With Much on the Line, States Want Complete Counts

Complete count committees—set up to make sure the census counts everyone, just once and in the right place—are more popular than ever. At least 29 states have a state-level committee in place and more are in the works.

“Nearly every state is in the process of forming a statewide complete count committee, something that did not occur during the 2010 census,” says Tim Olson, the Census Bureau’s associate director for field operations. “The energy and investment by all levels of government is remarkable, ensuring everyone is counted during the 2020 census.”

An accurate count is important because census numbers form the basis for electoral representation in the U.S. House of Representatives, state legislatures and many other state and local bodies to which members are elected from districts. (Indirectly, the census also determines how many presidential electors a state has.) With congressional seats on the line, states on the cusp of gaining or losing one are particularly motivated to ensure their residents are counted.

The federal government will distribute more than $880 billion annually for a decade using funding formulas based on census population counts. The number of people counted in 2020 will affect states’ share of those funds through 2030. That can be well over $1,500 per person annually.

No surprise, then, that states are willing to invest in census outreach. California has $154 million set aside for its count committee. Alabama expects to allocate $480,000, or about 10 cents per person.

Complete count committees can perform an outreach role by using the government’s bully pulpit to encourage participation. But they can have a subtler impact as well. If funding is available, a committee can encourage participation through microgrants to local organizations, which, in some communities, may be perceived as more “trusted messengers” than the government itself.

Whether it’s encouraged overtly or subtly, getting everyone counted can pay off.

—Wendy Underhill and Christi Zamarripa
Health Care

Preparing for Possible High Court Action on Roe

With several state abortion cases having the potential to reach the U.S. Supreme Court, state lawmakers have considered a fair amount of legislation to fortify their views on the issue.

Legislatures have passed 423 abortion restrictions since 2010, according to the Guttmacher Institute, a Washington, D.C.-based research group that supports abortion rights.

Most recently, the Alabama House passed a bill criminalizing abortion to force the challenge. If it passes the Senate and is enacted, it will be the strictest abortion law in the country.

Arkansas recently joined Louisiana, Mississippi, North Dakota and South Dakota in enacting a law that would ban abortions if the high court overturns Roe v. Wade, the 1973 ruling that legalized abortions nationwide. The Arkansas law, approved by 78% of lawmakers, bans all abortions, except during medical emergencies, and does not exempt cases of rape, incest or fetal abnormalities.

Altogether, as of March 1, 18 states have laws to restrict abortion if Roe is overturned, according to Guttmacher. Several of those states, including Arizona, Michigan and Oklahoma, had passed abortion bans before Roe was decided, some forbidding the procedure unless the mother’s life is at risk.

Other states are preparing for a possible reversal on Roe by strengthening laws protecting access to abortion.

New York now permits abortion after the 24th week when the pregnancy is nonviable or the woman’s life or health is in danger.

New Mexico, Vermont and Virginia have considered similar bills. Illinois and Massachusetts have repealed their pre-Roe bans. Massachusetts ended its requirement that abortions after 13 weeks be done in a hospital. Washington now requires private insurance coverage of abortion in plans that also cover maternity care. And, taking a little different approach, Louisiana made it a crime to coerce someone into having an abortion.

Other measures lawmakers have considered or passed recently:
- Restricting abortions after a fetal heartbeat can be detected, usually around six weeks into a pregnancy. So-called heartbeat bills have been proposed in a dozen states this year and enacted in Georgia, Kentucky, Mississippi and Ohio, though a federal judge temporarily blocked Kentucky’s hours after it was signed. Courts have struck them down in Iowa and North Dakota.
- Requiring facilities to inform women that a two-dose, drug-induced abortion potentially can be reversed after the first dose.
- Prohibiting abortions because of fetal disability.
- Requiring a married woman to certify in writing that she has informed her husband about her plans.

Criminal Justice

Lawmakers Respond to Native Deaths, Disappearances

Recent news reports have drawn heart-wrenching, overdue attention to cases of missing and murdered Indigenous women and girls.

The FBI’s National Crime Information Center database lists more than 5,700 Native American women as missing as of 2016. And the Urban Indian Health Institute identified 506 cases of missing and murdered American Indian and Alaska Native women and girls across 71 cities in 2018—280 were murder cases, 128 were missing persons cases and 98 had an unknown status.

But those numbers are, as researchers will admit, only estimates. No one knows how big the problem really is because of underreporting of disappearances and poor data collection.

This year, 28 measures in 11 states were introduced to address those issues. Most (18 measures) were introduced by native legislators; six were enacted. Broadly, the bills addressed: creating task forces/increasing awareness; training/working with law enforcement; reporting and data collection; and congressional action.

In Montana, “Hanna’s Act”—named for a 21-year-old found murdered on the Northern Cheyenne Reservation in 2013—requires the state to employ a missing persons specialist to maintain a database and assist law enforcement and families after a native person is reported missing.

North Dakota now mandates investigative training for law enforcement. A similar measure was pending in South Dakota.

And a new law requires the Washington State Patrol to provide an estimate by June of how many native women are missing in the state. The legislation provided a model for similar measures in other states.

“We have to put this on the front burner,” said Washington Representative Gina Mosbrucker (R), the bill’s sponsor.
MEDICAID

Courts Weigh In on Medicaid Work Rules

A federal judge recently struck down Arkansas’ and Kentucky’s plans to require Medicaid beneficiaries to work, causing uncertainty for the seven other states with similar plans currently approved by the Centers for Medicare and Medicaid Services. The judge ruled the requirements would undermine the purpose of Medicaid: to provide medical coverage to the needy. Both states have appealed the ruling.

This is just “another obstacle in our path to try to do the best we can in Arkansas with the chips the federal government and judiciary gives us,” Arkansas Senate President Jim Hendren (R) told The Associated Press.

Other states remain undeterred by the ruling. Indiana and New Hampshire continue to run their programs. Arizona, Michigan, Ohio, Utah and Wisconsin have received approval. And Alabama, Mississippi, Oklahoma, South Dakota, Tennessee and Virginia all are awaiting approval, according to the Kaiser Family Foundation.

States are using Section 1115 waivers offered by the Social Security Act to design Medicaid expansions that meet their specific needs. One option is to require “community engagement” from able-bodied recipients, which may include paid and voluntary work, care-giving, seeking work or attending school or job training.

“We believe … states are the laboratories of democracy,” CMS chief Seema Verma tweeted after the ruling, “and we will vigorously support their innovative, state-driven efforts to develop and test reforms.”

Many believe this issue will end up before the U.S. Supreme Court, but no one is sure how soon.

HEALTH

Who’s Calling the Shots on Vaccines?

The measles outbreak continues to spread. From Jan. 1 to May 3, 764 cases were confirmed in 23 states. That’s the highest annual total since 1994 and since the virus was declared eliminated in the U.S. in 2000, according to the Centers for Disease Control and Prevention.

Increases in cases can occur when infected travelers abroad bring it into the U.S., or when there’s a spread in communities with pockets of unvaccinated people.

Early outbreaks occurred in and around New York City, where Mayor Bill de Blasio declared a public health emergency for parts of Brooklyn in April. State and local health departments investigate measles cases and outbreaks when they occur, and that can be costly. In and around Seattle, for example, schools and public health officials spent more than $1 million in the first two months of the year to contain the illness, according to the Washington State Department of Health.

Measles is highly contagious—up to 90% of people exposed to an infected person will likely get it if they have not been vaccinated. The disease spreads through coughing and sneezing and starts with a high fever. Then comes a runny nose, red eyes and, finally, a rash of tiny red spots breaks out over the body. It can lead to pneumonia, encephalitis (swelling of the brain) and death.

Most of those who get infected have not been fully vaccinated. (It takes two doses.)

Some people are suspicious of mandatory government-run vaccination programs, contending they infringe on their right to make medical decisions for themselves and their families. Others fear vaccines increase the risk of autism and other problems, though several large studies have shown otherwise. The most recent was released in March. Researchers in Denmark studied more than 650,000 children born between 1999 and 2010. The results showed no correlation between the measles, mumps and rubella vaccine and an increased risk of autism.

In fact, kids given the vaccine were 7% less likely to develop autism than those who did not get it.

Lawmakers have considered several bills this year to limit exemptions. At press time, a bill to remove personal belief exemptions had been passed by Washington lawmakers and was awaiting the governor’s signature. And in Maine and Oregon, bills to remove personal exemptions were working their way through the process. If those three are enacted, it would leave 14 states with exemptions for personal or philosophical reasons. Every state allows vaccine exemptions for medical reasons, and 47 grant them for religious reasons. Only California, Mississippi and West Virginia don’t allow religious exemptions.