

**To:** Biden-Harris U.S. Department of Health and Human Services Agency Review Team  
**From:** National League of Cities  
**Re:** Policy Areas of Importance to Cities, Towns and Villages  
**Date:** January 11, 2021

As the voice of America's cities, towns and villages, representing more than 200 million people across the country, the National League of Cities (NLC) looks forward to working with the Biden-Harris Administration and with the team at the U.S. Department of Health and Human Services. While approximately 40 cities across the country directly control their local health departments, all cities play a direct role in driving and influencing health and healthcare decisions and relationships with county, state and federal health departments and other health stakeholders. In the face of COVID-19, the role of local leaders has become more critical than ever towards ensuring safe, resilient and healthy communities.

As cities look to partner with the Administration in the first 100 days and beyond, we hope that the following areas will be taken into consideration:

### **Direct Fiscal Relief to Cities, Towns and Villages**

Cities are the engine of our nation's economy and essential to America's economic recovery. Health and the economy perhaps have never been more closely aligned than now - as the urgency to address public health to ensure a strong economy is vital. With so many city leaders and essential workers on the front lines risking their health and safety, navigating expanding needs for health and mental health services, support and relief is needed more than ever. America's communities are hurting. As the findings of NLC's 2020 [City Fiscal Conditions report](#) reveals, America's cities are experiencing the fiscal consequences of the coronavirus pandemic-downturn at an unprecedented speed – and like recent recessions, it will take years for municipal budgets to recover from the impact of COVID-19. This effects health and well-being in communities in the long-term as well. Cities, towns and villages across our country need direct fiscal relief to communities of all sizes to ensure that essential city services and important community-anchoring programs can remain in operation.

### **Regular Communication with Stakeholders**

Local leaders are committed to intergovernmental partnership, through federalism, requiring a cooperative partnership among local, state and federal governments that must be strengthened through all levels of government. Local leaders look forward to working collaboratively with the Biden-Harris Administration and in a manner that recognizes the importance of a federal-local partnership. As such, we hope that the Department of Health and Human Services will institute regular stakeholder meetings, as well as be at the table when rules are being crafted to provide an important perspective on ensuring that rules are effective, implementable, offer local flexibility, avoid a "one-size-fits-all" approach and avoid an unfunded mandate.

### **Take Immediate Action to Address the COVID-19 Pandemic**

To reduce health and economic disparities, and to save jobs and promote economic recovery, work with Congress to provide relief from the COVID-19 pandemic. Cities will only thrive if residents have equitable access to testing and treatment for COVID-19. Safe and effective vaccines must be equitably distributed to ensure they reach communities most impacted by the virus. Equip localities, states and territories with sufficient financial support to combat the crisis and appropriately manage budget shortfalls. Ensure wide access to personal protective equipment and support to healthcare workers and other essential

workers on the front lines of the pandemic and maintain capacity to meet demand to treat all patients in need of care. Ensure that federal public health guidance is clear, consistent, and science-based in order to slow the spread of COVID-19 and allow reopening of communities based on scientific measures.

### **Support Access to Disaggregated Data and Centering of Racial Equity**

As local leaders look to reimagine government policies, procedures and processes to build more equitable communities, having access to disaggregated data is essential. Particularly in the wake of COVID-19, which has revealed deep-seated inequities in health care for communities of color, including LGBTQ+ people, and amplified social and economic factors that contribute to poor health outcomes. As such, NLC urges the Centers for Disease Control and Prevention (CDC) and state and local public health agencies to collect data disaggregated by race, ethnicity, sex, sexual orientation and gender identity. NLC urges that CDC has the capacity and resources to support data that sheds light on the intersecting forces of racial disparities, underlying conditions, and poverty that affect how the COVID-19 virus spreads and provide resources that address the disproportionate effect of the pandemic on communities of color.

### **Provide a Strong Investment in Public Health Infrastructure**

Invest in ensuring a strong public health system at all levels (federal, state, local, tribal and territorial). Ensure public tracking of disbursement of federal COVID-19 response funds down to the local health department level to identify best practices as well as better understand the challenges of getting money to the front lines of the response. Ensure that federal grants and funding announcements include local health department input and expertise.

### **Direct Support for Mental Health and Substance Use**

Almost one in four adults (24.5%, or 61.2 million people) in the United States is living with a mental illness, substance use disorder, or both. Approximately one in five adults (20.6%, or 51.5 million people) is living with a mental illness. Young adults ages 18-25 are experiencing mental illness at an even higher rate (29.4%). Additionally, 20.4 million people ages 12 and older had a substance use disorder in 2019. At the same time, death in [the United States](#), and the second leading cause of death for people ages 10 to 34.

Given that COVID-19 has exacerbated both mental health and substance use disorder, the following actions should be prioritized:

- Significantly expanded investment in the community-based system of mental health (MH) and substance use disorder (SUD) care.
- Ensure direct, timely funding to cities to address substance use disorders as they work on the front lines of addressing these issues. This funding should provide them with the flexibility to address their city's unique concerns. NLC supports additional funding for substance abuse prevention, treatment and recovery, and we continue to urge Congress to require States that receive a federal block grant to pass through 80 percent of the funding within 90 days of receiving the award to local governments and programs. NLC also urges Congress and HHS to require each State to submit a comprehensive report on how they are using federal funding to support local programs for the prevention and treatment of substance abuse disorders.
- Acknowledge the disproportionate impact experienced by Black, brown, and other people of color with MH and SUD care needs, and the unacceptable health disparities they continue to face, and should commit to examining all the agency's planned actions and policy priorities through a racial and health equity lens.

- Support for the expansion of cross-system approaches to address mental health and substance use disorders as cities consider ways to improve community safety. The Centers for Medicare & Medicaid Services (CMS) should develop a special initiative to test innovative approaches in emergency response and crisis stabilization.
- Coordinate a multi-agency workgroup to identify barriers and make recommendations to improve data sharing across systems (e.g. criminal justice, health, social services, etc.)
- Issue guidance, along with the Departments of Justice and Education, on how to effectively navigate HIPAA and FERPA such as by creating toolkits for cities to ensure progress and compliance.
- Partner with the U.S. Department of Labor to improve consumer education, awareness, and information about the Parity Act so consumers know their rights, can meaningfully access the benefits available under their plans, and can file complaints and appeals when they are unable to access those benefits in a timely and reasonable manner.

### **Focus on Population Impact**

As the Department works to build its focus for the next four years, we hope that there will be a focus on populations to which there has been a disproportionate impact in the face of COVID-19: childcare and long-term care workers, vulnerable populations, rural communities, and communities of color as top examples. Additionally, four times as many women as men dropped out of the labor force in September, roughly 865,000 women compared with 216,000 men. We know that as the burden of childcare has fallen to mothers and women across our country, there is great work to be done to support them. The pandemic has dealt a striking blow to these populations and cities look forward to partnering with the administration to ensure that these important stakeholders in our cities, towns and villages receive the support and attention that is needed.

### **Partnering with U.S. Department of Labor on Childcare as an Essential Service**

Lack of access to high quality, affordable and accessible childcare results in the annual loss of \$12.7 billion dollars for employers and has a ripple effect on local economies. As the pandemic spread into cities across the nation, leaders from local governments and various industry sectors began to fully recognize that the early childhood workforce is essential to the everyday functioning of a city. The early childhood workforce is key to creating safe and developmentally appropriate learning environments so that parents can have peace of mind and assuredness that their children are well cared for in high quality settings. When parents have this assurance, they can then focus on their work and increase productivity in the workforce. Local leaders look forward to partnering with the administration to ensure that all families, including healthcare workers, emergency responders, and grocery store workers, have access to high quality child care.

### **Support Reauthorization of TANF**

The Temporary Assistance for Needy Families (TANF) program provides essential funding to help state and local governments deliver an array of services that help low-income families achieve economic mobility. This support is of the utmost importance as our nation continues to grapple with the long-term economic and health impacts of the pandemic, which disproportionately effect low-income families and have resulted in state and local budget shortfalls. NLC supports a one-year extension of the program, effective through December 31, 2021 to ensure consensus for bipartisan policy reform that enables TANF agencies to best support the economic mobility and well-being of families through data-driven provision of services.

### **Seek Common Sense Reforms That Expands Affordable and Accessible Health Coverage and Care**

In cities, towns and villages, families are being forced to choose between putting food on the table and seeking healthcare – as more struggle to make ends meet through the COVID-19 crisis.

- Ensure health coverage and access to care for all people.
- Streamline Medicaid and CHIP eligibility processes to eliminate barriers to enrollment and ensure smooth enrollment access to maintain coverage. Streamline enrollment to other essential programs like social security (SSI/DI), Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), among others.
- Enact policies that move towards incentivizing high quality services centered on outcomes instead of the amount of care provided.
- Ensure access to telehealth for rural and hard-to-serve populations.

### **Address Impact of Public Charge Rule**

While a federal district court has ruled that if there is a declared national health emergency related to COVID-19 the public charge rule may not go into effect, the Administration should consider the broad implications of the rule beyond the pandemic. Recent changes to the definition of public charge have a direct negative impact to the economic vitality of cities, towns and villages, both to local businesses and the workforce, and would endanger the health and well-being of our residents. Businesses and service providers in our cities depend on the talent and labor of immigrants, and local economies depend on these businesses. Access to public benefits provides a critical path to economic mobility and security for many residents in our communities, including immigrant families. Restricting access to these benefits impedes an immigrant's ability to reach their full economic potential, severely limits the ability of farmers and local business to hire workers and causes long-lasting harm to local economies. Providing access to Medicaid, Medicare, SNAP, housing and other public assistance programs to immigrants reduces burdens on safety-net hospitals, eases the strain on local food pantries, and enables farmers, retailers and businesses to hire the workforce they need to improve our economy.

### **Partnering with the U.S. Department of Housing and Urban Development to Address Housing and Homelessness**

Stable housing is a prerequisite for economic mobility, job security, and health and well-being. As the COVID-19 pandemic wreaks havoc among communities across the globe, it is those already living at the margins who are experiencing the deadliest consequences. For individuals who are housing insecure or experiencing homelessness, stay-at-home and shelter-in-place orders to contain the spread of coronavirus can be difficult, if not impossible, to comply with. Among the housing insecure and those experiencing homelessness, some populations are particularly vulnerable. These include racial and ethnic minorities, youth and adolescents fleeing abusive situations, victims of domestic violence, homeless veterans, individuals recently released from incarceration or formerly incarcerated, and those struggling with mental health and substance use disorders. Before the pandemic, many cities were already being overwhelmed with increases in homelessness among these populations and were making difficult budget choices to fill gaps in treatment, services (e.g. transportation, employment opportunities, etc.) and housing. Unfortunately, the pandemic has re-entrenched these gaps and set back local efforts. The virus is disproportionately affecting racial and ethnic minorities, worsening decades of health and economic disparities in those communities and weakening their ability to recover. Coupling federal housing subsidies with health interventions such as funding for wrap-around services for physical and mental health is a proven policy that has significantly improved outcomes for at-risk veterans in the HUD-VASH program, and that should be expanded with HHS support for all at-risk individuals. And, more broadly, we hope the broader connections between health and housing will be explored and supported within the administration.