officials to public events while maintaining proper voting machine security.
- Working with social media companies to take down misinformation and promote reputable sources of elections information, such as websites operated by state elections officials.

State Examples

To help educate the public on voting equipment and processes, elections officials in Ohio have set up voting booths at county fairs where attendees use actual voting machines to vote on their favorite fair food. Officials are available to answer questions about the machines and promote accurate voting information to residents. Importantly, all the same storage and custody rules for the use of voting machines in elections settings also apply when the state brings them to county fairs.

In 2020, four of Michigan’s professional sports teams partnered with the secretary of state, offering their resources for nonpartisan elections administration. The Detroit Pistons, Detroit Lions, Detroit Red Wings and Detroit Tigers assisted by:

- Offering the use of their facilities.
- Serving as ballot drop box locations.
- Hosting voter registration events.
- Providing public service announcements promoting accurate information about elections.

In Maine, all incarcerated people can vote, but many do not for a variety of reasons; among them a lack of information on the absentee voting process. To fill voting information gaps for incarcerated people, elections officials visit correctional facilities to explain the rules of absentee voting and answer inmate questions.

Additional Resources

POLICY RECOMMENDATIONS

Civic Health

Endnotes

1 Starcher, D. (2019, Sept.). And the favorite is... Retrieved November 5, 2022, from Wayne County Ohio Blog: https://www.wayneohio.org/blog/and-favorite


3 Ibid.

Since the start of the COVID-19 pandemic, state budgets and fiscal forecasts have weathered a myriad of changing conditions, from a “V” shaped economic recovery, the injection of historic federal funding through the CARES Act, the American Rescue Plan Act, the Infrastructure Investment and Jobs Act, and the rapid growth of inflation.

The Fiscal Health Subcommittee explored ways that states may improve the resilience of state budgets, navigate new opportunities and challenges for state revenues in the face of shifting economic conditions. Among its policy focus areas included the impact of COVID-19 on state budgets, innovative revenue models, cryptocurrency and blockchain, and the best management of federal funding.

In total, the Fiscal Health Subcommittee released nine policy recommendations across three main focuses — federal funding, innovative revenue models and public-private partnerships, and cryptocurrency and blockchain.

Federal Funding

The historic federal funding allocated to states through the CARES Act, the American Rescue Plan Act, and the Infrastructure Investment and Jobs Act instilled significant opportunity for states to make one-time investments in the health and economic well-being of their residents. This opportunity also brought challenges for states, including the fiscal cliff concerns, supply chain issues and rising inflation.

1. States can consider how capital projects can retain the value of federal funds in the face of rising inflation.
2. Working with intermediary organizations like The Council of State Governments, state leaders can request an extension past the Dec. 31, 2024, date by which they are required to obligate American Rescue Plan Act funds.

Innovative Revenue Models and Public-Private Partnerships

The COVID-19 pandemic’s negative effect on state budgets, while significant, was less than feared. Key factors helped soften the fiscal impact on state budgets, including the use of rainy day funds, aggressive and continuing federal support, state tax structures, and the diversification of state economies. As states progress through new fiscal years, new and innovative revenue models will more commonly represent incremental, rather than large scale, efforts to boost state budgets and cannot be relied upon alone to address structural deficits, long-term debt obligations and risks to fiscal resiliency. However, they can be a part of a larger, comprehensive policy conversation and strategy by states to ensure their tax codes reflect current state trends, capture currently unrealized tax revenue and provide another avenue to broaden tax bases.

3. States that have legalized recreational cannabis can consider the effectiveness of implementation, the social impact, the effect on the illegal market, and equity considerations for new industries.
4. States can assess existing statutes enabling public-private partnerships (P3) to ensure maximum flexibility to pursue this approach to achieving capital projects efficiently and effectively.
5. States can assess Pay for Success models to fund health and human services programs.

Cryptocurrency and Blockchain

Once an obscure new concept, cryptocurrency and blockchain have quickly risen in popularity over the last few years. While these new technologies have captivated the attention of the tech world and policymakers, the American public still lags in its knowledge of these topics. As legislatures grapple with questions about regulating these assets and technology, it will be as important that the public is knowledgeable about the benefits and risks of blockchain technologies and cryptocurrencies.

6. States considering blockchain and cryptocurrency can first create a public communications campaign to elevate the financial literacy of the public.
7. State policymakers can carefully consider whether existing state laws properly account for unclaimed or abandoned property in the cryptocurrency and blockchain arena.
8. States could consider how blockchain technology can be used in areas outside of currency exchanges such as in the agriculture, energy and insurance sectors.
9. State policymakers can consider changing tax codes to allow residents to offset losses they have incurred from trading cryptocurrencies on their state and local taxes (in states that have an income and earnings taxes).

Fiscal Health Subcommittee Members

- Rep. Steven Rudy, Kentucky, Co-chair
- Lt. Gov. Howie Morales, New Mexico, Co-chair
- Rep. Leslie Herod, Colorado
- Rep. Marcus Evans, Illinois
- Sen. Ed Charbonneau, Indiana
- Sen. Blake Tillery, Georgia
- Sen. Cory McCraky, Maryland
- Rep. Jordan Rasmusson, Minnesota
- Former Lt. Gov. Kate Marshall, Nevada
- Rep. Mary Jane Wallner, New Hampshire
- Sen. Scott Meyer, North Dakota
- Rep. Dontavius Jarrells, Ohio
- Rep. Ryan Martinez, Oklahoma
- Sen. Jean Hunhoff, South Dakota
Fiscal Health

Policy Recommendation 1:
States can consider how capital projects can retain the value of federal funds in the face of rising inflation.

States should carefully review their current list of approved projects and only move forward with the most critical. To move forward with a project at this point just because it was funded in the last budget only adds artificial cost to the project but also increases the inflationary pressure on all projects and government operations.”

— Rep. Steven Rudy, Kentucky

The Fiscal Health Subcommittee approved this recommendation, citing various projects which may be delayed or cancelled because inflation is making them much more expensive and well beyond initial scopes. Action is needed to preserve the value of committed federal funds. The committee recognizes that this issue is of bipartisan concern and will affect many communities.

According to the Bureau of Labor Statistics, the U.S. inflation rate was 6.8%1 at the end of 2021, the highest since 1982.2 Policymakers are concerned the rising costs of goods and a slowed pace of capital investment caused by workforce shortages will erode the value of federal dollars received through the American Rescue Plan Act and Infrastructure Investment and Jobs Act.

Early estimates indicate that, contingent on the rate of inflation, between $19.8 billion-$30.9 billion of the value of the Infrastructure Investment and Jobs Act will dissolve due to higher highway construction costs alone.3 Additionally, historical trends indicate that the cost of construction increases at a faster pace than regular consumer inflation. Should highway cost inflation average higher than 7% per fiscal year, the entirety of federal funds from the Infrastructure Investment and Jobs Act will lose its value.4

State Examples

The board of directors for the Des Moines (Iowa) International Airport will consider breaking construction of a new terminal into phases to combat rising prices and remain within budget.5

North Carolina’s Department of Transportation announced improvement projects over the next 10 years will have to either improve or replace existing projects to be considered for approval. If planning organizations identify new projects that better meet the needs of their communities, they can propose project swaps.6

Additional Resources


Endnotes


2 Ibid.


4 Ibid.


Fiscal Health

Policy Recommendation 2:
States that have legalized recreational cannabis can consider the effectiveness of implementation, the social impact, the effect on the illegal market and equity considerations for new industries.

In April 2022, New Mexico legalized recreational cannabis for adult use, and so far, it has been a real success. Under the leadership of the governor, the state partnered with small businesses, advocates, key constituencies, law enforcement and legislators to create a completely new statewide industry. By learning from both the good and bad experiences of states that have gone before us in legalizing cannabis, New Mexico has structured a commercial cannabis system that in this initial period is demonstrating good diversity in patterns of ownership, and a minimum of negative social impacts.”

— Lt. Gov. Howie Morales, New Mexico

The Fiscal Health Subcommittee approved this recommendation noting that it is applicable to states that have legalized cannabis and are now viewing the issue through a regulatory lens.

States that have legalized, or are considering legalizing, recreational cannabis can generate additional revenue from taxing the product. States generated more than $3.7 billion from recreational use sales in 2021, according to a report from the Marijuana Policy Project.¹ This revenue has been used to fund public education, local governments, rainy day funds, child care services and social equity programs.

The Tax Foundation argues the best method for taxing the externalities (i.e., additional costs to society) of cannabis use is to implement a weight-based and potency-based (i.e., tetrahydrocannabinol, or THC, content) tax in addition to the standard sales tax.² The Tax Foundation warns that license fees, caps on licenses awarded and other factors that impact consumer access to cannabis in the legal market will negatively affect how successful legalization will be at overtaking the illegal market.³

Cannabis prohibition plays a significant role in social inequities for the Black, Indigenous and people of color communities.⁴ This is highlighted by the disproportionate arrests and convictions among people in these marginalized communities. Criminal records for cannabis possession have generational impacts due to reduced employment options, suspensions of professional licenses and disqualifications from certain government assistance programs. Sealing or expungement of criminal records, licensing preferences and restorative justice programs are methods to promote equity in the cannabis industry, according to a study published in the Boston University Law Review.⁵

State Examples

Maryland House Bill 837 paves a path for legalizing recreational cannabis while implementing various equity measures. These include expunging records, resentencing, creating a community reinvestment fund and providing assistance for distribution businesses owned by minorities and women.

California’s Cannabis Track and Trace system uses third party software and distributors to follow the path of cannabis from cultivation to sale.⁶ This allows the state to understand market patterns and identify suspicious anomalies, reducing the illegal market.

Additional Resources


Endnotes

3 Ibid.
5 Ibid.
Fiscal Health

Policy Recommendation 3:
States can assess existing statutes enabling public-private partnerships to ensure maximum flexibility to pursue this approach to achieving capital projects efficiently and effectively.

The state of South Dakota has partnered on many initiatives that support education and social programming with the private sector. Through the efforts of Sanford Health and Avera Health we have partnered in funding to sustain new health care graduates in rural South Dakota. These partnerships have created significant opportunities to keep our people in South Dakota and support them in their careers.”
— Sen. Jean Hunhoff, South Dakota

The Fiscal Health Subcommittee approved this recommendation emphasizing the need to increase efficiency in capital projects developed through public-private partnerships. The subcommittee focused on how increased flexibility may make the model a more feasible option.

Public-private partnerships can alleviate many common pain points in undertaking state capital infrastructure projects, such as mitigating cost overruns and schedule delays. These partnerships are better able to utilize competitive markets to lower costs compared to traditional public procurement approaches. Strategies for effective partnerships include shared risk among partners, clearly delineated areas of responsibility, integrated resourcing and explicit parameters of costs and accountability.

A major drawback of public-private partnerships is a lack of flexibility, as highlighted in a report from the University of British Columbia.1 They traditionally involve long-term contracts that are inflexible. Changes to the contracted project typically require bilateral negotiations, resulting in cost increases. The report suggests the efficacy of public-private partnerships depends on various factors including the likelihood a change in terms will be necessary, the cost of switching to alternative approaches and the bargaining power of government.2 Flexibility can be improved with broad legislative language and limiting the private partner’s ability to raise prices during renegotiations.

State Examples
Kentucky’s Revised Statue 45A.077 permits local public entities to enter into public-private partnerships. The broad wording of the statute gives public officials significant flexibility in selecting offers. This makes room for creative and “best fit” proposals.

Texas Transportation Code Chapter 223 allows public entities to enter into Comprehensive Development Agreements. The state has completed approximately $12 billion in public-private partnership projects.3 The flexible nature of the agreements has been a critical aspect of the program.

Additional Resources
- U.S. Department of Transportation: Successful Practices for P3s — https://www.transportation.gov/sites/dot.gov/files/docs/P3_Successful_Practices_Final_BAH.PDF

Endnotes
2 Ibid.
Fiscal Health

Policy Recommendation 4:
Working with intermediary organizations like The Council of State Governments, state leaders can request an extension past the Dec. 31, 2024, date by which they are required to obligate American Rescue Plan Act funds.

The American Rescue Plan Act (ARPA) provided a once and a lifetime funding opportunity that has allowed states to create programs that positively impact their communities. Due to unforeseen labor and supply shortages, project utilization of these funds has been severely delayed. Full utilization of ARPA funding is crucial to every state’s fiscal and infrastructural future.”


The Fiscal Health Subcommittee approved this recommendation, citing various issues leading to delays in obligating funds. The subcommittee recognizes that some states are struggling to meet the deadline more than others, so extending the cutoff date will be beneficial.

The American Rescue Plan Act includes $350 billion in new funding for state, local, territorial and tribal governments through the Coronavirus State and Local Fiscal Recovery Fund. Within this fund, $195 billion is distributed directly to state governments and Washington, D.C., through one or two disbursements. States must obligate this funding by Dec. 31, 2024, and expend it by Dec. 31, 2026.¹

The limited duration of many state legislative sessions sometimes makes quick allocations difficult.² Policymakers also are concerned that labor shortages and supply chain issues will delay necessary projects. This necessitates more time to obligate and spend these funds.

State Examples

Oklahoma has only allocated 12.2% of its State and Local Fiscal Recovery Fund allocation. Most allocated funds have gone toward water and sewage improvements.³

West Virginia and four other states have only allocated 20-40% of their respective funds. Replacing revenue lost during the pandemic is the leading use of funds nationally.⁴

Additional Resources


Endnotes

3 Ibid.
4 Ibid.
Fiscal Health

Policy Recommendation 5:
States can assess Pay for Success models to fund health and human services programs.

Pay for Success models can help improve results for state governments and taxpayers. When used correctly, Pay for Success models align incentives and reward successful delivery of a program’s desired results.”

— Rep. Jordan Rasmusson, Minnesota

The Fiscal Health Subcommittee approved this recommendation emphasizing that states ought to assess whether the model is viable for them. The unique nature of Pay for Success may limit its applicability to certain states and public issues.

In Pay for Success models, private investors provide funding for a non-profit organization charged with tackling a public issue (e.g., lowering recidivism or offering preemployment services). The private investor is paid back, potentially at a profit, by the government if the project achieves agreed upon results. The objective is to harness “return seeking” capital for social issues while mitigating risk for taxpayers.

However, researchers from Harvard Business School point out “… the model is appropriate only for a narrow cohort of nonprofits that meet two related criteria: they must be able to effectively deliver and measure their social impact; and they must be able to translate that impact into financial benefits or cost savings that are traceable to the budgets of one or more institutions or government departments.”

The potential reliance on impact-seeking capital and a possible lack of sustainability beyond the first contract are causes for concern, according to the authors.

State Examples

The Massachusetts Juvenile Justice Pay for Success Initiative was one of the first contracts of its kind in the country. The initiative brought together the state, Third Sector Capital Partners and Roca. The goal was to prevent recidivism in previously incarcerated youth. The contract established clear benchmarks for recidivism rates.

Utah’s High Quality Preschool Program intends to provide a high impact preschool education for low-income families. The program utilizes a Pay for Success model for funding and partners with United Way of Salt Lake. Utah lacks a state-funded preschool education and views this program as a way to mitigate future remedial or special education costs while reducing taxpayer risk if the program is unsuccessful.

Additional Resources


Endnotes

Fiscal Health

Policy Recommendation 6:
States considering blockchain and cryptocurrency could first create a public communications campaign to elevate the financial literacy of the public.

A public awareness campaign is maybe one of the most important things that needs to happen as states consider cryptocurrency and blockchain legislation. Providing financial literacy and information about cryptocurrency and blockchain will help citizens make the best decisions about these new financial concepts.”

— Rep. Mary Jane Wallner, New Hampshire

The Fiscal Health Subcommittee approved this recommendation citing the lack of familiarity that much of the public and even some legislatures have with cryptocurrency. The subcommittee believes that public education on the topic is an important first step.

A November 2021 Pew Research Center poll found that only 16% of Americans reported having invested in, traded or used cryptocurrency.¹ Men were twice as likely as women to report using some form of cryptocurrency. Additionally, only about 24% of Americans reported that they had heard “a lot” about cryptocurrency.² These statistics illustrate the limited level of use and understanding of digital assets and blockchain technologies, despite their proliferation in recent years.

Perhaps even more concerning is the lack of understanding that virtual currency investors have about their own investments. Survey data indicates that over one third of cryptocurrency investors know “little to nothing” about cryptocurrency.³ While they have myriad beneficial uses, cryptocurrencies come with risks that include volatility, cyber-fraud and cyber-theft. More education is needed for the public to safely use, understand and invest in blockchain and cryptocurrency.

State Examples

Georgia House Bill 681 (2021) implements a financial literacy program to be taught to students in 10th or 11th grade. The program includes cryptocurrency on the curriculum list and aims to expand basic understanding among the public.

Connecticut Senate Bill 3 (2022), currently progressing through the Connecticut House, would require the Board of Regents for Higher Education to create an educational program to assist small businesses with adapting to the aftermath of the COVID-19 pandemic through courses in various subject areas. This includes educational material on virtual currency and blockchain.

Additional Resources


Endnotes

² Ibid.
Fiscal Health

Policy Recommendation 7:
State policymakers may carefully consider whether existing state laws properly account for unclaimed or abandoned property in the cryptocurrency and blockchain arena.

It has been such an enriching experience learning more about blockchain technology, cryptocurrencies and the potential implications of unclaimed and/or abandoned property in cryptocurrency. As we evolve as a country, it is critical that we, state policymakers, take a bipartisan approach in putting forth sound legislation that will effectively regulate this arena and better protect our neighbors, constituents and their interests. I look forward to further researching this technology and exploring the opportunity for future legislation in the upcoming session.”

— Sen. Cory McCray, Maryland

The Fiscal Health Subcommittee approved this recommendation to align cryptocurrency with regulation placed on similar assets. The subcommittee noted that unclaimed and abandoned property laws differ in each state and could result in varying courses of action.

All 50 states and Washington, D.C., have unclaimed property or escheat laws. These laws require those in possession of unclaimed property to report it, and once abandoned, to remit it to the state. State law differs in the length of time that property — including assets — can remain unclaimed before they are determined “abandoned.” After it has been turned over to the state, the owner of the funds can recover it directly from the state.

The manner in which cryptocurrency fits in escheat laws is more complex. Some states have required the virtual currency to be liquidated once handed over to the state. Others have sought ways a holder can transfer cryptocurrency to the state without liquidating. States will have to determine how the world of cryptocurrency and blockchain best fit with unclaimed or abandoned property laws.

State Examples

Illinois
Senate Bill 338(2021) defines virtual currency to be abandoned five years after the last indication of interest. It also requires holders of the abandoned virtual currency to liquidate it before remitting to the state. If an owner were to recover the abandoned property, that owner would receive the value of the asset after liquidation.

New York
Senate Bill 9360 (2022), currently in the New York Senate, would define unclaimed virtual currency as abandoned property. Setting this definition would allow the state’s abandoned property laws to apply to cryptocurrency. Additionally, New York introduced a bill that would allow holders to remit virtual currency without liquidating. This is seen as beneficial to the property holders as they allow holders to recoup the full value of their asset once recovered.

Additional Resources


2 Ibid.


Endnotes
**Fiscal Health**

**Policy Recommendation 8:**
States may consider how blockchain technology can be used in areas outside of currency exchanges such as in the agriculture, energy and insurance sectors.

The Fiscal Health Subcommittee approved this recommendation due to the various innovative potential uses of blockchain technology. They emphasized that security should be a top concern when dealing with new technology.

> Blockchain is essential infrastructure technology that is used today in agriculture, education, energy, insurance and defense industries. States should consider how blockchain can be leveraged and expanded to enhance each of these economic sectors.

— Chief Information Officer Shawn Riley, North Dakota

Blockchains are a new technology that is best known for enabling cryptocurrencies. However, blockchain does not have to relate to cryptocurrency and is promising due to its heightened security and decentralized components. Blockchains are difficult to tamper with for three primary reasons:

- All activity is transparent and can be traced to the user.
- Information cannot be changed or altered once recorded on the ledger.
- There is no single-entry point to the database since blockchains are decentralized.

It can be useful to think of blockchain as a “next-generation” business process that, by removing the need for a central authority, can significantly reduce the cost of trust. Because the ledgers are immediately verifiable and tamper resistant, the time and cost of transactions can be reduced. This makes blockchain a promising technology for many industries. Agricultural professionals could track products though the supply chain and easily identify the source of a foodborne illness or validate organic claims. Financial services could substantially reduce transaction costs resulting in faster and cheaper settlements. Voting could even be done online via smartphone or computer with verifiable results. These cross-sector possibilities are still in the development stage and require significant research, design and infrastructure investment to be successful.

**State Examples**

**West Virginia** pilot tested the nation’s first blockchain-based mobile voting platform for the 2018 primary elections. Those involved casted ballots from cellular devices. Ballots were encrypted and stored on blockchain servers. At the close of polls, each ballot was printed and tabulated using certified equipment.

**Colorado** Senate Bill 086 promotes the use of blockchain technology for government record keeping. The bill recognizes that state public records are valuable targets for hackers and identity thieves. In 2017, the state’s cyber threat included up to 8 million attempted attacks a day. Colorado believes using blockchain will “offer transformative improvements to data security, accountability, transparency and safety.”

**Additional Resources**


**Endnotes**

Fiscal Health

Policy Recommendation 9:

State policymakers can consider changing tax codes to allow residents to offset losses they have incurred from trading cryptocurrencies on their state and local taxes (in states that have an income and earnings taxes).

The Fiscal Health Subcommittee approved this recommendation to have state tax deductions more closely align with that of the federal government. The subcommittee recognizes that not all states have an income tax or will find a change to the tax code beneficial.

As cryptocurrency and blockchain continue to evolve and become more mainstream, it’s important that our tax state’s tax policy is nimble and also evolving with the times. As a Legislature we need to be sure we’re supporting an emerging industry while still protecting the public.”

– Sen. Scott Meyer, North Dakota

The U.S. tax code has long permitted the deduction of “capital gains losses” from an individual’s taxable income. This allows taxpayers to reduce their tax burden if they lost income from their securities. The federal tax code lays out specific rules and limits to this type of deduction. Many states have enacted similar state tax statutes that completely or closely align with the federal tax code.

The U.S. tax code was recently updated to include cryptocurrency as an eligible asset to claim capital gains losses on. The Internal Revenue Service allows taxpayers to deduct up to $3,000 against their taxable incomes if their losses from cryptocurrencies or other securities exceed their total gains for the year. States that have aligned their tax code with that of the federal government, might consider whether digital assets are covered within existing statutes and whether losses in the value of digital assets can offset gains in a given tax year. Additionally, the federal tax code has not subjected cryptocurrency to the wash-sale rule that other securities abide by. States may consider whether they will hold cryptocurrency deductions to that same rule or allow an exemption.

State Examples

New Jersey became one of the first states to address tax treatment of virtual currencies. In a technical advice memorandum issued by the state’s Division of Taxation, New Jersey announced they would follow IRS guidelines regarding the tax structure of cryptocurrency. The state’s decision will align their tax policy with federal tax code.

A Michigan Department of Treasury update clarified that the state’s income tax code is reliant on the federal Adjusted Gross Income. Therefore, cryptocurrency deductions will remain effective for state income tax purposes as well. The update clarified that, as of August 2022, Michigan has no policies or rules with respect to cryptocurrency that differ from federal tax policy. This includes policy on capital gains, deductions and transactions. The state urges taxpayers to consult IRS Notice 2014-21 to view tax treatment for virtual currencies.

Additional Resources


Endnotes

3 Ibid.
7 Ibid.
Economic and Workforce Health

State workforces and economies particularly experienced shifting challenges over the past few years as layoffs and furloughs in both the public and private sectors resulted in initial and sudden, high levels of unemployment. Further, the increase prevalence of working from home and the occurrence of the Great Resignation has highlighted opportunities and the critical need for states to provide further investments in broadband and support job training pathways to in-demand occupations.

The Economic and Workforce Health Subcommittee released 10 policy recommendations with two areas of focus: broadband and apprenticeships.

**Broadband**

The COVID-19 pandemic has revealed the extensiveness of the nation’s digital divide, which is defined as the gap between those who have access to high-speed internet and devices and those who do not. Even some areas of the country once thought to have sufficient access to broadband were found wanting as members of the same households quarantined together sought bandwidth for online learning, telework, e-commerce, telehealth and streaming entertainment.

Despite renewed investment at the federal and state levels in recent years, broadband infrastructure is still weak or non-existent in many parts of the country. The pandemic drove a 51% increase in broadband traffic in 2020 due in large part to remote learning and remote work, according to the broadband network management technology provider OpenVault. This increased demand for broadband will likely remain as employers and employees report support for permanent hybrid or fully remote work.

1. States can devote federal infrastructure funds to broadband access and expansion.
2. States can consider amending state laws to allow electric utilities and electricity distribution cooperatives to provide broadband service.
3. States can utilize and encourage the federal government to assist in funding geospatial and other mapping technologies that can provide accurate information about broadband coverage and access.
4. States can consider creating multi-stakeholder, multi-agency task forces (with the intent of permanent offices) dedicated to broadband coordination that include private sector telecommunication companies and co-ops.
5. States can encourage Congress to review U.S. communications law for the purposes of ensuring 100% broadband access.

**Apprenticeships**

Apprenticeships are industry-driven, high-quality career pathways where employers can develop and prepare their future workforce, and individuals can obtain paid work experience, classroom instruction and portable credentials. For states, apprenticeships serve as an important way to reduce unemployment and create a workforce pipeline for in-demand occupations.

6. State policymakers and agencies can consider ways to highlight the benefits of apprenticeship programs to youth and young adults.
7. States can consider allowing mentorship to satisfy any continuing education requirements as an incentive for industry-based mentorship. Industry professionals could count activities such as mentoring a career aspirant or hosting a job shadowing session.
8. States can explore innovative ways to invest in pre-apprenticeship programs for job seekers to increase basic literacy, numeracy and soft skills among potential workers.
9. States can explore public sector programs and apprenticeships in the law enforcement career path with a particular focus on recruiting, educating, training, credentialing and employing individuals who are currently underrepresented within law enforcement.
10. States can explore State as a Model Employer apprenticeship programs that are also public-private partnerships. For example, state governments could create a public sector apprenticeship that educates, trains, pays and offers credentials to job seekers. Upon completion of the public sector apprenticeship, the graduate could be offered a job with a private sector organization partnered with the state that employs individuals with a similar skillset.

**Economic and Workforce Health Subcommittee Members**

- Sen. Melissa Hurtado, California, Co-chair
- Lt. Gov. Kristen Juras, Montana, Co-chair
- Director Charisse Childers, Arkansas
- Rep. David Bentz, Delaware
- Rep. Val Okimoto, Hawaii
- Sen. Fred Martin, Idaho
- Former Rep. Kyle Bailey, Maine
- Rep. Andy Vargas, Massachusetts
- Sen. Mary Kunesh, Minnesota
- Chief Information Officer Shawn Riley, North Dakota
- Rep. Leon Howard, South Carolina
- Rep. Shawn Bordeaux, South Dakota
- Lt. Gov. Molly Gray, Vermont
Economic and Workforce Health

Policy Recommendation 1:
States can devote federal infrastructure funds to broadband access and expansion.

The Economic and Workforce Health Subcommittee approved this recommendation, recognizing the need to close the digital divide by allocating federal infrastructure funds to ensure broadband access and expansion.

Slow or nonexistent broadband access can hinder personal, professional and educational growth. I represent the Central Valley in California, and families and businesses often don’t have internet or cell phone service in their homes and towns. Our cyber infrastructure is vastly behind other areas of the country and state. Federal infrastructure funding is available and should be devoted to improving and expanding broadband access.”

— Sen. Melissa Hurtado, California

Access to high-speed, reliable internet allows individuals, communities and businesses to remain connected and engaged in today’s world. The digital divide is the center of multiple societal problems, including racial and other inequities caused by skewed digital access to services such as health care and education. Research indicates that at least 60% of health care facilities outside of metropolitan areas and at least 40% of schools in these areas lack broadband access.1

A 10 percentage-point increase in broadband access in 2014 would have resulted in more than 875,000 additional U.S. jobs and $186 billion more in economic output by 2019.2 Although nearly $100 billion of infrastructure investment has been allocated by the federal government, the digital divide remains significant.3 The estimated cost of ensuring that every individual in the U.S. has access to high-speed, affordable and reliable internet access ranges from $100 billion to $240 billion.4

State Examples

The Tennessee Advisory Commission on Intergovernmental Relations estimated in 2017 that connecting up to 160,000 unserved homes in certain areas of the state would cost between $125 million and $799 million.5

Nebraska Gov. Pete Ricketts signed Legislative Bill 388 into law in May 2021. The bill provides $20 million in matching grants to connect 30,000 households with fast and reliable broadband, facilitate participation in remote education, access telehealth services and engage in e-commerce.6

California’s state budget (Assembly Bill 164) allocated $4.4 billion in 2021 (out of a three-year funding total of $6 billion) to increase broadband accessibility and affordability and support libraries and technology hubs.

Additional Resources


Endnotes

3 Ibid.
Policy Recommendation 2:
States can consider amending state laws to allow electric utilities and electricity distribution cooperatives to provide broadband service.

The Economic and Workforce Health Subcommittee approved this recommendation in support of amending laws to facilitate expanding broadband services.

As chairman of our local electric coop, I think this is a great idea to allow us to provide broadband to our members. We are very rural and remote, and we often only have one carrier to provide broadband services to our communities. They can charge pretty much what they want despite not improving the network. This will keep prices competitive and improvements made to the network.”

— Rep. Shawn Bordeaux, South Dakota

High-speed internet is beyond the reach of many individuals and communities throughout the U.S. The Federal Communications Commission estimates that 14.5 million rural and tribal Americans do not have access to fixed broadband at the minimum threshold of 25/3 megabits per second (Mbps).1

In May 2022, the Biden administration developed the Affordable Connectivity Program to reduce internet service costs by up to $30 per month generally, and $75 per month on tribal lands.2 This initiative will cut internet costs across the U.S. But there exists an opportunity for states to expand access further by amending their laws to allow local utilities and electric distribution cooperatives to provide broadband services.

These providers already service rural and tribal communities and may have excess capacity for existing fiber networks and the ability to build the necessary infrastructure.

State Examples

Mississippi’s Senate Bill 2798 (2021) allows for rate-regulated electric utilities to permit broadband providers to use the electricity delivery system to provide broadband services, regulate easements and allow certain entities to construct fiber-optic infrastructure on existing public utility rights-of-way.

Additional Resources

- Rural Electric Co-ops are the Fastest Growing Group of Broadband Providers — https://www.fiercetelecom.com/broadband/rural-electric-co-ops-are-fastest-growing-group-broadband-providers

Endnotes

Economic and Workforce Health

Policy Recommendation 3:
States could utilize and encourage the federal government to assist in funding geospatial and other mapping technologies that can provide accurate information about broadband coverage and access.

The Economic and Workforce Health Subcommittee approved this recommendation affirming the importance of geospatial and other mapping technologies in providing accurate information about broadband coverage and access.

To ensure equitable broadband access and economic success for businesses and individuals, the federal government must invest in our nation’s infrastructure and broadband providers to guarantee reliable access and sufficient supply of technology. This means federal dollars must be allocated to states to assist in funding geospatial and other mapping technologies that provide accurate information about where broadband coverage and access need special attention while identifying economic development opportunities.”

— Sen. Mary Kunesh, Minnesota

The ability to readily identify areas where broadband deployment is needed, to the level of a city block, requires spatial data combined with internet use data. Geographic Information Systems (GIS) software can be used to layer such data on a map that provides policymakers with an accurate picture of broadband equity, accessibility, infrastructure and more.1

The Federal Communications Commission Form 477 broadband mapping model lacks the detail states need to understand last-mile issues and other factors because the mapping model is census block resolution.2 This means that if broadband service is available to at least one location (residential or business) in a census block, the entire block will appear as served. Location-based models use GIS technology to identify broadband access at the individual resident or business level, more accurately showing the level of service within a census block.

State Examples

Georgia’s broadband project utilizes location-level methodology, which precisely maps broadband service availability in each of the state’s 159 counties. This provides more accurate information about broadband access because it requires at least 80% of the target area to be served for the area to be classified as served.3

Montana’s Legislature enacted Senate Bill 297 in 2021, creating the ConnectMT program, which produces detailed data broadband information, tracking population changes, detailed data tracking population changes, relocations, construction activity and more.4

Additional Resources

- Making the Case for Broadband Funding Using GIS — https://www.nlc.org/article/2022/01/27/making-the-case-for-broadband-funding-using-gis/

Endnotes

3 Ibid.
Efforts to expand broadband access have increased exponentially in the past several years. States have established offices, agencies, task forces, funds, goals, plans and maps to efficiently direct resources and efforts toward expanding broadband access. These state programs manage billions of federal broadband dollars provided through the federal Infrastructure Investment and Jobs Act and the American Rescue Plan Act. At least 33 states have established a governance structure through statute to oversee allocations toward broadband initiatives. Statewide broadband programs can manage the development of frameworks, promote public-private sector participation, develop maps, administer and assist with funding programs, and improve digital literacy.

Collaboration among public utilities, departments of education, economic development and public health; offices of emergency services; and other stakeholders is essential to broadband expansion and maintenance. As Minnesota Chief Information Officer Tarek Tomes noted, “[Having] broadband in economic development is ideal because the connection between what happens in the economy and broadband access is so intertwined.”

Broadband is essential to economies and the infrastructure of states today. Broadband is now like roads, waterways and power where it is a critical aspect of how every business and community is connected. This requires a multi-stakeholder input as all sectors are impacted by the growth and future state of broadband.”

— Chief Information Officer Shawn Riley, North Dakota

### POLICY RECOMMENDATIONS

#### Economic and Workforce Health

**Policy Recommendation 4:**
States may consider creating multi-stakeholder, multi-agency task forces (with the intent of permanent offices) dedicated to broadband coordination that include private sector telecommunication companies and co-ops.

The Economic and Workforce Health Subcommittee approved this recommendation in support of multi-stakeholder and multi-agency task forces and permanent offices that can sustain long-term broadband projects.

**State Examples**

**Florida’s Office of Broadband** works with local and state government agencies, community organizations and private businesses to increase the availability and effectiveness of broadband internet throughout the state, specifically in small and rural communities. Through these partnerships, the office supports expansion and access through grant funding.4

**Colorado’s** Broadband Office was formed within the Governor’s Office of Information Technology in 2016 to oversee and coordinate broadband activity across state agencies. The office’s mission is to enable the development of a statewide digital communications infrastructure through public-private partnerships to meet the growing demand for broadband access in the key sectors of public safety, education, health care and transportation.3

### Additional Resources

- **Which States Have Dedicated Broadband Offices, Task Forces, Agencies, or Funds?** — [https://www.pewtrusts.org/en/research-and-analysis/articles/2021/06/28/which-states-have-dedicated-broadband-offices-task-forces-agencies-or-funds](https://www.pewtrusts.org/en/research-and-analysis/articles/2021/06/28/which-states-have-dedicated-broadband-offices-task-forces-agencies-or-funds)
- **State Broadband Leaders Network** — [https://broadbandusa.ntia.doc.gov/resources/states](https://broadbandusa.ntia.doc.gov/resources/states)

### Endnotes


Policy Recommendation 5:  
States can encourage Congress to review U.S. communications law for the purposes of ensuring 100% broadband access.

The Economic and Workforce Health Subcommittee approved this recommendation recognizing the authority of Congress to review and establish national guidelines for net neutrality and encouraging Congress to do so.

Net neutrality is a critical consumer protection issue for our constituents, and Congress is best equipped to enshrine these protections into law. As a bipartisan issue that serves to empower the American people, entrepreneurs and innovators, it is critical that net neutrality be codified.”

— Rep. Andy Vargas, Massachusetts

Debates over internet access involve questions of net neutrality, a term that means providing internet access and usage that is not contingent on political perspective. Net neutrality ensures that data traffic is treated uniformly, and internet service providers cannot block, slow or speed content delivery at their discretion. Congress can require network owners to provide equal access to the internet and protect users from discriminatory treatment.

Until 2018, net neutrality protections were derived from the Communication Act of 1934, which allows the Federal Communications Commission to regulate telephone carriers. However, the Restoring Internet Freedom Order repealed earlier net neutrality requirements and left much of regulation in this policy area to the states.¹ In response, several state legislatures and executives have implemented net neutrality policies.

State Examples

Vermont requires internet service providers to certify compliance with consumer protection and net neutrality standards in order to be eligible to receive government contracts for internet service.²

Washington was the first state to pass net neutrality into law. The law prohibits internet providers in the state from blocking lawful content, applications, services or nonharmful devices; impairing or degrading lawful internet traffic on the basis of internet content, application or service or use of a nonharmful device; or engaging in paid prioritization.³

Washington, D.C., declared opposition to the Federal Communications Commission’s repeal of net neutrality rules. The city council emphasized that the repeal would hinder access to a free and open Internet, infringe on First Amendment guarantees of freedom of speech and equal access to information and create an uneven playing field for small businesses.

Additional Resources


Endnotes


Economic and Workforce Health

Policy Recommendation 6:
State policymakers and agencies can consider ways to highlight the benefits of apprenticeship programs to youth and young adults.

The Economic and Workforce Subcommittee unanimously approved this recommendation in support of raising awareness of the benefits that apprenticeships.

With a workforce shortage in skilled trades, Gov. Gianforte has made it a top priority to strengthen workforce development pipelines. Through comprehensive regulatory reform and public-private partnerships, our state is leading the way in expanding apprenticeships and work-based learning opportunities for young Montanans, with record apprenticeship growth so far this year. Working with families, industry, schools and colleges, we’ll continue to promote access to good-paying careers to keep our kids in state and drive our economy forward.”

— Lt. Gov. Kristen Juras, Montana

Apprenticeships provide workers with new skills, opportunities to earn college credit, income to meet basic needs, a nationally recognized credential and gateways to a quality career and economic mobility. Apprentices earn an average starting salary of $77,000 after completing their programs and earn in excess of $300,000 more than their peers over their lifetime. However, there were only about 593,000 apprentices around the country in fiscal year 2021.

One challenge in recruiting young people into apprenticeship programs is the stigma that this pathway to employment is less valuable than four-year degree programs. Other myths that stigmatize apprenticeships include that they are interchangeable with internships, only for trade jobs and costly for employers and participants. Additionally, youth completing K-12 studies might only hear about apprenticeships from school counselors who may not be well versed in these programs.

State leaders looking to expand apprenticeships in their jurisdictions might consider how they can address the stigma in promotional materials. To ensure accuracy of the information presented to K-12 students about apprenticeship, it might be beneficial to educate counselors on local apprenticeship opportunities and non-traditional pathways. State leaders might also work with private partners to provide more opportunities for youth and young adults to learn about paid pathways to employment outside of school.

State Examples

Next Steps Idaho is a statewide initiative to support Idahoans through their education, training and career journey. The initiative highlights work-based learning opportunities in two subcategories. The “Learn Through Work” subcategory includes activities such as clinics, co-ops, pre-apprenticeships and internships. The “Learn at Work” subcategory includes apprenticeships, registered apprenticeships, on-the-job training and school-to-registered-apprenticeships programs. The “School to Registered Apprenticeship” program targets students aged 16 and older and is an extension of the state’s registered apprenticeship program. The program requires the approval of both the school and a parent or guardian for a student to participate.

The Maryland Department of Labor holds several events in conjunction with National Apprenticeship Week. These events highlight the opportunities offered through apprenticeships. Among the events Maryland carries out, the state gives Apprenticeship Awards to recognize exemplary apprenticeship participants, and to highlight apprenticeship as an outstanding workforce development model.

Additional Resources

- State Policy Playbook to Advance Youth Apprenticeship — https://www.nga.org/publications/state-policy-playbook-to-advance-youth-apprenticeship/
POLICY RECOMMENDATIONS

Economic and Workforce Health

Endnotes


Policy Recommendation 7:
States can consider allowing mentorship to satisfy any continuing education requirements as an incentive for industry-based mentorship. Industry professionals could count activities such as mentoring a career aspirant or hosting a job shadowing session.

The Economic and Workforce Subcommittee passed this recommendation unanimously in agreement on the benefits of mentorships for mentors and apprentices.

This recommendation provides flexibility and multiple pathways to complete continuing education requirements. It allows for individuals and industries to seek out the path that best meets their needs and sets them up to have the best trained workforce for their organization.”

— Rep. David Bentz, Delaware

Apprenticeships are a work-based learning model that provides participants with opportunities to connect classroom instruction to work activities. Career mentorship is a key piece of the apprenticeship experience. Knowledgeable mentors are often able to translate written instruction into the mechanics of the job.

Mentorship also confers benefits on the mentor. Many executives see mentorship programs as informal leadership training for their employees. To recruit capable mentors for apprenticeship programs, state leaders could work with the private sector to recognize the work of the mentor as professional development.

While a preliminary scan found no current state examples of this recommendation, some states offer flexibility to the established continuing education requirements to achieve other policy goals.

State Examples

The New York State Education Department requires licensed engineers to complete continuing education requirements. Professional engineers need to complete 36 hours of continuing education every three-year registration period. However, under the public sector exemption, professional engineers employed by the State of New York in any of its agencies, public authorities, public benefit corporations or local government units are exempt from this requirement.

Virginia requires any agent who holds a title agent license such as life and annuities insurance agents, health agents, property and casualty insurance agents, personal lines agents, and title insurance agents to complete 16 hours of continuing education credits. The state also has set forth exemptions to the continuing education requirements such as that nonresident agents who have met the continuing education requirements of their home state and whose home state gives credit to residents of the Commonwealth on the same basis.

Additional Resources

- Continuing Nurse Education — https://nurse.org/resources/continuing-education/#:~:text=Every%202%20years%3A%202%20of,OR%2020%20hours%20nursing%20employment.

Endnotes

Economic and Workforce Health

Policy Recommendation 8:
States can explore innovative ways to invest in pre-apprenticeship programs for job seekers to increase basic literacy, numeracy and soft skills among potential workers.

The Economic and Workforce Health Subcommittee passed this recommendation acknowledging the need to educate job seekers on essential workplace skills regardless of the individual’s background or experience.

In most states, jobs outpace the number of workers. As a result, employers are willing to hire less experienced workers. These workers often lack workplace readiness skills such as basic literacy, numeracy and soft skills. Arkansas’s apprenticeship incentive allows for an employer tax credit for paid apprenticeship and work-based learning experiences. High-quality pre-apprenticeship programs, aligned with registered apprenticeship programs, build a skilled workforce with higher retention rates.”

– Workforce Services Director Charisse Childers, Arkansas

Employers sometimes cite low levels of adult literacy and numeracy among job applicants as a barrier to hiring. This concern plays out in the national data as well. In a global test of adult numeracy and literacy released in 2017, America’s adult workforce (16-65) was no more skillful in reading or math that it was in 2012.1 In 2020, 62.7 million U.S. adults possessed low numeracy skills2 and 43 million possessed low literacy skills.3

Pre-apprenticeship programs help prepare individuals to enter and succeed in registered apprenticeship programs.4 Pre-apprenticeship classes and programs are designed to prepare job seekers for employment in a specific industry by working on literacy, numeracy and any other fundamental skills needed before one becomes an apprentice. This is especially important in cases involving individuals with non-traditional educational background and those with a criminal history. These programs allow such individuals to enter the workforce and provide them with the resources to succeed.

State Examples

The YouthBuild program in Alabama offers out-of-school young adults ages 16-24 in the Barbour County area with classroom instruction, lab training and hands-on training at construction sites.5 This program offers pay and supportive skills like mentoring and counseling. The program is welcoming for individuals with criminal and non-traditional education backgrounds.

Hawaii developed a work-based learning continuum in collaboration with employers that emphasizes the development of technical and employability skills and graduating from high school with industry-recognized credentials.6 Work-based Learning connects the gap between school and in-demand, high-skill careers in Hawaii.

Additional Resources

- Apprenticeship USA: Explore Pre-apprenticeship — https://www.apprenticeship.gov/employers/explore-pre-apprenticeship

Endnotes

POLICY RECOMMENDATIONS

Economic and Workforce Health

Policy Recommendation 9:
States can explore public-sector programs and apprenticeships in the law enforcement career path with a particular focus on recruiting, educating, training, credentialing and employing individuals who are currently underrepresented within law enforcement.

The Economic and Workforce Health unanimously passed this recommendation in support of dedicating effort to reverse the declining diversity and close the employment gap in law enforcement. The law enforcement who are serving neighborhoods should not only look like those they serve but should be able to connect with them culturally. A thriving democracy includes democratic policing, but it also needs modernization and improved representation. States could explore various programs that focus on recruiting and training programs so that they better serve their communities. We’ve seen positive outcomes in neighborhoods where law enforcement can connect to the community, and we can further those outcomes by improving the recruitment numbers of law enforcement from underrepresented populations.”

– Sen. Melissa Hurtado, California

Although local police departments lost just under 1% of employees in 2020 after a decade of expansion, there is evidence that diversity in police departments is decreasing more rapidly. This is especially evident among local Black law enforcement officers. New York City has seen a 14% drop in Black officers since 2008, Philadelphia a 19% drop since 2017, Washington, D.C., a 25% decrease since 1998, and Chicago a 12% drop since May 2019. Closing the diversity gap can lead to improved relations between the public and law enforcement.

State leaders who want to recruit a diverse group of potential law enforcement officers may consider pre-service training programs similar to apprenticeships. Some of the ways state leaders can do so include creating an outlined pre-service training program through a state law enforcement agency with a path to service as an officer, registering law enforcement apprenticeship programs identified by the state department of labor, and making other work-based learning opportunities, such as internships, available through a state law enforcement agency for college credit.

State Examples
The California Highway Patrol runs a structured Explorers Program for young people ages 15 to 20 that trains “Explorers” in office and ride-along tasks. The program is a highly structured pathway to becoming a patrol cadet.3

The Maryland Cadet Apprenticeship Program offers a paid work-based training experience for youth ages 14 to 18 with the goal of recruiting and retaining the next generation of law enforcement officers.4 The program is administered through the Maryland Department of Labor Division of Workforce Development and Adult Learning.

Additional Resources

Endnotes
Economic and Workforce Health

Policy Recommendation 10:
States can explore State as a Model Employer apprenticeship programs that are also public-private partnerships. For example, state governments could create a public sector apprenticeship that educates, trains, pays and offers credentials to job seekers. Upon completion of the public sector apprenticeship, the graduate could be offered a job with a private-sector organization partnered with the state that employs individuals with a similar skillset.

The Economic and Workforce Subcommittee unanimously approved passing this recommendation in support of the states exploring State as a Model Employer apprenticeship programs to better prepare individuals for private sector employment.

State Examples

**North Dakota** Tribal College System (NDTCS) announced in September 2022 a statewide apprenticeship program in partnership with Hess Corporation, Halliburton and Nabors Industries. Over a four-year period, Hess Corporation will invest $12 million to provide tuition assistance, stipends and other support for establishing apprenticeships in a variety of industries designed by each of the state’s five tribal colleges based on the local job market and needs of their tribal communities.¹ NDTCS teaches apprentices skills that prepare them for jobs in the private sector.

**Nebraska** Workplace Experiences Continuum is organized into three tiers: awareness strategies, exploration strategies and work-balance learning strategies.⁴ The three phases allow for students to explore career choices and better understand their talents, strengths and interests. This helps students identify the post-secondary education needed for their career choice. The second phase of the continuum is focused on teaching the students career readiness skills. Upon completion of the continuum, students are prepared for jobs in the private sector.

Additional Resources

- Arkansas Department of Education’s Arkansas Teacher Residency Apprenticeship Program — [https://dese.ade.arkansas.gov/Files/U.S._Department_of_Labor_Approves_Arkansas_Teacher_Residency_Apprenticeship_Program_COMM.pdf](https://dese.ade.arkansas.gov/Files/U.S._Department_of_Labor_Approves_Arkansas_Teacher_Residency_Apprenticeship_Program_COMM.pdf)

We have a similar state-level apprenticeship model in Arkansas that is launching in fall 2023. Arkansas’s Teacher Residency Apprenticeship Program is designed to increase the teacher pipeline. Participants will serve as apprentices at schools while earning a wage and upon completion will earn a four-year degree, a teaching license and a nationally recognized apprenticeship certification.”

— Director of Workforce Services Charisse Childers, Arkansas

Apprenticeships in the public sector provide several advantages to state workforces. Individuals who remain in state or local government jobs can benefit from professional stability, student loan forgiveness, competitive health insurance and other benefits including paid leave, work-life balance, professional development and advancement opportunities. In addition, public-sector apprenticeships can lead to improvements in the worker’s community, whether the apprenticeship is focused on the transportation, corrections, broadband installation or infrastructure sectors, among others.

Additionally, research shows that workers are quitting for better pay and benefits. Highlighting the myriad of benefits to apprenticeships might boost employment in both the public and private sector, particularly when one acts as a bridge to the next.¹ Research shows that 93% of participants who complete their apprenticeship retain employment, creating a talent pipeline.²
Policy Recommendations

Economic and Workforce Health

Endnotes


Healthy States National Task Force

Human Health

The human health impacts of COVID-19 provided an acute crisis unrealized in modern times. As the federal, state and local governments worked to address the immediate health crisis, the pandemic also revealed how the country’s existing health care systems may be better positioned to meet increased and new health care demands and improve overall access to care.

In particular, the Human Health Subcommittee included in its policy conversations ways that states may better address health care inequities, improve mental health care and invest in the proliferation of telehealth.

The Human Health Subcommittee released 10 policy recommendations in two areas of focus: health care access and equity and telehealth.

Health Care Access and Equity

States are only as healthy as the people that live there, and the challenge of maintaining equitable access to quality care for every resident existed long before the COVID-19 pandemic. Still, the current health care crisis has placed a spotlight on the most vulnerable groups in society — those who are also most at risk for COVID-19 — and the barriers they face in state health care systems. In an effort to address these barriers, state policymakers can look for ways to center the needs of underserved groups in the process of health policy development and implementation. Within this conversation states may consider how expanded health care coverage and targeted policies centered on health equity might be a part of a state’s overall health strategy.

1. States can invest in broadband infrastructure and statewide health care data sharing systems to enable transparency, provide equitable distribution of health care services and improve: (1) access to critical care, (2) robust clinical data for policy makers and providers and (3) quality of the continuum of care.

2. States can investigate the positive human health impact and cost-savings potential of problem-solving courts for individuals with substance use disorders or behavioral health needs.

3. States can consider ways health systems can leverage advancing technology by updating service delivery and payment models.

4. Before proposing health care-related legislation, state policymakers can consider social and economic factors that impact health care access and health outcomes.

5. States can prioritize maternal mortality reduction efforts.

6. The Council of State Governments, with the CSG Justice Center and The National Center for State Courts, can create a national framework for the private sector, state legislatures, state agencies, and the courts to better deliver behavioral health and substance use disorder services for justice-involved individuals.

7. State policymakers can work with their health, human services and justice systems to expand telehealth services to individuals, including justice involved individuals in need of behavioral and substance use disorder health care.

Telehealth

A significant number of Americans live in “hospital deserts,” a term referring to communities without adequate access to hospitals, primary care providers, trauma centers or health centers. Improving broadband access and therefore expanding the reach of telehealth services can help close this gap between underserved populations and the care they need. However, technology enablers such as telehealth can only be effective tools to address health equity when they are properly understood by the public, and when access to the internet is universal and affordable.

8. States can monitor and assess the efficacy and cost savings of expanded telehealth services.

9. State health and human services offices, in partnership with health care systems and providers, can educate legislators and the general public on the access to, as well as efficacy and limitations of, telehealth including the provision of behavioral health and substance use disorder services.

10. State policymakers can explore and create standards for using technology in settings such as (1) hospital at home, (2) long-term hospital at home and (3) other forms of remote patient monitoring, without eliminating the personal connection and human decision making in health care provision and continuing to maintain a high standard of care.

11. State policymakers can explore and leverage all funding options, including public-private partnerships and federal funding, to plan a long-term strategy to increase broadband access to make telehealth more accessible to underserved and underserved populations.

Human Health Subcommittee Members

- Chief Justice Bridget McCormack, Michigan, Co-chair
- CEO Dannette Smith, Nebraska, Co-chair
- Rep. Liz Snyder, Alaska
- Rep. Colleen Burton, Florida
- Judge Melanie May, Florida
- Chief Privacy Officer Ted Cotterill, Indiana
- Chief Justice Susan Christensen, Iowa
- Fmr. Secretary of Health and Environment Dr. Lee Norman, Kansas
- Fmr. Director of Public Health Adam Meier, Montana
- Sen. Trey Stewart, Maine
- Justice Anne McKeig, Minnesota
- Rep. Brian Sims, Pennsylvania
Healthy States National Task Force

POLICY RECOMMENDATIONS

Human Health

Policy Recommendation 1:
States can consider investing in broadband infrastructure and statewide health care data sharing systems to enable transparency, providing equitable distribution of health care services, and improving: (1) access to critical care, (2) robust clinical data for policymakers and providers, and (3) quality of the continuum of care.

The Human Health Subcommittee approved this recommendation citing a desire to increase access to and the equitable distribution of medical care and services. The subcommittee finds telehealth services and broader data sharing frameworks can better address the needs of individuals working in and receiving health care, especially when they are universal, affordable and public facing.

Statewide health care data sharing has the potential of providing timely and comprehensive information to policymakers as they seek to develop policies which positively impact access to quality health care. Understanding the unique attributes of the communities across their states, including unique challenges in health care, would help policymakers develop targeted approaches to improve critical care. Decisions based on anecdotal evidence often lead to policy decisions which fail to address real needs.”

– Sen. Colleen Burton, Florida

Technology enablers such as telehealth can be a tool to address health equity only if access to the internet is universal and affordable. It also is important that states take into consideration the resources necessary to aclimatize populations to new uses of technology. Data shared among state health agencies that include variables such as race/ethnicity, age, geographic location and other demographic characteristics allow policymakers to make informed decisions to better ensure the equitable distribution of health care resources.¹

The equity benefits of robust data collection and sharing systems was also a topic of discussion at the June 2021 meeting,² most prominently in the presentation given by Hemi Tewarson of The National Academy for State Health Policy.³ Tewarson described how states could address equity concerns in vaccination programs through improved data collection and use. Additionally, she described the risk of increasing incidents of Adverse Childhood Experiences — disproportionately affecting racial and ethnic groups — due to the health and economic impacts of the pandemic-related state policy changes.

States can better address challenges and improve health outcomes through the use of American Rescue Plan funding, including opportunities for strengthening behavioral health programs, expanding access to broadband, addressing trauma and adverse childhood experiences, and enhancing food security and nutrition. However, without proper data sharing, challenges will remain in terms of assessing who is receiving treatment and services and who is not.

State Examples

In Connecticut, Connecticut Senate Bill 6 established a framework when collecting data to keep private information secure. The framework includes online monitoring, which is beneficial for the telehealth sector when focusing on secure data protection of patients.

In Nebraska, Legislative Bill 411 requires that health agencies participate in the state’s health information exchange. This exchange is designed to provide a data infrastructure of electronic health records, assist in assessments of affordability and availability of care in the state, and enable healthcare providers to access pertinent information in accordance with privacy and security provisions. This includes the mandated provision and sharing of information by health care facilities and health insurance plans.

Additional Resources


Endnotes

Policy Recommendations

Human Health

Policy Recommendation 2:
States can consider investigating the positive human health impact and cost-savings potential of problem-solving courts for individuals with substance use disorders or behavioral health needs.

The Human Health Subcommittee approved this recommendation citing positive experiences that subcommittee members have had with problem-solving courts in their respective states. The subcommittee finds these courts can better address the needs of individuals with substance use disorders and/or behavioral health needs. This can be achieved through state investigations of the positive human health impacts and cost-savings potential of problem-solving courts.

According to the Bureau of Justice Statistics, in 2018 over two million people were held in federal and state prisons or jails. Among individuals in the prison population, there are substantial rates of mental health issues and substance use disorders. The disparate impact of COVID-19 on justice-involved populations will likely increase these percentages. A 2021 evaluation by the U.S. Department of Justice Office of Justice Programs found that adult treatment court participants reported less drug use (56% vs. 76%) than comparable individuals; and this reduced system costs an average of $5,680 to $6,208 per individual compared to those that underwent traditional case processing and supervision.

Community-based behavioral health needs to be widely available for all people that have or are being released through the justice department. While many are beginning a new stage of life, most, if not all, are still dealing with substance or behavioral health disorders. The Substance Abuse and Mental Health Services Administration (SAMHSA) stated that “In many communities, people with behavioral health disorders cannot access adequate community-based services and find themselves channeled into the justice system.” Rather than arresting people in need of support and treatment, states should invest in problem-solving courts to better pair the need of justice-involved individuals with proper support and treatments.

States can have a positive impact on this issue by examining the eight principles of community-based behavioral health services for justice involved individuals that are laid out by the SAMHSA. Their framework for facilitating collaboration between criminal justice professionals and community providers and integrating physical and behavioral health can be further adapted into state legislation.

State Examples

In Kentucky, a Mental Health Court program provides individuals who have been charged with a felony or misdemeanor charge and are also diagnosed with an underlying mental illness or substance use disorder an opportunity to have their charges dropped upon program completion.

In Colorado, the Denver RESTART (Recognizing and Establishing Smart Treatment Alternatives for Recovery and Transition) District Court is for individuals arrested on their fourth or subsequent driving under the influence, driving while ability impaired or DUI Per Se offense. The court offers an alternative to lengthy incarceration, it is a multi-phase program that includes conviction, jail and probation sentence; intensive community supervision; treatment; and substantial judicial oversight.

Additional Resources


The prevalence of substance use disorders and behavioral health issues in our prisons and jails make painfully clear that our criminal justice system is not designed to treat those concerns. Problem-solving courts address this tragic inadequacy by giving participants the support and resources needed to escape what can be a riptide of arrests and incarceration.”

— Chief Justice Bridget McCormack, Michigan
Policy Recommendations

Human Health

Endnotes


7 Kentucky Court of Justice. (n.d.). Mental Health Court. Retrieved October 31, 2022, from Court Programs: https://kycourts.gov/Court-Programs/Specialty-Courts/Pages/Mental-Health-Court.aspx

Policy Recommendation 3: States may consider ways health systems can leverage advancing technology by updating service delivery and payment models.

The Human Health Subcommittee approved this recommendation citing a desire to update service delivery and payment models in health systems. The subcommittee finds that this can be achieved through leveraging advancing technology, and it recommends states consider doing so as a solution-oriented approach to service delivery and payment challenges.

Innovations in technology ramped up significantly as we dealt with the devastating implications of the pandemic. As we recover, we can update service delivery and payment models to maximize limited resources while increasing availability, access and affordability for more of our constituents to needed medical and behavioral health services.”


The standard fee-for-service approach to health care creates large inequities in access for people at different income levels. State policymakers and health care administrators could consider alternative payment models that incentivize payment for quality community health outcomes. Health access also can be improved by broadening state definitions of acceptable service delivery models to include telehealth services. In July 2020, the Commonwealth Fund reported 33 states required Medicaid plans to cover telemental health services through emergency orders and 21 states required private insurers to cover telemental health services.

In a time when technology is continuously innovating, states may consider whether their current health systems are outdated and how they can be improved. The health sector is one of the most targeted areas for hackers and ransomware attacks, so updated and secure payment methods are a necessity. The Center for Health Care Strategies created a brief focusing on California and the role of community-based organizations play in helping to improve efficiency when contracting with health care organizations.

The modes through which many health-related payments are processed, billed and categorized are challenging to access and understand for patients, creating service inefficiencies. Some ways to improve these advancing technologies are through moving towards more modern forms of payment such as electronic. Better payment options may allow for better communication throughout the medical system.

States may also find it useful to consider the work of private sector partners. For example, in recent years CVS Caremark began providing real-time visibility to member-specific medication costs and available lower-cost therapeutic alternatives at the point of prescribing and at the pharmacy. This enhanced visibility across all points of care can help eliminate potential dispensing delays, improve patient outcomes through increased medication adherence, and lower costs for members and payors. Additionally, an initiative launched by America’s Health Insurance Plans (AHIP) studied the benefits of creating a Fast Prior Authorization Pathway — or Fast PATH — to better understand how electronic prior authorization (ePA) could impact the process for patients and providers. The study found that 71% of experienced providers who implemented ePA reported faster time to patient care. In addition, ePA reduced the time between submitting a prior authorization request and receiving a decision from the health plan by 69%.

State Examples

In Rhode Island, the creation of the Office of the Health Insurance Commissioner has helped improve quality health care by holding health care providers accountable for updating systems. This helped decrease premiums along with moderating prices and improved quality measures.

In Oregon, The Oregon Health Authority works to lower and contain costs while improving the quality and accessibility of services as well as care coordination for medical patients.

Additional Resources

- Payment and Deliver Models Within the Medical Sector — https://www.ama-assn.org/practice-management/payment-delivery-models
POLICY RECOMMENDATIONS

Human Health

Endnotes


Human Health

Policy Recommendation 4:
Before proposing legislation related to health care, state policymakers may consider social and economic factors that impact health care access and health outcomes.

The Human Health Subcommittee approved this recommendation citing a desire to holistically examine health care outcomes to better understand inequities embedded in U.S. health care systems. The subcommittee recommends that states consider the social and economic factors that impact both access to care and the health outcomes that result from said care.

From my perspective, the formation of a cabinet-level role, reporting directly to the governor, with a leader laser focused on improving equity, inclusion and opportunity is the key. This issue requires focused attention at the highest levels of government so we can achieve meaningful and lasting results and I believe Indiana has enabled that through the creation of the Indiana Office of Equity, Inclusion, and Opportunity.”

— Chief Privacy Officer and General Council Ted Cotterill, Indiana

Chronic illness is more likely to affect those with the lowest incomes, and children in low-income families are sicker than their high-income counterparts.

State Examples
Connecticut has issued a public act that puts an emphasis on equalizing health access. The creation of the Commission on Racial Equity in Public Health is meant to oversee and combat embedded racism and discrimination within the public health system.

In Washington, House Bill 1783 created the Washington State Office of Equity that focuses on disparity throughout the healthcare system by helping marginalized groups obtain the resources they need.

Additional Resources
• Washington State Office of Equity — https://equity.wa.gov/people/we-people

Endnotes
3 Ibid.
Healthy States National Task Force

POLICY RECOMMENDATIONS

Human Health

Policy Recommendation 5:
States can prioritize maternal mortality reduction efforts.

The Human Health Subcommittee approved this recommendation citing a desire to improve broad care and support for both mothers and their babies. In addition, subcommittee members encourage states to tackle maternal mortality rates, especially along the lines of racial health care outcome disparities.

The level of maternal mortality in a society is a key indicator of its overall health and wellness. Committing to prioritize a reduction in maternal mortality is not only the right thing to do, it is also vitally important to the overall health of our communities and society.”

— Department of Health and Human Services CEO Dannette R. Smith, Nebraska

The U.S. has the highest maternal mortality rate among Organization for Economic Co-operation and Development (OECD) nations, and there exist substantial disparities: 37.1 maternal deaths per 100,000 births for non-Hispanic Black women compared to 14.7 for non-Hispanic white women. Mental health screening is a particularly important health equity strategy during pregnancy and postpartum. The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends screening pregnant women for substance abuse disorders in multiple settings, including the emergency department, OB/GYN visits, primary care visits and well-child visits. Currently, Black women are significantly less likely to be screened for postpartum depression than white women.

Organizations such as the Commonwealth Fund and The American College of Obstetricians and Gynecologists are working towards expanding access to important perinatal care. They have each put forward recommendations advocating that state legislators work to expand pregnancy-related Medicaid coverage (among other services) in order to better address maternal health. States should additionally consider:

- Establishing Maternal Mortality Review Committees.
- Requiring mental health and substance abuse screening during the perinatal process.
- Establishing state Perinatal Quality Collaboratives (PQCs).

According to the Commonwealth Fund, Medicaid is the health insurer for 45% of births in the United States and the insurer for 66% of all births to Black mothers. Given the disparate rates of maternal mortality and morbidity between Black and indigenous people and white people in the United States, there is an opportunity for state Medicaid agencies to take the lead in implementing policies that promote better health outcomes and address drastic racial disparities. Individuals with pregnancy-related Medicaid coverage typically lose their benefits 60 days after the end of pregnancy. The American College of Obstetricians and Gynecologists reports that maternal mortality is rising, and a growing body of evidence shows that many of these deaths, particularly from preventable causes such as overdose and suicide, occur after pregnancy-related Medicaid coverage ends.

One pathway to consider is the state plan amendment under the American Rescue Plan Act. This additional pathway allows states to extend Medicaid coverage for pregnant people from 60 days to one year postpartum, providing a key opportunity to better address maternal health.

State Examples

In **Minnesota**, Doula services, widely known for improving birth outcomes and experience in low-income communities of color, are now covered.

In **California**, several policies have been adopted. These include implementing midwifery-led care models, establishing home visiting services in the prenatal and postpartum periods, waiving the requirement for pregnant immigrants to lawfully reside for five years before Medicaid eligibility, and telemedicine for pregnancy-related care.

Additional Resources

- WIG Webinar: Maternal Mental Health Awareness — [https://womeningovernment.org/attend/event/wig-webinar-maternal-mental-health-awareness](https://womeningovernment.org/attend/event/wig-webinar-maternal-mental-health-awareness)
Human Health

Endnotes
Policy Recommendation 6:
The Council of State Governments could work with its Justice Center and The National Center for State Courts to create a national framework for the private sector, state legislatures, state agencies and the courts to better deliver behavioral health and substance use disorder services for justice-involved individuals.

The Human Health Subcommittee approved this recommendation citing a desire to examine how behavioral health and substance use disorder services are delivered to incarcerated individuals and those making the transition from being in custody to out in the community. Subcommittee members specifically noted concerns regarding who can access services in custody and how the continuum of care is maintained through an individual’s transition out of state and private facilities.

When we talk about the revolving door of offenders with mental health and substance abuse issues, we need to look inward on what we as a justice system are doing about it. Problem-solving courts have done a great job at providing needed treatment for offenders, but they touch only a small percentage of the offender population. Most offenders don’t receive needed treatment and those that do are not always provided with a transition plan and access to services upon release from custody. This contributes to the revolving door."

— Judge Melanie May, Florida

An estimated 70% of individuals involved in the criminal justice system have a behavioral health disorder, making state courts a significant referral source for community behavioral health treatment and often making jails the largest behavioral health facilities in the jurisdiction.1 According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the high prevalence of mental and substance use disorders in correctional settings produces poorer outcomes for both affected individuals and correctional agencies.2 Individuals with mental and substance use disorders are less likely to make bail and more likely to have longer jail stays and serve time in isolation during incarceration as well as experience victimization or exploitation. While individuals presenting a need for behavioral health or substance use disorder services present a range of physical, behavioral and developmental needs, according to SAMHSA, the additional expense of new interventions has been justified by pointing to improved individual and system-level outcomes.3

The Council of State Governments, its Justice Center and the National Center for State Courts can work with state leaders to improve coordination between the behavioral health and justice systems to reduce recidivism and improve treatment outcomes by:

- Creating state-level commissions, task forces and work groups to improve the court and community responses to mental health challenges.
- Disseminating state court best practices for responding to children, youth and adults with behavioral health disorders.
- Providing a bridge among the three branches of government so that state resources and policy are coordinated.

State Examples

In Massachusetts, the Department of Corrections partners with MassHealth to provide health insurance to released inmates. This partnership allows community access upon release to medical services, mental health services and substance use treatment.4

In North Carolina, the North Carolina Formerly Incarcerated Transition (FIT) Program establishes patient-centered primary care medical homes for returning inmates with chronic medical conditions, behavioral health needs and/or substance use disorders. This includes a peer navigator model that works with local reentry councils and community-based organizations to create comprehensive reentry plans including health care.5

Additional Resources

POLICY RECOMMENDATIONS

Human Health

Endnotes


3 Ibid.


Healthy States National Task Force

POLICY RECOMMENDATIONS

Human Health

Policy Recommendation 7:
State policymakers can work with their health, human services and justice systems to expand telehealth services to individuals, including justice involved individuals in need of behavioral and substance use disorder health care. States could monitor and assess the efficacy and cost savings of expanded telehealth services.

The Human Health Subcommittee approved this recommendation citing a desire to critically examine how behavioral and substance use disorder services might best be delivered to justice-involved individuals, especially in rural areas where resources for such services may be limited.

We must think about what the problem is we are specifically trying to solve. When expanding access to behavioral health and substance use disorder services are states considering incarcerated individuals, cost saving efforts or state budget setting? Interestingly, lots of money can be saved through providing telehealth services while addressing the needs of those in custody, especially in rural states.”

— Sen. Trey Stewart, Maine

According to the Bureau of Justice Statistics, the number of people held in state and federal prisons or jails was over 1.7 million in 2020.¹ To incarcerate these individuals, taxpayers spend about $80.7 billion a year.²

A variety of factors, including a high prevalence of mental health challenges and substance use disorder in this population, leaves justice-involved individuals particularly vulnerable upon release from detention. When these health issues go unaddressed, the chance of recidivism significantly increases, as does the cost of incarceration. In a 2017 survey, nearly 66% of respondents said that they never received behavioral health counseling while incarcerated.¹ Telehealth could be a way to connect justice involved individuals to life improving behavioral health care before release, especially in rural areas where the number of care providers is more limited by smaller population size and the distribution of resources over large swaths of space.

Telehealth may also be used as a tool to connect more youth to critical behavioral health services. Between March and October 2020, the proportion of mental health-related emergency department visits increased by 24% among kids ages 5 to11 and 31% among adolescents ages 12 to17, compared with 2019.³ In many areas, there are not enough child psychiatrists to meet the behavioral health needs of young people.¹ Telehealth could be used to plug these access gaps.

State Examples

In Texas, the prisoner health operation conducts 127,000 telemedicine visits a year with inmates in the 83 Texas correctional facilities it tends to.⁴ About three-quarters of these visits are for mental health or primary care. All behavioral health appointments are conducted via telemedicine.

In Indiana, the Department of Corrections uses telehealth programs to help treat the chronically ill.⁵ This telehealth option helps provide onsite specialist care in a safe and secure environment that was not available in the past.

Additional Resources

POLICY RECOMMENDATIONS

Human Health

Endnotes


**Human Health**

**Policy Recommendation 8:**
State health and human services offices, in partnership with health care systems and providers, can educate legislators and the general public on the access to, as well as efficacy and limitations of, telehealth including the provision of behavioral health and substance use disorder services.

Telehealth has incredible potential to expand health care needs to the people we serve, including those in the most vulnerable populations. However, its implementation must be done correctly. Education and collaboration with all stakeholders such as health and human services departments, state legislators, health care systems and providers is extremely important to ensure a system is put in place that properly fits the unique needs of states and communities.”

— Department of Health and Human Services CEO Dannette R. Smith, Nebraska

The Human Health Subcommittee approved this recommendation, citing a desire to develop a greater understanding of the benefits and limitations of implementing and accessing telehealth programs for all individuals, including those in need of behavioral health and substance use disorder services. The subcommittee recommends enhanced public education be implemented to achieve a greater collective understanding among the general public, legislators and key stakeholders.

Wider acceptance of telehealth is dampened by misconceptions about its appropriateness for different kinds of care, including mental health and chemical health care. But data show that this mode of health care delivery contains benefits specific to those seeking treatment. Telehealth treatment can:

- Increase access to experienced providers.
- Improve the continuity of care by reducing travel time and costs which increase the likelihood that clients will show up for scheduled appointments.
- Lessen potential negative impacts on employment as clients are given more flexibility with appointment scheduling.
- Reduce the stigma associated with experiencing serious mental health challenges and substance use disorders while making treatment more accessible. Clients can disclose their health concerns in the privacy of their homes and those further away from behavioral health centers can receive assistance in finding the next closest brick-and-mortar facility.
- Reduce the burden of child care and caregiver responsibilities by eliminating the need for clients to find child care and by allowing home caregivers relief through the use of remote monitoring technologies.

State leaders also can investigate ways to dispel myths about telehealth as a mode of mental health and chemical health care delivery.

**State Examples**

In **Florida**, Chapter 2016-240 Laws of Florida created the Telehealth Advisory Council to make recommendations about telehealth services in the state to the governor and legislature. The 15-member council represented diverse stakeholder groups.

In **Nevada**, Senate Bill 53 charged The Office of Science, Innovation, and Technology (OSIT) with coordinating the state’s broadband strategy (including matters relating to telehealth). The OSIT website aims to publicly communicate telehealth services available in Nevada for patients as well as telecommunications programs (and broadband subsidies) available for current rural providers.

**Additional Resources**


**Endnotes**


Policy Recommendation 9:
State policymakers can create standards for how they will adapt to new health care technologies while maintaining a high standard of care as a priority and without eliminating the human factor in health care provision. Policymakers may examine technological use in settings such as (1) hospital at home, (2) long-term hospital at home and (3) other forms of remote patient monitoring.

The Human Health Subcommittee approved this recommendation, citing a desire to improve and maintain a high standard of care without eliminating the detail oriented, personalized aspects of human delivered and centered health care and telemedicine. Specifically, states should examine how new technologies are being adapted and implemented in at-home settings amongst other forms of remote patient monitoring.

Likewise, remote patient monitoring allows for the collection of a wide range of health data from the point of care, such as vital signs, weight and blood pressure. The data is transmitted to health professionals in facilities such as monitoring centers in primary care settings, hospitals and intensive care units and skilled nursing facilities. A little over half of state Medicaid programs reimburse for remote patient monitoring. However, there are a multitude of restrictions associated with its use. The most common include:

- Offering reimbursement only to home health agencies.
- Restricting the clinical conditions for which symptoms can be monitored.
- Limiting the type of monitoring device and information that can be collected.

As the popularity and convenience of telehealth grows, so do hospital-at-home services and remote patient monitoring. State policy leaders might consider how to enable these technologies while maintaining quality of care for their residents.

State Examples
In Connecticut, the Connecticut Home Care Program for Elders provides care management, adult day health, companion and homemaker services as well as home delivered meals. To be eligible, applicants must be 65 years of age or older, be a Connecticut resident, be at risk of nursing home placement and meet the program’s financial eligibility criteria.

In Alabama, Alabama Medicaid reimburses remote patient monitoring for specified conditions through the In-Home Remote Patient Monitoring Program. The program is administered by the Alabama Coordinated Health Network (ACHN). Patients may be referred to the program by any source including a physician, ACHN care coordinators, patient or caregiver, the health department, hospitals, home health agencies or community-based organizations.

Additional Resources

The pandemic taught us more about the benefits of technology by forcing us to employ it in ways we had not done before. We should capitalize on those lessons by creating standards or best practices for using technology in a wide variety of settings, always being mindful that we don’t become robotic about its use. The human touch is so important in providing health care so we need to use technology without losing sight of the human factor.”

— Judge Melanie May, Florida

Hospitals can provide a wide array of services in the home setting, including:

- Diagnostic tools such as electrocardiograms, echocardiograms and x-rays.
- Treatments such as oxygen therapy, intravenous fluids, intravenous antibiotics and other medicines.
- Services such as respiratory therapy, pharmacy services and skilled nursing services.

A growing body of research shows that hospital-at-home is an effective strategy that improves all three components of the value equation: improve outcomes, enhance the patient experience and reduce cost.
Human Health

Endnotes


**Policy Recommendation 10:**

*State policymakers can explore and leverage all funding options, including public-private partnerships and federal funding, to plan a long-term strategy to increase broadband access to make telehealth more accessible to unserved and underserved populations.*

The Human Health Subcommittee approved this recommendation citing a desire to increase the accessibility of telehealth services and the network strength and reliability required to do so, especially in unserved and underserved populations. States should consider and explore all available funding options to increase broadband access.

The pandemic taught us more about the benefits of technology by forcing us to employ it in ways we had not done before. We should capitalize on those lessons by creating standards or best practices for using technology in a wide variety of settings, always being mindful that we don’t become robotic about its use. The human touch is so important in providing health care so we need to use technology without losing sight of the human factor.”

— Judge Melanie May, Florida

More than 80% of U.S. counties lack adequate health care infrastructure.¹ Low-income areas, communities with a relatively high percentage of uninsured people, rural communities and areas with a large non-white population are significantly less likely to have access to brick-and-mortar health care facilities.² Improving broadband access and therefore expanding the reach of telehealth services can help close this gap between underserved populations and the care they need.

According to Pew Charitable Trusts, broadband access is increasingly intertwined in the daily functions for modern life and a critical piece of efforts to improve health care. As of 2019, the Federal Communications Commission estimates that 21 million Americans still lack access to broadband.³ Other sources place this number as high as 157 million.⁴ Promising practices towards increasing access to broadband have been implemented across many states. These practices include:⁵

- Stakeholder outreach and engagement at the state and local level.
- Policy framework development with well-defined goals and clear policy direction.
- Planning and capacity building that centers education, community engagement and identifying a baseline against which to measure progress.
- Funding and operational support for unserved and underserved communities.
- Program evaluation and evolution.

States with excess revenue windfalls might consider investing in broadband infrastructure to connect more people to telehealth services where traditional health care is inaccessible. They may further supplement these investments with long-term funding and public-private partnerships to maintain quality broadband infrastructure in the decades to come.

**State Examples**

In **Minnesota**, a Border-to-Border Broadband Development Grant Program has invested more than 85 million in broadband infrastructure projects since 2014.⁶

**Tennessee’s** Broadband Accessibility Act (2017) works to expand broadband access through three pillars: investment, deregulation and education.⁷

**Additional Resources**

- CSG State Talk: Expanding Broadband Initiatives (2022) — https://www.csg.org/2022/05/11/broadband-expansion-initiatives/
- CSG State Talk: State Broadband Programs (2022) — https://www.csg.org/2022/10/18/state-broadband-programs/
Human Health

Endnotes


The sharing of ideas, perspectives and expertise is critical for states to better understand and improve their policies. The 2021-22 CSG Healthy States National Task Force brought together a diverse and bipartisan coalition of state leaders, subject matter experts and private sector practitioners who endeavored to meet this need by providing recommendations that were developed through bipartisan consensus through four crucial indicators of state health.

While not every policy option presented in this report may fit the context of every state, the task force believes that in this consensus list of 38 bipartisan policy recommendations there is an opportunity for state leaders to advance policy conversations and better address their state’s unique challenges. Whether in the work to improve faith in public institutions, strengthen state workforces for the jobs of tomorrow, budget for the broadband infrastructure needed today, or modernize health care delivery and payment systems so that residents can enjoy a high standard of living, collaborative and bipartisan efforts mean for healthier states.

As state leaders consider the recommendations in this report, The Council of State Governments is available to provide further assistance in how the presented policy options may best fit their state needs.

For more information please contact:

CSG Center of Innovation
(859) 244-8000
healthystates@csg.org
web.csg.org/csghealthystates
ADDITIONAL RESOURCES

The supporting policy resources referenced in this report may be found here. Additional resources may be found at https://web.csg.org/csghealthystates/.

Civic Health

- The Council of State Governments State Civic Education Toolkit — https://www.csg.org/2022/05/03/state-civic-education-toolkit/
- The National Association of Secretaries of State IDEAS Award — https://www.nass.org/node/180
- The National Association of State Election Directors: About NASED’s History — https://www.nased.org/about-nased
- The United States Cybersecurity & Infrastructure Agency: Mis, Dis, Malinformation — https://www.cisa.gov/mdm#:~:text=Mis-information%20is%20false%20but%20not,mislead%2C%20harm%2C%20or%20manipulate.
- Center for Information and Research on Civic Learning and Engagement (CIRCLE): Growing Voters – Building Institutions and Community Ecosystems for Equitable Electoral Participation — https://circle.tufts.edu/circlegrowingvoters

Fiscal Health

The Council of State Government's State Leader Policy Brief: Human Health


Rural Electric Co-ops are the Fastest Growing Group of Broadband Providers — https://www.fierce telecom.com/broadband/rural-electric-co-ops-are-fastest-growing-group-broadband-providers


Making the Case for Broadband Funding Using GIS — https://www.nlci.org/article/2022/01/27/making-the-case-for-broadband-funding-using-gis/

Which States Have Dedicated Broadband Offices, Task Forces, Agencies, or Funds? — https://www.pewtrusts.org/en/research-and-analysis/articles/2021/06/28/which-states-have-dedicated-broadband-offices-task-forces-agencies-or-funds

Pew Data Shows 33 States Now Have a Broadband Task Force — https://www.fierce telecom.com/regulatory/pew-data-shows-33-states-now-have-a-broadband-task-force

State Broadband Leaders Network — https://broadbandusa.ntia.doc.gov/resources/states


State Policy Playbook to Advance Youth Apprenticeship — https://www.nga.org/publications/state-policy-playbook-to-advance-youth-apprenticeship/

Apprenticeship Ambassador Initiative — https://www.apprenticeship.gov/apprenticeship-ambassador-initiative


Continuing Nurse Education — https://nurse.org/resources/continuing-education/#--text=Every%202%20years%3A%2020%20%20OR%2020%20%20hours%20nursing%20employment.

Health Care Career Advancement Program — Mentorship Training Program

Apprenticeship USA: Explore Pre-apprenticeship — https://www.apprenticeship.gov/employers/explore-pre-apprenticeship


Arkansas Department of Education's Arkansas Teacher Residency Apprenticeship Program — https://dese.ade.arkansas.gov/Files/U.S._Department_of_Labor_Approves_Arkansas_Teacher_Residency_Apprenticeship_Program_COMM.pdf


Payment and Deliver Models Within the Medical Sector — https://www.ama-assn.org/practice-management/payment-delivery-models


Washington State Office of Equity — https://equity.wa.gov/people/we-people

WIG Webinar: Maternal Mental Health Awareness — https://womengovernment.org/attend/event/wig-webinar-maternal-mental-health-awareness


CSG State Talk: Expanding Broadband Initiatives (2022) — https://www.csg.org/2022/05/11/broadband-expansion-initiatives/

CSG State Talk: State Broadband Programs (2022) — https://www.csg.org/2022/10/18/state-broadband-programs/