

State of the Response:

State Actions to Address the Pandemic



Executive Summary

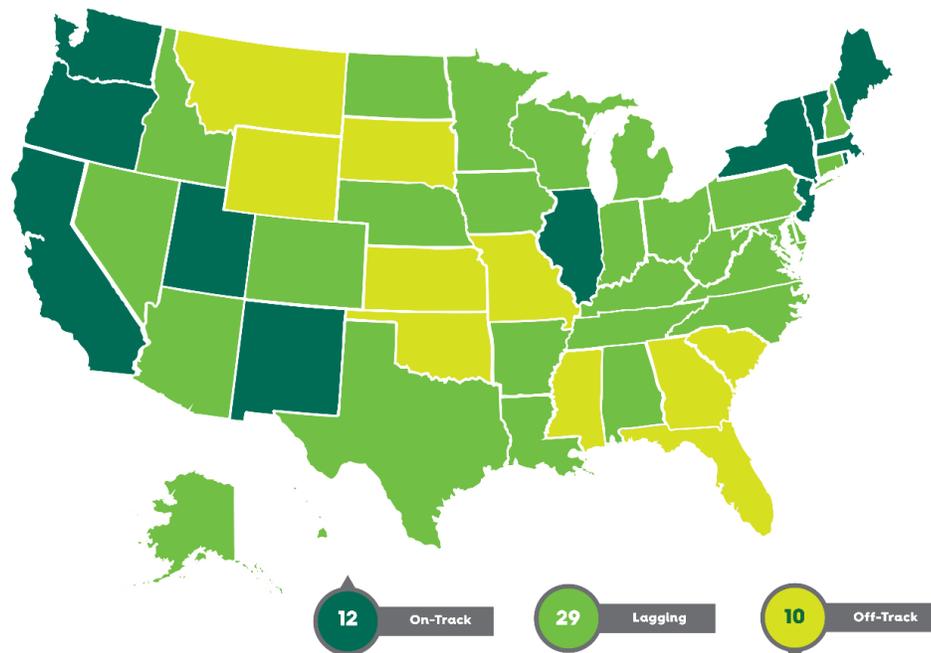
The *State of the Response: State Actions to Address the Pandemic* analyzed how well states protected their citizens during the ongoing COVID-19 pandemic. Despite [COVID-19 claiming more lives](#) than accidental drug overdoses, motor vehicle crashes and falls combined, the *State of Response* report uncovers an inconsistent approach that has jeopardized safety due to the pandemic's impact on issues such as addiction, traffic and workplace safety.

Results

The report assessed state efforts in five key areas based on recommendations from the [SAFER effort](#) created by NSC to provide much-needed guidance to businesses to manage this crisis.

These areas are:

- Employer Guidelines
- Testing
- Contact Tracing
- Mental Health and Substance Use
- Roadway Safety



The overall scoring for each state was based on all five key topic areas noted above (full methodology available [here](#)—states listed in order of their scores). Only 12 states received an 'on-track' rating from NSC, with New Mexico, New York, California, Rhode Island and Washington leading the pack with the highest overall ratings. Ten states received an 'off-track'

rating, with Mississippi and South Dakota receiving the lowest overall rating. Twenty-eight states and the District of Columbia fell into the middle 'lagging' category.

The states with the most and least comprehensive **employer guidelines** are:

- On-Track: Utah, California, Kentucky, Nevada, New Mexico, New York, Ohio, Oregon, Rhode Island
- Off-Track: Florida, Oklahoma, Alaska, Georgia, Idaho, Mississippi, Missouri

The states with the highest and lowest ratings for **testing** criteria are:

- On-Track: Alaska, California, Colorado, District of Columbia, Maine, Massachusetts, New Jersey, New Mexico, New York, Rhode Island, Vermont, Washington
- Off-Track: Alabama, Arkansas, Delaware, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky, Minnesota, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Virginia, Wisconsin

The states with the highest and lowest ratings for **contact tracing** are:

- On-Track: Massachusetts, New Jersey, New York, Vermont, Washington, California, Connecticut, New Mexico, Oregon, Utah
- Off-Track: Iowa, Mississippi, Montana

The states with the highest and lowest ratings for addressing **mental health** are:

- On-Track: California, New Hampshire, New Mexico, Vermont, Washington, Delaware, Arizona, Arkansas, Idaho, Illinois, Maine, Massachusetts, New York, Rhode Island, Utah
- Off-Track: South Dakota, Alabama, Wyoming, Kansas, South Carolina, District of Columbia, Tennessee

The states with the highest and lowest ratings for **roadway safety** are:

- On-Track: Alabama, District of Columbia, Illinois, Iowa, Louisiana, Maryland, New York, Oregon, Rhode Island, Tennessee, Washington, Delaware, New Mexico
- Off-Track: Massachusetts, Montana, North Dakota, South Dakota, Wyoming

To address the pandemic, there are over 20 recommendations for states to implement to keep its citizens safe and healthy. In this report, you will find these recommendations as well as best practices on ways states can better address these issues, including engaging employers, increasing testing and contact tracing capacity, supporting mental health of all citizens, and doubling down on roadway safety best practices.

Introduction

The coronavirus pandemic has challenged our lives and our country in many ways. Hundreds of thousands of people have died from SARS-CoV-2 (the coronavirus that causes COVID-19), and millions of people have tested positive for the virus in the United States. It is now the third leading cause of death in the country.¹

The federal government has largely left pandemic-related decision-making to the states to lead. Some states have implemented uneven responses and have had to deal with increases in positive cases. This has strained health care resources and, in some cases, caused states to pause or roll back efforts to reopen.

Workers have been swept up in these responses, compromising the safety and health of all Americans. Recognizing that states have been on the front lines of the pandemic, the National Safety Council (NSC) knows the key to achieving a sustainable and lasting economic recovery across the country is keeping the workforce healthy and safe.

NSC is providing employers the tools and resources to help ensure their workplaces are safe for employees, contractors and the public. In April 2020, NSC established the *SAFER: [Safe Actions for Employee Returns](#)* effort with large and small companies, nonprofits, legal experts, public health professionals, medical professionals, and government agency representatives. This task force provides nonpartisan, science-based guidance and tools for businesses across the United States.²

With over 157 million Americans in the workforce, employers have an important role to play in addressing this pandemic and keeping workers safe and healthy.³ Employers need to adjust operations to mitigate or eliminate transmission of COVID-19, and without clear direction and guidance, it becomes hard for employers to fill this role. Therefore, using recommendations outlined in *SAFER*, NSC analyzed state actions in five key areas, with a focus on the employer, including:

- **Employer guidelines:** Providing clear, comprehensive guidelines to employers will help ensure they can keep staff and customers safe
- **Testing:** Conducting sufficient testing for both the public and employers will help quickly identify and quarantine people with coronavirus, reducing the risk of exposure for those who need to work and do business in the community

¹ <https://www.nsc.org/in-the-newsroom/covid-19-on-pace-to-become-third-leading-cause-of-death-in-2020>

² www.nsc.org/safer

³ <https://www.pewresearch.org/fact-tank/2019/08/29/facts-about-american-workers/>

- **Contact tracing:** Identifying people who have been potentially exposed to (and therefore potentially infected by) coronavirus so they can self-quarantine before they spread the virus in their community
- **Mental health and substance use:** Ensuring access to medically necessary treatments, including availability of behavioral health services and substance use disorder treatment through telehealth, can support people's mental health and wellbeing
- **Roadway safety:** Increasing motor vehicle crash fatalities per mile driven has been an unforeseen consequence of the pandemic; persistent problems like speeding and impairment seem to be the culprit, and continued focus on improving the safety of our roads is needed

This report includes an analysis of each state's actions in these key areas, highlights best practices and includes recommendations on ways states can better address these issues to keep the public and workplaces safe and healthy.

Employer Guidelines

Places of employment, especially where employees are in close contact with each other and/or the public, are susceptible to COVID-19 outbreaks. Some of the largest workplace outbreaks have been at food processing facilities, manufacturing facilities and long-term care facilities (LTC).^{4,5} The federal government, largely through the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA), has provided guidance to employers on how to operate safely during this pandemic. However, states have been given the main responsibility of addressing the pandemic within their borders, including providing guidelines to employers on operating safely.

Clear, comprehensive state guidance is necessary to ensure employers are following best practices when it comes to keeping their employees safe. This guidance should follow relevant federal guidance; be comprehensive, easy to find and user friendly; and clearly outline steps employers need to take to ensure they are protecting their employees. NSC, through *SAFER*, has provided employers specific resources on the following science-based mitigation efforts:⁶

- Distancing
- Testing
- Contact Tracing
- Cleaning
- Face Coverings

NSC analyzed each state's guidelines and identified which guidelines included all, some, or none of these five mitigation efforts. Although no state provided full guidance on each of these mitigation efforts, nine states did provide comprehensive guidelines on four out of the five listed above:

- [California](#)
- [Kentucky](#)
- [Nevada](#)
- [New Mexico](#)
- [New York](#)
- [Ohio](#)
- [Oregon](#)
- [Rhode Island](#)
- [Utah](#)

⁴ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6918e3.htm>

⁵ <https://www.nbcnews.com/news/us-news/midwest-manufacturing-workers-sound-alarm-over-covid-19-outbreaks-n1207391>

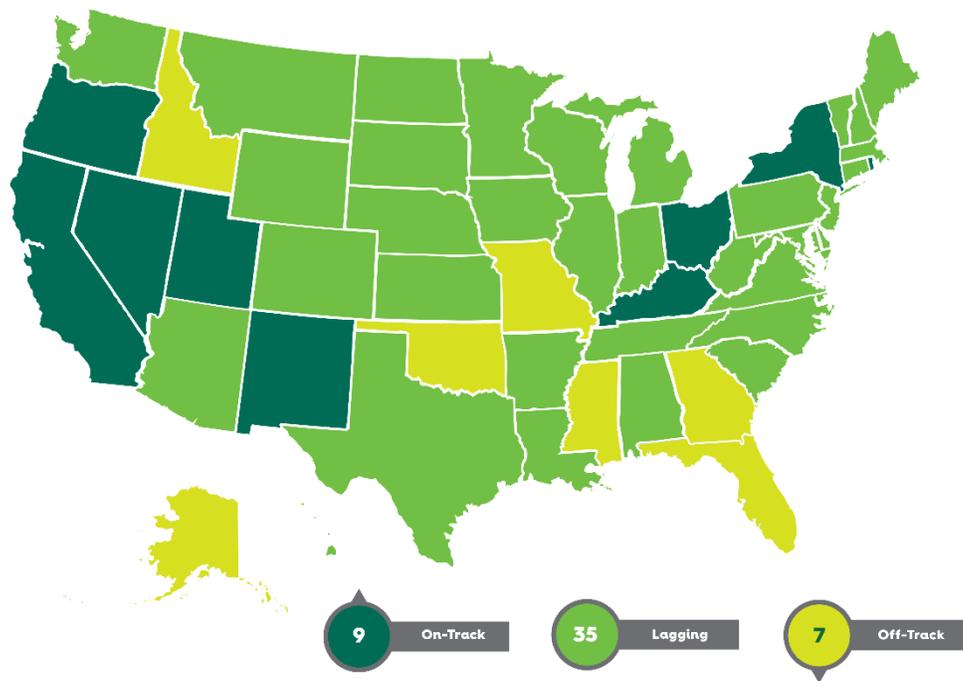
⁶ <https://www.nsc.org/work-safety/safety-topics/safe-actions-for-employee-returns-safer/safer-playbooks>

Utah has a comprehensive guide that is easy to read, goes into significant detail on the subcategories analyzed and was the only of these nine states to provide comprehensive guidance on testing. Additionally, all guidance documents are located on the same easy-to-locate webpage. New Mexico includes guidance for all employers and specific industries on the landing page. California’s recently updated general guidance is comprehensive, provides detailed guidance on each of the topics analyzed and includes information on regulations affecting employers within the same document. As states look to update their employer guidelines, these nine states are good models to replicate.

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Employer Guidelines Scoring

We looked at how states provided support to employers through the guidelines it provided on operating safely (full methodology available [here](#)).



Testing

The rapid detection of positive cases is key to controlling disease outbreaks, and testing has been a challenge from the beginning of the COVID-19 pandemic. Without a national testing strategy from the federal government, states have had to develop and implement their own testing plans, which has led to uneven access and, in many cases, an inability to keep up with testing demand when the need increased. This is especially acute in Black, Indigenous and Latino communities that have been most impacted by the pandemic.^{7,8,9} Additionally, inclusion of employers in state testing plans is inconsistent and often lacking completely.¹⁰

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Conduct enough testing to control outbreaks. State testing and containment strategies should aim to achieve a positivity rate of 5% or less over a 14-day period in order to relax physical distancing measures.¹¹ As of September 1, 2020, only 24 states had a positivity rate below 5%.¹² There are no states with full physical distancing measures still in place and only a handful where indoor dining, houses of worship, gyms and salons/barbershops are still closed.¹³ Increasing rates of infection have led many states to pause their reopening plans, tighten some measures and implement mask requirements, but no state has implemented similar measures to those seen at the beginning of the pandemic.

Because there is no federal testing strategy, the few states with enough testing capacity to meet demand have met their needs by taking creative steps to address the two main barriers to testing: adequate supply of testing materials and lab capacity to process tests.

⁷ <https://covidtracking.com/race>

⁸ <https://www.npr.org/sections/health-shots/2020/05/27/862215848/across-texas-black-and-hispanic-neighborhoods-have-fewer-coronavirus-testing-sit>

⁹ <http://surgofoundation.org/latest-news/2020/6/22/new-surgo-analysis-identifies-highly-vulnerable-rural-communities-as-covid-19-testing-deserts>

¹⁰ <https://www.wsj.com/articles/who-should-pay-for-covid-19-testing-in-the-workplace-11596792600>

¹¹ <https://coronavirus.jhu.edu/testing/international-comparison>

¹² <https://www.covidexitstrategy.org/>

¹³ <https://www.nytimes.com/interactive/2020/us/states-reopen-map-coronavirus.html>

- New York has been a success story when it comes to testing, processing 70% of its tests at local labs and avoiding the backlog of results that is occurring at large labs¹⁴
- Many states have partnered with the National Guard or other outside organizations to either run testing sites or help with the logistics of testing¹⁵
- Arizona and Minnesota have partnered with their state universities to increase testing capacity¹⁶
- Many states have pursued partnerships with pharmacies and other retailers to expand testing; for example, Pennsylvania is partnering with Walmart and Quest Diagnostics to offer testing in a number of communities throughout the state¹⁷

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A new bipartisan effort led by Maryland Governor Larry Hogan brought together 10 states to buy 500,000 rapid tests each, incentivizing companies to ramp up testing production.¹⁸ This coordinated strategy between states may help ease supply issues, and because they are rapid tests, delays due to lab capacity are also alleviated.

Ensure tests are easy to access. Additionally, states should remove barriers to tests for the public as well as employers, especially those in critical industries. Nineteen states have implemented testing coverage requirements for health insurers beyond what the federal government required.¹⁹ Many of these efforts focused on coverage for specific populations, often removing cost-sharing and other requirements for close contacts of positive cases,

¹⁴ <https://www.bloomberg.com/news/articles/2020-07-16/new-yorkers-advised-to-avoid-labcorp-quest-coronavirus-tests?sref=3PJpd9Lx>

¹⁵ <https://unitedstatesofcare.org/covid-19/state-covid-19-testing-landscape/>

¹⁶ <https://azgovernor.gov/governor/news/2020/07/adhs-and-asu-announce-partnership-increase-covid-19-testing-arizona>

¹⁷ <https://www.wpxi.com/news/top-news/pennsylvania-expands-covid-19-testing-by-partnering-with-walmart-private-labs/5Z3TP75QJJBVFEIGMDM4A65WB4/>

¹⁸ <https://www.politico.com/news/2020/08/18/governors-mobilize-to-fill-trumps-testing-gap-397501>

¹⁹ <https://www.commonwealthfund.org/publications/maps-and-interactives/state-action-related-covid-19-coverage-critical-services-private>

individuals in essential industries, and LTCs.²⁰ Although essential industries vary slightly from state to state, grocery stores, waste removal, food processing facilities, health care facilities, public safety (law enforcement, first responders) and the energy industry are usually included in this category.²¹

Some insurance providers have deemed workplace testing unnecessary and therefore do not provide coverage for it, which can compromise worker safety and health and place the burden of paying for testing on the employer or employee. States should clarify regulations on employer testing for the insurance products it regulates to ensure testing coverage.²²

The U.S. Congress specifically calls out employers as an important partner in testing.²³ Unfortunately, there has been no consistent approach for states to work with employers to encourage testing. However, some states have prioritized testing for employers. In Alaska, seafood workers are required to undergo testing multiple times during the busy summer season.²⁴ States are also focusing on agricultural workers, as they face a higher risk for COVID-19 infection due to their living and working conditions.²⁵ Washington Governor Jay Inslee mandated agricultural industry employers provide testing to symptomatic employees and their close contacts within 24 hours of case identification.²⁶ In New York State, mobile testing sites have been set up for seasonal farm workers after a few clusters were discovered.²⁷

In Alaska, seafood workers are **required to undergo testing multiple times** during the busy summer season

²⁰ Ibid.

²¹ <https://www.cbia.com/resources/coronavirus/coronavirus-state-federal-updates/departments-homeland-security-essential-industries/>

²² <https://www.wsj.com/articles/who-should-pay-for-covid-19-testing-in-the-workplace-11596792600>

²³ Paycheck Protection and Health Care Enhancement Act, "...not less than \$11,000,000,000 shall be for States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes for necessary expenses to develop, purchase, administer, process, and analyze COVID-19 tests, including support for workforce, epidemiology, **use by employers or in other settings**, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, health care facilities, and other entities engaged in COVID-19 testing, conduct surveillance, trace contacts, and other related activities related to COVID-19 testing..." (Public Law 116-139)

²⁴ <https://www.adn.com/alaska-news/2020/07/18/alaska-does-more-covid-19-tests-with-fewer-positives-than-most-other-states-that-doesnt-tell-the-whole-story/>

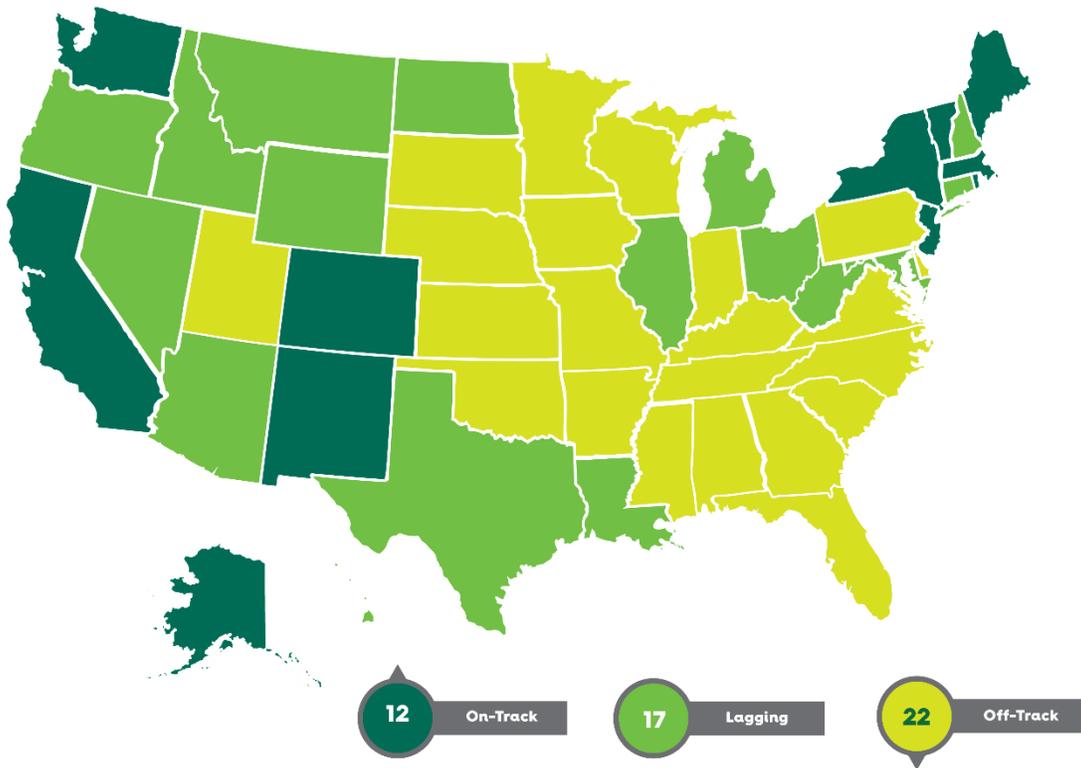
²⁵ <https://www.routefifty.com/health-human-services/2020/08/covid-19-testing-farm-workers/168087/>

²⁶ <https://www.governor.wa.gov/sites/default/files/COVID19AgriculturalSafetyPlan.pdf>

²⁷ <https://www.governor.ny.gov/news/governor-cuomo-announces-new-testing-initiatives-improve-covid-19-detection-control-across-new>

Testing Scoring

We looked at whether or not states conducted sufficient testing and whether or not they expanded access beyond federal requirements (full methodology available [here](#)).



Contact Tracing

Contact tracing is a critical component in addressing pandemics, and having a robust contact tracing program is also critical for a state to control the COVID-19 pandemic. When done well, contact tracing quickly identifies cases, their contacts and then interrupts the transmission of a disease by separating people who have been exposed from the general population.²⁸

Having a robust contact tracing program is also **critical** for a state to control the COVID-19 pandemic

Have enough capacity to contact trace. Unfortunately, few states have kept up with contact tracing needs. Many states began the reopening process before they had hired enough contact tracers and were ill-prepared when case numbers started to rise. Timeliness is the essential component of contact tracing in both identifying who has tested positive for the virus and then identifying their close contacts and isolating them quickly.

NSC has identified **three metrics** states should strive to meet to have a strong contact tracing program:

1. Hiring enough contact tracers to reach all contacts of positive cases
2. Using technology to help support these efforts
3. Ensuring employers have the right tools to help public health authorities with contact tracing efforts at their own businesses

Having the capacity to trace all contacts of positive cases is the top priority in implementing a contact tracing program. The George Washington University and the Association of State and Territorial Health Officials (ASTHO) recommends a minimum of 15 contact tracers per 100,000

²⁸ <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/contact-tracing-CDC-role-and-approach.pdf>

population, and then increases the number based on how many positive cases in a state along with consideration of the physical distancing measures in place.²⁹ Although the significant increases in cases throughout the U.S. has made it difficult for states to keep up with contact tracing staffing needs,³⁰ states must make progress on contact tracing in order to control the outbreak in their state.

The District of Columbia is one of the few places that currently has enough capacity to trace infections, and the infection rate has been fairly constant over the past month.³¹ Even so, the city is in the process of hiring 75 more contact tracers to allow for home visits when people don't answer their phone.³² Insights from D.C. contact tracers help the city identify where the disease is spreading, and how much is not known, especially about asymptomatic carriers. In one study, over 50% of those surveyed said they had not come into contact with a person diagnosed with COVID-19 because the carriers were asymptomatic.³³

Use technology to help with contact tracing. Technology can help with contact tracing. Whether through apps downloaded by the public or programs to help public health officials track cases on the back end, states should incorporate technology solutions into their contact tracing efforts. ASTHO released a [comprehensive guide](#) to help public health officials understand the various technology components available to help inform the decision-making process and identify which solutions will work for their needs.³⁴

Although NSC does not recommend one specific technology, it encourages states to use technology to help fill unmet needs for contact tracing. One of the most common state service providers is Salesforce, which has been used by at least 35 states to support contact tracing efforts. In Rhode Island, an early adopter of the technology, Salesforce's app helps Rhode Islanders through the process from symptom onset, testing, and providing relevant information to public health authorities for contact tracing purposes.³⁵ This effort helped Rhode Island minimize the spread of the virus through most of the summer.³⁶

²⁹ https://www.gwhwi.org/uploads/4/3/3/5/43358451/contact_tracing_brief_05.05.20.pdf

³⁰ <https://www.reuters.com/article/uk-health-coronavirus-tracing-specialrep/special-report-local-governments-overwhelmed-in-race-to-trace-u-s-covid-contacts-idUKKCN2501EV>

³¹ www.covidexitstrategy.com

³² https://www.washingtonpost.com/local/coronavirus-dc-contact-tracing-maryland-testing-virginia/2020/08/17/f524acee-e08c-11ea-8dd2-d07812bf00f7_story.html

³³ <https://www.wusa9.com/article/news/health/coronavirus/asymptomatic-spread-linked-to-hundreds-of-dc-cases-contact-tracing/65-2392f3c3-d516-4a07-9fa8-b0b3dc653b93>

³⁴ <https://www.nashp.org/state-approaches-to-contact-tracing-covid-19/#tab-id-6>

³⁵ <https://www.salesforce.com/customer-success-stories/state-of-rhode-island/>

³⁶ <https://covidactnow.org/?s=830154>

A number of other states are using Sara Alert, an open source tool which allows symptom monitoring and contact tracing. A recent study found that Sara Alert can be helpful in increasing enrollment and improving contact monitoring, but importantly notes that contact tracing, even with technology, is still resource intensive and requires adequate staffing.³⁷

In August, Virginia launched the first app using the Apple-Google tool *Covidwise*, which uses Bluetooth data to determine how closely and for how long two phones were together to use as a proxy for exposure.^{38,39} It requires users to record in the app when they test positive for COVID to work effectively.⁴⁰ Apple and Google are currently updating the system to make it easier to use, and when the new system launches, the District of Columbia, Maryland and Nevada will join Virginia in using this program.⁴¹

Provide clear guidance and resources to employers on how to support contact tracing in the workplace. NSC believes there is a role for employers to help public health authorities with their contact tracing efforts. If an employee is known to test positive for COVID-19, employers should immediately notify their local public health authorities of the positive COVID-19 diagnosis while following Equal Employment Opportunity Commission (EEOC) guidelines for Health Insurance Portability and Accountability Act (HIPAA) compliance. The state should provide clear guidance on how to do this, and it should be consistent across all non-medical industries. Sixteen states have provided guidance on meeting these standards. In [California](#) and [Vermont](#), dedicated webpages guide an employer on what to do if an employee tests positive. Also, *SAFER* has resources available to help businesses understand how to properly clean and disinfect workplaces if an employee tests positive.

In California and Vermont, **dedicated webpages** guide an employer on what to do if an employee tests positive

Working with local public health authorities, employers should use proven contract tracing methods to determine and notify which employees, contractors, vendors and customers came into contact with the infected employee while in the workplace.

³⁷ https://www.cdc.gov/mmwr/volumes/69/wr/mm6931e2.htm?s_cid=mm6931e2_w

³⁸ <https://www.cnbc.com/2020/08/05/first-us-app-using-apple-google-coronavirus-notification-technology.html>

³⁹ <https://www.vdh.virginia.gov/covidwise/>

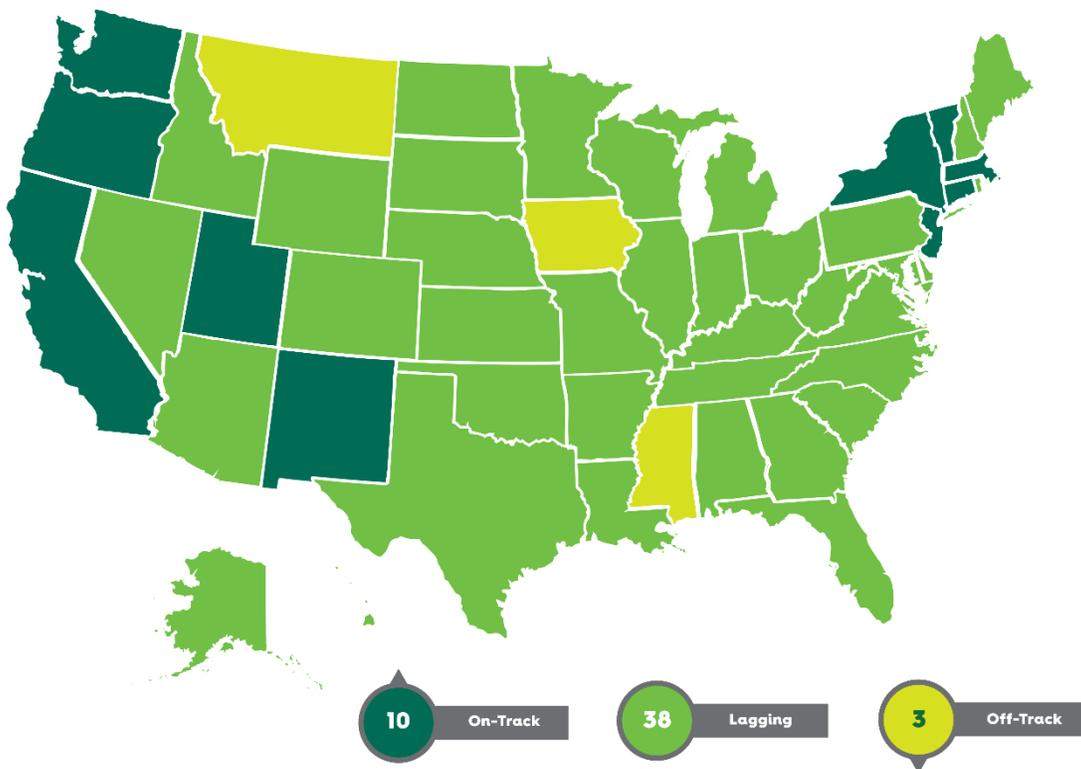
⁴⁰ Ibid

⁴¹ <https://subscriber.politicopro.com/article/2020/09/apple-google-to-build-coronavirus-exposure-tech-after-slow-takeup-3983620>

Also, employers should be flexible in allowing employees who were exposed to the sick individual (identified through contact tracing or other methods) to remove themselves from the workplace and self-quarantine for the recommended 14-day period.

Contact Tracing Scoring

We looked at the ability to identify people who have been potentially exposed to (and therefore potentially infected by) coronavirus to prevent further spread in their community and whether or not states use technology to support these efforts (full methodology available [here](#)).



Mental Health and Substance Use

The safety and physical health of employees is top of mind for organizations and governments as they continue to address the fallout of the pandemic. The mental health and wellbeing of Americans must be prioritized as well. Data shows that the pandemic has significantly increased emotional distress, with one survey showing 90% of respondents reporting emotional distress.⁴² Data also shows that young people, racial and ethnic minorities, essential workers, and unpaid adult caregivers are at particularly high risk for experiencing negative mental health outcomes, increased substance use and elevated suicidal ideation.⁴³

COVID-19 increases risk for people experiencing mental health distress in several ways. People may experience high levels of stress associated with fear of themselves or family members being exposed to or infected by COVID-19.⁴⁴ They may experience other mental health impacts stemming from stress related to financial, employment, food, housing or child/family care instabilities. The relationship between mental health, mental illness, substance use disorders (SUDs) and the economy is bidirectional. Mental health, mental illness and SUDs are known drivers of lower productivity, increased health care costs and higher mortality.⁴⁵ Unemployment, stress (including stress caused by the workplace) and economic vulnerability are linked to increases in mental health distress and substance misuse. In general, when looking at the impact of other disasters, the trauma caused by public health disasters has been shown to increase the risk for development of mental health issues and SUDs.⁴⁶

Although states have to ensure they are addressing the physical health and safety of their residents, they also need to prioritize the mental health of the public as well. Both short- and long-term efforts need to be in place to ensure people who have mental health disorders can access treatment and receive the care they need to persist through the pandemic.

Expanding Medicaid as allowed by the Affordable Care Act. NSC believes that Medicaid is a critical service to reduce overdose deaths, help individuals receive treatment and recover from opioid use disorders (OUDs) and other SUDs, mitigate impacts of mental health and mental

⁴² <https://www.bidmc.org/about-bidmc/news/2020/07/covid-19-mental-health>

⁴³ https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_e&deliveryName=USCDC_921-DM35222

⁴⁴ https://www.nsc.org/Portals/0/Documents/NSCDocuments_Advocacy/Safety%20at%20Work/covid-19/safer/qh-issue-paper-mental-health.pdf?ver=2020-07-15-215639-477

⁴⁵ Davenport S et al., Potential economic impact of integrated medical-behavioral healthcare: Updated projections for 2017, Milliman, February 12, 2018, milliman.com

⁴⁶ <https://www.nejm.org/doi/full/10.1056/NEJMp2008017>

illnesses, and increase treatment.⁴⁷ Evidence demonstrates that Medicaid expansion states have seen improvements in access to medications and services for the treatment of mental health conditions and SUDs following expansion. Many national and multi-state studies showed greater improvements in expansion states compared to non-expansion states.^{48,49,50}

As a result of the current economic downturn, more people are becoming eligible for Medicaid due to job and income loss.⁵¹ Understanding that unemployment and economic vulnerability correlate to an increase in substance use and misuse,⁵² continuous coverage and care is critical so that people developing an SUD can be diagnosed early. Losing health insurance coverage – and, with it, access to treatment for diseases such as OUDs and mental illness – will have the unintended result of impeding future employment.

Missouri is the 38th state to adopt Medicaid expansion, through a ballot effort, which will go into effect July 2021.⁵³ Now, more than ever, it is important for states to remove barriers for eligibility. When Utah and Nebraska implemented Medicaid expansion, they also instituted work requirements. They have temporarily suspended these requirements due to the pandemic, and these changes should be made permanent, as the economic recession could last significantly longer than the public health emergency.⁵⁴

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Expanding telehealth to cover more services more equitably. Telehealth has played an important role in allowing patients to access their health care providers for COVID-19-related health issues, other health issues and check-ins while limiting potential exposure to the virus. The federal government released a number of temporary waivers pertaining to telehealth,

⁴⁷ https://www.nsc.org/Portals/0/Documents/NSCDocuments_Corporate/Policy-Positions/Home-Community/medicaid-support-%20162.pdf

⁴⁸ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2758476>

⁴⁹ <https://www.kff.org/medicaid/issue-brief/the-opioid-epidemic-and-medicaids-role-in-facilitating-access-to-treatment/>

⁵⁰ <https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304338>

⁵¹ <https://www.kff.org/health-reform/issue-brief/changes-in-income-and-health-coverage-eligibility-after-job-loss-due-to-covid-19/>

⁵² <https://www.sciencedirect.com/science/article/pii/S0955395917300877>

⁵³ [https://ballotpedia.org/Missouri_Amendment_2_Medicaid_Expansion_Initiative_\(August_2020\)](https://ballotpedia.org/Missouri_Amendment_2_Medicaid_Expansion_Initiative_(August_2020))

⁵⁴ <https://www.nytimes.com/2020/08/04/upshot/missouri-election-medicaid-expansion.html>

expanding what services can be provided.⁵⁵ Many states have taken additional action to build on these waivers. At least 46 states and the District of Columbia loosened licensure requirements for out-of-state providers, and all should do so.⁵⁶ A number of states also implemented payment parity between in-person and telehealth visits within their Medicaid programs, and some have implemented parity requirements for private insurers.^{57,58} This is an important step to ensure providers are reimbursed adequately for providing telehealth services. All states telehealth coverage should be expanded to include behavioral health services, and at least 45 states have done so.⁵⁹

Although these provisions have been largely temporary, states should move to keep these expansions in place permanently. New Hampshire permanently expanded access to critical telehealth services, requiring payment parity between telehealth services and in-person services for Medicaid and private payers, ending restrictions around originating and distant sites, expanding treatment options for providers treating patients with SUDs, and eliminating requirements for an in-person visit before commencing with medication assisted treatment when meeting a number of circumstances.⁶⁰ Idaho implemented an executive order that makes permanent the telehealth changes implemented in response to the pandemic, which includes allowing out-of-state providers to treat Idaho patients and expanding technology options.⁶¹ As states look to make these changes permanent, they need to standardize coverage models, allow providers to practice across state lines, ensure payment parity, and ensure treatments for SUDs—including medication assisted treatment—can be provided through telehealth.

Idaho implemented an executive order that makes permanent the telehealth changes implemented in response to the pandemic, which includes allowing out-of-state providers to treat Idaho patients and expanding technology options

⁵⁵ <https://psnet.ahrq.gov/perspective/telehealth-and-patient-safety-during-coexvid-19-response>

⁵⁶ <https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>

⁵⁷ <https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/#stateleveldata>

⁵⁸ <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies?jurisdiction=All&category=127&topic=11>

⁵⁹ <https://www.manatt.com/insights/newsletters/covid-19-update/executive-summary-tracking-telehealth-changes-state>, confirmed with email confirmation with Manatt staff Jared Augenstein.

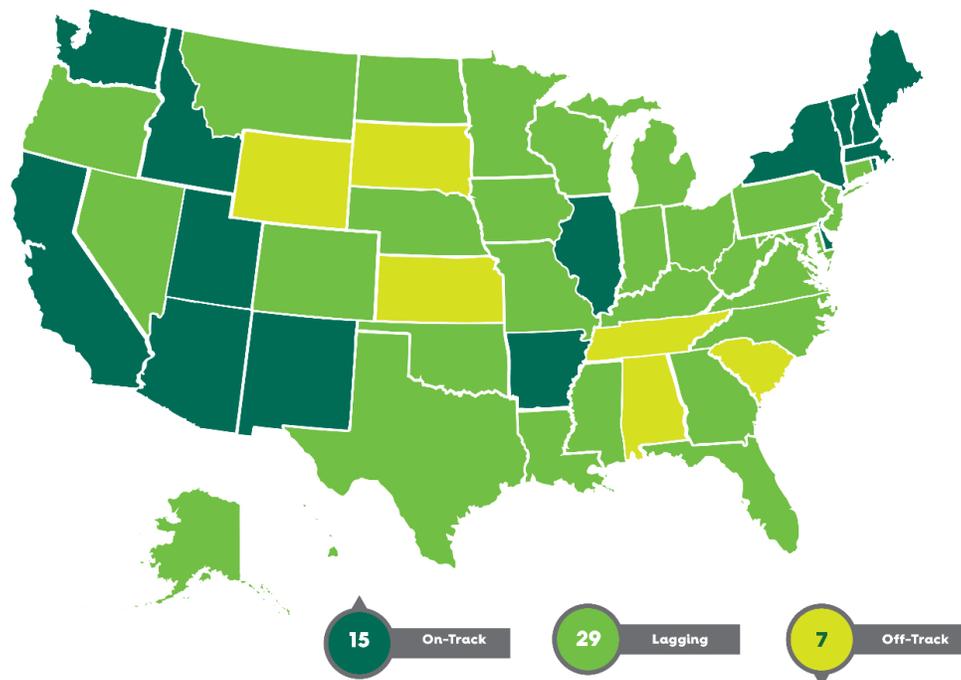
⁶⁰ <https://mhealthintelligence.com/news/nh-permanently-extends-telehealth-coverage-including-payment-parity>

⁶¹ <https://www.boisestatepublicradio.org/post/millions-gained-access-telehealth-during-pandemic-can-they-keep-it#stream/0>

Ensuring access to treatment. The COVID-19 pandemic has illuminated how uneven health care access can be, and this is especially true for SUD and mental health treatment. States have taken a number of steps to address these issues in the short term. One action states need to take is to remove prior authorization for treatments, and 43 states have done so within their Medicaid programs, including SUD treatment and behavioral health treatment.⁶² Additionally, Substance Abuse and Mental Health Services Administration provided guidance allowing states to request a blanket exception for opioid treatment programs for stable patients to receive 28 days of take-home treatments for OUDs, and at least 40 states have requested this. The Drug Enforcement Agency also issued guidance for allowing the initiation of buprenorphine through a telehealth visit without an in-person visit. Most states needed to change policy to allow for this, and at least 39 states have done so. All states should take these actions to ensure access to medication assisted treatment.

Mental Health Scoring

We looked to see if states expanded Medicaid, took action to ensure access to medically necessary treatments without prior authorization, allowed health care providers to provide telemedicine across state lines, ensured the availability of behavioral health services and SUD treatment through telehealth, and provided payment parity for telehealth services (full methodology available [here](#)).



⁶² <https://www.kff.org/coronavirus-covid-19/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/#Table1>

Roadway Safety

During the pandemic, the number of vehicles on the road are a fraction of what they would have been. With this fall in vehicle miles traveled (VMT), there was an expectation for a related fall in motor vehicle fatality rates. However, that has not been the case. According to preliminary estimates from NSC, the United States experienced an estimated 20% jump in the death rate – an indicator of how safely drivers are using the roadways – between January and June 2020 compared to the same six-month period in 2019. The rate increase comes in spite of a 17% drop in the number of miles driven between January and June. The total number of deaths is up 1% from six-month figures in 2019.⁶³

	Fatality rate increase	VMT decrease
March	14%	18.6%
April	36.6%	40%
May	23.5%	25.5%
June	34.4%	17%

Through the first six months of 2020, the following six states experienced notable increases in the number of roadway deaths per VMT⁶⁴:

- Vermont (+91%, 10 more deaths)
- Connecticut (+44%, 45 more deaths)
- District of Columbia (+42%, 5 more deaths)
- South Dakota (+34%, 11 more deaths)
- Rhode Island (+31%, 8 more deaths)
- Arkansas (+21%, 51 more deaths)
- Missouri (+18%, 68 more deaths)

At a moment when the country should be reaping a safety benefit from less traffic, the roads are riskier, threatening to reverse traffic safety gains made over the last few years.

⁶³ <https://injuryfacts.nsc.org/motor-vehicle/overview/preliminary-monthly-estimates/>

⁶⁴ Ibid

Although we do not yet know all of the causes of this increase in the motor vehicle fatality rate, some preliminary data points help identify solutions for states to keep their roads safer during the pandemic and beyond. These include the most common killers on our roadways – speeding, distraction, impairment and not wearing seat belts.

At a moment when the country should be reaping a safety benefit from less traffic, the roads are riskier, threatening to reverse traffic safety gains made over the last few years.

Reduce speeding and reckless driving. Speeding and reckless driving are believed to be major culprits in this increase. In New York City, there was an 81% increase in speeders in a five-week stretch starting in mid-March compared to the same time period in 2019.⁶⁵ In Minnesota, the number of tickets written for high-speed violations was nearly twice as high as the normal rate, increasing from 12% to 20% in the first two months of the pandemic.⁶⁶

Enforcement is a critical component to reducing speeds. A proven countermeasure to reduce speed is implementing automated enforcement programs. Multiple studies have shown that speed cameras reduce both crashes and crash injuries.^{67,68} However, only 16 states and the District of Columbia use speed cameras to help reduce speeds on their roads.⁶⁹ Other benefits include reducing burdens on law enforcement and first responder organizations, and technology is not biased.

Increase seat belt use. Seat belts are one of the most effective traffic safety measures today. Nearly 90% of Americans wear seat belts on a regular basis, but nearly 50% of motor vehicle crash fatalities were unbelted.⁷⁰ Seat belts save nearly 15,000 lives annually, and if everyone buckled up, an additional 2,456 lives would be saved.^{71,72} Yet, some states are seeing an

⁶⁵ <https://www.wsj.com/articles/the-roads-are-quieter-due-to-coronavirus-but-there-are-more-fatal-car-crashes-11588152600>

⁶⁶ <https://www.mprnews.org/story/2020/05/06/pandemic-brings-fewer-drivers-more-speeding-to-minnesota-highways>

⁶⁷ <https://www.iihs.org/topics/bibliography/ref/2097>

⁶⁸ <https://www.ncbi.nlm.nih.gov/pubmed/20927736>

⁶⁹ <https://www.iihs.org/topics/speed>

⁷⁰ <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812967>

⁷¹ Ibid

⁷² <https://www.iihs.org/topics/seat-belts>

increase in unbelted fatalities. In Virginia, there was an increase of nearly 16% in unbelted fatalities in the first half of 2020 compared to the first half of 2019.⁷³ Missouri has also experienced an increase in motor vehicle fatalities in 2020, and 70% of these fatalities were unbuckled.⁷⁴ In Delaware, there have been 20 motor vehicle deaths that were unbelted January to August 2020; at this point last year there were seven.⁷⁵ Primary-enforced all-rider seat belt laws are the most effective mitigation tool in ensuring seat belts are used consistently; 34 states and the District of Columbia have primary enforcement laws.⁷⁶ In the absence of primary enforcement laws, states should focus on sustained public education campaigns coupled with increased enforcement, which has also shown success in increasing seat belt use.⁷⁷ For more information, the CDC has released a series of recommendations and state factsheets that provide clear guidance for states as they look to increase restraint use in their states.⁷⁸

States should focus on sustained public education campaigns coupled with increased enforcement, which has also shown success in increasing seatbelt use

Reduce impaired driving. In 2018, 29% of motor vehicle fatalities involved an alcohol-impaired driver, killing nearly 11,000 people.⁷⁹ This number has not decreased significantly in a decade. Drugged driving is also a roadway safety concern. In Colorado, from January 1 to April 30, 2020, impairment-related motor vehicle fatalities doubled, and there has been a 32% increase in alcohol and marijuana-related crashes compared to the same time last year.⁸⁰ Some counties in Wisconsin have seen increased arrests for driving under the influence (DUI) and

⁷³ <https://www.nbc12.com/2020/07/07/despite-less-traffic-virginia-sees-uptick-unbelted-related-deaths-during-pandemic/>

⁷⁴ <https://www.kfvs12.com/2020/06/25/traffic-deaths-increase-missouri/#:~:text=%E2%80%9CDespite%20traffic%20volumes%20in%20the,has%20seen%2040%20traffic%20fatalities.&text=70%25%20of%20those%20killed%20in,Missouri%20traffic%20crashes%2C%20were%20unbuckled.>

⁷⁵ https://ohs.delaware.gov/fatal_crash_index.shtml

⁷⁶ <https://www.iihs.org/topics/seat-belts>

⁷⁷ Ibid

⁷⁸ <https://www.cdc.gov/motorvehiclesafety/seatbelts/states.html>

⁷⁹ <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812917>

⁸⁰ <https://www.kktv.com/content/news/Despite-pandemic-DUI-numbers-up-significantly-in-2020-570766601.html>

alcohol-related crashes.^{81,82} Parts of Florida have also seen an increase in the number of DUI arrests from March to April 2020 compared to the same time period in 2019.⁸³ Alcohol and cannabis sales and consumption have also increased since the start of the pandemic, and as consumption increases, it is likely that impaired driving and associated crashes have increased as a result.^{84,85,86}

There are many policy options to address impaired driving. Ignition interlocks are a proven tool to reduce alcohol-impaired driving, and 34 states and the District of Columbia currently have all-offender ignition interlock laws in place.⁸⁷ Lowering the legal blood alcohol content level from .08 to .05 would save 1,500 lives every year.⁸⁸ Utah is currently the only state to have implemented this policy. For more information, the CDC has released a series of recommendations and state factsheets that provide clear guidance for states as they look to lower impaired driving in their states.⁸⁹

There are many policy options to address impaired driving. Ignition interlocks are a proven tool to reduce alcohol-impaired driving, and 34 states and the District of Columbia currently have all-offender ignition interlock laws in place.

Data show that people also drive under the influence of drugs, and states should prioritize collection of drug-impaired driving data to shed light on the extent of this problem.⁹⁰ Because there is no test for impairment for any drug except alcohol, states need to utilize other tools to better identify drug-impaired driving. Drug recognition experts (DREs) are trained officials who

⁸¹ <https://www.wbay.com/2020/08/21/increase-in-drunk-driving-deaths-arrests-prompts-push-for-safe-driving-campaign/>

⁸² <https://doorcountydailynews.com/news/525170>

⁸³ <https://www.nbcmiami.com/news/local/counties-along-floridas-treasure-coast-see-increase-in-dui-arrests-during-pandemic/2218203/>

⁸⁴ <https://morningconsult.com/2020/04/06/coronavirus-social-distancing-millennials-eating-drinking/>

⁸⁵ <https://wineindustryadvisor.com/2020/06/23/alcohol-consumers-returning-pre-covid-shopping-patterns>

⁸⁶ <https://qz.com/1894139/americans-are-drinking-more-alcohol-during-the-covid-19-pandemic/>

⁸⁷ <https://www.madd.org/the-solution/drunk-driving/ignition-interlocks/>

⁸⁸ https://www.nap.edu/resource/24951/110618_BAC.pdf

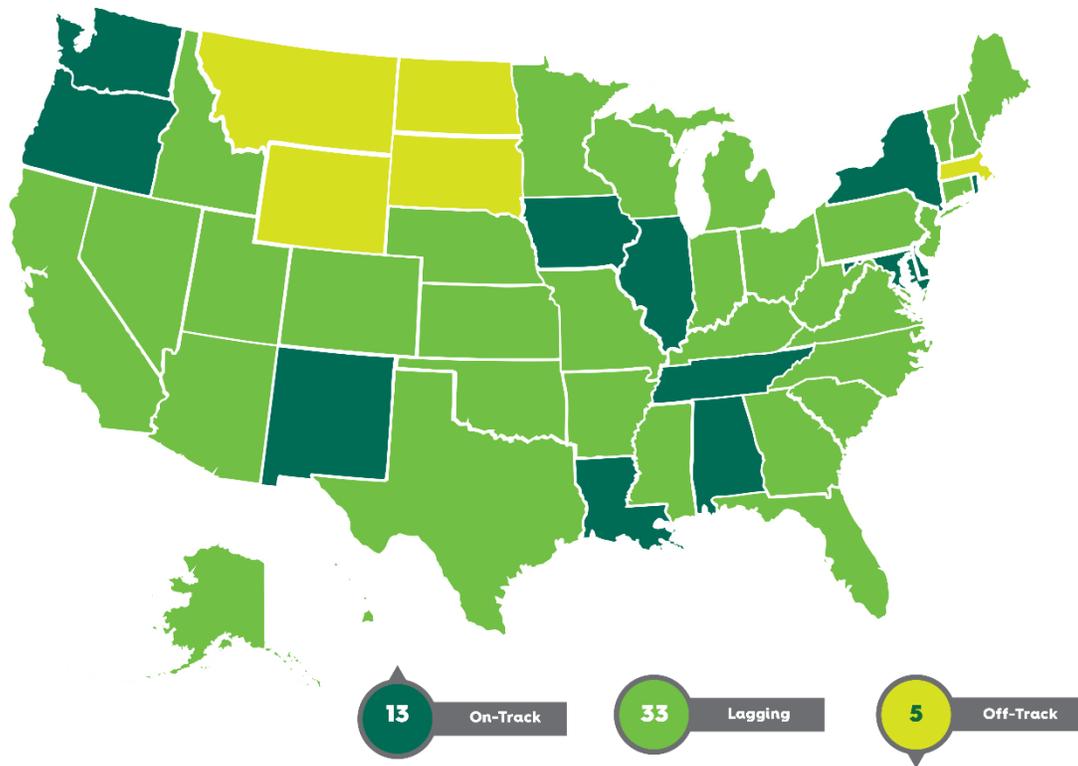
⁸⁹ https://www.cdc.gov/motorvehiclesafety/impaired_driving/states.html

⁹⁰ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6850a1.htm>

can evaluate the signs of impairment from drugs on roadways, and there are not enough DREs to keep up with the epidemic of impaired driving. The International Association of Chiefs of Police provide data on the number of DREs in each state, and NSC encourages states to support programs to grow their ranks.⁹¹ Lastly, as a result of the pandemic, many states have changed laws around how citizens can buy and transport containers of alcohol, and states need to monitor the impact of these actions on impaired driving.

Roadway Scoring

We reviewed state efforts to address speeding, impairment and seat belt use (full methodology available [here](#)).



⁹¹ <https://www.theiacp.org/states-and-countries-with-dres>

Recommendations

1. Provide clear, comprehensive guidelines to employers on how to operate safely during the pandemic. Have one website/source for all of this information.
2. Increase testing capacity. Consider partnering with state-based entities to help address some of the bigger barriers to consistent testing, as well as private organizations and other states.
3. Ensure tests are easy to access and are affordable.
4. Include employers in testing plans. Consider how states can partner with employers in essential industries to ensure they have access to testing and can continue to operate during outbreaks.
5. Increase contact tracing capacity.
6. Use technology to support contact tracing.
7. Provide clear guidance to employers on how to support contact tracing in their workplace. This needs to include internal actions, and clearly directs how they need to work with their local public health authority on reporting the case and how to support their contact tracing efforts.
8. Utilize technology to help with contract tracing.
9. Expand Medicaid to cover all individuals allowed under the Affordable Care Act and permanently suspend work requirements.
10. Expand telehealth to ensure continuation of care, specifically including behavioral health and substance use disorder treatment, and make these expansions permanent.
11. Loosen licensure requirements to allow for out-of-state health care practitioners to provide telehealth services within your state.
12. Implement payment parity between telehealth and in-person services.
13. Remove prior authorization for treatments.
14. Adopt the SAMHSA blanket exception for take-home doses of Medication-Assisted Treatment and the DEA guidance on MAT initiation through telehealth.
15. Allow for implementation of automated enforcement programs for speeding and red-light running.
16. Implement a primary enforcement seat belt law.
17. Continue to educate the general public on the importance of wearing seat belts.
18. Adopt all-offender ignition interlock laws.
19. Lower the legal BAC to .05.
20. Increase funding for DREs in order to identify drug-impaired driving.
21. Monitor the impact of changes in open container laws on impaired driving crashes.

Conclusion

We are six months into fighting this global pandemic, and NSC knows we can do more by working together, including sharing best practices. By using these clear recommendations for state actions, including engaging workers, we believe states can improve the overall safety and health outcomes. States have shown ingenuity and grit when it comes to protecting citizens during this challenging time. The NSC mission is to save lives from the workplace to anyplace, and we believe if we all work together we can end this pandemic and save many lives.