ISSUE REPORT

Advancing Policies that Create Conditions for Good Health:

OPPORTUNITIES, BARRIERS, AND STRATEGIES

A Report of the Promoting Health and Cost Control in States Initiative

Trust for America's Health
TFAH.ORG

DECEMBER 2025

Acknowledgments

Trust for America's Health is a nonprofit, nonpartisan public health policy, research, and advocacy organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority.

REPORT AUTHORS

Ilse Argueta, MPH
Policy Development Manager
Trust for America's Health

Breanca Merritt, Ph.D.
Director of Policy
Trust for America's Health

REVIEWERS

This report has benefited from the insights and expertise of the following external reviewers. Their review does not necessarily constitute an endorsement of the report's findings or recommendations by the reviewer or their organization. TFAH thanks the reviewers for their time and assistance.

Jennifer R. DuBose, M.S.
Director, Georgia Health Policy Center
Andrew Young School of Policy Studies,
Georgia State University

Lonias Gilmore, MPH
Director, Health Equity and Social Justice
Big Cities Health Coalition

Kimberly Libman, Ph.D., MPH
Vice President of Policy
ChangeLab Solutions

Adam Lustig, M.S.
Associate Director, Award Dissemination and Implementation
Patient-Centered Outcomes Research Institute (PCORI)

Anand Parekh, M.D., MPH
Chief Health Policy Officer
University of Michigan School of Public Health

Table of Contents

Editorial work on this report was completed in early November 2025. The content reflects the status of ongoing and proposed federal actions as of that time.

Advancing Policies that Create Conditions for Good Health

Advancing Policies that Create Conditions for Good Health

How can we advance the public's health in an era of diminished federal and state public health infrastructure and funding? The health of communities and families reflects numerous social and economic factors. Promoting Health and Cost Control in States (PHACCS), an initiative of Trust for America's Health (TFAH), highlights policies for states that if enacted can produce positive economic impacts over time and improve community health.

This report provides an overview of a new phase in the PHACCS initiative called Creating Conditions for Good Health. This work takes place amid a backdrop of uncertainty in federal funding and programming experienced by states during the post-COVID-19 public health emergency (PHE) era. TFAH aims to highlight how government, policy advocates, and others affected by turbulent federal, state, and local policy change have navigated and pursued both incremental and large-scale policy wins in areas supporting community health and well-being.

Published in 2019, the first report of the PHACCS initiative, *Promoting Health and Cost Control in States: How States Can Improve Community Health & Well-Being Through Policy Change,*[1] focused on 13 evidence-based policies organized around six goals, as well as how states could enact those policies (see Figure 1). The second report, *Leveraging Evidence-Based Policies to Improve Health, Control Costs, and Create Health Equity,*[2] was published amid the

FIGURE 1. PHACCS Policy Goals

COVID-19 pandemic and outlined a set of complementary policies to further support those initial goals (Table 1). These policies share several characteristics: a positive impact on health, evidence of return on investment or state cost savings, a focus on prevention at the community level, addressing some of the root causes of poor health, and the policies' ability to be adopted or enhanced through state legislative action. These policies are referred to collectively as PHACCS policies throughout this work.

Since 2021, the environment for implementing public policy has changed in several ways. During the COVID-19 PHE, federal initiatives enhanced states' ability to support community members' health, basic needs, and overall well-being. Many of these funding streams and programs directly overlapped with the goal areas of PHACCS, offering a real-time opportunity to understand how these policies would work across the entire country and locally. Research about these PHE-era supports suggest they were associated with widespread health[3] and economic[4] benefits.

However, toward the end of and after the PHE ended in May 2023,[5] states began rolling back COVID-19 response efforts, with many programs not being replaced in the absence of federal support and with states experiencing reversals in some economic gains, including reductions in poverty.[6] The policy environment continued to rapidly change nationally and in states, amid political pushback against COVID-era mandates and investments, with the initial and ongoing revocation of federal policy guidance, funding, and infrastructure in policy

TABLE 1. Policies That Support PHACCS Goals

Goal	Policies
Supporting Access to High-Quality Health Services	• Adopting Medicaid expansion • Expanding access to home-visiting programs • Supporting increased use and training of community health workers
Promoting Economic Mobility	• Earned Income Tax Credit • Living wage • Paid Sick & Family Leave
Ensuring Access to Affordable Housing	• Low-income housing tax credits (LIHTCs) • Housing choice vouchers • Legal supports for tenants in eviction proceedings
Promoting Safe and Healthy Learning Environments for Children	• Increasing access to high-quality early childhood education programs • Integrating social-emotional learning programs in schools • Promoting access to and National School Lunch and School Breakfast Programs • Supporting school-based health centers
Health-Promoting Excise Taxes	• Tobacco taxes • Alcohol taxes • Sugar-sweetened beverage taxes

areas recommended by the PHACCS initiative. Despite the range of state-level policy areas represented by this initiative, many are still affected by federal administrative and legislative decisions in 2025. Federal policy changes directly affect the ability of states and communities to innovate, break down silos to collaborate across agencies and policy areas, and implement efforts highlighted by PHACCS.

To build on the PHACCS initiative and support state advocates, leaders, public health practitioners, and others from related issue areas, TFAH wanted to understand how states were managing their pursuit of or implementation of these policies and programs. The goals of this phase of the PHACCS initiative are to:

- Understand changes in the federal policy environment that affect states' ability to implement these efforts;
- Identify opportunities for public health and other fields to collaborate to pursue these policies; and
- Identify strategies and challenges in advancing policies identified by the PHACCS initiative.

To address these goals, TFAH conducted several policy analyses that covered the time periods during the initial report through 2025. Doing so allowed us to understand changes in each policy area over time and the opportunity environment for states in recent years and to date. We also conducted a qualitative analysis, engaging state, community, and national partners from 2024 to 2025 to inform strategies and challenges to advancing PHACCS priorities. This work resulted in the current report, *Advancing Policies that Create Conditions for Good Health: Opportunities, Barriers, and Strategies.* Even with the added

challenges faced by states, this work highlights how community-driven advocacy about policy needs can uncover effective policy strategies.

The first section, *Advancing Policies that Create Conditions for Good Health: A Changing Federal Policy Environment*, outlines recent major federal policy wins that have supported states in advancing these policies, as well as current, selected federal policy decisions that complicate states' ability to advance them. We also include some state initiatives that have developed a modified strategy to continue their work amid federal uncertainty and those that have had to table their efforts.

The second section, *Advancing Policies that Create Conditions for Good Health: What's Working for States*, summarizes the themes we heard from organizations and government partners about strategies they found to be effective in advancing these policies, as well as challenges they have encountered. This section highlights the resilience and creativity of state and local partners to define wins in the context of their political environments and pursue them accordingly. It also features examples and quotes about state initiatives and how they have navigated the pursuit or implementation of these policies.

Identified strategies include:

- Use local and community evidence to support the need for PHACCS policies
- Build effective collaboration across key partners
- Ensure community buy-in for PHACCS policies
- Effectively communicate the importance of an issue

Identified challenges include:

- Inadequate funding mechanisms and allocations to support PHACCS policies
- Difficulty developing a policy agenda that connects with all partners
- Barriers in the administrative process and legal system
- Lack of community buy-in and participation

The last section, *Advancing Policies that Create Conditions for Good Health: Progress and Highlights of PHACCS Policies*, includes trends in several policy areas highlighted by PHACCS. More states adopted these policies or strategies in recent years, and we revisit the health and economic benefits of each one, highlight recent federal policy changes in those areas, and feature state experiences adopting or implementing these efforts.

As with other phases of the PHACCS initiative, we hope this effort can inform the work of multiple audiences:

- **State agency leaders within and outside of public health:** Collaborating with other sectors and issue areas is critical to advancing health. This report highlights the status of cross-cutting policies that benefit from public health champions and leaders in other policy areas.
- **State legislators and other jurisdictional leaders:** The PHACCS initiative was launched as a state-focused one, with potential implications for other jurisdictions. Legislators can be critical champions of PHACCS policies at the state level, with opportunities to support aspects of these efforts at other levels and types of government. Though we engaged representatives of territorial, tribal, and local policy needs in developing this report, we understand there are specific opportunities and considerations that vary among jurisdictions. Examples include how these strategies align with tribal sovereignty, the interplay of state and local political dynamics, and resource and structural differences among U.S. territories relative to their state counterparts, among others. Learning more about what works can help inform policy priorities across these issue areas and within different jurisdictions.
- **Community advocates:** We learned that community advocates and organizations appreciate support and learning from their peers in similar policy areas and in other parts of the country. This work shares strategies from communities and policy areas that may be applicable across communities.
- **National organizations:** State and local partnerships with national advocacy groups that work in relevant issue areas can keep abreast of effective strategies and opportunities to support community-facing organizations.

A Changing Policy Environment

Background

Recent, significant reductions in federal funding, infrastructure, and workforce, as well as reductions in state funding allocations, have strained many sectors, policy areas, government entities, and organizations. As a result of this substantial restructuring, many sectors, policy areas, state and local government entities, organizations and communities are seeking to adapt. Impacted by these cuts are public health's core prevention and crisis response work, such as foodborne disease surveillance[7] and childhood lead-monitoring.[8] These shifts leave less room for state leaders, legislators, community advocates, public health practitioners, and national organizations to address non-medical factors that affect health, like those identified by the Promoting Health and Cost Control in States (PHACCS) initiative. Through these changes, states will become even more critical in promoting health beyond the public health sector and in supporting communities with the greatest need for the structural supports highlighted by this initiative. As a result, state leaders have and will need to be even more intentional in their funding, policy, and programmatic priorities to address the conditions that impact community health and well-being.

In addition, the changing opportunity and funding environment has contributed to states deprioritizing many of these cross-sectoral policies, often due to cost constraints or policy priorities.[9] Still, several states have pursued these policies in bipartisan ways, even amid declining federal support. This activity suggests that public health leaders and leaders outside of public health can collaborate to work on both immediate and longer-term goals to improve economic and health outcomes in their communities.

To support states in advancing the evidence-based policies identified by this initiative, this section offers examples of the recent changes in the opportunity environment for state leaders and public health professionals to pursue policies identified by the PHACCS initiative. This section summarizes some of the federal supports that helped advance these policies in recent years, offers insights into state policy implications of the current federal policy landscape, and includes examples of state efforts to advance areas supported by the PHACCS initiative. Across these topics, TFAH highlights policies aimed at addressing non-medical factors, such as income, housing, and education—all of which have a significant effect on health and complement the areas previously identified by this work.

Federal Actions that Increased the Uptake of PHACCS-Related Policies

The federal policy environment for adopting PHACCS policies has changed substantially since this initiative launched in 2018. The COVID-19 public health emergency (PHE) further demonstrated how social and economic conditions can impact health, leading to related federal legislation and supports aimed at improving community well-being beyond clinical care. These efforts enabled state and local leaders to work across sectors and issue areas to improve both community-level health and economic outcomes. We highlight some of the federal investments made during the COVID-19 PHE that advanced policy goals identified by PHACCS and organize them by their corresponding goal area in PHACCS.

The Families First Coronavirus Response Act (FFCRA):

This act was signed into law by President Donald Trump on March 18, 2020, as an initial response to address the impact of the COVID-19 pandemic.[10] FFCRA focused primarily on providing paid sick leave, tax credits, and free COVID-19 testing; but it also expanded food assistance and unemployment benefits and increased Medicaid funding, all areas related to the PHACCS initiative. Provisions related to some PHACCS policies include:

Support the Connection Between Health and Learning:

- The U.S. Department of Agriculture (USDA) waived some child nutrition program requirements and expanded existing programs, including: offering free school meals to all students,

providing a higher reimbursement rate for each meal served, permitting summer meal programs to operate during the school year, allowing meals to be served outside traditional times, enabling parents/guardians to pick up meals for their children, and permitting meals to be served in non-group settings.[11] These nationwide waivers expired on June 30, 2022.[12]

- USDA created the Pandemic Electronic Benefit Transfer (P-EBT) program to provide cash benefits to children missing school meals during the pandemic, ensuring that children could access nutritious meals at no charge when school was not in session.[13] On May 11, 2023, the COVID-19 PHE declaration expired, ending P-EBT benefits for children under 6 participating in the Supplemental Nutrition Assistance Program (SNAP). For children attending a school participating in the National School Lunch Program (NSLP), eligibility ended after the summer of 2023.[14]

Create Opportunities for Economic Well-Being:

- The Emergency Paid Sick Leave Act provided workers with paid sick time for some reasons related to COVID-19 (up to 80 hours).[15] The Emergency Family and Medical Leave Expansion Act required some employers to provide mandatory paid sick leave (up to 12 weeks of job-protected leave).[16] Employers qualified for reimbursement through tax credits for wages paid under this Act.[17] The FFCRA provided the first-ever paid leave requirement in the country; however, the provision expired in 2020, and many states and localities returned to pre-PHE emergency leave policies.[18]

Support Access to High-Quality Health Services:

- The law required state Medicaid programs to keep individuals continually enrolled in Medicaid as a requirement to access additional federal funding. This provision lasted from January 2020 through March 31, 2023. On April 1, 2023, states that implemented the continual enrollment in Medicaid were allowed to restart the regular Medicaid eligibility checks and renewals process, also known as Medicaid unwinding.[19]

The Coronavirus Aid, Relief and Economic Security (CARES) Act:

This Act was signed into law by President Trump on March 27, 2020, as an additional effort to address the challenges encountered during the COVID-19 pandemic.[20] The CARES Act included provisions related to paid sick leave, insurance coverage for COVID-19 testing, unemployment benefits, and an eviction moratorium. Provisions related to PHACCS policies sorted by the initiative's goals include:

Support the Connections Between Health and Learning:

- Allocated $8.8 billion to child nutrition programs, including the NSLP, the School Breakfast Program (SBP), and the Child and Adult Care Food Program (CACFP). CACFP reimburses nutritious meals and snacks for children enrolled in childcare centers and day care homes. The nationwide waiver allowing schools to provide school meals to all students under the CARES act expired in June 2022. [21]
- Allocated $750 million for Head Start, including $500 million for summer Head Start programs to respond to the COVID-19-related needs of children and families.[22]

Ensure Safe, Healthy, and Affordable Housing for All:

- Included protections for tenants and homeowners, including a temporary moratorium on certain evictions related to nonpayment of rent. It also prohibited charging fees or penalties due to rent nonpayment for properties with federally backed mortgages, participating in the rural housing voucher program or in the Violence Against Women Act housing program.[23] The eviction moratorium instituted by the CARES Act expired on July 24, 2020.[24]

Create Opportunities for Economic Well-Being:

- Expanded the emergency paid sick days and paid leave provisions passed through FFCRA. It allowed advanced payment of payroll tax credits to reimburse employers and self-employed individuals for the cost of both paid sick leave and paid family leave.[25] As mentioned above, the provision expired in 2020, and many states and localities returned to pre-PHE emergency leave policies.

Supporting Access to High-Quality Health Services:

- Allocated funds for the Centers for Disease Control and Prevention (CDC) to launch the Community Health Workers for COVID Response and Resilient Communities initiative, which funded state, local, territorial, and tribal recipients to engage with community health workers to build and strengthen community resilience and prevent COVID-19 outbreaks and spread.[26]

Consolidated Appropriations Act of 2021:

This act was signed into law by President Trump on December 27, 2020.[27] The act expanded some of the efforts from the CARES Act to continue many of the programs by adding new phases, new allocations, and new guidance to address issues related to the continuation of the COVID-19 pandemic, including issues related to PHACCS policies. Provisions related to PHACCS policies sorted by the initiative's goals include:

Supporting Access to High-Quality Health Services:

- This act allowed recipients of Maternal, Infant, and Early Childhood Home Visiting program funds to train home visitors to conduct virtual home visits. It also allowed recipients to provide emergency supplies, such as diapers, formula, nonperishable food, water, hand soap, and hand sanitizer, to families enrolled in the program.[28]

The American Rescue Plan Act (ARPA):

This act was signed into law by President Joseph Biden on March 11, 2021.[29] ARPA expanded some of the initial efforts from the FFCRA and added new provisions that provided direct funding to states and localities to address the impact of the COVID-19 pandemic, including needs related to PHACCS policies. Provisions related to PHACCS policies sorted by the initiative's goals include:

Support the Connection Between Health and Learning:

- Allocated $5.6 billion to extend P-EBT for student access to nutritious meals during the summer and for

the duration of the PHE. The P-EBT expansion was for children who were eligible for free or reduced-priced school meals to receive a SNAP-like benefit.[30] As mentioned above, the benefit expired in 2023.

- Addressed the childcare shortage by providing $39 billion in new childcare funding, including $24 billion for childcare stabilization grants to providers and $15 billion in supplemental Child Care and Development Fund discretionary funds to be disbursed from 2021-2030.[31]

Employ Harm Reduction Strategies to Prevent Substance Misuse Deaths and Related Diseases:

- Allocated $30 million for community-based funding for local substance use services, like syringe services, fentanyl test strips, overdose reversal medications, and medications for opioid use disorder.[32]

Ensure Safe, Healthy, and Affordable Housing for All:

- Provided funds to support efforts to finance and boost the supply of affordable housing to help lower housing costs.[33] It also provided funds to assist with housing financial assistance, housing stability services, costs for affordable rental housing, and eviction-prevention activities.[34]

Create Opportunities for Economic Well-Being:

- Temporarily expanded the Earned Income Tax Credit (EITC) from $540 to roughly $1,500 for individuals without children for tax year 2021.[35] It was estimated that 4.3 million taxpayers under the age of 25 and 1.6 million taxpayers 65 and older received the EITC in 2021.[36] Research found that the largest share of childless EITC recipients were in the South, and recipients more than doubled in the Midwest.[37] Under ARPA, the expansion of the EITC for workers not raising children was only in effect for tax year 2021.[38]
- Expanded temporary paid leave provisions, allowing employers to claim tax credits to cover the cost of providing paid sick and family leave for employees taking leave related to COVID-19 from on April 1, 2021, through September 30, 2021.[39]

Supporting Access to High-Quality Health Services:

- Appropriated $150 million for home visiting programs receiving Maternal, Infant, and Early Childhood Home Visiting funds to support parents and children by providing additional resources (e.g., prepaid grocery cards) and to support awardees with service delivery, hazard pay or other staff costs, home visitor training, technology, emergency supplies, and diaper bank coordination.[40]

Infrastructure Investment and Jobs Act (IIJA):

This act was signed into law by President Biden on November 15, 2021, and provided new funding for a wide range of infrastructure projects, including directly funding states and localities to implement those projects.[41] Provisions related to PHACCS policies sorted by the initiative's goals include:

Promote Active Living and Connectedness:

- The IIJA provided funds for bicycle transportation and pedestrian walkways. It also targeted community connectivity through a pilot program aimed at removing barriers (e.g., highway systems) that reduced walkability or other forms of connectedness.[42]

Ensure Safe, Healthy, and Affordable Housing:

- IIJA aimed to support affordable housing opportunities by encouraging transit-oriented development and access to jobs, services, and amenities and by funding housing rehabilitation related to energy efficiency and climate resilience.[43]

Consolidated Appropriations Act of 2023:

This act was signed into law by President Biden on December 29, 2023, and provided funding to continue some provisions that began during the COVID-19 pandemic.[44] Provisions related to PHACCS policies sorted by the initiative's goals include:

Supporting Access to High-Quality Health Services:

- Authorized $50 million annually for fiscal year (FY) 2023 through FY 2027 to build workforce capacity through recruiting, hiring, training, and retaining community health workers to provide culturally informed health education and outreach in medically underserved communities.[45]

Addressing Health-Related Social Needs through Medicaid:

The PHACCS initiative has also focused on expanding Medicaid coverage, as well as the use of Medicaid Section 1115 waivers for states to test new or existing ways to deliver and pay for healthcare services. Since the PHE, state Medicaid agencies received federal support to address health-related social needs (HRSN) to improve health, reduce health disparities, and lower healthcare costs. Most efforts focused on addressing housing and nutrition needs—key PHACCS policy areas—through screening Medicaid-eligible individuals for HRSN, service provision, and case management. These investments signaled a shift toward improved collaboration among public health, human services, and Medicaid agencies as well as the breaking down of silos across sectors to improve health outcomes.

Below are some of the mechanisms that became available prior to 2025 for Medicaid agencies to bridge the gap between health and social needs. As of March 4, 2025, CMS has rescinded health-related social needs guidance and does not plan to approve new state proposals.[46]

Medicaid 1115 waivers to address HRSN:

In 2021, the Centers for Medicare & Medicaid Services (CMS) released a state health official letter describing the opportunities and pathways in Medicaid and in the Children's Health Insurance Program to address HRSN.[47] In December 2022, CMS followed up with an HRSN policy framework, providing additional information about services that could be covered, length of service provision, and other waiver expectations.[48] As of October 2025, CMS has approved 25 waivers across 24 states with HRSN-related provisions, and six waivers are pending approval.[49]

Home- and Community-Based Services and HRSN services:

In 2023, CMS highlighted opportunities for state Medicaid programs to address HRSN through nonclinical services for older adults and people with disabilities.[50] In this guidance, CMS highlighted that waivers for home- and community-based services could be used to provide long-term care services and supports in the community rather than in an institutional setting and could serve as mechanisms to assist with HRSN services, such as providing housing supports. For example, the Wisconsin Include, Respect, I Self-Direct (IRIS) Waiver provides home-delivered meals and housing modifications to seniors and individuals with disabilities enrolled in the program.[51]

Medicaid Managed Care In Lieu of Services (ILOS):

In 2023, CMS provided guidance on how Medicaid managed care organizations can provide HRSN services through a state plan.[52] Using ILOS, Medicaid managed care organizations could provide Medicaid beneficiaries with the option to substitute standard Medicaid benefits for services that are medically appropriate and cost-effective. For example, Michigan's Medicaid program encourages health plans to offer nutrition-related supports (e.g., healthy food packs, prescribing produce, and medically tailored meals) as cost-effective services for individuals who have both a social risk factor and a clinical risk factor for the service.[53]

Federal and State Actions Limiting Uptake of PHACCS-Related Policies

While advocates, policymakers, researchers, and state governments work to advance PHACCS policies, they also navigate a complex set of recent and persistent barriers that threaten to slow or derail their progress. They must navigate a landscape of evolving guidance, legal challenges, and decreased financial support, all of which complicate their efforts to implement policies that can improve health and control costs. This section highlights some of the current barriers at the intersection of policy, law, and public health that limit the advancement, adoption, and implementation of PHACCS policies across states.

Shifts in Federal Capacity and Funding

While PHACCS policies and related programs can be pursued by state legislatures and agencies, the federal policy agenda and funding environment can facilitate or hinder states' progress toward these policies. Changes at the federal level often signal to state legislators to engage in an issue, whether based on widespread public support or federal funding that facilitates policy adoption and implementation.[54] The following are some examples of federal changes in 2025 related to PHACCS policies that may affect state-level policy adoption and implementation.[i] Section 3 of this report provides more specific details about federal changes within each PHACCS goal area.

- The U.S. Department of Health and Human Services (HHS) has consolidated its 10 regional offices to five.[55] This consolidation means each remaining regional office must oversee a larger geographic footprint while operating with the same or reduced staffing levels. For states and territories, this consolidation and reduction in staff could mean potential delays in accessing localized aid and technical supports.
- On January 27, 2025, Head Start programs experienced a funding freeze that prevented programs from accessing allocated funding.[56] More than a week after the freeze was lifted, 52 Head Start grant recipients in 22 states, Washington, DC, and Puerto Rico noted they had issues accessing their already approved grant funding.[57] This lapse in funding put many early childhood education providers at risk of shuttering, reducing access to essential, non-universal pre-K programs for children in most need.
- In March 2025, USDA canceled about $660 million in the Local Food for Schools Cooperative Agreement Program, which was established during the Biden Administration.[58,59] This program provided schools and childcare facilities funding to support purchasing food for their breakfast and lunch programs from local farms and ranchers. This funding cancellation has threatened the ability of many schools to provide higher-quality and nutritious meals as part of the National School Lunch Program (NSLP) and School Breakfast Program (SBP).
- On March 24, 2025, HHS abruptly canceled or clawed back billions of dollars in federal grants that had been awarded to state and local agencies using COVID-19 pandemic era appropriations[60] These grants had been providing resources to states and localities in support of pandemic-related efforts like COVID testing infrastructure, vaccination campaigns, and health disparity initiatives, as well as broader public health infrastructure improvements and mental health and substance use services.
- On April 1, 2025, approximately 10,000 positions across HHS were eliminated through a formal reduction-in-force action, disrupting programs that include overdose prevention, smoking cessation, and chronic disease prevention,[61] which support PHACCS-related policy initiatives. On May 22, 2025, a federal judge issued a preliminary injunction temporarily blocking any further mass layoffs or reorganization at most agencies, including HHS.[62]
- The U.S. Department of Education has undergone many changes, most notably the termination of about $1 billion in grant funding, including those designed to support school-based health through mental health efforts in K–12 schools.[63] Additionally, the department's personnel were reduced by half, which means states will likely experience delays or will be unable to access guidance or technical assistance needed to implement programs as intended.[64]
- The president's FY 2026 budget request outlined the administration's aims to consolidate HHS's 28 divisions into 15.[65] This consolidation would also create the Administration for a Healthy America (AHA), which would absorb some existing offices and agencies and eliminate others. In some instances funding would be eliminated rather than reallocated.

i For more detailed information about changes affecting federal public health infrastructure, please review TFAH's 2025 report, *Public Health Infrastructure in Crisis: HHS Workforce Cuts, Reorganizations, and Funding Reductions: Impacts and Solutions.*

Under HHS's reorganization proposal, several agencies and centers that align with PHACCS policy initiatives would be affected. For example, the National Center for Chronic Disease Prevention and Health Promotion would be eliminated, and the Substance Abuse and Mental Health Services Administration (SAMHSA) would be absorbed into AHA although much of SAMHSA has already been reduced or eliminated.

- The One Big Beautiful Bill Act (OBBBA) signed into law on July 4, 2025,[66] includes cuts to Medicaid funding and administrative changes (e.g., more stringent work requirements). This bill also includes changes to SNAP, including expanding work-reporting requirements for previously excluded populations, and shifts SNAP program costs to states, requiring that states pay more of the administrative costs for the program.[67] These new eligibility requirements will likely influence the number of children eligible to participate in the NSLP and SBP due to changes in how eligibility is determined for these programs.
- On March 4, 2025, CMS rescinded guidance that supports addressing HRSN through 1115 waivers, including by removing recommendations for screening for HRSN in clinical settings. Even though existing state waivers have not been rescinded, CMS indicated future waiver applications will be reviewed on a case-by-case basis.[68] As such, related HRSN efforts may decline, as states prioritize immediate concerns (e.g., Medicaid coverage for beneficiaries).
- On July 24, 2025, an executive order, Ending Crime and Disorder on America's Streets, directs HHS and the U.S. Department of Housing and Urban Development (HUD) to end support for housing-first policies and review safe consumption sites to understand whether their homelessness assistance or other federal housing units are in violation of federal law, potentially freezing their federal funding.[69] The executive order also indicates that SAMHSA must reassess grant priorities, particularly to discourage harm reduction models. This new order is likely to restrict states' efforts around syringe access and housing-first programs.

Preemption of PHACCS Policies

Previous reports in this initiative highlighted the role of preemption in reducing the scope of related policies. Preemption allows a higher level of government to limit, or even eliminate, the power of a lower level of government to regulate a certain issue. Policymakers can use preemption to promote or hinder public health efforts at federal, state, and local levels. For several PHACCS policies, advocates and supporters face state preemption laws that limit local authority on matters related to public health and that restrict local government innovation to advance health, well-being, and health equity. Preemption efforts on local policies increased substantially during the COVID-19 PHE, including preemption limiting local authority for paid leave policies, smoke-free air policies, alcohol sales, and housing-quality requirements.[70,71]

Examples include:

- **Smoke-free air policies:** As of June 30, 2024, 12 states have laws that preempt local ordinances from restricting smoking in government worksites, private worksites, restaurants, or bars.[72] Seven of these 12 states preempt local action in all four settings. Conversely,

27 states have laws that explicitly allow communities to adopt stricter restrictions than the state standard.[73]

- **Paid leave:** Some states have laws that prevent cities and counties from requiring employers to provide paid sick days or paid family leave, as of July 2025, 18 states have such preemptive laws.[74] For example, while Louisiana provides paid parental leave for most state employees,[75] the state explicitly preempts local governments from establishing any mandatory vacation or sick leave program—whether paid or unpaid—that would apply to private employers.[76]
- **Ban-the-box:** Fair-chance hiring protections such as ban-the-box (BTB) laws give applicants with criminal records an opportunity to be considered for jobs based on their qualifications, not their conviction history. As of 2024, seven states preempt BTB laws, with some states preempting the creation of BTB laws and others preempting jurisdictions from restricting BTB laws.[77]
- **Syringe access programs:** These community-based prevention programs provide a range of services, such as access to sterile syringes, safer drug-use supplies, and education to people who inject drugs. However, several efforts aim to prevent these programs from operating. In some cases, like in El Dorado County, California, localities have attempted to create local bans on syringe access programs. To counteract these challenges, the California Department of Public Health argued that state law preempts any attempts to block these programs, thus a local ban like El Dorado County's cannot be enforced.[78]

Currently, the federal government is also considering federal actions to preempt state regulations.[79] On August 15, 2025, the U.S. Department of Justice and the National Economic Council announced they would be seeking to identify state laws that "significantly and adversely affect the national economy or interstate economic activity."[80] The Trump Administration is soliciting public comment, noting the possibility of using federal authority or new legislation to preempt state regulations.[81] The National Conference of State Legislatures cited bipartisan concern that these actions, in its view, attempt to undermine the authority of state governments.[82]

FIGURE 2. Preemption Example: Mississippi

In 2023, Mississippi introduced a bill that would prohibit public employers from using an applicant's criminal history as an initial barrier to employment.[83] However, the state preempted counties, municipalities, and any other political subdivisions from adopting laws, ordinances, or rules that would establish fair-chance policies, including BTB laws, that could limit job application questions regarding conviction and arrest history and could delay background checks until later in the hiring process.[84] As a result, the state does not have a BTB statewide policy. The 2023 bill failed to pass, and localities are still preempted from passing BTB ordinances, which means that public and private employers can choose whether to include questions about an applicant's record in their job applications.

Laws Limiting State Equity Efforts

The COVID-19 pandemic highlighted health disparities between many groups, as well as across outcomes in housing, education, food access, and occupational safety, among others. During 2020 and onward, many states and communities shifted their attention to adopting laws and practices to address these disparities, including racial disparities.[85] These efforts drew attention to the concept of health equity, which focuses on laws and practices to ensure everyone has a fair and just opportunity to achieve their highest level of health.

Since 2023,[86] some states began proposing or adopting laws that restrict or prohibit efforts, trainings, and other agency actions focused on building diversity, equity, and inclusion (DEI) into government agencies' hiring practices and educational outreach programs. DEI focuses on values, practices, and policies related to ensuring diversity, equity and inclusion at an organizational level. While most laws and executive orders blocking DEI efforts do not directly prohibit health equity or efforts to address health disparities, the result of many of these laws is the incorrect conflating of DEI with health equity efforts.

The threat of negative consequences as a result of this misapplication of executive orders and anti-DEI laws in governmental public health has resulted in a cooling effect to health equity efforts in states. Anti-DEI efforts have reached health departments and other agencies through administrative practices that prohibit funding for equity offices, equity officers, and staff dedicated to certain activities. Yet, a broad range of strategies to address health disparities and inequities remain possible, as health departments have been working to address health disparities for decades and with a variety of organizational configurations and infrastructure.

FIGURE 3. State Equity Example: Tennessee

As of May 9, 2025, Tennessee enacted the Dismantling DEI Departments Act, which prohibits state and local governments and public colleges and universities from maintaining or authorizing DEI offices. The act, however, exempts public health work: "With regard to entities of state government, noting that 'discriminatory preference' does not include: Public health, medical research, or disease prevention programs that use demographic-based outreach for medically substantiated reasons, such as initiatives addressing health conditions that disproportionately affect specific populations."[93] This change highlights how attempts to limit DEI have implications for public health analysis and practice.

At the federal level, several executive orders and memoranda in 2025 aimed to eliminate equity-related efforts and related program funding.[87,88,89] These orders have led to confusion among state and local programs due to stop-work orders, funding pullbacks, program and contract language review, and other directions that aim to limit communities' ability to address disparities. Programs in multiple sectors have been affected by these initial efforts, including housing, transportation, and others that included the word "equity" or related language in their program name or goals. While an injunction was ordered, it was eventually lifted, permitting the administration and Congress to pursue anti-equity efforts throughout government and funding streams for state- and community-operated programs.[90] For example, OBBBA rescinded $2.4 billion in federal funding from dozens of communities' active transportation projects (including pedestrian and bike trails), due to its award being from the U.S. Department of Transportation's recently eliminated Neighborhood Access and Equity Program.[91,92]

State Budget Limitations

A central theme with the passage of OBBBA and the president's proposed FY 2026 budget is the shifting of responsibility from federal to state governments, without providing states the additional resources needed to manage those responsibilities. A survey of state legislative fiscal offices' revenues, expenditures, and other economic indicators showed that many states are still experiencing moderate growth of 2 to 4 percent in their state budgets in 2025;[94] however, with the passage of federal funding cuts to the state-administered SNAP and Medicaid programs, states may have to consider how to provide these services, end them, or adjust program eligibility likely reducing the number of eligible participants. Some examples of how states are responding to federal funding changes are listed on the next page.

STATE BUDGET LIMITATIONS

- **Maryland: Universal Pre-K.** In 2021, the state legislature passed an education reform bill that would help expand prekindergarten access to accomplish universal coverage for 3- and 4-year-olds in the state. The Blueprint for Maryland's Future would also fund other initiatives, such as increases in teacher salaries.[95] The Blueprint is projected to include $3.8 billion in additional tax dollars into public education over the first 10 years.[96] The state now faces a $3 billion budget deficit, mostly due to Medicaid and childcare spending,[97] and legislators are concerned that increases in education spending will continue to increase the state's deficit. Exacerbating this issue, the Maryland Department of Legislative Services estimates that federal SNAP and Medicaid changes will increase state costs by around $100 million in 2026.[98] To address the budget deficit, legislators are considering cutting Medicaid spending and rolling back plans to implement universal prekindergarten for 3-year-olds.[99,100] Despite legislator's efforts to avoid cutting Medicaid funding, the Maryland Department of Health estimates that the state will lose up to $2.7 billion in federal funding and 175,000 Marylanders will lose Medicaid coverage as a result of OBBBA.[101]
- **North Carolina: Healthy Opportunities Pilots.** The North Carolina Healthy Opportunities Pilots was a Medicaid-funded pilot program approved through an 1115 waiver to address health-related social needs. The pilot program focused on providing nonmedical services to address housing instability, transportation insecurity, food insecurity, and interpersonal violence and toxic stress. Since its inception, the project assisted more than 4,000 North Carolinians[102] and an analysis of over 13,000 enrollees showed an average savings of $85 per enrollee per month, or $1,020 per year.[103] Despite the positive cost-saving findings, North Carolina legislators cut funding for the program. Delivery of new services stopped on July 1, 2025, with leaders noting that this was done in an effort to remain fiscally responsible with available resources.[104,105] With the passage of OBBBA, North Carolina will lose a significant portion of federal funding to support its Medicaid program, which expanded in December 2023. This example highlights the interplay of state and federal priorities, and how a lack of federal funding can create challenges to maintaining evidence-based innovative programs, even when they show cost savings.
- **Iowa: Local Food Purchasing Programs.** On March 17, 2022, as a response to the COVID-19 pandemic, USDA launched the Local Food for Schools Cooperative Agreement Program to support access to healthy foods across public schools. The program allocated $200 million for states to procure domestic, local, unprocessed, or minimally processed foods from local farmers and ranchers to distribute them to schools participating in NSLP and/or SBP. Iowa had an estimated $8.3 million allocated in Local Food for Schools funding for the fiscal year 2025;[106] however, in March 2025, USDA announced that the program would end, canceling FY 2025 federal funding. The program's popularity with schools, farmers, and food hubs led to an effort from the Iowa secretary of agriculture. In March 2025, the secretary announced the launch of the Choose Iowa Food Purchasing Pilot Program for Schools,[107] which allocates $70,000 to match schools for up to $1,000 for purchases of healthy foods from local farmers and small businesses.[108] This program shows how as federal funding is reduced, states may shift to develop smaller pilot programs with the goal of sustaining programs proven to work, even if at a significantly reduced capacity.

Conclusion

Public health practitioners and state leaders understand that as the federal policy landscape changes, substantial challenges will continue to present themselves at the state level and in ways that are ending otherwise effective programs and longstanding initiatives. Now more than ever, state leaders and policymakers will play a pivotal role in addressing these challenges with creative and common-sense solutions. State leaders can continue to assess how to support policies that can improve the interconnected social and economic circumstances that shape health and well-being at a population level. At the same time, national partners and collaboration will be critical to effectively support states, especially with the added complexities they now face.

SECTION 2:

Advancing Policies that Create Conditions for Good Health

What's Working for States

As states navigate today's complex policy environments, understanding the experiences of others in similar roles—state leaders, advocates, and government staff—is critical to advancing policies that support the public's health, especially those that require opportunities in other sectors. TFAH aimed to better understand the conditions that allow PHACCS policies to be enacted and implemented to better support state-related efforts. This section summarizes the conditions that contribute to policy adoption and implementation, as well as challenges experienced by state and local advocates and policymakers in advancing PHACCS policies in their states.

FIGURE 4. PHACCS Goal Areas and Policy Domains

Virtual Listening Sessions and National Partner Convening

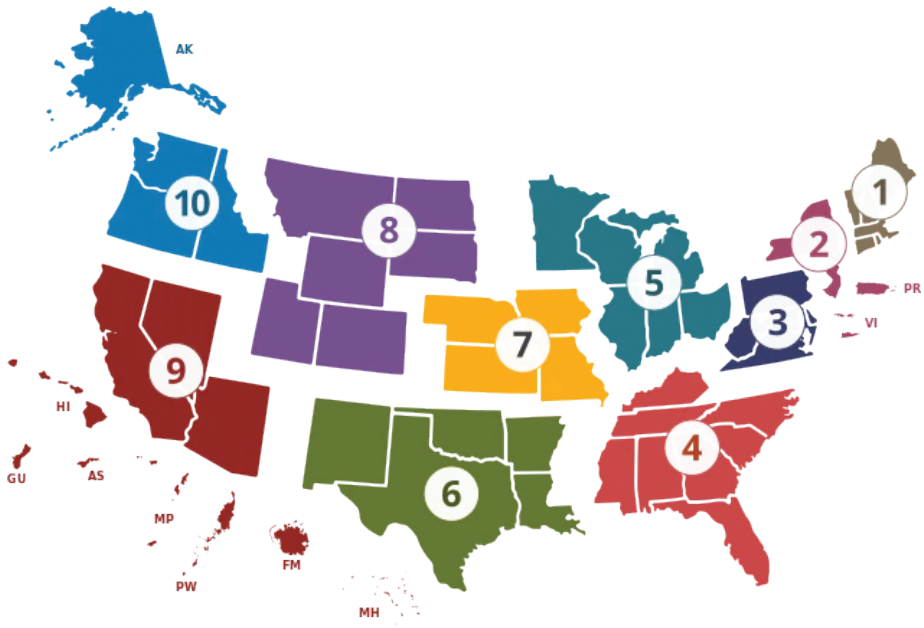
To inform this work, TFAH held a series of virtual listening sessions with entities in each of HHS's 10 regions (Figure 7) in 2024.[ii] Invitees and participants included individuals from policy advocacy groups; direct service providers; local, state, and territorial governments; research institutions; and tribal organizations about their efforts to advance PHACCS policies. The sessions included representation from participants working on each of the 13 PHACCS policy areas and supplemental areas identified in previous reports in this initiative. We convened the sessions by region to account for potentially similar experiences and policy trends.

Participants discussed progress, challenges, and optimal conditions experienced by their communities when working to advance PHACCS policies. Invitees and attendees were also invited to complete pre- and post-

surveys to identify policy priorities and challenges that were most salient to their work, and share the biggest issue facing the state, community, or population they represented. We analyzed and summarized the data to understand trends in participants' perspectives within specific policy areas and within and across regions. These trends included variations in policy efforts; successes in policy advocacy, adoption, and implementation; and participants' general sentiment about the feasibility of adopting these policies.

TFAH hosted a convening of subject matter experts from national organizations representing topical expertise across the policy areas and key populations addressed by the PHACCS initiative. The convening participants were invited to review the aggregated listening session findings from state and local organizations. The convening provided a platform during which the subject matter experts offered their perspectives about needs identified by listening session participants concerning how to advance PHACCS policies. The convening participants also provided insights from their national perspective and those of their membership. During the convening, participants discussed challenges and opportunities for advancing these policies, informed by their own experiences with state partners, and offered their perspective on issues that were not discussed during the listening session. Following this convening, TFAH incorporated the insights from national organizations as additional context and resources for the strategies identified during the listening sessions.

FIGURE 5. U.S. Department of Health and Human Services Regions



Source: U.S. Department of Health and Human Services

These activities were held prior to the November 2024 elections. Afterward and throughout 2025, TFAH followed up with some participants of the listening sessions and convenings, along with other state, local, and national organizations and government partners. We wanted to understand how their perceptions of these strategies may have changed given the sweeping federal changes, which could affect how feasibly these policies could be implemented. We found the strategies and challenges that were initially identified remained the same, and they felt more urgent due to the changes in federal funding and infrastructure and the need for states to quickly adapt.

This section summarizes the insights from these discussions and presents the priorities shared by participants and national partners, highlighting similarities across all policy areas, and identifying considerations for specific types of policies, where appropriate. We highlight strategies that support adoption and implementation of this initiative's policies, challenges faced when pursuing these policies, and highlight state experiences navigating these policies, given recent federal changes.

li On March 27, 2025, the U.S. Department of Health and Human Services announced a proposed restructuring of HHS regions, which would include consolidating its regional offices from the existing 10. As of the publishing of this report, the restructuring has not been authorized.

Strategies that Support Adoption and Implementation of PHACCS Policies

Overcoming the challenges that hinder adoption and implementation of PHACCS policies requires strategies that improve access to funding, align policy goals across stakeholders, streamline bureaucratic processes, and actively build community trust and participation. In this section, we summarize the input and feedback from the listening session participants as potential strategies aimed at creating a more supportive policy environment. The strategies identified by participants and summarized here include (see Table 2):

- Use local and community evidence to support the need for PHACCS policies
- Build effective collaboration across key partners
- Ensure community buy-in for PHACCS policies
- Effectively communicate the importance of an issue

TABLE 2. STRATEGIES THAT ADVANCE PHACCS POLICIES

Theme	Specific Opportunity
Use local/community evidence to support the need for PHACCS policies.	Promote the use of data at all jurisdictional levels, with a focus on using local and neighborhood data.
	Use both quantitative and qualitative data to build a case for lawmakers.
Build effective collaboration across key partners.	Increase collaboration among federal agencies to strengthen connections between state, local, and federal government.
	Increase collaboration across state agencies and with the executive branch to increase success in the enactment and implementation of PHACCS policies.
	Expand coalitions to engage a broader range of stakeholders.
	Collaborate and partner with stakeholders to enhance advocacy and lobbying skills.
Ensure community buy-in for PHACCS policies.	Engage the public in the development, enactment and implementation of PHACCS policies.
	Maximize opportunities to engage the workforce as advocates, particularly in areas such as paid leave and universal pre-K.
Effectively communicate the importance of an issue.	Strategically message the need for PHACCS policies to community members and lawmakers.
	Build effective communication strategies to educate legislators and build long-term relationships with lawmakers.

Use Local/Community Evidence to Support the Need for PHACCS Policies

Having effective evidence was consistently identified as an essential tool to advocate for PHACCS policies. Participants stressed the importance of using both qualitative and quantitative information to build a compelling narrative for policy adoption and to inform policy implementation. Participants also acknowledged challenges around data collection, effective use of data, and workforce and resource limitations that may prevent them from strategically using available data and narrative-building resources. Despite those limitations, participants underscored the importance of collecting comprehensive local data that reflects the experiences of the community and ensures community voices are centered in storytelling. Additionally, participants emphasized the importance of creating feedback mechanisms, which allow the community to validate and create context for quantitative data used by advocates, service providers, and lawmakers. When discussing the use of data for policy adoption and implementation, participants focused on the following:

Promote the use of data at all jurisdictional levels, with a focus on using local and neighborhood data whenever possible.

States can leverage national and local data to demonstrate the existing and potential positive impact of PHACCS policies on communities. Participants emphasized that data can be used to motivate lawmakers and community members to invest in PHACCS policies. They also highlighted the importance of incorporating successes and challenges from other states and national efforts into the narrative to provide insights and offer guidance on how to best implement PHACCS policies where they live. Lastly, there was a strong emphasis on creating feedback loops with community members to ensure that data is grounded in local needs and perspectives. Doing so enhances data and policy impact and fosters stronger support for policy implementation.

Use both quantitative and qualitative data to build a case for lawmakers. One of the most effective advocacy strategies participants reported was the coupling of personal stories with quantitative data. There were many stories of progress being made when those with lived experience used their testimony to provide context for qualitative data used in advocacy. Moreover, effective advocacy movements engaged and empowered the public to use their voices in building the policy narrative. Local stories about how a policy made a tangible difference on an individual's life can be a powerful tool to build evidence in favor of continuing or expanding policy interventions. Participants noted this strategy was helpful for policies like healthy school meals for all, which were temporarily enacted during the COVID-19 PHE.

> "I think federal and national programs could help us most by collaborating on research and data. My great need right now is more data, deeper data, data that is specific to [our state]—but also data from other states as a means to compare and contrast. … That's really where our deepest need is in terms of federal and national support, is for lots of information that we can then go use."
>
> **—Listening session participant representing housing policy**

> "The stories are so important. But you have to bring in data together! This makes sure that the data has a face, and the stories [don't] get dismissed as one person."
>
> **—Listening session participant representing Earned Income Tax Credit policy**

> "The organizations that I've seen really be impactful during legislative sessions are the ones that pair the lived experiences of people with their research. That is a really, I think, powerful combination that I've seen work really well."
>
> **—Listening session participant representing a social determinants of health coalition**

Effective Communication

Strategically message the need for PHACCS policies to community members and lawmakers. Participants noted that addressing misconceptions and false claims about PHACCS policies can remove barriers to policy implementation. Housing advocates discussed reframing the causes of the housing shortage as crucial to securing community support, for example. Participants representing Complete Streets policies shared that community members initially resisted initiatives that reduce traffic flow in exchange for enhanced pedestrian protection; however, advocates and researchers working on these policies have found success by emphasizing these policies' positive impact on child safety. Advocates working to advance policies in the PHACCS initiative can use existing and vetted tools that help build strategic communication activities that are simple, relevant, engaging, and can more effectively reach key audiences. Several organizations have invested in communication tools (e.g., Big Cities Health Coalition, the deBeaumont Foundation, Frameworks Institute, etc.) to provide research-supported strategies that are responsive to the current political climate and the need to garner bipartisan support for policies.

Build effective communication strategies to educate legislators and build long-term relationships with lawmakers. Advocates face ongoing challenges in educating legislators about some PHACCS policies when legislators are less informed about long-term cost savings that can be acquired through these policies. Additionally, advocates report restarting their efforts after losing momentum when legislative policy champions are lost through retirement. However, participants reiterated that this challenge is also an opportunity to develop effective communication strategies that both educate lawmakers and foster long-term relationships. For example, establishing routine educational opportunities through education sessions on policy topics can help advocates engage lawmakers in bipartisan conversations and prioritize a policy issue for legislators. As participants noted, demonstrating the universality of an issue—showing how it impacts everyone regardless of geography, race, ethnicity, or background—can be a powerful strategy for gaining support and buy-in from lawmakers.

> "When we have something that we're advocating for that would benefit rural and urban constituents, that's really helpful in being successful."
>
> **—Listening session participant representing smoke-free policies and Medicaid expansion**

> "We are so relationship-driven, and it takes so long to establish relationships that sometimes, many times, the policymakers are not as comfortable and as open with new people from outside of the state as they are with the folks they've been talking to for the past decade or two."
>
> **—Listening session participant representing housing advocacy**

> "The role of champions in the jurisdiction's public health department helps get things done is important. But they need support building relationships between advocates and public health [in the] long term. Legislative staff you need to champion at the state level, but also career staff; elections come and go, but staff will be around for years."
>
> **—Listening session participant representing public health advocacy**

Build Effective Collaboration Across Key Partners

Building and sustaining effective collaboration is essential for advancing PHACCS policies and can be accomplished even amid differing political views. Participants noted that upfront investments in building structures for effective collaboration can counteract the current polarized political landscape. To begin this process, participants noted that coalitions should identify a key partner to align a collective vision in the implementation of both internal and external-facing strategies to ensure effective collaboration. Other important steps mentioned included identifying common goals between vested partners, generating a unified framework for addressing a policy issue, and aligning policy actions across their coalitions. Across regions, participants agreed that coalitions must include a wide range of partners to navigate political and policy challenges and create a more cohesive and effective advocacy strategy.

Increase collaboration between federal agencies to strengthen connections between state, local, and federal government.

Participants emphasized the role of the federal government in fostering collaboration and coordination across agencies. When discussing equity-related work, participants noted that agencies must develop collaborative strategies rather than operate in silos. In the wake of substantial federal infrastructure losses, follow-up discussions have noted this step is still critical but increasingly difficult.

Increase collaboration across state agencies and with the governor's office to increase success in the enactment and implementation of PHACCS policies.

Many participants recognized the interconnectedness of PHACCS policies (e.g., how housing affects food access) and believe that greater interconnectedness between state agencies is essential to the success of PHACCS policies. As some state agency participants noted, this work is easier when agencies collaborate, which promotes innovation and accountability when advancing these policies in their communities. Additionally, participants noted that collaboration with the executive branch through the governor's office can help create synergy across the state to advance and uplift PHACCS policies. In many cases, governor's offices can create cross-cutting workgroups or create new offices and initiatives that break down silos between state agencies. For example, in response to the state's substance use and overdose crisis, Indiana developed an executive position, the Executive Director of Drug Prevention, Treatment and Enforcement, reporting to the governor's office,[109] coordinating overdose prevention and intervention activities across the state, and bringing together a multidisciplinary commission to address this issue.[110]

Expand coalitions to engage a broader range of stakeholders.

Many participants highlighted the importance of multisector coalitions that reflect all possible voices in a community. Participants across regions and policy areas consistently shared the value of engaging community-based advocates and the business sector, including local chambers of commerce, and other nontraditional partners in the policy advocacy process, underscoring the importance of broad, collective support for

PHACCS policies. Participants representing groups with limited political capital (e.g., immigrant communities) called special attention to the challenges of building coalitions in support of their communities and urged partners to devise approaches to include these voices and advance issues that impact those communities.

Collaborate and partner with stakeholders to enhance advocacy and lobbying skills.
Participants noted that some public health advocates may not be well-informed on the difference between advocacy and lobbying. An initial step in building the capacity of advocates to engage meaningfully with lawmakers is to engage community-based organizations and other advocacy organizations on what can be done outside of formal lobbying. Often, organizations may be hesitant to engage in advocacy efforts, even if they are not considered lobbying. This hesitance may be due to a misunderstanding of advocacy relative to lobbying as well as general hesitancy to engage in such activities.

Participants who regularly engage in advocacy noted that public health department staff, grassroots organizers, and community members can focus on educating lawmakers on how PHACCS policies can help address issues in their communities. Participants in roles that prohibit them from engaging in lobbying activities noted that they can explore opportunities to partner with organizations leading campaigns that include lobbying as part of their strategy. In those cases, partnering with experienced lobbyists in their issue area can lead to more effective advocacy.

"We also had a really big defensive effort on the criminalization of homelessness. … We had to defeat different iterations of that bill. It took really creative coalition-building. Not just with housing advocates, but I think what made it really successful was bringing in law enforcement, the Sheriff's Association got public on this. Faith groups coming to the front. That was a big effort."

—Listening session participant representing housing policy

"We worked with partners to mobilize families and childcare workers and connect them with their state legislators. We expanded the childcare bipartisan coalition to help catalyze the bill's passing. We also brought in the business community and chamber of commerce partners to support the bill and had champions in the state Chamber of Commerce to take on childcare as a top priority for this year. They made direct calls to offices to help gather votes for the bill to make it to the state Senate and developed an economic impact report highlighting data for districts, which was used as an advocacy point to bolster childcare."

—Listening session participant representing childcare and universal pre-K

Community Buy-In

Engage the public in the development, enactment, and implementation of PHACCS policies.
Participants emphasized the importance of enhancing policy literacy to ensure the public understands how policies directly impact their lives and communities. Attendees underscored how equipping individuals to advocate for change strongly influences lawmakers' understanding of how PHACCS policies can support their constituents. As a convening participant noted, prioritizing public buy-in fosters trust and support for public health policies, which is essential for their implementation, long-term success, and sustainability. One participant noted that public health rulemaking is an area primed for involvement from the public. Specifically, there are opportunities to engage residents in defining an issue, assessing need, and participating in the decision-making process through feedback mechanisms. These efforts then empower communities to use their voice and to support advocates, community members, and policymakers to learn and share knowledge.

Maximize opportunities to engage the workforce as advocates, particularly in areas such as paid leave and universal pre-K.
Participants shared that involving the workforce of a policy area is also critical to show how a policy can support children and families and promote economic opportunities for thriving. Moreover, partnering with a policy-specific workforce can help engage the business sector as key partners, illustrating the many ways that a policy can benefit both constituents and the broader economy.

> "To have a $1 tobacco tax increase was done because of all the grassroots coming together, … all those organizations, local and national, coming together and pushing for it. This was something that I don't think at that point, nobody thought we could have done, but it happened because of those grassroots movements. I would definitely say that was one of the things we've seen make a change, is the power of local people."
>
> **—Listening session participant representing tobacco pricing strategies**

Challenges in Adopting and Implementing PHACCS Policies

Participants identified several challenges that prevent advancement or effective implementation of PHACCS policies. Their feedback about challenges showed: (1) many of these challenges are cross-cutting and not always tied to specific policies, and (2) some PHACCS policies may face challenges unique to the specific issue area.

Participants also highlighted that many obstacles go beyond individual policies and reflect a broader shifting policy landscape. They noted that the policy environment has generally shifted from one that expanded programs and offered federal fiscal support to one with less government spending and some reduced effort toward addressing systemic community issues—a shift that became more pronounced through executive and administrative decisions throughout 2025.

In the listening sessions and convening, community advocates, state leaders, and national organizations working in these areas reported that they still face significant obstacles from the COVID-19 PHE. These issues include funding cliffs for public health and other programs funded during this time, and public distrust of government officials. Participants also mentioned that both growing distrust of government institutions and a polarized environment present substantial barriers to policy progress.

Participants identified the following key challenges, summarized in Table 3:

- Inadequate funding mechanisms and allocations to support PHACCS policies
- Difficulty developing a policy agenda that connects with all partners
- Barriers in the administrative process and legal system
- Lack of community buy-in and participation

TABLE 3. CHALLENGES IN ADVANCING PHACCS POLICIES

Theme	Specific Opportunity
Inadequate funding mechanisms and allocations to support PHACCS policies.	Lack of initial, sustained, and long-term federal investment in PHACCS policies.
	Funding PHACCS policies is a costly endeavor for states, especially without providing additional resources.
	Lack of flexible funding mechanisms in governmental and private funding opportunities.
	Unwillingness of some states to access all available funding due to lack of awareness of existing funding, logistical and technical problems.
	Dwindling tax revenue, especially as states take on more responsibilities without increasing their taxes or taking on debt.
Difficulty developing a policy agenda that connects with all partners.	Difficulty communicating the importance of an issue or its benefits to a jurisdiction.
	Making the case requires resources and relationships with community members, policy champions, and policymakers.
	Existing policy focus may not reflect the needs of the community.
Barriers in the administrative process and legal system.	Lack of enforcing administrative compliance once policies are in place limits policy effectiveness, maintenance and impact.
	Fragmentation between state agencies prevents cross-agency coordination and limits wider reaching impacts and improvements.
	Preemption at the state and local level can limit advocates' ability to advance policy agendas.
	States without direct democracy efforts can restrict advocates' opportunities for policy adoption.
Lack of community buy-in and participation.	Policy literacy is a significant barrier for communities to engage in the policymaking process.
	False claims and general mistrust of science hinder buy-in from community and policy makers.

Inadequate Funding Mechanisms and Allocation to Support PHACCS Policies

Attendees identified funding as a critical challenge to advancing PHACCS policies considered to have high price tags, such as healthy school meals for all and universal prekindergarten programs. Participants noted that lack of funding for these policies is experienced from federal, state, and local levels, and hinders efforts to advance policy goals and address community needs. Specific concerns around funding include:

Lack of federal investment in PHACCS policies.
Participants noted that federal funding has not kept up with states' needs to adopt, sustain, or expand essential programs or initiatives, including those addressing PHACCS policies. This lack of investment limits what many states can do. While some states may be able to allocate a certain level of funding to advance and enforce PHACCS policies, federal investments are often needed to set up the initial infrastructure to implement such policies. Participants noted that federal investments signal that a supportive environment exists for states to adopt laws and allocate funding to implement and monitor PHACCS policies. States are now facing less investment in many of these policy areas, further complicating advocates' and agencies' policy goals.

Funding PHACCS policies is a costly endeavor for states.
Participants noted that state funding challenges exist due to (1) the need for large funding investments for initial infrastructure and (2) the requirement of a federal match for implementing or sustaining a policy. The implementation and sustainability of these policies can be difficult when states must make large upfront investments. While there is evidence that these policies can be both cost saving and demonstrate a significant return on investment, the initial price tag for some of these policies can be too costly for states in the near term. This issue is especially pressing for states dealing with diminished state revenue and large deficits.

Lack of flexible funding mechanisms.
Funding restrictions limit how states and localities combine multiple federal funding streams to improve outcomes in their communities. Many grants and other federal funding mechanisms include restrictions, such as categorical funding, that reduce or prohibit the braiding or blending of funds. This means that states and localities are restricted from bringing multiple funding streams together to support their communities and meet their needs in a creative and responsive way. As an example, a harm reduction advocate noted that limitations in funding flexibility prevent them from blending funds from different grants to implement more comprehensive harm reduction strategies that would serve the most vulnerable populations.

Unwillingness of some states to access all available funding.
In scenarios where federal funding is available to advance PHACCS policies, there have been instances where some states and localities did not use or seek out all available funding. This inaction may be due to lack of awareness of existing funding, logistical and technical problems managing funds, a perception that the state is already meeting a need with an existing program, challenges meeting federal reporting requirements, lack of state flexibility in how funds can be used, or general unwillingness to

participate in a federal program. This means that states and localities may miss federal funding and programmatic advancements that align with efforts to meet their communities' needs. For example, 14 states that chose not to participate in the Summer Electronic Benefit Transfer (SUN Bucks) in 2024 listed many of the explanations above as reasons not to participate in this program.[111] This means that many children lost access to nutritious meals offered at no charge to participants when school was not in session.[112]

Dwindling tax revenue.
The lack of state revenue may limit state legislatures' desire to spend funds on social programs that would require state funding allocations from year to year, such as school meal programs. For example, participants in states without a state income tax reported an unwillingness to implement new taxes, or for states working to manage their debt, there may be a general unwillingness to acquire new debt. Concerns over the availability of state funds highlight why those looking to implement PHACCS policies may rely on federal investments to move them forward. OBBBA, signed into law on July 4, 2025, will lead to significant SNAP and Medicaid cuts. States will now have to fill in the gaps of providing these services and are likely to face new challenges in their state budgets.

"[In 2025], federal funding is no longer stable for active transportation and public transportation projects, which is a problem, because [our state] provides minimal state-level funding to supplant what was lost. [Our state] has no statewide active transportation plan, and we believe this also impacts our state's ability to leverage existing funding to maximize Complete Streets/active transportation improvements."

—Listening session participant representing Complete Streets

"The biggest barrier to pursuing certain policies is the lack of federal funding. We heavily depend on the federal government for funding. … You find a legislature may pass laws and rules; they don't usually apply funding to the policy itself."

—Listening session participant representing housing policy

Difficulty Developing a Policy Agenda that Connects with All Partners

Across all regions, there was consistent feedback about the importance of rallying behind a policy agenda that is both responsive to community needs and reflects lawmakers' policy priorities. However, many participants said that developing such an agenda is difficult, especially without a state or local champion leading public health initiatives. The challenge in connecting the need for policy change with multiple partners (e.g., the public, lawmakers, and the public health workforce) is particularly difficult when there is little to no alignment with a legislative or gubernatorial policy agenda. Specific concerns around creating a cohesive policy agenda include:

Difficulty communicating the importance of an issue.
Participants noted that it can be difficult to create policy arguments about the state and local benefits of PHACCS policies. They shared that in some scenarios, legislators may be hesitant to establish new programs (e.g., school meal programs) even with evidence of high return on investment. In other circumstances, lawmakers may not see the benefit of expanding a policy's reach when they are unaware or unconvinced of the cumulative successes from enhancing or expanding a program (e.g., smoking flavor bans leading to reduced tobacco-related deaths) and the need to keep momentum in that policy area. It can be challenging to communicate the importance of a particular issue if the public does not perceive it as urgent or directly impacting their lives. For example, Complete Streets policies like traffic-calming measures (e.g., such as speed bumps and shared streets that integrate pedestrians, cyclists, and vehicles into a single space), might not resonate with drivers who do not also participate in non-motorized transportation. Participants noted both the importance and the challenge in creating a narrative that makes a clear connection between the public benefit and the cost savings and health outcomes that can be achieved through PHACCS policies.

Making the case requires resources and relationships.
Participants noted that when working for policy adoption and implementation, they must frame the goals and benefits of a policy to maximize support from multiple partners. This process requires access to quantitative and qualitative data, as well as an understanding of the communities' needs. However, community and stakeholder engagement is often time-consuming, costly, and requires ongoing commitment. For many states and localities, this process becomes challenging if they lack the resources to make engagement meaningful and mutually beneficial. However, participants noted that effective issue-framing is pivotal for explaining the benefits of a policy, gaining support, and driving policy adoption and implementation forward. For example, a participant from Massachusetts noted that framing the benefits of increasing the EITC match rate to impact health outcomes was more effective than framing it as solely a workforce or economic issue. Doing so allowed the state to increase its EITC match rate from 30 percent to 40 percent in 2023 and include survivors of intimate partner violence as EITC recipients.[113,114,115]

Existing policy focus may not reflect the needs of the community.
Participants shared that lawmakers' policy priorities may not always align with the issues that are important to

their communities at the local, state, and federal levels. They noted that as a result, lawmakers' policy agendas may not reflect what communities believe are their own relevant policy priorities. There may be resistance to change to address emerging needs and a desire to maintain the status quo. As such, advocates in these policy areas face hurdles in advocating for new or promising evidence-based policies and instead must focus their efforts on protecting existing public health policies that have shown proof of success. For example, a listening session participant discussing early childhood education noted that several legislators in her state based their understanding of early childhood policies on their past personal experiences instead of the current reality of their constituents.

"Public support for an issue does not equal support from legislators."

—Listening session participant representing Complete Streets

"With universal pre-K and paid parental leave, the thing that pushed it over the edge was talking about workforce. Eighty-nine percent of parental participants report that [the] program allowed them to go back to school or go to work full time. Workforce is the thing that makes legislators pay attention. We brought in voices from every side of the issue: women's rights, state employees, early childhood providers, religious institutions, all came together, set aside their differences to work in concert to get this done, which does not happen very often."

—Listening session participant representing early childhood education and paid leave

"It's a challenge to make elected officials feel that their experience applies to any policy that groups are pushing for; many legislators were raising children in a very different context. And for a lot of our elected officials, they had children in the 1990s, where you could more easily have a one-income household…So, it's really all about, how can I get this legislator to think [about] early care and education outside of what they experienced themselves? Because if it's outside their reality, it's just not happening."

—Listening session participant representing early childhood issues

Barriers in the Administrative Process and Legal System

Challenging administrative processes—namely the rules and guidance needed to implement policy—limit state efforts to advance PHACCS policies. Participants noted many challenges, such as difficulty with administrative policymaking, contracting, and invoicing and reimbursement, all of which dictate how state and local policy is adopted and implemented. These challenges have become more complicated as federal administrative changes affect state administrative decisions. At the same time, they mentioned that administrative policymaking has become politicized in many states, which delays policy implementation and creates uncertainty about the future of these policies. This means that states may encounter legal barriers limiting policy adoption. Specific concerns around barriers noted by participants include:

Lack of enforcing administrative compliance once policies are in place. Participants observed a lack of consistency in implementation and enforcement of new policies. Often, the responsibility for administrative policy development, implementation, and interpretation of policy for enforcement is left to individual jurisdictions. Enforcing agencies can help advance policy by setting clear expectations of minimal standards and outcome-based results to maximize positive local impact through policy change.

Fragmentation between state agencies prevents cross-agency coordination and limits wider-reaching impacts and improvements. Participants noted that when agencies work in isolation on policies that require collaboration, such as those promoted by PHACCS, it reinforces silos and undermines efforts to achieve whole system improvements, preventing agencies from focusing on systemic solutions.

Preemption at the state and local level limits advocates' ability to advance policy agendas. Participants noted that states have used preemption to limit policy efforts, especially when it comes to many PHACCS policies that create opportunity for economic well-being (e.g., paid leave) and promote healthy behaviors (e.g., alcohol and tobacco taxes) among other policies.[116,117] As more states preempt cities and localities from passing laws that exceed a state's established limits for a policy, advocates are limited in their policy reach. Nationwide, state legislatures, jurisdictions, and local governments continue efforts to restrict local government authority, including in public health.[118] Participants reiterated the importance of supporting state and local agencies to ensure they are equipped to defend the legal authority that allows them to protect the public.

Limitations in direct democracy efforts. Some participants discussed that in their state, citizens are unable to advance or enact policy changes through ballot initiatives, which allow citizens to propose new legislation or revise existing legislation. Direct democracy efforts, meaning the political process where citizens engage in democratic decision-making rather than acting indirectly through elected officials, have been effective at advancing policies that impact population health.[119]

For example, ballot initiatives led to the passing of Medicaid expansion in Missouri in 2020[120] and the passage of paid leave laws in Missouri, Alaska, and Nebraska in 2024.[121] Participants from states that can use direct democracy approaches mentioned the effectiveness of ballot initiatives in advancing certain policies. In contrast, participants from states prohibiting ballot initiative processes, referendum processes, or both noted that the absence of direct democracy approaches limits their ability to advance policies that have public support but may be unpopular among legislators. Yet, even when policies are adopted through direct democracy, the rulemaking process may result in a revised or amended policy that differs from the ballot initiative or referendum as approved by voters. In a recent example, Missouri's paid sick leave law was repealed in 2025, with its initial coalition hoping to reinstate the benefit through a petition for a constitutional amendment.[122]

"I've seen instances of petitions putting pressure on … politicians around citizen ballot initiatives that have put pressure on local and state governments. And I've also seen legislators act completely in the wrong direction to actually prevent a ballot initiative from happening, or preempting something to make it make it illegal, or to change it all together."

—Listening session participant representing a civic advocacy organization

"Like many states, we rely on IRS for audits and to give us data-sharing information for our tax system. The whole tax system runs on IRS data. But because the IRS has cut so many auditors, we can no longer rely on the IRS for a lot, and we could see a revenue reduction."

—Listening session participant representing tax policy

"We had to pivot with the administrative changes to USDA and the state budgetary impacts. The federal reconciliation bill will strain our safety-net programs, especially SNAP and Medicaid, and that has a ripple effect on free and reduced-price school meal eligibility and participation."

—Listening session participant representing healthy school meals

Lack of Community Buy-In and Participation

While participants across regions noted the importance of community engagement in the policy process, they also acknowledge the many challenges involving community members. State advocates acknowledged that communities can be disengaged in the policymaking process not always out of their own volition but due to historic disenfranchisement, mistrust in government, economic barriers, and lack of awareness in policy impact on their own lives. Building political capital through mobilizing community support for PHACCS policies takes time. Overall, participants noted that the absence of community action limits the types of partners who are engaged in advocacy and policy adoption. They highlighted both the importance and the impact that having diverse voices speak to policy importance can have on lawmakers. Some specific concerns about community buy-in and participation noted by participants include:

Policy literacy is a significant barrier for communities to engage in the policymaking process. Limited access to time, resources, and knowledge needed to understand policy and policymaking can limit an understanding of how policy decisions impact our lives. Participants working in advocacy noted the importance of community empowerment in their work, meaning that they must help communities establish goals, make decisions, devise policy strategies, and help ensure the implementation policies that reflect their needs.[123] Participants are aware that family schedules, inflexible work schedules, and accessibility issues are often barriers to civic engagement. They highlighted that using plain language when speaking about PHACCS policies and using a wide range of strategies to provide opportunities for nontraditional engagement can be important in building community empowerment.

False claims about public health and general mistrust of evidence. The spread of false claims has led to increased skepticism, hostility, and a lack of trust in officials and agencies, creating a difficult environment for advocates, especially in public health. Participants shared observations of community members' susceptibility to false claims about certain issues and potential solutions. As some participants noted, personal beliefs regarding policy may often prevail over research to the contrary. This trend, they mentioned, undermines data, science, and evidence in the policymaking process and limits community openness to policy solutions. One participant working to implement a transportation project in her community shared that mistrust and false claims about the project affected community approval for the project.

> "One of the reasons we see a lack of infrastructure changes is because the motoring public doesn't want to decrease their speeds, even in a school zone, even where there's children and crossing guards working. There is definitely a culture of 'It's my right as a driver to speed where I want.'"
>
> **—Listening session participant representing Complete Streets**

> "We're actually really lucky … for the new [federal] transportation bill, where they're giving help to organizations with no match funding allocation required to promote the work. … I would say we need public buy-in. There can be some really odd citizen opposition to [Complete Streets]."
>
> **—Listening session participant representing Complete Streets in 2024**

> "Facts and truth don't matter. Whatever they want to believe is truth is now the truth. Even if that's directly in opposition to what science and just basic research says."
>
> **—Listening session participant representing Medicaid**

Cross-Cutting Issue: State Policy and Political Environment

A consistent, cross-cutting theme was the growing political, cultural, and economic resistance to expanding public programs that create opportunities to improve population health, even when they benefit communities with the most need. As participants noted, concerns about limiting government reach and spending have in some places created environments where it is difficult to engage in bipartisan policymaking. Some participants remarked on the growing focus on incentivizing individual responsibility, which can make it more difficult to adopt policies that address larger systemic issues that are outside of an individual's choice. The increasing skepticism toward science, evidence, and government authorities was mentioned as a further complicating factor that affects efforts for advocates to promote evidence-based solutions.

Participants noted that reducing government involvement often contradicts advancing PHACCS policies, which rely on federal and/or state direction to implement the effort. The preference to reduce the reach of government is often driven by general beliefs in minimal government involvement in programs rather than opposing a specific policy. Participants perceived that regardless of the policy and related details, both policymakers and members of the public may hesitate to expand governmental support for children and families.

Moreover, participants highlighted that they are often limited in what types of evidence-based policies can advance in their state and local environments. When faced with political philosophies emphasizing local control and individual choice, they said it can be difficult to advance policies that benefit an entire community. Specifically, legislators and their community members may prefer to focus on providing temporary aid focused only on individuals most in need.

For example, a participant mentioned their state legislature's resistance to adopting wider-reaching school meal programs. They were concerned about programs inadvertently paying benefits to families who do not need assistance and how that might result in increased government spending and greater government involvement on behalf of individuals. Similarly, participants noted that some state leaders have been hesitant to initiate or expand harm reduction policies, believing those policies encourage rather than prevent adverse health outcomes and do not hold individuals sufficiently accountable for their actions.

Lastly, participants discussed how industry lobbying can have wide-reaching effects, including deterring policymakers from improving community health through policy. As participants said, strong lobbying from industry stakeholders creates political opposition to PHACCS policies, building oppositional narratives without evidence for these beliefs. Efforts include considering and enacting model legislation opposing these policies, and that these activities have substantially increased in recent years. For example, a participant working in housing policy shared that the increased involvement of realtors and private developers opposing affordable housing has affected their ability to advance housing policies (e.g., rent stabilization, eviction supports) that address the escalating housing crisis in their state.

Examples of Navigating the Current Environment:

TFAH highlights two examples of states with different experiences advancing policies promoted by PHACCS and highlights how those experiences align with the strategies and challenges highlighted throughout this report. We spoke with groups working in each state to learn about what strategies can support adoption and implementation of each policy.

SCHOOL BREAKFAST FOR ALL: ARKANSAS SUCCESS STORY

In 2023, Arkansas enacted a law eliminating co-payments for students qualifying for reduced-price meals, which made breakfasts and lunches fully free for low-income families.[124] Building on that work, in February 2025, the governor signed into law a bipartisan bill that guarantees free breakfast to every public school student regardless of income eligibility, beginning in the 2025–2026 school year.[125] It's estimated that the cost for implementing free school breakfasts will cost the state approximately $14.7 million annually, which will be funded through the Food Insecurity Fund. This fund pools monies from general revenue, private grants, and medical marijuana taxes.[126,127] Despite concerns from some in the state about growing government spending, the bill received bipartisan support and is seen as a win for the state, which faces one of the highest rates of food insecurity in the nation.[128,129]

Use Local/Community Evidence to Support the Need for PHACCS Policies

A tipping point that helped the Arkansas school breakfast policy action was a 2023 USDA report on food insecurity. The report showed Arkansas ranked as the number one state facing food insecurity in the country.[130] As noted by advocates, back in 2010, a similar ranking by USDA was the impetus of the No Kid Hungry Campaign, and in 2023, this ranking became a renewed focus in their efforts to push the issue forward.

Advocates noted that they have substantial anecdotal evidence from principals, teachers, and others involved in schools that students' behaviors, attention, and tardiness improve once they have access to a healthy school breakfast. While national research supports those observations,[131] they still lack data specific to Arkansas, making it difficult to build the case for their legislators. With the launch of the free school breakfast policy, they have partnered with a college of public health in the University of Massachusetts system to understand the connection between access to universal breakfast and improved outcomes at the local level.

Build Effective Collaboration Across Key Partners

The programs director at the Arkansas Hunger Relief Alliance Breakfast worked with school districts across the state, ensuring that all childhood nutrition directors in the state also became advocates for the bill that would establish a healthy school breakfast for all. The team expanded their coalition to include advocates, child nutrition directors, school district leaders, and legislators who were willing to speak up on the policy.

SCHOOL BREAKFAST FOR ALL: ARKANSAS SUCCESS STORY

When the new governor was elected in in 2022, advocates saw this as an opportunity for a new champion at the state level. Advocates noted a renewed willingness to find affordable solutions to well-being, like addressing food insecurity, noting, "This was the first time we had a mom in the role of governor who was also interested in finding solutions to address food insecurity." They began advocating for several policies, including eliminating school meal co-pays and taking advantage of the summer EBT program as steps to ensure that state leadership understood that child hunger can be addressed at the state level.

They also noted that in addition to the governor, they had support from people on both sides of the aisle willing to work together. State legislators were motivated to make the governor's priority happen, working together with members of the General Assembly's finance committee to find a funding source.

Effectively Communicate the Importance of an Issue

As advocates look to expand this policy to include free healthy school lunches, they aim to obtain school-level data, rather than district-level data, to show the impact the policy is having across the state. They note that the state senate budget chair has served as a champion of the policy, but is term-limited. Advocates are preparing to produce data from this initial year of implementation to show increased program participation and other benefits of the policy to build support among legislators.

Inadequate Funding Mechanisms and Allocations to Support PHACCS Policies

With the 2025–2026 school year being the first year of the policy,[132] many questions remain about what implementation and participation will look like throughout the school year and the future of free school lunches. Despite the strides the state has made, advocates agree that federal funding for free school meals would be a significant breakthrough to address food insecurity and childhood hunger in Arkansas. Additionally, they are concerned about the impact of new SNAP and Medicaid policies passed through OBBBA, which could affect access to the community eligibility program and decrease direct certification through SNAP and Medicaid.

> **"We had people on both sides of the parties working together, saying we have to do something about this. … They worked together and saw that the governor wanted this, and they said, 'We can make that happen.' People outside of the political realm said, 'This isn't about politics; it's about kids.' … It was a victory for all, not one party or other."**
>
> **—Interviewee from Arkansas**

CLOSING THE CASINO LOOPHOLE: NEW JERSEY'S SMOKE-FREE POLICY

In Atlantic City, New Jersey, smoking bans in casinos have become a point of contention. During and following the COVID-19 pandemic, some casinos and their employees expressed support for maintaining indoor smoking restrictions.[133,134] Members of the Atlantic City casino workers' union raised concerns about their leadership's opposition to these restrictions, citing a lack of action to protect workers from secondhand smoke.[135] Although the court ruled against the smoking ban, efforts to protect the health of casino workers continue in the state.[136]

Growing Political, Cultural, and Economic Resistance to Expanding Public Programs that Create Opportunities to Improve Population Health

As they have done previously, legislators in both the State Assembly and the Senate have introduced legislation to close the casino smoking loophole; however, the bill has stalled for the 2024–2025 legislative session.[137] With 33.9 percent of the population in Atlantic City facing poverty,[138] advocates and state leaders note several challenges to advancing smoke-free policies in casinos, including businesses' concern for its impact on jobs, potential negative effects on tax revenue, and community concerns about potential economic impacts in an already financially strained region in the state.

Inadequate Funding Mechanisms and Allocations

Advocates and public health leaders hope to expand the state's smoke-free policy, but they are faced with limited federal funding for tobacco prevention and cessation work. The New Jersey Department of Health's work on tobacco prevention is supported by state funds, but like other states, it still relies on federal funding that is at risk due to funding cuts, changes to CDC structure, and development of HHS's newly proposed Administration for a Healthy America.

Barriers in the Administrative Process and Legal System

In September 2024, the New Jersey Superior Court dismissed a case from casino workers who sought to remove the exemption for casinos in the New Jersey indoor smoking law, which bans smoking in virtually every workplace except casinos.[139]

Promote the Use of Data at All Jurisdictional Levels with a Focus on Using Local and Neighborhood Data

As advocates continue to push for a casino smoking ban, they have tapped into local data to show proof that the community supports this effort. A poll from 2023 found that 74 percent of adults say they're more likely to visit an entirely smoke-free casino, while only 26 percent were less likely. The regional poll also showed that Pennsylvanians (76 percent) and New Jerseyans (71 percent) living in the Philadelphia area are also more likely to visit a casino if it is smoke-free. Using this data, advocates continue to build a case demonstrating that Atlantic City casinos could benefit from establishing a smoke-free policy.[140,141]

Ensure Community Buy-In for PHACCS Policies

New Jersey advocates have been working to maximize opportunities to engage the workforce as advocates in the fight to close the loophole in New Jersey's Clean Indoor Act. The Casino Employees Against Smoking Effects (CEASE) has been leading the cause to ensure smoke-free protection to casino workers. The casino workforce saw benefits from a temporary moratorium on smoking in casinos during the COVID-19 pandemic and are working to return the restrictions to limit their exposure to second-hand smoke.[142]

The Future of New Jersey's Smoke-Free Efforts

As a home-rule state, New Jersey gives municipalities power, including to strengthen their local smoke-free policies to include flavored tobacco bans, as well as cigar tasting bans, among other policies. Opportunities may exist for municipalities to close loopholes in the state's smoke-free policy at the local level through ordinances.

"Casinos are always trying to stop these smoking bans, but there's always momentum from advocates. It's constantly being brought up on the legislative floor, every single session it gets brought up but doesn't get voted in. That's a big problem. There's always a new bill, the unions are coming and wanting it. While it's unlikely to happen soon, it will happen eventually. But you have to change the culture. Culture influences everything."

—Interviewee from New Jersey

Conclusion

Even though many states are facing an unprecedented policy environment that is not conducive to adopting PHACCS policies, some states have continued to make progress in adopting them. The future of these policies and their implementation remain unclear and the full extent of ongoing federal funding cuts on state budgets and priorities is not yet known. While public health practitioners, policy advocates, community members, and policymakers may be pulled in many directions, some policies—such as paid sick and family leave (especially for state employees and teachers), addressing hunger by increasing access through healthy school meals for all, and increasing housing accessibility—remain bipartisan policy issues that are gaining traction in states with Republican and Democratic administrations.

In the next few years, state legislatures will have to continue to play an even more active role working with state agencies to prioritize policy priorities, to coordinate applying for and allocating federal funding when available, as well as to plan for sustainability of programs funded by those limited resources. This will continue to be a key moment for advocacy by public health leaders to collaborate with other sectors and organizations to pool resources and address the needs in their communities. These leaders will have an opportunity to focus their advocacy on policies, such as those in this initiative, which have shown return on investment to address the social and economic circumstances that shape community health and well-being.

Progress and Highlights of PHACCS Policies

This section highlights trends in the state-level adoption of the core 13 PHACCS policies since initial PHACCS report in 2019, including summarized and updated evidence of the health and economic benefits of each topic, the role of the federal government in supporting states in these areas, and policy or programmatic changes related to infrastructure and budget at the federal level throughout 2025, where applicable. The first PHACCS report, published in 2019, *Promoting Health and Cost Control: How States Can Improve Community Health and Well-Being Through Policy Change*, further details the initiative's 13 recommended policies including descriptions of each policy, summaries of health and economic evidence, case examples, and considerations for implementation.

While the PHACCS initiative can be implemented at the state level, states often use federal guidance, programming, infrastructure, and funding to implement these policies. Public health leaders may benefit from understanding the opportunity environment in other sectors, including the federal sector, and other jurisdictions that have the potential to advance health. As highlighted throughout this report, the federal policy environment can support or complicate these activities at the state level. First, the federal budgetary and programmatic environment is in flux. Specifically, the administration and Congress have restructured programs and reallocated and rescinded federal dollars historically directed at many of the policies and programs highlighted here. At the time of this writing, the U.S. experienced the longest partial government shutdown in history after Congress was unable to pass funding legislation.

For example, not only do the various line items within a federal budget appear dissimilar compared with previous fiscal years, but they also vary widely between the president's FY 2026 budget request and versions from the U.S. House and Senate. Specifically, some programs or offices may be proposed for elimination in one budget, while in another version, those same areas may remain stable or even given a budget increase from the previous fiscal year. TFAH highlights these discrepancies because they demonstrate how the administration or Congress may be open to continuing the work of these programs moving forward. Though many agencies can help advance some PHACCS policies, we focus on key programs or funding streams that states have relied on to advance these policy areas, as well as related efforts that may reveal how these efforts may be federally supported.

Second, TFAH highlights how there are still opportunities for advancing health through these recommended policies, especially those that do not heavily rely on federal funding. While many of these areas can be bolstered by federal support while operated at the state and/or local levels, we also include examples of policy actions primarily administered at the state level, especially in times of reduced state-federal collaboration. Lastly, as in other parts of this report, we highlight state examples that demonstrate initial progress and challenges, in addition to efforts that have been fully implemented.

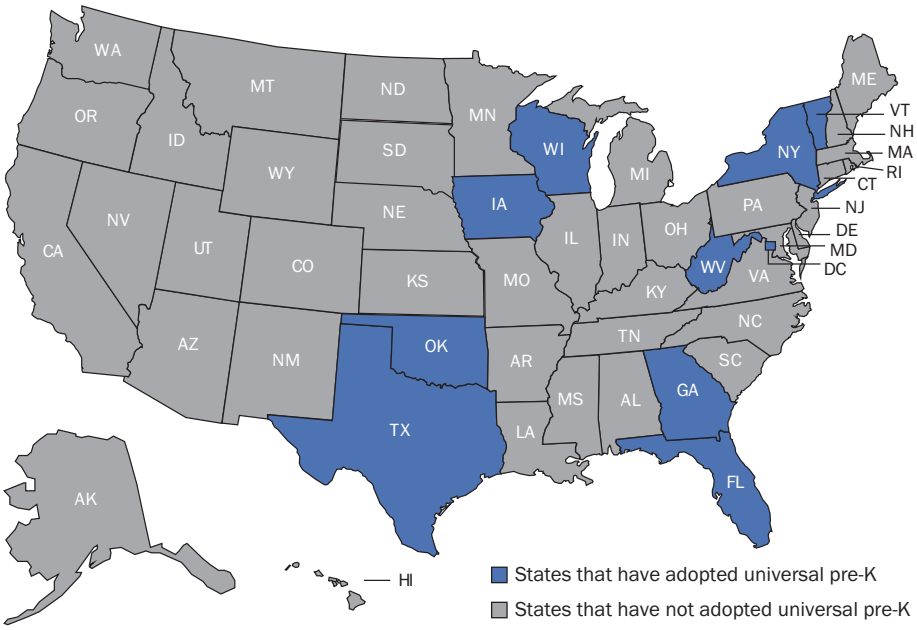
GOAL 1: Support the Connections Between Health and Learning

Universal Prekindergarten Programs

Universal prekindergarten (pre-K) is preschool offered to 4-year-old children (some also serve three-year-olds) regardless of family income, a child's abilities, or any other eligibility factor;[143] however, definitions of universal pre-K may vary by state. In previous PHACCS reports, "universal" pre-K coverage is defined by over half of 4-year-olds being enrolled in their state-funded program. Since the release of the initial PHACCS report in 2019, the number of states meeting this threshold has not changed despite state spending for pre-K and preschool education reaching an all-time high.[144] However, several states not yet meeting the universal threshold have made strides to expand their state programs, in recognition of the return on investment demonstrated over time for high-quality preschool programs.[145,146,147,148]

States have been leading this work through legislative mandates for universal pre-K access, or through efforts to expand options for early childhood education. Yet six states (Idaho, Indiana,[iii] Montana, New Hampshire, South Dakota, and Wyoming) do not allocate state funding for pre-K.[149] All reported spending for preschool programs, including local and federal dollars, reached $15 billion in 2024, which was an inflation-adjusted increase of nearly $2 billion (15 percent) from 2022–2023.[150]

FIGURE 6. States that Have Adopted Universal Pre-K



Source: The National Institute for Early Education Research

Health and Economic Benefits

Health Benefits

Research suggests that high-quality pre-K programs can improve long-term health, such as reduction in rates of obesity, and depression, alcohol use, and tobacco use by middle school.[151] Early childhood programs have also been shown to support socioemotional outcomes.[152] These programs have also been shown to improve children's academic outcomes, such as reading, language, and math skills.[153] Later, these same children had reduced risk for alcohol and drug misuse, depression, and adolescent pregnancy.

Economic Benefits

There is strong evidence that high-quality universal pre-K has a positive return on investment and is also cost-effective to program participants, their parents, taxpayers, and society through reductions in healthcare and education spending, and increased earnings for program participants.[154,155] Other benefits include decreased crime and greater civic participation.[156,157]

iii While Indiana has a state-funded program, it includes a parent work or education requirement, so it doesn't meet NIEER's definition of a state funded pre-K.

Federal Supports and Recent Changes

Federal Supports

Head Start is an example of programming that offers similar benefits to Universal Pre-K and, when fully funded, supports federal priorities for access to early childhood education. Beyond Head Start funding, there are no additional federal funding opportunities for universal pre-K.

Recent Changes

- On January 27, 2025, Head Start programs experienced a temporary funding freeze leading programs to be unable to access funding.[158] Although the freeze ended shortly after, 52 Head Start grant recipients in 22 states, D.C. and Puerto Rico, noted they had issues accessing their already approved grant funding.[159]
- On April 1, 2025, five regional Head Start offices, including Boston, New York, Chicago, San Francisco and Seattle, were closed and consolidated.[160] Regional offices provide federal policy direction, training and technical assistance to Head Start providers. In April 2025, a coalition of parents and Head Start providers filed a lawsuit challenging the cuts to Head Start.[161]
- On July 10, HHS released a notice reclassifying Head Start as a "federal public benefit", which excludes some immigrant children from enrolling in the program.[162,163] In July 2025, the lawsuit was amended to challenge HHS's directive restricting participation in Head Start based on immigration status.[164] On September 2025, a federal judge issued a nationwide block on the rule aiming to bar children based on their immigration status.[165]
- The Head Start program has also been proposed to move into a newly created HHS agency called the Administration for Children, Families and Communities (ACFC).[166]

Proposed Federal Budget and Policy Changes

TABLE 4. PROPOSED FEDERAL BUDGET HEAD START

Goal 1. Support the Connections Between Health and Learning					
Program/ Line Item	**FY 2024 Enacted Budget**	**FY 2026 Agency Request**	**FY 2026 President's Budget**	**FY 2026 Senate Mark**	**FY 2026 House Mark**
Head Start	12,271,820,000	12,271,820,000	12,272,000,000	12,356,820,000	12,271,820,000

EXAMPLE STATE EFFORTS

New Mexico. In 2023, New Mexico announced the creation of 554 new pre-K slots in partnership with four tribal governments, including the Navajo Nation, To'Hajiilee Chapter of the Navajo Nation, Mescalero Apache Tribe, and Pueblo of Nambé. This tribal program expansion was part of a $98 million initiative by the Biden-Harris Administration.[167] The intergovernmental agreement extended service hours and provided enhanced educational opportunities in a community-centered way that preserves cultural and linguistic traditions. And while the state has not met the threshold for universal pre-K,[168] on September 8, 2025, New Mexico's governor announced that the state would guarantee no-cost childcare to all New Mexicans regardless of income starting November 1, 2025.[169]

California. The state has made significant progress toward universal pre-K expansion, with the passage of the Universal Preschool Act in 2021, which aims to provide free universal preschool to income-eligible 3- and all 4-year-olds in the state by 2025–2026. The state has also made substantial fiscal investments, with nearly $1 billion allocated to preschool funding in 2022–2023.[170] While there has been movement toward expansion, the state has faced ongoing challenges with infrastructure, workforce, and funding.[171]

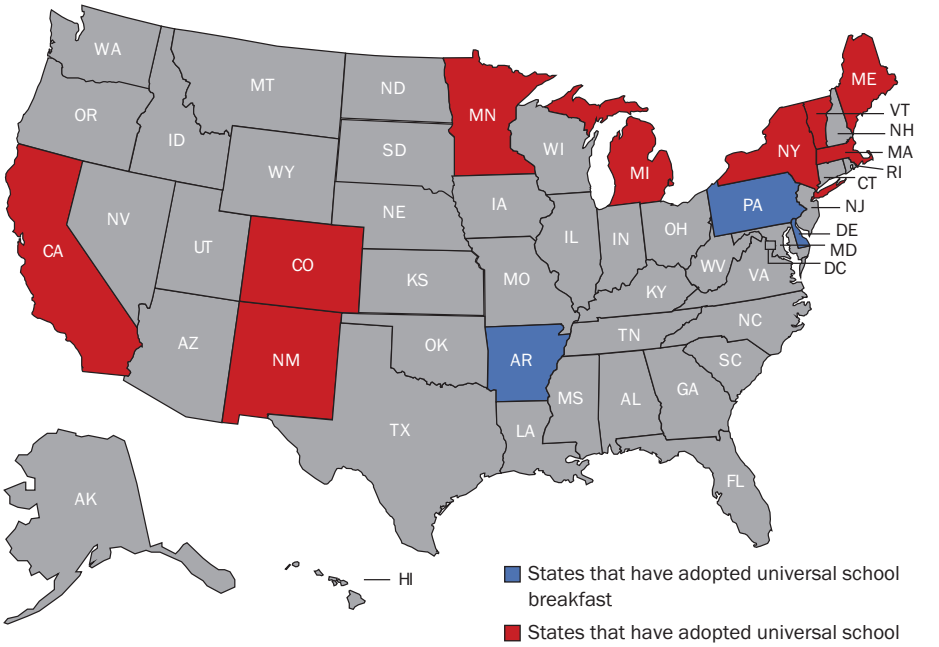
School Nutrition Programs

School meal programs for all ensure that school-age students can access breakfast and lunch regardless of family income and at no cost to families. These programs help increase access to healthy food for all children, which helps address childhood hunger, improves child and adolescent health, and supports academic achievement for public school children. While only nine states have achieved healthy school meals for all[172] (covering both school breakfast and lunch), many schools participate in the School Breakfast Program (SBP) and National School Lunch Program (NSLP). The federal government regulates food quality and nutritional standards for the SBP and NSLP, but states can build on those requirements to enact policies toward improved healthy food consumption and school food environments.

As of 2023, 33 states and the District of Columbia require all or some schools to offer SBP, and 23 states and the District of Columbia require all or some schools to offer the NSLP.[173] Since the 2019 PHACCS report, three states adopted the SBP and five states adopted the NSLP. As a response to the COVID-19 PHE, states were able to offer healthy school meals for all from March 2020 through September 2022 through USDA nationwide waivers.[174] With those federal supports ending, several states were able to pass bills to make healthy school meals for all permanent statewide policy.[175]

As of 2025, nine states[iv] have implemented healthy school meals for all, covering both school breakfast and lunch.[176] Two states (Arkansas and Pennsylvania) implemented a statewide healthy school breakfast only program for all students regardless of income.[177] Starting with the 2026–2027 school year, Delaware will be implementing a statewide free healthy school breakfast program.[178]

FIGURE 7. States that Have Adopted Healthy School Meals for All



Source: Food Research & Action Center

iv California, Colorado, Maine, Massachusetts, Michigan, Minnesota, New Mexico, New York, and Vermont

Health and Economic Benefits

Health Benefits

Access to school meals has been shown to decrease the risk for food insecurity and address child hunger,[179] improve nutrition quality,[180] and reduce obesity rates.[181,182] Access to school meals also offers academic benefits, including improved school attendance,[183] as well as improved cognitive and academic performance.[184]

Economic Benefits

An evaluation of both NSLP and SBP found that these programs generate $40 billion in health and economic benefits—a much higher value than their combined annual budget of $18.7 billion.[185] Evidence also shows that children who were exposed to healthy school meals programs have greater lifetime earnings.[186]

Federal Supports and Recent Changes

Federal Supports

The federal government plays a major role in the funding and regulation of food quality and nutritional standards via NSLP and SBP, both administered by the USDA Food and Nutrition Service.[187] School meal programs are reimbursed by USDA for each meal they serve.

Recent Changes

In March 2025, USDA canceled around $660 million for the Local Food for Schools Cooperative Agreement Program, which was established during the Biden Administration.[188,189] This program provided schools and childcare facilities funding to support purchasing food for their breakfast and lunch programs from local farms and ranchers.

Proposed Federal Budget and Policy Changes

TABLE 5. PROPOSED FEDERAL BUDGET FOR SCHOOL NUTRITION PROGRAMS[v]

Goal 1. Support the Connections Between Health and Learning					
Program/Line Item	**FY 2024 Enacted Budget**	**FY 2026 Agency Request**	**FY 2026 President's Budget**	**FY 2026 Senate Mark**	**FY 2026 House Mark**
National School Lunch Program	18,150,000,000	18,096,297,000	18,096,000,000	17,183,209,000	17,183,209,000
National Breakfast Program	6,140,966,000	6,675,168,000	6,675,000,000	6,675,168,000	6,675,168,000

Many schools participate in the Community Eligibility Provision (CEP), which allows schools and school districts in high-poverty areas to offer free school breakfast and lunch to all students without students having to complete an application.[190] CEP could be affected by the changes to SNAP and Medicaid eligibility as part of OBBBA. The bill includes work requirements for both Medicaid and SNAP and requires eligibility redetermination to occur more frequently. These federal policy changes are likely to affect students' access to school meal programs in three main ways:

1. Broad-Based Categorical Eligibility. To reduce duplicative paperwork, many students are often enrolled automatically into the school meal programs when their families participate in other federal safety-net programs such as SNAP or Temporary Assistance for Needy Families. The new expansion of work requirements in SNAP may increase the risk of losing eligibility by adding paperwork and documentation requirements. As a result, students may also lose their eligibility for school meal programs since they would no longer be automatically enrolled, making it more difficult for families to participate in the school meal program. This means many districts would have to revert to individual school meal applications rather than obtaining eligibility information from other sources. This additional paperwork required to verify income for every single application could increase the administrative burden and delay access to school meals.

2. Work Requirements and Income Verification. OBBBA expanded the already existing SNAP work requirement to include people ages 55 through 64 and parents of school-age children 14 years and older. Additionally, it created new mandatory

v FY 2025 funding was provided under a Continuing Resolution that maintained FY 2024 funding levels. Not all federal agencies had released a publicly available FY 2025 operating plan at the time of publication.

Medicaid work requirements for able-bodied adults between the ages of 19 and 64. The policy change requires individuals to show proof of work or approved job training to remain eligible for the programs. The work requirements and the frequency at which they must be submitted may impact continuous eligibility and potentially affect whether families can access school meal programs.

3. Community Eligibility Provision. This provision allows eligible schools to serve free breakfast and lunch to all students regardless of income. Schools are eligible to participate if a percentage of students participate in other safety-net programs and can be directly certified, meaning schools are able to use SNAP and Medicaid files to identify children eligible to receive meals through the NSLP and SBP at free or reduced price without needing to apply. Through the changes made by OBBBA, schools participating in CEP are likely to be impacted since less children will be able to qualify via direct certification.

EXAMPLE STATE EFFORTS

Delaware. On July 30, 2025, Governor Matt Meyer officially signed House Bill 91 ensuring that free school breakfast is available to all students regardless of income.[191] This makes Delaware the third state to provide universal free school breakfast. The program's implementation began in time for the 2025–2026 school year. State officials also expressed interest in pursuing free school lunches but remained hesitant in expanding the policy due federal cuts that would have supported the school lunch program.[192]

Vermont. In 2023, the state passed legislation and fully funded a permanent universal school meal program after participating in a temporary universal school meals program from 2020–2023.[193] The school meal program aimed to build on the preexisting infrastructure established with ARPA funding and is funded through a property tax increase.[194]

Colorado. In 2022, Colorado's universal school meals legislation was passed through a ballot measure with nearly 57 percent of the vote.[195] The program began implementation during the 2023–2024 school year with funding generated by lowering a tax credit for households making more than $300,000 a year. The state saw a 32 percent increase in overall student participation (37 percent increase in breakfast, 30 percent increase in lunch) compared with the previous year.[196] This significant increase in participation exceeded available program funding, and the state is investigating additional policy and funding solutions to ensure sustainability of the program.[197]

GOAL 2: Employ Harm Reduction Strategies to Prevent Substance Misuse Deaths and Related Diseases

Syringe Access Programs

Substance use is a critical public health issue associated with higher rates of mental health issues (particularly among youth), increased loneliness, higher rates of drug overdoses and drug deaths, as well as reduced economic opportunity.[198] Harm reduction includes policies, programs and other interventions to reduce negative consequences associated with drug use. These efforts use several strategies, including promoting safer use, managing use, supporting abstinence, and meeting people who use drugs where they are. Syringe service programs (SSPs) focus on the legal sale and exchange of sterile syringes to reduce the rate of infectious disease. As SSPs continue to evolve, some programs also provide additional prevention and health products and services to people who inject drugs. SSPs are one harm reduction strategy used to minimize the negative health, social, and legal effects associated with drug use by implementing an evidence-based, comprehensive approach that directly engages people who use drugs without stigma.[199]

States can expand their harm reduction approaches to prevent infectious disease spread and reduce overdoses by enacting laws that reduce barriers for people to access sterile syringes, naloxone, fentanyl test strips, and safe smoking supplies. As the opioid epidemic continues, harm reduction has evolved to implement strategies beyond access to syringe exchange programs. Other harm reduction efforts also include connecting individuals to overdose education, counseling, and referral to treatment for infectious diseases and substance use disorders. Additionally, many harm reduction programs also distribute opioid overdose reversal medications (e.g., naloxone) to individuals at risk of overdose, or to those who are likely to respond to an overdose.[vi]

Over the years, SSPs have expanded their scope to also lessen harm associated with drug use and related behaviors that increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections. Since the 2019 report, there has been a significant trend toward authorizing syringe access at the state level, though these programs face legal challenges. While this section focuses on SSPs, TFAH continues advocating for enhanced and comprehensive harm reduction strategies (see editor's note below).

States have the authority to enact laws that regulate the distribution or possession of syringes for illicit drug use, which include drug paraphernalia, syringe prescriptions, controlled substances, and pharmacy practices.[200] Since the 2019 report, 10 states[vii] have adopted syringe access programs, many in response to the ongoing opioid epidemic. Currently, there are 522 syringe exchange programs operating across 43 states, the District of Columbia, and Puerto Rico.[201] Though the Consolidated Appropriation Acts of 2016 and 2018 allowed HHS to provide funding for syringe access programs, current federal law prohibits the use of federal funds to purchase sterile needles or syringes.[202,203]

vi Editor's Note: TFAH offers annual recommendations about preventing deaths related to alcohol, suicide, and drugs in its annual report *Pain in the Nation: The Epidemics of Alcohol, Drug, and Suicide Deaths*

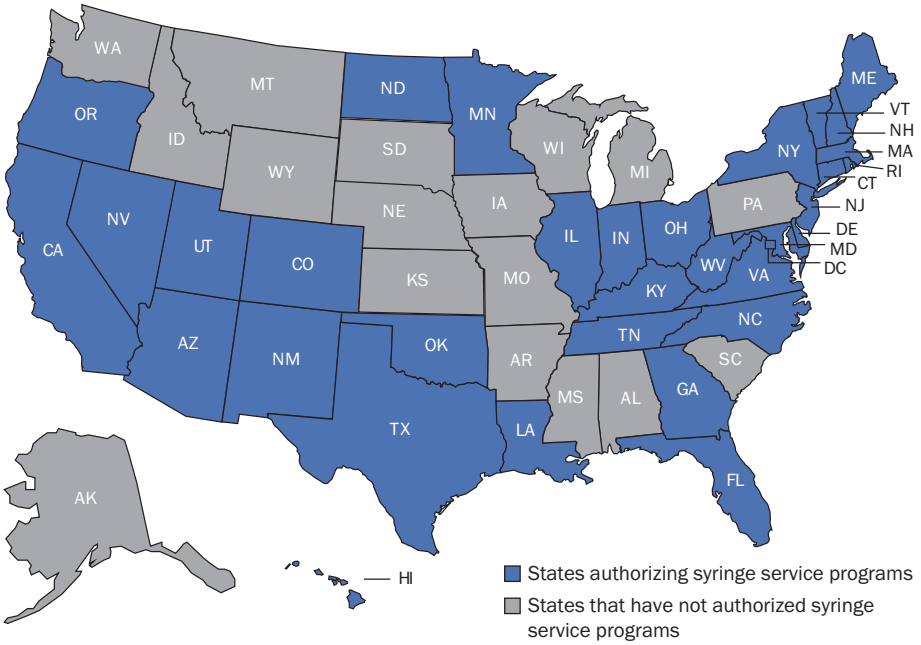
vii Arizona, Florida, Georgia, Idaho, Illinois, Minnesota, Oklahoma, Oregon, Texas, and West Virginia

The 2019 PHACCS report used the term syringe access program to discuss these types of harm reduction programs. In this report we also utilize the term syringe service Program (SSP) as it is the term currently used in the field. This report uses both terms interchangeably.

In 2021 and 2022, nationwide opioid settlement funds allowed states and localities to access funds to expand syringe access programs. States were able to establish comprehensive programs with more wraparound services, including access to sterile syringes and linkages to opioid use disorder treatment and care and treatment of infectious diseases.[204] Currently, CDC determines whether a jurisdiction needs such programs based on the risk of significant increases in hepatitis or HIV outbreaks related to injection drug use.[205] As of 2022, CDC determined that 44 states, the District of Columbia, one Tribal Nation, and one territory needed such programs, despite not all states having legalized syringe access programs.[206]

As of 2025, 37 states, the District of Columbia, and Puerto Rico either explicitly or implicitly authorize syringe access programs; however, only 33 states and the District of Columbia have laws that explicitly authorize these programs through statute and/or regulation.[207]

FIGURE 8. States Authorizing Syringe Service Programs



Source: Legislative Analysis and Public Policy Association

Health and Economic Benefits

Health Benefits

Syringe access programs have been shown to help lower human immunodeficiency virus (HIV) transmission and lower hepatitis C transmission.[208,209,210,211,212,213] They have also been shown to influence other harm reduction behaviors, such as greater promotion of naloxone, prevention overdose education, and connections to treatment. Also, they do not contribute to increased drug use.[214] Additionally, individuals who received sterile syringes who are HIV-negative and who inject drugs are more likely to have been tested for HIV in the past year than those who had not received sterile syringes.[215]

Economic Benefits

SSPs can yield cost savings within a single year by reducing treatment of HIV.[216] Studies have found preventing three HIV cases every 1 to 4.3 years would achieve cost savings for these programs.[217,218] One needle exchange program was shown to produce a net cost savings of $1,300 to $3,000 yearly per client in addition to reducing HIV treatment costs by $325,000 for the city for each HIV case averted.[219] Mobile units also pose an opportunity to maximize cost savings by minimizing overhead expenses.[220] However, SSPs often operate with small budgets, and they have been shown to be more effective at reducing overdose mortality when they have significantly higher budgets.[221,222]

Federal Supports and Recent Changes

The federal government has historically played an important role in leading, supporting, and evolving national and state-level harm reduction efforts, especially in the wake of the opioid epidemic. For example, in the past few years, there has been a focus on reducing overdoses by reducing barriers to access sterile syringes, naloxone, fentanyl test strips, and safe smoking supplies as well as by providing other wrap-around services.[223] The Office of National Drug Control Policy has outlined the Trump Administration's policy priorities, which include overdose prevention by making drug test strips and naloxone available, as well as a focus on drug use treatment for long-term recovery.[224]

Federal Supports

Federal efforts in harm reduction have concentrated on the following agencies and offices:

- Office of National Drug Control Policy (ONDCP). Supported initiatives to expand syringe access programs.[225] In 2021, ONDCP released a model law for states to help expand access to these programs.[226]
- Substance Abuse and Mental Health Services Administration (SAMHSA). The agency has funded programs that grantees could use to support harm reduction activities, such as the State Opioid Response Grants.[227]
- CDC National Center for Injury Prevention and Control (NCIPC). NCIPC focuses on a population-level approach to reducing drug overdoses. This center acts as a national data hub and analysis center to track trends and identify emerging issues. They offer technical assistance to states and local communities, translate research into best practices, and fund prevention programs to address overdoses. NCIPC also manages CDC's Overdose Data to Action (OD2A) program, which helps territorial, county, and city health departments select, improve, and scale up drug overdose prevention programs and policies.[228]

Examples of joint efforts among these offices and centers include:

- ONDCP and SAMHSA operated the harm reduction grant program, which supports community-based overdose prevention programs, SSPs, and other harm reduction services.[229]
- CDC and SAMHSA developed the National Harm Reduction Technical Assistance Center, which assists providers of harm reduction services, including services focused on opioid use disorder.[230]

Recent Changes

- The National Center for Injury Prevention and Control—which tracks trends, conducts research, and works to prevent injury, overdose, suicide, and violence—lost more than 200 staff members.[231,232]
- The executive order Ending Crime and Disorder on America's Streets, signed on July 24, 2025, indicates that SAMHSA must reassess grant priorities, particularly to discourage funding harm reduction models. Those efforts include syringe services and safe consumption models and enforce stricter standards for program participation and accountability.[233]
- Congress also passed the reauthorization of the SUPPORT Act on September 18, 2025. This bill includes a provision to ensure that states and localities can use their state opioid response grants to purchase and distribute xylazine and fentanyl test strips.[234] The bill has not been signed into law.

Proposed Federal Budget and Policy Changes

Following Executive Order 14210 "Department of Government Efficiency" Workforce Optimization Initiative, HHS proposed the creation of a new office, the Administration for a Healthy America (AHA), which would consolidate elements from other agencies and offices across HHS.[235] HHS released a proposed AHA budget, which reflects the president's budget and priorities, indicates that SAMHSA and NCIPC would be consolidated into AHA although much of SAMHSA and NCIPC has already been reduced or eliminated.[236]

TABLE 6. PROPOSED FEDERAL BUDGET FOR HARM REDUCTION PROGRAMS

Goal 2. Employ Harm Reduction Strategies to Prevent Substance Misuse Deaths and Related Diseases

Program/Line Item	FY 2024 Enacted Budget	FY 2026 Agency Request	FY 2026 President's Budget	FY 2026 Senate Mark	FY 2026 House Mark
CDC National Center for Injury Prevention and Control, Division of Overdose Prevention	761,379,000	475,579,000	0	761,379,000	505,579,000
Substance Abuse and Mental Health Services Administration	7,370,000,000	0	0	7,428,917,000	6,932,188,000

EXAMPLE STATE EFFORT

Kentucky. In 2015, the state enacted Senate Bill 192, which allowed local health departments to establish substance use treatment outreach programs, including the exchange of hypodermic syringes, thereby legalizing syringe access programs by statute.[237] Despite this progress, the state still faces challenges with program implementation. In 2024, the attorney general expressed opposition to these programs as a harm reduction method, despite evidence that needle exchanges do not encourage drug use or increase frequency of use.[238,239] A 2022 qualitative study of program staff in rural Kentucky found that law enforcement response to implementation of these programs have been diverse, with some police departments providing full support, and others refusing to have programs in their counties of purview. The study highlighted that law enforcement support is crucial to the implementation, sustainability of, and trust toward these programs; and that the lack of support from law enforcement reduces their impact and effectiveness.[240]

GOAL 3: Promote Healthy Behavior

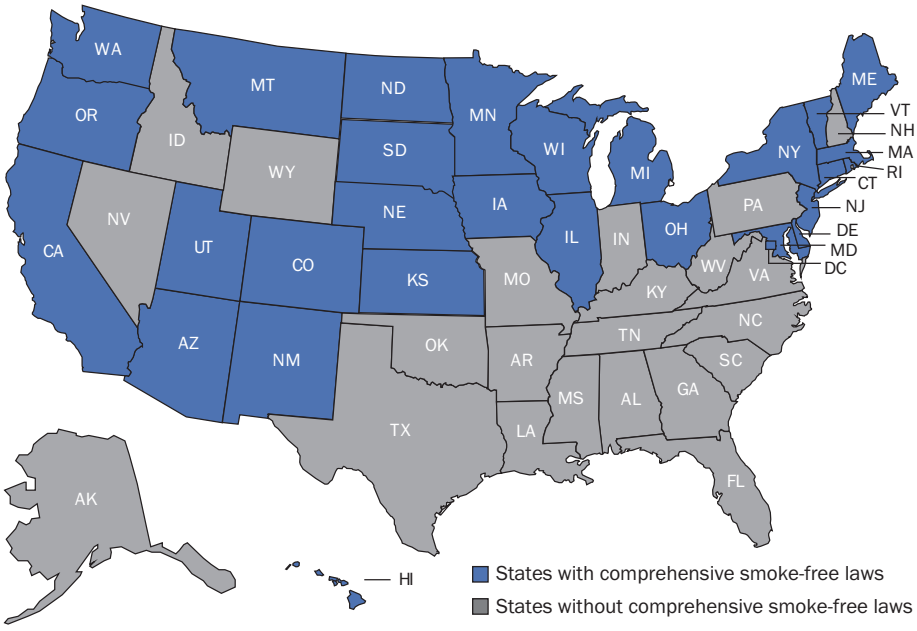
Smoke-Free Policies

Smoking and exposure to secondhand tobacco smoke are leading causes of preventable death in the United States.[241] Smoke-free air policies prohibit smoking in designated spaces to reduce exposure to secondhand smoke, tobacco use, initiation of tobacco products use, and tobacco-related morbidity.[242] States can also expand their smoke-free air policies by including e-cigarettes in the definition of smoking and can also prohibit the sale of all flavored tobacco products. Many states aim to refine their smoke-free policies, and as of 2024, 19 states and the District of Columbia have added e-cigarettes to their smoke-free laws[243] and as of 2025 six states restrict the sale of flavored tobacco products.[244] In response to the significant growth in both recreational and medicinal cannabis across the country since the last PHACCS report, as of July 2025, ten states'[viii] smoke-free policies include cannabis.[245]

While many states have made progress toward enacting and implementing smoke-free laws, states have also preempted localities from protecting individuals from secondhand smoke exposure. As of 2023, 12 states have laws that preempt local ordinances from restricting smoking in government worksites, private worksites, restaurants, and/or bars.[246] Additionally, several states with large gaming businesses, such as New Jersey, Rhode Island, Pennsylvania, Kansas, and Virginia, are seeking to establish smoking bans to protect casino employees and patrons.[247]

As of 2024, 28 states, the District of Columbia, and three territories (American Samoa, Puerto Rico, and the U.S. Virgin Islands) have comprehensive smoke-free laws that prohibit smoking in bars, restaurants, and worksites.[248]

FIGURE 9. States with Comprehensive Smoke-Free Laws



Source: American Lung Association

Health and Economic Benefits

Health Benefits

Smoke-free policies are associated with a reduction of individuals experiencing secondhand smoke, as well as reductions in tobacco use and increases in tobacco cessation.[249] These policies have also been shown to reduce hospital admissions related to cardiovascular disease, as well as cardiovascular morbidity and mortality and asthma morbidity.[250,251] Evidence also shows smoke-free policy implementation leads to significant decreases in hospital admission for stroke,[252] a significant decrease in asthma-related visits to the emergency department,[253] and hospital admissions declines for other health complications such as myocardial infarction and ischemic heart disease.[254,255,256]

Economic Benefits

In 2018, the CDC reported that cigarette smoking costs the United States over $600 billion,[257] including $240 billion coming from healthcare expenditures (more than half funded by either Medicare or Medicaid).[258] Tobacco use also leads to $365 billion in lost productivity from health complications and premature death, and around $7 billion due to lost productivity due to secondhand smoke.[259,260] A 2014 analysis estimated that a nationwide smoke-free policy could save between $700 and $1,297 per person for each person not currently covered by a smoke-free policy.[261]

Federal Supports and Recent Changes

While smoke-free policies are codified at the state and local level, the federal government plays a key role in regulating the manufacture, marketing, and distribution of tobacco products. CDC's Office on Smoking and Health offered evidence, policy trends, and funding for states to pursue smoke-free efforts in their jurisdictions. The Family Smoking Prevention and Tobacco Control Act gives the U.S. Food and Drug Administration (FDA) the authority to regulate tobacco products. Federal agencies and offices, such as the U.S. Department of Housing and Urban Development (HUD) and the U.S. Office of Personnel Management, manage the implementation of smoke-free policies in public housing agencies and at federal buildings.

Some federal offices that currently support tobacco control and prevention include:

- FDA's Center for Tobacco Products (CTP). This center implements the Family Smoking Prevention and Tobacco Control Act and supports public health efforts to reduce initiation of tobacco product use, encourage cessation among tobacco product users, and decrease the harms of tobacco products.
- HUD's Office of Public and Indian Housing supports public housing agencies in implementing smoke-free policies in public housing.

Recent Changes

- In March 2025, dozens of staffers in the FDA's CTP were lost.[262] In April 2025, HHS indicated some of FDA's CTP staff would be asked to temporarily return to their positions.[263]
- On April 1, 2025, CDC's reduction in force meant that the Office on Smoking and Health lost all of its 120 full-time staff.[264] Additionally, the president's proposed budget indicates that the Office on Smoking and Health is proposed to be eliminated.[265]
- On January 21, 2025, the Trump Administration withdrew a rule that would ban menthol in cigarettes and flavored cigars.[266]

Proposed Federal Budget and Policy Changes

TABLE 7. PROPOSED FEDERAL BUDGET FOR SMOKE-FREE EFFORTS

Goal 3. Promote Healthy Behavior					
Program/Line Item	**FY 2024 Enacted Budget**	**FY 2026 Agency Request**	**FY 2026 President's Budget**	**FY 2026 Senate Mark**	**FY 2026 House Mark**
CDC's Office of Disease Prevention and Health Promotion, Office on Smoking and Health	246,500,000	0	0	246,500,000	0
FDA's Center for Tobacco Products	684,760,000	689,258,000	No data available	701,503,800	684,760,000

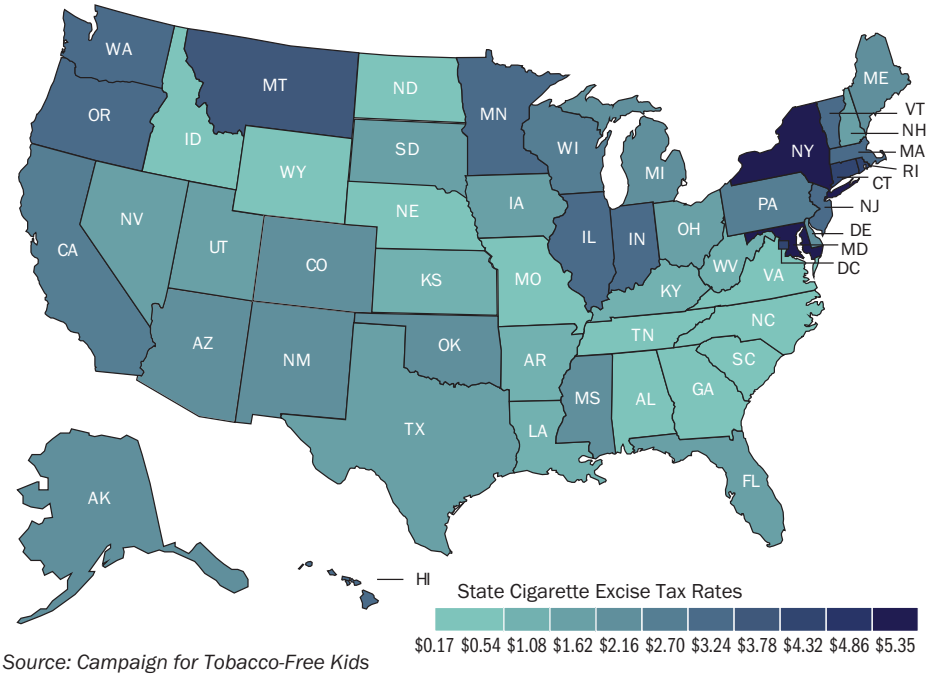
EXAMPLE STATE EFFORT

Hawaii. In 2023, Hawaii passed a comprehensive electronic smoking device bill, which imposed a tax rate of 70 percent on the wholesale price of e-liquids and electronic smoking devices.[267] In addition, advocates have been pursuing flavor bans at the county level, aiming to influence statewide action. In January 2024, Hawaii County Council passed Bill 102, which bans the sale of flavored e-cigarette products on the Big Island.[268] However, for the past decade, advocates have pushed to prohibit the sale of flavored tobacco products statewide.[269] Their efforts for a statewide ban have been hindered by a lack of support from the Hawaii House of Representatives Committee on Finance, preventing the legislation from moving forward.[270]

Tobacco Pricing Strategies

Like smoke-free policies, higher prices on tobacco products decrease forms of tobacco consumption and increase state revenue, typically through states implementing excise taxes on those products. Cigarette costs per pack have been the focal point of much tobacco taxation policy, but recent years have included taxing vaping products; however, these products have not generated as much revenue as taxing cigarettes. All states have tobacco taxes, but they vary widely by state. Twenty-four states and four territories have cigarette tax rates of $2 or more per pack, an increase from 21 states and territories since the 2019 report.[271]

FIGURE 10. State Cigarette Excise Tax Rates



Source: Campaign for Tobacco-Free Kids

Health and Economic Benefits

Health Benefits

Tobacco tax increases are consistently linked to reduced smoking and rates of smokeless tobacco usage, especially among youth, as well as Black, Latino, and lower-income smokers.[272,273] Taxes are also linked to improved pre- and post-natal outcomes for pregnant women and babies.[274] The revenue derived from these increases are often used toward tobacco-cessation efforts, which help reduce the number and effects of future smokers.

Economic Benefits

Higher tobacco prices can generate cost savings and avoid lost productivity due to poor tobacco-related health outcomes. States with significant cigarette tax increases generate substantial revenue, with state and local governments collecting $19 billion in revenue in 2021.[275] In addition to using the resulting revenue for smoking cessation efforts, these funds heavily supplement the general fund in state budgets.

Federal Supports and Recent Changes

Tobacco products are subject to federal excise taxes and regulations, enforced by the U.S. Treasury Department's Alcohol and Tobacco Tax and Trade Bureau.[276] These taxes, which haven't been increased since 2009, are in addition to those levied by states.[277] Many federal tobacco use prevention-related efforts are captured in the smoke-free policy section of this report.

In addition to the tobacco use prevention efforts listed above, CDC's Office of Smoking and Health, which has lost all staff, specifically coordinated the State Tobacco Activities Tracking and Evaluation system, which offers state fact sheets and other data related to excise taxes and across various forms of tobacco. The delay in administering FY25 funding also led to related program closures in some states. Moreover, the office also supported the Tips from Former Smokers® campaign, which helped more than 1 million Americans quit smoking, prevented hundreds of thousands of early deaths, and saved billions in smoking-related healthcare costs.[278,279]

Proposed Federal Budget and Policy Changes

As mentioned above, CDC's Office of Smoking and Health was slated for elimination, and lost all of its staff in April 2025.

EXAMPLE STATE EFFORT

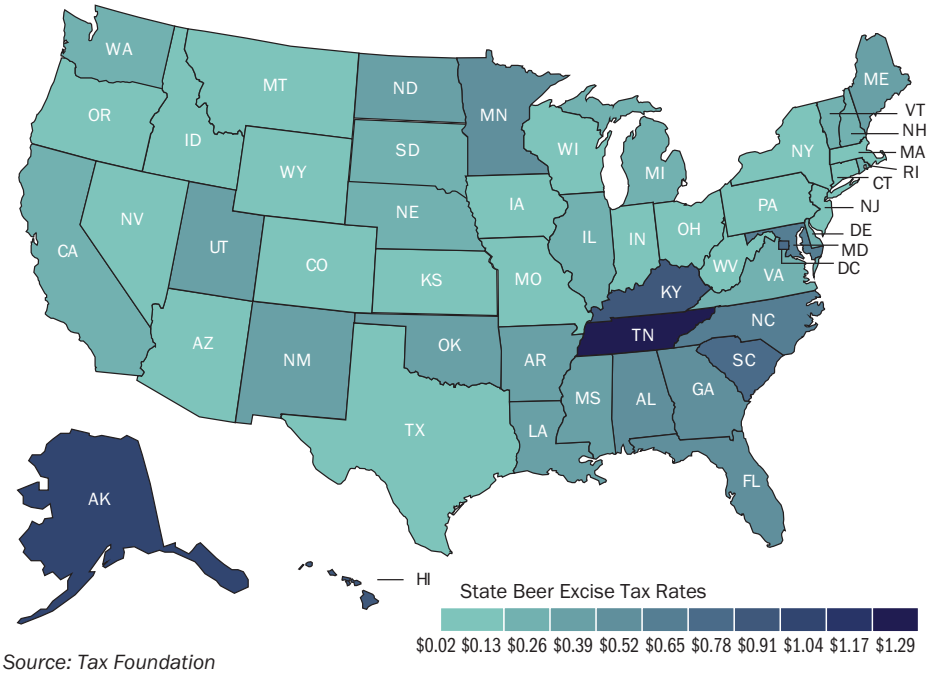
Indiana. Indiana enacted a tax increase of $2 per pack cigarette on July 1, 2025, moving Indiana from a ranking of 43rd to 13th in the nation on this measure with a total cigarette tax of $3.00.[280] The state had not increased its cigarette tax since 2007, when it increased it to $.99.[281] A coalition of advocates, including the state Chamber of Commerce, pushed for a cigarette tax increase for over a decade, with goals to reduce broader smoking trends and negative health outcomes, support employee wellness and business investment, and lower healthcare costs. However, state legislators primarily pursued the increase to help cover a $2 billion revenue shortfall.[282] The state's General Assembly also approved taxes for electronic cigarette products and chewing tobacco, making Indiana one of 34 states and territories to levy an excise tax on vaping products.[283]

Alcohol Pricing Strategies

Reports increasingly indicate that any amount of alcohol consumption is associated with negative health outcomes, like cancer.[284] Positively, alcohol consumption is declining amid perceptions that alcohol is unhealthy or unsafe.[285] Yet alcohol pricing strategies—namely increased alcohol-related excise or sales taxes and the purchase price of alcohol—are some of the most cost-effective tools to reduce alcohol consumption.[286] States already tax alcohol in some form, and the rate varies by state and by alcohol product (e.g., wine, beer, or spirits) and is based on the volume of alcohol sold instead of the percentage of price. As such, alcohol tax rates have not kept pace with inflation and do not generate as much revenue as they could if those rates were designed to do so.[287]

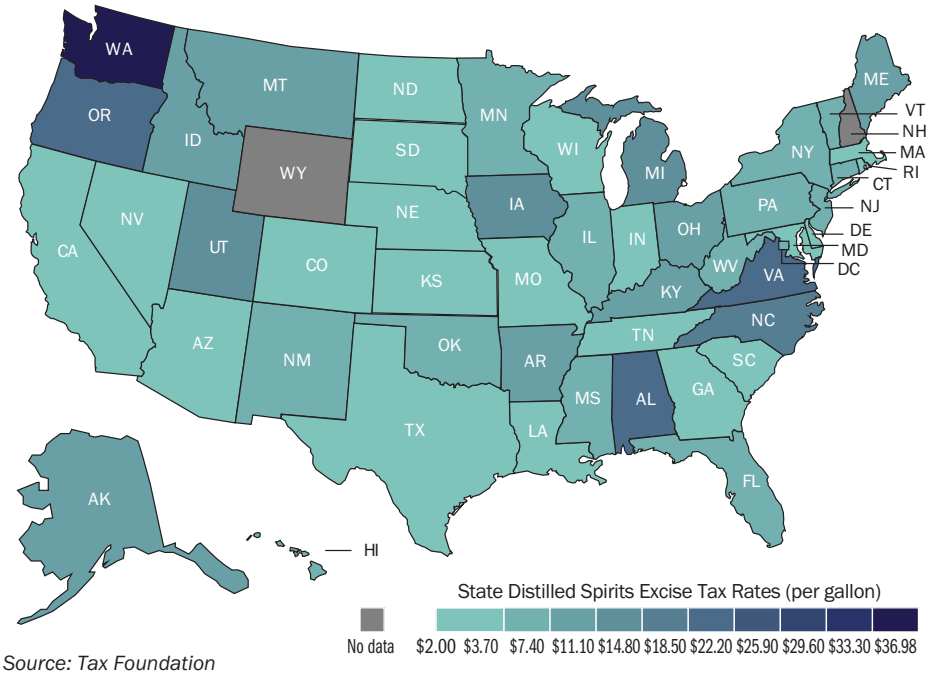
Adjusting state alcohol excise and sales taxes, especially in recent years, has been difficult. Several state legislatures have attempted to increase their alcohol tax rates in recent years, falling short of doing so, often due to the influence of lobbyists from the alcohol industry.[288] States may also preempt localities from imposing alcohol taxes. From 2024 to 2025, three states[ix] increased their per gallon tax rate on beer[289] and six states[x] increased their per gallon tax rate on distilled spirits.[290] Of those states increasing rates on spirits, only one (Arkansas) is not an alcoholic beverage control state, which controls the retailing of liquor stores, making it easier to increase prices.[291]

FIGURE 11A. State Excise Tax Rates for Beer



Source: Tax Foundation

FIGURE 11B. State Excise Tax Rates for Distilled Spirits



Source: Tax Foundation

ix Arkansas, North Dakota, and Utah

x Arkansas, Virginia, Alabama, Iowa, Michigan, and North Carolina

Health and Economic Benefits

Health Benefits

Imposing higher alcohol taxes reduces overall alcohol consumption, reduces consumption and excessive drinking among youth, decreases mortality from liver cirrhosis, reduces alcohol-related motor-vehicle crash rates, and results in less alcohol-related violence.[292] Higher alcohol prices have been shown to be an effective strategy in reducing alcohol consumption by low-income individuals, youth, and heavy drinkers.[293]

Economic Benefits

The economic benefits of alcohol taxes can be two-fold: States can save billions of dollars in medical expenses and they can also increase state revenue.[294] Additional tax revenue helps supplement a variety of activities, primarily efforts and programs to support individuals in recovery for alcohol use.[295]

Federal Supports and Recent Changes

Federal Supports

Alcoholic beverages are subject to federal excise taxes and regulations, enforced by the U.S. Treasury Department's Alcohol and Tobacco Tax and Trade Bureau.[296] These taxes are in addition to those levied by states.

The Alcohol Policy Information System is a project of the National Institutes of Health's National Institute on Alcohol Abuse and Alcoholism. It provides detailed information on laws pertaining to alcohol in the United States at both the state and federal level, including taxation.

CDC's Alcohol Program measured the impact of excessive alcohol use and harms in the United States. This includes providing states with research and related resources, funding, and data assistance to states related to the prevention of alcohol use in their state, including taxation as a prevention strategy.[297] Funds have been used by at least 11 state health departments to conduct state-level studies on alcohol use trends and hire related epidemiologists.[298]

Recent Changes

The CDC's Alcohol Program staff were all dismissed in earlier rounds of reductions-in-force and HHS program eliminations. The state-specific resources developed by the Alcohol Program are still available on their website but have not been updated since 2024.

Proposed Federal Budget and Policy Changes

TABLE 8. PROPOSED FEDERAL BUDGET FOR ALCOHOL PROGRAM

Goal 3. Promote Healthy Behavior					
Program/Line Item	**FY 2024 Enacted Budget**	**FY 2026 Agency Request**	**FY 2026 President's Budget**	**FY 2026 Senate Mark**	**FY 2026 House Mark**
CDC's Office of Disease Prevention and Health Promotion, Alcohol Program	6,000,000	0	0	4,000,000	No data available

EXAMPLE STATE EFFORT

Alaska. Alaska has attempted to streamline and modernize its alcohol regulations, but state alcohol pricing has been difficult to pursue, especially as it already has a high alcohol tax rate.[299] Unlike many other states with similar challenges, Alaska does not preempt local alcohol-related taxes. As such, a voter-approved measure in Anchorage, Alaska, initiated a 5 percent tax on retail alcohol sales in 2021.[300] The tax raised nearly $14 million in just under a year after being introduced, with funds earmarked for combating child abuse, sexual assault, and domestic violence; targeting homelessness, mental health, and substance misuse; and focusing on public safety and criminal justice.[301] After five years, city officials note that the funds have not supported new initiatives but have supported existing providers in the wake of federal cuts.

GOAL 4: Promote Active Living and Connectedness

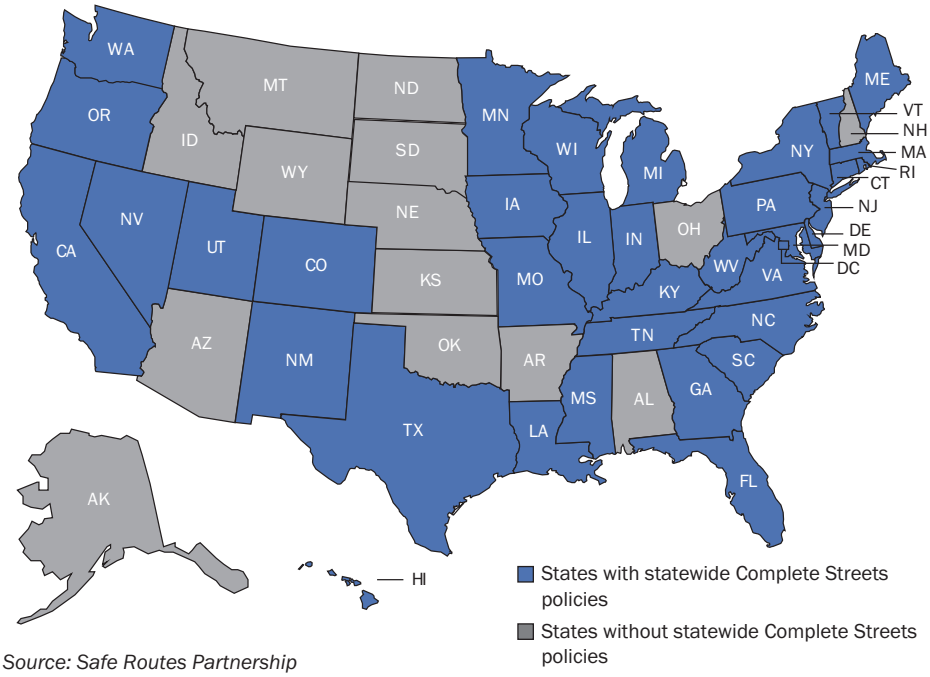
Complete Streets

Complete Streets is an approach to planning, designing, building, operating, and maintaining streets that addresses the needs of all road users, including pedestrians, bicyclists, motorists, and transit riders, regardless of age or ability.[302] Several states and localities have adopted Complete Street policies to make their streets safer for active transportation. Seven states[xi] have adopted statewide Complete Streets policies since the initial PHACCS report; however, these policies vary by state, including: (1) the type of policy (for example, state law, executive order, or agency policy); (2) the purpose outlined in the policy; (3) who is tasked with implementing the policy; (4) reporting requirements; and (5) funding.

While states may have adopted statewide policies, such policies tend to be less rigorous and lower quality than policies adopted at the local level. Often, statewide policies do not incorporate performance measures, nor affect how transportation projects are funded, both of which would make those projects more impactful.[303]

As of 2024, 36 states and the District of Columbia have adopted Complete Streets state policies with mandatory requirements.[304]

FIGURE 12. States with Statewide Complete Streets Policies



Source: Safe Routes Partnership

xi Iowa, Kentucky, New Mexico, Pennsylvania, Texas, West Virginia, and Wisconsin

Health and Economic Benefits

Health Benefits

Complete Streets has been shown to attract active transportation for biking and walking.[305] It has also shown improved connectivity of bicycle networks to encourage bike use.[306] Active commutes also help mitigate the impacts of inactive lifestyles, a study of young adults found that active commutes enhance cardiovascular health and has been associated with decreases in blood pressure, triglyceride levels, obesity, and body mass index.[307] In addition to chronic disease outcomes, active transit as encouraged by Complete Streets has been correlated with a reduction in heat-related hospitalizations and reduced surface temperatures.[308]

Economic Benefits

Complete Streets initiatives are associated with economic development in locations where they have been implemented. An evaluation of the Cleveland, Ohio, Euclid Corridor Complete Streets Project found from 2003 to 2013, the jobs rate in the Euclid Corridor far outpaced Cleveland as a whole.[309] An analysis of Complete Streets efforts in Orlando, Florida, found that home values adjacent to those areas had higher home value appreciation and greater home value resilience during a market crash than other homes in Orlando.[310] A study by Smart Growth America looking at access of walkable urban environments found that a more walkable environment is correlated with increased educational attainment and economic vitality. They found that policies that promote safe and active living draw higher-education individuals, attracting businesses to the region and increasing gross domestic product to the area.[311] A 2024 study also found that Complete Streets investments show roughly a 10-to-1 economic return on investment, showing that this policy can be a cost-effective planning strategy.[312]

Federal Opportunities and Recent Changes

While Complete Streets policies are codified at the state and local levels, federal funding has been key for Complete Streets programming and implementation.[313] Federal funding supports that have assisted states in advancing Complete Street policies include:

U.S. Department of Transportation (DOT) initiatives:

- Safe Streets and Roads for All Grant Program,[314] which funds regional, local, and tribal initiatives to prevent roadway fatalities and serious injuries.
- Federal Highway Administration programs, including:
  - Transportation Alternatives Program[315] to fund smaller-scale projects (e.g., pedestrian and bicycle facilities).
  - The Highway Safety Improvement Program to reduce traffic fatalities and injuries on public roads.[316]
  - The Surface Transportation Block Grant Program, which funds states' projects, including bridge and tunnel projects on any public road and pedestrian and bicycle infrastructure.[317]
- Complete Streets planning funds via DOT's Transportation Planning Capacity Building.[318]
- The Neighborhood Access and Equity grant program established under the Inflation Reduction Act in 2022, and administered by DOT, appropriated $3 billion for projects that improve walkability, safety, and affordable transportation access, especially in disadvantaged or underserved communities.[319]
- The Better Utilizing Investments to Leverage Development, or "BUILD," program, formerly known as the RAISE and TIGER program, supports multimodal project investment, including sidewalks, bike lanes, and multi-use paths relevant to Complete Streets implementation.[320] A large portion of projects awarded under the program have been local-led active transportation and Complete Streets projects.
- CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity, Active People, Healthy Nation historically supported research and resources for communities to advance their Complete Streets policies.[321]

Recent Changes

There have been several federal actions that have affected transportation funding, some of which could possibly affect Complete Streets efforts, including:

- A January 20, 2025, executive order issued by President Trump led to the suspension of all highway reimbursement payments to states. This action was reversed within a few hours.[322]
- In late January, many resources and recommendations to support Complete Streets have been removed from government websites. Notably, the main Complete Streets page on the Federal Highway Administration's website had been removed, and as of October 2025, the page has not been reinstated.[323]
- With the passage of OBBBA, the Neighborhood Access and Equity grant program's unobligated funding was rescinded. While this is no longer an active program, existing grant recipients whose funds were successfully obligated prior to the rescission have been able to continue their work.[324]
- The administration is reworking its transportation grant formulas to deprioritize projects that remove driving lanes or add "green infrastructure," which could include bicycle infrastructure as part of Complete Streets efforts.[325,326]
- On September 9, 2025, DOT canceled grants for street safety measures, such as pedestrian trails and bike lanes. The projects were canceled to preserve or increase roadway capacity for motor vehicles.[327]

Proposed Federal Budget and Policy Changes

TABLE 9. PROPOSED FEDERAL BUDGET FOR PROGRAMS SUPPORTING COMPLETE STREETS

Goal 4. Promote Active Living and Connectedness

Program/Line Item	FY 2024 Enacted Budget	FY 2026 Agency Request	FY 2026 President's Budget	FY 2026 Senate Mark	FY 2026 House Mark
U.S. DOT, Safe Roads for All	1,000,000	1,000,000	0	980,000	No data available
U.S. DOT, Highway Safety Improvement Program	3,100,000,000	3,200,000,000	4,213,000,000	No data available	No data available
U.S. DOT, Surface Transportation Block Grant Program	14,400,000,000	15,000,000	19,422,000,000	No data available	No data available
Better Utilizing Investments to Leverage Development (BUILD) grant program	No data available	No data available	No data available	250,000,000	0
U.S. DOT, The Neighborhood Access and Equity grant program	3,200,000,000	0	4,095,000	No data available	No data available
CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity	58,420,000	0	0	58,420,000	58,420,000

EXAMPLE STATE EFFORT

Washington. In 2011, the state's legislature passed a statewide Complete Streets Act, encouraging localities to adopt their own Complete Streets ordinances and establishing a grant program to help local governments pay for Complete Streets projects.[328] In 2022, the state passed legislation requiring Complete Streets for all projects over $500,000 within urbanized areas, [329] and this policy received a score of 49/100 from Smart Growth America. The state's commitment to Complete Streets has led to many localities adopting Complete Streets policies. Yet, Smart Growth America has found that these local policies average around 25 points as they lack elements to ensure actionable and measurable change, which are necessary to ensure Complete Streets policy implementation.[330]

GOAL 5: Ensure Safe, Healthy, and Affordable Housing for All

State legislative action is not necessarily required to enact programs related to housing access or rehabilitation. Historically, states and localities have maximized federal funds and local strategies to implement housing rehabilitation and rapid re-housing programs. This section discusses initiatives both supported by federal agencies and how states have pursued changes beyond implementing federal funds. Because this goal area is heavily dependent on states administering programs via federal dollars, we focus on the substantial federal changes affecting the housing policies recommended here rather than state legislative actions.

Housing Rehabilitation

States can enact legislation and allocate budgetary resources to provide funding to repair and/or improve homes, or to remove health or safety hazards from homes. Housing rehabilitation programs may focus on remediating individual aspects of the home, such as heating, plumbing, lead, or mold, or can focus on a comprehensive improvement of the home.[331] Funds for these efforts often flow from a federal office to a state and/or local housing authority to be facilitated by government or community nonprofit organizations. Related state-level legislation varies and can include actions such as expanding which entities administer rehabilitation funds.[332] Research suggests that these programs are often underfunded, reducing their reach and benefits to homeowners and neighborhoods.[333]

Health and Economic Benefits

Health Benefits

Since many rehabilitation efforts focus on reducing hazards within a home, such as lead and mold, housing rehabilitation often leads to reduced respiratory problems[334] and less hospital utilization.[335] Rehabilitation can include accessibility modifications, such as ramps, and is associated with greater mobility, independence, and quality of life.[336] Housing rehabilitation programs that focus on older adults allow them to better age in place. Housing modifications that reduce exposure to changing weather conditions and extreme weather events have also been shown to prevent and mitigate heat-related illnesses and cold-related health problems.[337]

Economic Benefits

Housing rehabilitation is associated with improved home values for the owner, including values related to better energy efficiency. These improvements are associated with improved neighborhood quality and stability, especially in neighborhoods facing declines in property values.[338] It also increases affordability and allows lower-income owners to afford to stay in their homes rather than facing increasingly unaffordable fines or other housing-related repair costs.[339]

Federal Supports and Recent Changes

Federal Supports

Several mechanisms for home repair exist at the federal level and are fragmented across the federal government.[340] The following are highlights of some of these funding streams and programs:

- HUD's Federal Housing Administration's 203(k) program finances home purchases and any related renovations, including those focused on energy efficiency and health and safety hazards, through one loan.[341]
- HUD's HOME Investment Partnerships Program allocates funds to assist low-income homeowners with rehabilitation and repair to bring the unit to state or local code.[342]
- Community Development Block Grant (CDBG) dollars can be used to rehabilitate housing, including disaster-damaged homes of low- to moderate-income households.[343]
- USDA's Section 504 Home Repair Program provides loans to very low-income homeowners to repair, improve, or modernize their homes or provides grants to elderly very low-income homeowners to remove health and safety hazards.[344]
- States and localities could apply for USDA's Housing Preservation Grants Program for low- and very low-income rural citizens. Funds support organizations to help renters of homeowners that were damaged in presidentially declared disaster areas as of 2022.[345]
- HUD offers the Indian Housing Block Grant Competitive Program as competitive grant opportunities to eligible entities for designated housing projects that increase the

availability of affordable housing for low-income tribal families. HUD prioritizes construction and rehabilitation projects that increase the number of housing units available in Indian country.[346] This funding is appropriated via statute through the Native American Housing Assistance and Self-Determination Act.

- Medicaid's Section 1115 demonstration waivers included opportunities for states to receive funds for housing initiatives, including using Medicaid dollars for home accessibility modifications.[347]

Proposed Federal Budget and Policy Changes

- Funding for Section 504's Very Low-Income Housing Repair Loans and Grants were substantially reduced in the president's proposed budget but kept at level funding in congressional budgets.
- HOME is eliminated in the president's and House's FY 2026 budgets but kept at level funding in the Senate budget.
- CDBG funds were eliminated in the president's FY 2026 budget but varied in congressional budgets.
- The president's proposed budget aimed to limit USDA funding for home repair grants and housing preservation grants. USDA also experienced substantial staff terminations, including those focused on rural housing repair.[348]
- CMS has rescinded health-related social needs guidance and does not plan to approve new state proposals.[349]

TABLE 10. PROPOSED FEDERAL BUDGET FOR PROGRAMS SUPPORTING HOUSING REHABILITATION

Goal 5. Ensure Safe, Healthy, and Affordable Housing for All

Program/Line Item	FY 2024 Enacted Budget	FY 2026 Agency Request	FY 2026 President's Budget	FY 2026 Senate Mark	FY 2026 House Mark
203(k) Rehabilitation Mortgage Insurance Program	No data available	No data available	No data available	No data available	No data available
USDA Housing Preservation Grants	10,000,000	0	1,000,000	10,000,000	No data available
USDA Section 504 Home Repair Program	4,333,000	4,000,000	4,333,000	4,333,000	4,333,000
HUD's HOME Investment Partnerships Program	1,500,000,000	0	0	1,250,000,000	0
Community Development Block grant	3,300,000,000	0	0	1,211,000,000	3,300,000,000
Multifamily Housing Preservation/ Revitalization Pilot Grants	34,000,000	15,000,000	15,000,000	34,000,000	30,000,000
Indian Housing Block Grant Competitive Program	150,000,000	795,024,000	0	100,000,000	150,000,000

EXAMPLE STATE EFFORT

Pennsylvania. In 2022, Pennsylvania legislators passed the Whole Homes Repair Act with bipartisan support.[350] This act allocated $125 million of federal pandemic aid to help homeowners address major housing issues, to improve energy efficiency, or to make homes more accessible for people with disabilities. While this program was widely popular, in 2024, state funding for the program ceased due to legislators prioritizing other programs and worries about replacing onetime federal funding with state dollars.[351] Although the governor's budget had initially allocated $50 million for it, the lack of available funding led to almost 18,200 homeowners who had applied being placed on a waitlist.[352] Pennsylvania has also seen an increase in funding for its state housing trust fund, the Pennsylvania Housing Affordability and Rehabilitation Enhancement fund, which provides funds for the creation, rehabilitation, and support of affordable housing.[353]

Rapid Re-Housing Programs

Rapid re-housing programs provide short-term (three months) to medium-term (six to 24 months) identification of housing, rental assistance for housing, and case management services that help people experiencing homelessness move quickly into permanent housing.[354] This process typically features a Housing First approach, which connects individuals experiencing homelessness with case management, services, and permanent housing. This process does not require any preconditions, offering ongoing supports and treatment while being grounded in the belief that addressing housing needs first encourages participants to better address other needs. Rapid re-housing programs may operate at state, county, or municipal levels, and some function as a partnership between government and nonprofits.

Health and Economic Benefits

Health Benefits

Rapid re-housing is linked to improved mental health, such as anxiety and depression relief after moving into housing;[355] greater self-sufficiency; reduced substance use; fewer days hospitalized; and fewer experiences with domestic violence.[356]

Economic Benefits

Participants experience increased financial stability and employment outcomes. Specifically, this process helps people exit immediate homelessness and obtain and maintain stable employment more effectively than those who do not. Long-term, studies have found that a year after receiving rapid re-housing, between 75 and 91 percent of households remain housed.[357] Case management services offered through this process are associated with clients participating in stabilizing activities, such as job training.[358]

Federal Supports and Recent Changes

Federal Supports

While state strategies and partnerships vary in how they manage related programs, they primarily maximize federal funds administered by HUD to do so. The primary streams for rapid re-housing efforts include Homeless Assistance Grants, grouped into Continuum of Care (CoC) grants, Emergency Solutions Grants (ESG), and Housing Opportunities for Persons With AIDS (HOPWA). These efforts typically operate in separate funding streams and can also include supports for permanent supportive housing, data collection and management, and street outreach, among other activities.[359]

Proposed Federal Budget and Policy Changes

Several proposed changes to rapid re-housing and broader homelessness prevention efforts would disrupt rapid re-housing activities in states and localities.

- HUD has proposed combining CoC and HOPWA into ESG, even though they serve different purposes and specific groups, and operate differently (e.g., administered by government or instead by community nonprofits). This change would also

lower and cap the total amount of funding for permanent housing (currently, 87 percent of all CoC projects, which would move to 30 percent), making it harder to place someone experiencing emergency homelessness into stable housing.[360]

- The U.S. Interagency Council on Homelessness coordinated homelessness prevention efforts across the federal government and was disbanded in April 2025.[361]
- The president initially terminated HUD's Community Compass grants,[362] which provide technical assistance capacity to entities like states, localities, and nonprofits implementing efforts like rapid re-housing, but a successful lawsuit reinstated those funds.[363]
- Throughout 2025, HUD has rescinded or modified rules that aim to prevent housing discrimination, including those disproportionately more likely to experience homelessness, and have also reduced staff working against housing discrimination. The latest version of the Affirmatively Furthering Fair Housing Rule published on March 3, 2025, no longer includes a requirement for jurisdictions to provide detailed reports or justifications to demonstrate compliance with the rule.[364]

TABLE 11. PROPOSED FEDERAL BUDGET FOR PROGRAMS HOUSING FIRST PROGRAMS

Goal 5. Ensure Safe, Healthy, and Affordable Housing for All

Program/Line Item	FY 2024 Enacted Budget	FY 2026 Agency Request	FY 2026 President's Budget	FY 2026 Senate Mark	FY 2026 House Mark
Homeless assistance grants (includes ESG, CoC, and rural housing stability assistance)	4,051,000,000	4,024,000,000	4,024,000,000	4,530,000,000	4,158,000,000

EXAMPLE STATE EFFORT

Pennsylvania. In February 2024, the Pennsylvania Department of Community and Economic Development allocated more than $6 million to address homelessness in the state, including $750,000 to the Pennsylvania Coalition Against Domestic Violence to aid survivors of domestic abuse through rapid re-housing, homelessness prevention, and emergency shelter services.[365] This builds on the coalition's work since 2021, when it was awarded $6.25 million through the Emergency Solutions Grant–CARES ACT to support survivors of domestic abuse.[366] The coalition is responsible for disbursing funds to organizations across the state. Although the investments have assisted many survivors, their reach is limited due to a lack of affordable housing and challenges with accessing public transport options, particularly in rural areas of the state.

GOAL AREA 6: Economic Well-Being

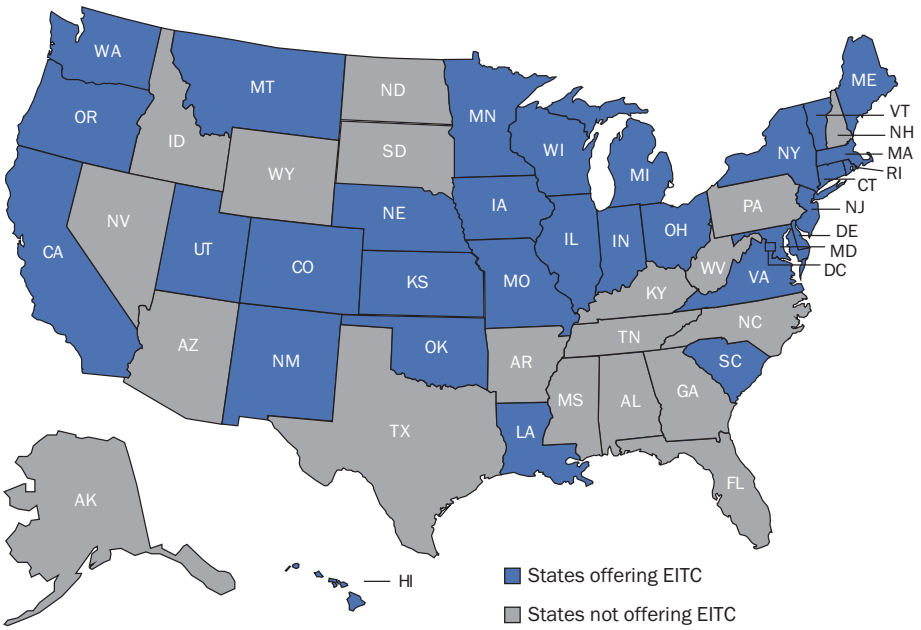
Earned Income Tax Credit (EITC)

The Earned Income Tax Credit (EITC) assists qualified taxpaying families by reducing the amount of taxes they owe based on income level, marital status, and the household's number of dependent children.[367] Some states have expanded EITC to adults without dependent children. A state EITC can supplement the federal EITC, which is a federal tax credit for low- and moderate-income workers and their families. A state EITC applies the same principles as the federal program toward a state-funded benefit. EITC policies vary across states and territories, most states calculate their EITCs as a percentage of the federal credit ranging between 4 percent to 125 percent or less of the federal EITC.[368]

EITC also can operate as a refund or as a tax reduction depending on the state. Refundable EITC tax credits allow working households to keep the full value of their credit, even if it exceeds their income tax liability. This means the credit can help offset taxes they owe, and the rest is refunded to the household. Currently, 25 states, the District of Columbia, Guam, and Puerto Rico have credits that are fully refundable if the amount is greater than the taxes owed.[369] Four states (Missouri, Ohio, South Carolina, and Utah) have implemented nonrefundable state EITCs. Two states (Delaware and Virginia) offer a refundable and nonrefundable state EITCs. In ten states[xii] and the District of Columbia, individuals using a valid individual taxpayer identification number are also eligible for EITC.[370]

As of 2024, 31 states, the District of Columbia, Guam, and Puerto Rico have an EITC law.[371]

FIGURE 13. States Offering Earned Income Tax Credit



Source: National League of Cities

xii California, Colorado, Illinois, Maine, Maryland, Minnesota, New Mexico, Oregon, Vermont, Washington

Health and Economic Benefits

Health Benefits

State EITCs have been associated with positive health outcomes, including increased life expectancy, fewer negative birth outcomes, increases in birthweight for children of Black mothers, and improved food insufficiency and insecurity.[372,373,374,375,376] EITC has also been associated with decreases in mental health issues, binge drinking, violence, psychological distress, and suicide rates.[377,378,379,380]

Economic Benefits

The EITC is connected to several positive economic outcomes. Childhood exposure to EITC is associated with fewer self-reported criminal convictions in adolescence (each $1,000 was associated with an 11 percent decrease).[381] EITC benefits received between ages 13 and 18 were associated with a slightly higher likelihood of completing college by age 26.[382] Childhood exposure to EITC reduces the likelihood of being an adult living near or in poverty by approximately 5 percentage points.[383] Since EITC leads to greater state tax revenue increases and fewer transfers of government funds, every $1 of spending toward EITC only costs the federal government $0.17.[384]

Federal Supports and Recent Changes

The federal government's EITC credit determinations are used by many states to define the state EITC match rate, which refers to the percentage of the federal EITC that a state or local government provides as its own EITC. However, there is no federal funding to support the state EITC credits.

Proposed Federal Budget and Policy Changes

As part of the budget reconciliation bill signed into law on July 4, 2025, a new pre-certification program was established. The program is slated to begin in 2028, and it will require EITC taxpayers to submit documents annually to determine their eligibility for the federal EITC. The certification process will determine child qualifying status and address duplicate claims.[385,386] There are concerns that the pre-certification process will create barriers for eligible individuals to access the federal EITC.[387] It is unclear to what extent this new program would impact the state EITC processes, since state EITC processes are independent from those at the federal level.

EXAMPLE STATE EFFORT

Massachusetts. In an ongoing effort since 2015, the state has worked to increase its EITC match rate, which refers to the percentage of the federal EITC that a state or local government provides as its own EITC. For Massachusetts, this match rate was increased to 40 percent in 2023 from 30 percent. The state expanded eligibility to include individuals who are living separately from their spouse and individuals who are unable to file a joint return because they are a victim of domestic abuse.[388,389] As advocates shared during the listening sessions the state has focused its advocacy efforts on demonstrating the health impact of the EITC rather than focusing solely on the workforce and the economic impact that EITC can have on the state.

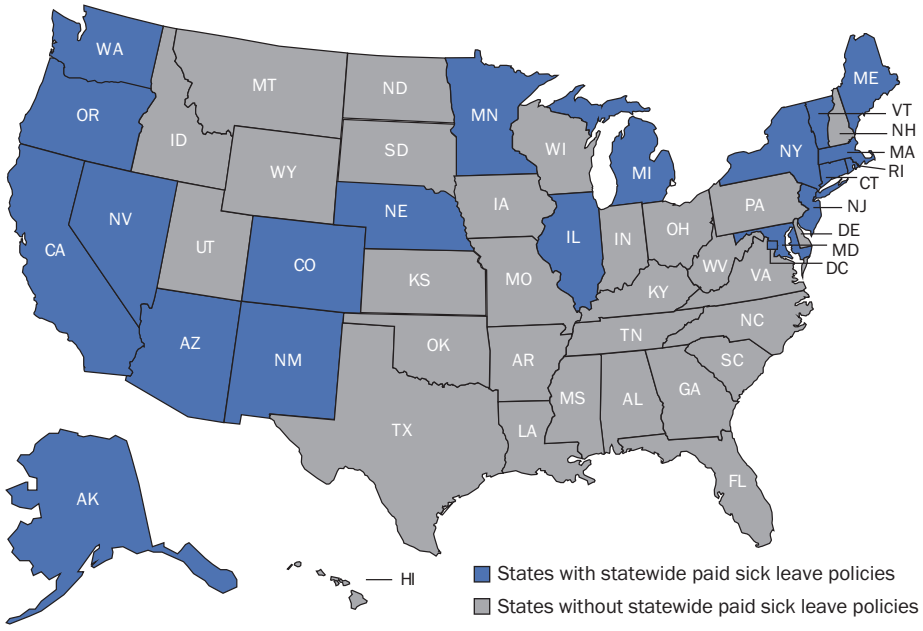
Earned Sick Leave

Earned sick leave policies allow employees to take time off from work to recover when they are ill or taking care of a sick family member. Earned sick leave also allows employees to maintain routine medical care and chronic disease management, resulting in better long-term health outcomes.[390] Earned sick leave laws help employers ensure they have a healthy, productive workforce, and they reduce employee turnover by preventing burnout, mitigating the outbreak of foodborne illnesses, and saving employers the cost of hiring and training replacements.[391,392]

As of 2024, 21 percent of American workers do not have access to earned sick leave.[393] Since the last PHACCS report, nine states[xiii] have adopted a statewide earned sick leave policy or have established a statewide paid time off law that allows time off for various reason, including sick time. States with earned sick leave or statewide paid time off policies vary widely on what is included in the policy, including eligibility requirements for the program and the maximum length of paid sick leave.[394] There is also variation in how quickly workers can earn paid sick days; who is covered by the policy among full-time, part-time, public, private, and temporary employees; and what types of companies, organizations, and employees are exempt from the law.[395] Additionally, 28 states preempt local mandatory paid leave laws.[396]

As of 2025, 20 states and the District of Columbia either have an earned sick leave law that is or will be enacted (Figure 16). Alaska, Nebraska, and Missouri passed paid leave laws via ballot initiatives during the 2024 election.[397] However, as of July 10, 2025, Missouri's voter approved initiative was rescinded.[398]

FIGURE 14. States with Statewide Paid Leave Policies



Source: A Better Balance

xiii Colorado, Illinois, Maine, Minnesota, Nebraska, Nevada, New Mexico, and New York

Health and Economic Benefits

Health Benefits

Earned sick leave increases healthcare access, decreases injury, and decreases infectious diseases transmission. Research shows that earned sick leave mandates are associated with higher rates of cancer screenings, as well as increased access and use of preventative services.[399,400] Workers without earned sick leave are less likely to access preventative care (e.g., vaccinations, mammograms, Pap tests, etc.) which suggests they are more likely to forgo needed medical care for themselves and their families.[401] They are also more likely to experience occupational injury and more likely to attend work while ill.[402,403,404]

Economic Benefits

Paid sick leave can increase labor productivity and profit for employers.[405] Earned sick leave has also been shown to have positive impacts on retention, job satisfaction, and employee commitment.[406,407,408] A study looking at the nationwide potential impact of earned sick leave estimate that it could save employers between $0.63 and $1.88 billion dollars a year (in 2016 dollars) related to employee absenteeism from a flu-like illness.[409] Studies of the Seattle and New York City earned sick leave policies showed increases in labor force participation.[410,411] A study of the Connecticut earned sick leave policy showed there was a modest or no impact on cost or administrative burden to businesses.[412]

Federal Supports and Changes

There are no federal laws or funds that support earned sick leave policies. At the federal level, the Family and Medical Leave Act (FMLA) guarantees employees 12 weeks of unpaid job-protected leave for specified family and medical reasons and allows employees to maintain health insurance coverage during this time.[413] However, FMLA only applies to public agencies, public and private elementary and secondary schools, and companies with 50 or more employees.[414]

Proposed Federal Budget and Policy Changes

There are also no funding or policy changes that impact earned sick leave policies at the federal level. In April 2025, Representative Stephanie Bice (R, OK-05) and a bipartisan group of cosponsors introduced the More Paid Leave for More Americans Act to create state grants for paid leave via the Department of Labor.[415]

EXAMPLE STATE EFFORTS

Nebraska. In November 2024, a state ballot initiative requiring all employers in the state to allow employees to earn paid sick leave passed by 74.6 percent of the vote.[416] Starting October 1, 2025, employees from small companies can earn up to 40 hours of paid leave a year, while employees in large companies can earn up to 56 hours of paid leave year.[417] Some in the business community have expressed concerns on the implementation of the law due to lack of clarity in the law, including definitions that do not align with federal definitions, increased compliance administrative requirements, and concerns about increasing prices for consumers.[418,419] Despite these concerns, the petition, which was led by a coalition of civil rights advocates, unions, community centers, and organizations, received support from more than 200 local businesses.[420,421,422]

Virginia. During the 2024 legislative session, the state's General Assembly passed Senate Bill 373, which would have established a paid medical and paid family leave program to start in 2026.[423] The bill received support from both the state House and Senate and public support (with 88 percent of Virginians supporting at least five days a year of paid sick leave).[424] But Governor Glenn Youngkin vetoed the bill, noting that this proposal would remove the incentive for the private sector to provide the benefits and exempted the state government from the mandate required for small businesses or nonprofits, creating an unfair environment.[425,426] The proposed law would have covered 80 percent of eligible employees' weekly wages for up to twelve weeks over a 12-month period and would have allowed employees to use time for parental or caregiver leave.[427]

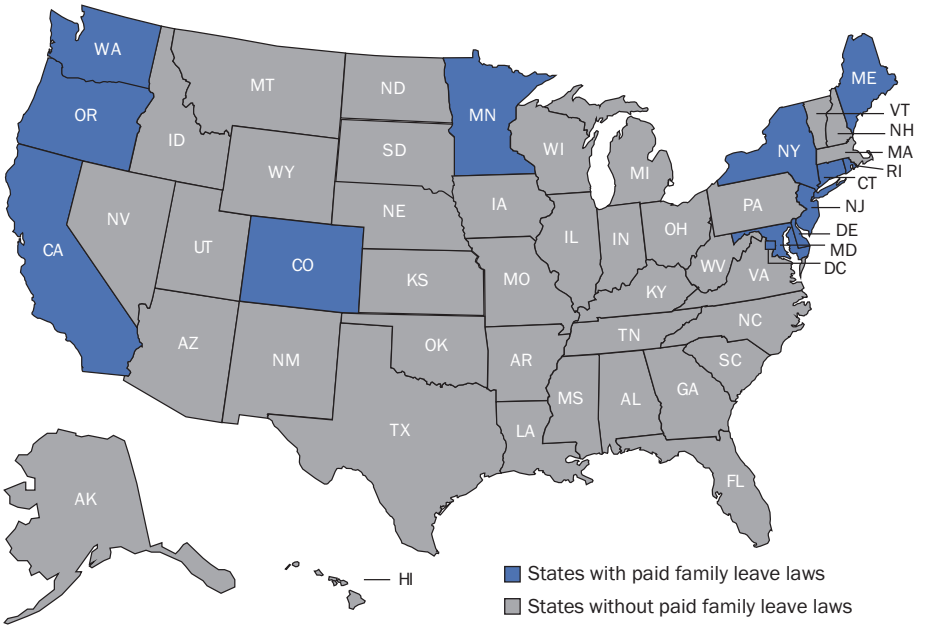
Paid Family Leave

The United States does not guarantee paid family leave to new parents.[428] Paid family leave policies require employers to provide employees with time off for a recent birth or adoption of a child, taking care of a parent or spouse with a serious medical condition, or caring for a sick child. Currently, federal law provides up to 12 weeks of unpaid leave for new parents through the FMLA, but there is no federal law that requires private-sector employers to provide paid family leave.[429] As of 2023, 27 percent of private-sector workers and 28 percent of state and local government workers had access to paid family leave.[430] States' regulation of paid family leave varies widely by maximum length of paid leave, generally ranging from four weeks to 12 weeks, and in the eligibility requirements for qualifying for the program.[431]

Other variations in state programs may include how the program is funded, who is covered by the policy, the amount employees receive for paid family leave, and the maximum weekly benefit amount.[432] Some states and localities have advanced paid leave policies that may apply solely to a single category of beneficiaries, such as state employee paid leave policies. Since the last PHACCS report, seven states[xiv] have adopted a statewide paid family leave policy. Additionally, as of 2023, 20 states have established laws preempting localities within the state to adopt and implement their own paid family leave laws.[433]

As of 2024, 14 states and the District of Columbia have enacted paid family leave laws. Three[xv] of these 14 states have paid family leave laws that are enacted, but some sections of the law, such as premiums and benefits, are not effective until a future date.[434]

FIGURE 15. States with Paid Family Leave Laws



Source: National Partnership for Women and Families

xiv Colorado, Connecticut, Delaware, Maine, Maryland, Minnesota, and Oregon

xv Delaware, Maryland, and Minnesota

Health and Economic Benefits

Health Benefits

Studies of parental paid leave have found significant declines in neonatal and infant mortality,[435] as well as decreases in both post-neonatal mortality[436] and childhood hospitalization.[437] Reviews of paid family leave policies also show that these policies contribute to protective factors for children, including increased family stability, improved infant and parent health,[438] longer durations of breastfeeding,[439,440] better language outcomes, and fewer behavioral problems for children of mothers with lower educational attainment.[441] Positive outcomes for parents also include decreased risk of self-reported negative mental health and physical health among mothers,[442] better stress management, and decreases in depressive symptoms.[443]

Economic Benefits

Offering employees paid family leave has been shown to provide economic security to caregivers, increase employee retention, and save employers the cost of training new hires. A 2025 estimate of implementing paid parental leave policies within the United States found that a $1,000 investment into this policy would net $7,251 to $29,369 of social benefit depending on the length of leave provided through the program (4 weeks or 12 weeks).[444] Businesses may benefit from establishing paid family leave, as it can reduce the cost of turnover.[445] Several studies of paid family leave policies show that it supports women's ability to stay engaged in the workforce, improves job satisfaction, and lowers the risk of mothers leaving the labor market.[446,447,448]

Federal Supports and Recent Changes

There are no federal laws or funds that support state paid family leave policies. At the federal level, the FMLA guarantees employees 12 weeks of unpaid job-protected leave for specified family and medical reasons and allows employees to maintain health insurance coverage during this time.[449] However, FMLA only applies to public agencies, public and private elementary and secondary schools, and companies with 50 or more employees.[450]

Proposed Federal Budget and Policy Changes

OBBBA makes the Internal Revenue Code Section 45S permanent. The 45S is a business credit that covers part of a full-time worker's wages for six to 12 weeks after the birth of the child or other qualifying family or medical event.[451] The credit was created as a pilot program as part of the Tax Cuts and Jobs Act passed in 2017 and extended until 2025 and has now been made permanent.[452]

EXAMPLE STATE EFFORT

Louisiana. The state's paid parental leave for state employees has had bipartisan support with its inception in November 2023 and its formalization into law in 2024.[453] The law provides six weeks of leave along with employment protection to classified state employees. This paid leave initiative was passed through the Louisiana State Civil Service Commission rather than the state legislature, as advocates identified that regulation could be enacted through the Commission rather than the legislature. The governor at the time was able to finalize the policy before he left office and despite a gubernatorial transition, paid leave for state employees was reauthorized and remains an active policy. This process demonstrated an approach to advancing employee benefits through executive branch action.

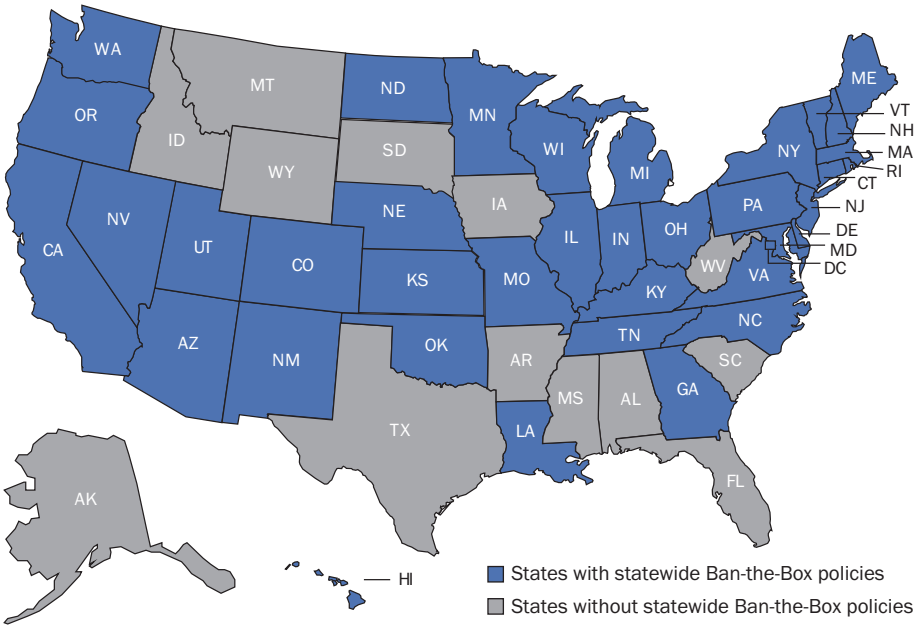
Fair Hiring Protections (Ban-the-Box)

States can adopt fair hiring protections or second chance laws, such as ban-the-box (BTB) laws to decrease barriers to employment for individuals with a conviction history. BTB policies remove questions on job applications related to conviction history and delay criminal background checks until later in the hiring process. These policies can help increase employment opportunities for applicants with criminal records and help them reenter the workforce, contribute to the economy, and reduce recidivism,[454] though research increasingly highlights mixed evidence related to these efforts.[455]

BTB laws can vary according to (1) whether the law applies to public- or private-sector employers; (2) how long an employer must wait before asking about conviction history; (3) what positions the BTB law applies to; (4) what must be considered along with the conviction history (e.g., mitigating factors); and (5) whether notice of the reason for rescinding a job offer is required. Mixed evidence[456,457] suggests more research is needed to best inform the effectiveness of these policies, including hiring in lower-wage jobs rather than others. For example, applicants completing forms without an option for conviction history were discriminated against for belonging to a group more likely to have a criminal record (e.g., young Black men).[458]

Thirty-seven states, the District of Columbia, and the U.S. Virgin Islands have second chance laws or policies as of September 2025.[459,460] More than 150 cities and counties have also adopted a BTB policy.[461] Since the last PHACCS report, six states[xvi] adopted BTB laws. However, as of 2023, four jurisdictions have preempted local governments from enacting BTB policies.[462] Only 15 states have mandated this policy for private employers.[463]

FIGURE 16. States with Statewide Ban-the-Box Policies



Source: National Employment Law Project

xvi Maine, New Hampshire, North Carolina, North Dakota, Louisiana, and Texas

Health and Economic Benefits

Health Benefits

Because BTB policies are associated with increased employment for justice-involved individuals, it allows those involved to experience improved economic well-being from that employment, which influences health outcomes.[464]

Economic Benefits

Most employers reported BTB laws having minimal impact on their hiring processes. As individuals become employed, they contribute to state income taxes and state revenue and can save taxpayer dollars in cases where the law is linked to reducing recidivism.[465] Justice-involved individuals have increased lifetime earnings when BTB policies are in place.

Federal Supports and Recent Changes

In December 2019, the Fair Chance to Compete for Jobs Act of 2019 became law as part of the National Defense Authorization Act.[466] Effective December 2021, the law prohibits most federal agencies and contractors from requesting information on a job applicant's arrest and conviction record until after conditionally offering the job to the applicant.[467]

Proposed Federal Budget and Policy Changes

There are no federal funding streams that support state BTB policies.

EXAMPLE STATE EFFORT

Maine. Since the 2019 PHACCS Report, Maine is the only state that has legislatively enacted fair chance hiring protections that also include private employers in addition to applicants for public-sector positions.[468] These changes also extend to all counties and cities within the state.[469] As in other states, one city in Maine has enacted a stronger ordinance, requiring that employers wait until a conditional job offer has been made before inquiring about criminal histories.[470]

APPENDIX: Analysis of Budget Proposals by PHACCS Goals

This appendix covers budget proposals for each PHACCS goal and provides information from the following budgets: (1) FY 2024 Enacted Budget, (2) FY 2026 Agency Request, (3) FY 2026 President's Budget, (4) FY 2026 Senate Mark, and (5) FY 2026 House Mark. The data included are the most recent available as of October 2025, although a budget was not passed as of October 2025.

PROPOSED FEDERAL BUDGET FOR HEAD START PROGRAM					
Program/ Line Item	**FY 2024 Enacted Budget**	**FY 2026 Agency Request**	**FY 2026 President's Budget**	**FY 2026 Senate Mark**	**FY 2026 House Mark**
Head Start	12,271,820,000	12,271,820,000	12,272,000,000	12,356,820,000	12,271,820,000

PROPOSED FEDERAL BUDGET FOR SCHOOL NUTRITION PROGRAMS					
Program/Line Item	**FY 2024 Enacted Budget**	**FY 2026 Agency Request**	**FY 2026 President's Budget**	**FY 2026 Senate Mark**	**FY 2026 House Mark**
National School Lunch Program	18,150,000,000	18,096,297,000	18,096,000,000	17,183,209,000	17,183,209,000
National Breakfast Program	6,140,966,000	6,675,168,000	6,675,000,000	6,675,168,000	6,675,168,000

PROPOSED FEDERAL BUDGET FOR HARM-REDUCTION EFFORTS					
Program/Line Item	**FY 2024 Enacted Budget**	**FY 2026 Agency Request**	**FY 2026 President's Budget**	**FY 2026 Senate Mark**	**FY 2026 House Mark**
CDC National Center for Injury Prevention and Control, Division of Overdose Prevention	761,379,000	475,579,000	0	761,379,000	505,579,000
Substance Abuse and Mental Health Services Administration	7,370,000,000	0	0	7,428,917,000	6,932,188,000

PROPOSED FEDERAL BUDGET FOR PROGRAMS SUPPORTING SMOKE-FREE POLICIES					
Program/Line Item	**FY 2024 Enacted Budget**	**FY 2026 Agency Request**	**FY 2026 President's Budget**	**FY 2026 Senate Mark**	**FY 2026 House Mark**
CDC's Office of Disease Prevention and Health Promotion, Office on Smoking and Health	246,500,000	0	0	246,500,000	0
FDA's Center for Tobacco Products	684,760,000	689,258,000	No data available	701,503,800	684,760,000

PROPOSED FEDERAL BUDGET FOR PROGRAMS SUPPORTING REDUCTION OF EXCESSIVE ALCOHOL USE					
Program/Line Item	**FY 2024 Enacted Budget**	**FY 2026 Agency Request**	**FY 2026 President's Budget**	**FY 2026 Senate Mark**	**FY 2026 House Mark**
CDC's Office of Disease Prevention and Health Promotion, Alcohol Program	6,000,000	0	0	4,000,000	No data available

PROPOSED FEDERAL BUDGET FOR PROGRAMS SUPPORTING COMPLETE STREET POLICIES					
Program/Line Item	**FY 2024 Enacted Budget**	**FY 2026 Agency Request**	**FY 2026 President's Budget**	**FY 2026 Senate Mark**	**FY 2026 House Mark**
U.S. DOT, Safe Roads for All	1,000,000	1,000,000	0	980,000	No data available
U.S. DOT, Highway Safety Improvement Program	3,100,000,000	3,200,000,000	4,213,000,000	No data available	No data available
U.S. DOT, Surface Transportation Block Grant Program	14,400,000,000	15,000,000	19,422,000,000	No data available	No data available
Better Utilizing Investments to Leverage Development (BUILD) grant program	No data available	No data available	No data available	250,000,000	0
U.S. DOT, The Neighborhood Access and Equity grant program	3,200,000,000	0	4,095,000	No data available	No data available
CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity	58,420,000	0	0	58,420,000	58,420,000

PROPOSED FEDERAL BUDGET FOR PROGRAMS SUPPORTING HOUSING REHABILITATION					
Program/Line Item	**FY 2024 Enacted Budget**	**FY 2026 Agency Request**	**FY 2026 President's Budget**	**FY 2026 Senate Mark**	**FY 2026 House Mark**
203(k) Rehabilitation Mortgage Insurance Program	No data available	No data available	No data available	No data available	No data available
USDA Housing Preservation Grants	10,000,000	0	1,000,000	10,000,000	No data available
USDA Section 504 Home Repair Program	4,333,000	4,000,000	4,333,000	4,333,000	4,333,000
HUD's HOME Investment Partnerships Program	1,500,000,000	0	0	1,250,000,000	0
Community Development Block grant	3,300,000,000	0	0	1,211,000,000	3,300,000,000
Multifamily Housing Preservation/ Revitalization Pilot Grants	34,000,000	15,000,000	15,000,000	34,000,000	30,000,000
Indian Housing Block Grant Competitive Program	150,000,000	795,024,000	0	100,000,000	150,000,000

PROPOSED FEDERAL BUDGET FOR PROGRAMS SUPPORTING HOUSING FIRST					
Program/Line Item	**FY 2024 Enacted Budget**	**FY 2026 Agency Request**	**FY 2026 President's Budget**	**FY 2026 Senate Mark**	**FY 2026 House Mark**
Homeless assistance grants (includes ESG, CoC, and rural housing stability assistance)	4,051,000,000	4,024,000,000	4,024,000,000	4,530,000,000	4,158,000,000

Find references for these budget comparisons on page 72.

Office of Management and Budget. "Technical Supplement to the 2026 Budget: Appendix." https://www.whitehouse.gov/wp-content/uploads/2025/05/appendix_fy2026.pdf. Accessed November 8, 2025.

Vought, Russell T. "Fiscal Year 2026 Discretionary Budget Request." May 2, 2025. https://www.whitehouse.gov/wp-content/uploads/2025/05/Fiscal-Year-2026-Discretionary-Budget-Request.pdf. Accessed November 8, 2025.

Senate Committee on Appropriations. "Departments of Labor, Health and Human Services and Education and Related Agencies, Appropriations Bill, 2026." July 31, 2025. https://www.appropriations.senate.gov/imo/media/doc/fy26_lhhs_senate_report.pdf. Accessed November 8, 2025.

Senate Committee on Appropriations. "Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Bill, 2026." July 2025. https://www.appropriations.senate.gov/imo/media/doc/fy26_agriculture-fda_senate_report.pdf. Accessed November 8, 2025.

Senate Committee on Appropriations. "Transportation, Housing and Urban Development, and Related Agencies Appropriations Bill, 2026." July 24, 2025. https://www.appropriations.senate.gov/imo/media/doc/fy26_thud_senate_report.pdf." Accessed November 8, 2025.

House of Representatives Committee on Appropriations. "Departments of Labor, Health and Human Services and Education and Related Agencies, Appropriations Bill, 2026." 2025. https://docs.house.gov/meetings/AP/AP00/20250909/118593/HMKP-119-AP00-20250909-SD002.pdf. Accessed November 8, 2025.

House of Representatives Committee on Appropriations. "Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Bill, 2026." June 25, 2025. https://www.congress.gov/119/crpt/hrpt172/CRPT-119hrpt172.pdf. Accessed November 8, 2025.

House of Representatives Committee on Appropriations. "Departments of Transportation, Housing and Urban Development, and Related Agencies Appropriations Bill, 2026." July 21, 2025. https://www.congress.gov/119/crpt/hrpt212/CRPT-119hrpt212.pdf. Accessed November 8, 2025.

U.S. Department of Health and Human Services. "Fiscal Year 2026 Administration for Children, Families, and Communities: Justification of Estimates for Appropriations Committees." https://www.hhs.gov/sites/default/files/fy-2026-acfc-cj.pdf. Accessed November 8, 2025.

U.S. Department of Health and Human Services. "Fiscal Year 2026 Administration for a Healthy America: Justification of Estimates for Appropriations Committees." https://www.hhs.gov/sites/default/files/fy-2026-aha-cj.pdf. Accessed November 8, 2025.

Centers for Disease Control and Prevention. "FY 2024 Operating Plan." https://www.cdc.gov/budget/documents/fy2024/FY-2024-CDC-Operating-Plan.pdf. Accessed November 8, 2025.

U.S. Department of Agriculture. "2026 USDA Explanatory Notes – Food and Nutrition Service." https://www.usda.gov/sites/default/files/documents/34-2026-CJ-FNS.pdf. Accessed November 8, 2025.

U.S. Department of Agriculture. "FY 2026 Budget Summary." https://www.usda.gov/sites/default/files/documents/2026-usda-budget-summary.pdf. Accessed November 8, 2025.

Congressional Research Service. "Department of Housing and Urban Development (HUD): FY2026 Budget Request Fact Sheet." Congress.gov, June 12, 2025. https://www.congress.gov/crs-product/R48567. Accessed November 8, 2025.

U.S. Department of Transportation. "FY 2026 Budget Highlights." https://www.transportation.gov/sites/dot.gov/files/2025-05/DOT_FY_2026_Budget_Highlights_508c.pdf. Accessed November 8, 2025.

U.S. Department of Health and Human Services. "Fiscal Year 2026: Food and Drug Administration." https://www.fda.gov/media/186732/download. Accessed November 8, 2025.

U.S. Department of Health and Human Services. "Fiscal Year 2025: Substance use and Mental Health Services Administration, Justification of Estimates for Appropriations Committees." https://www.samhsa.gov/sites/default/files/samhsa-fy-2025-cj.pdf. Accessed October 23, 2025.

STATUS OF STATE POLICIES THAT CREATE CONDITIONS FOR GOOD HEALTH

States	Universal Pre-Kindergarten Programs	Healthy School Meals for All		Syringe Access Programs	Smoke-Free Laws	State Cigarette Excise Tax Rates		Distilled Spirit Tax Rate		Beer Tax Rate	
		Universal School Breakfast	Universal School Lunch			Tax	Rank	Tax	Rank	Tax	Rank
Alabama						$0.675	41	$22.87	3	$0.53	8
Alaska						$2.000	21	$12.80	10	$1.07	2
Arizona				✓	✓	$2.000	21	$3.00	44	$0.16	36
Arkansas		✓				$1.150	37	$9.47	15	$0.35	18
California		✓	✓	✓	✓	$2.870	15	$3.30	41	$0.20	30
Colorado		✓	✓	✓	✓	$2.240	18	$2.28	48	$0.08	46
Connecticut				✓	✓	$4.350	5	$5.94	27	$0.24	27
Delaware		✓		✓	✓	$2.100	19	$4.50	35	$0.26	24
D.C.	✓			✓	✓	$4.500	3	$6.68	22	$0.79	5
Florida	✓			✓		$1.339	34	$6.50	23	$0.48	9
Georgia	✓			✓		$0.370	50	$3.79	38	$0.48	9
Hawaii				✓	✓	$3.200	8	$5.98	26	$0.93	4
Idaho						$0.570	46	$12.94	9	$0.15	38
Illinois				✓	✓	$2.980	14	$8.55	20	$0.23	28
Indiana				✓		$2.995	13	$2.68	45	$0.12	43
Iowa	✓				✓	$1.360	33	$15.14	7	$0.19	32
Kansas					✓	$1.290	35	$2.50	46	$0.18	33
Kentucky				✓		$1.100	38	$9.56	14	$0.93	3
Louisiana				✓		$1.080	39	$3.03	43	$0.40	15
Maine		✓	✓	✓	✓	$2.000	21	$11.93	12	$0.35	19
Maryland				✓	✓	$5.000	2	$5.46	30	$0.60	7
Massachusetts		✓	✓	✓	✓	$3.510	6	$4.05	37	$0.11	44
Michigan		✓	✓		✓	$2.000	21	$14.61	8	$0.20	29
Minnesota		✓	✓	✓	✓	$3.040	10	$8.74	19	$0.47	11
Mississippi						$0.680	40	$8.88	18	$0.43	12
Missouri						$0.170	51	$2.00	49	$0.06	49
Montana					✓	$1.700	28	$10.55	13	$0.14	40
Nebraska					✓	$0.640	42	$3.75	39	$0.31	20
Nevada				✓		$1.800	26	$3.60	40	$0.16	36
New Hampshire				✓		$1.780	27	--	--	$0.30	21
New Jersey				✓	✓	$3.000	12	$5.50	29	$0.12	42
New Mexico		✓	✓	✓	✓	$2.000	21	$6.06	25	$0.41	14
New York	✓	✓	✓	✓	✓	$5.350	1	$6.44	24	$0.14	39
North Carolina				✓		$0.450	48	$18.23	5	$0.62	6
North Dakota				✓	✓	$0.440	40	$4.93	33	$0.40	17
Ohio				✓	✓	$1.600	30	$12.33	11	$0.18	34
Oklahoma	✓			✓		$2.030	20	$5.56	28	$0.40	15
Oregon				✓	✓	$3.330	7	$22.86	4	$0.08	45
Pennsylvania		✓				$2.600	16	$7.48	21	$0.08	46
Rhode Island				✓	✓	$4.500	3	$5.40	32	$0.12	41
South Carolina						$0.570	46	$5.42	31	$0.77	5
South Dakota					✓	$1.530	31	$4.93	33	$0.27	22
Tennessee				✓		$0.620	43	$4.46	36	$1.29	1
Texas	✓			✓		$1.410	32	$2.40	47	$0.19	31
Utah				✓	✓	$1.700	28	$16.07	6	$0.41	13
Vermont	✓	✓	✓	✓	✓	$3.080	9	$9.06	16	$0.27	23
Virginia				✓		$0.600	44	$23.47	2	$0.26	26
Washington					✓	$3.025	11	$36.98	1	$0.26	25
West Virginia	✓			✓		$1.200	36	$8.98	17	$0.18	35
Wisconsin	✓				✓	$2.520	17	$3.25	42	$0.06	48
Wyoming						$0.600	44	--	--	$0.02	50

Endnotes

This report previously referenced information from federal sources that are no longer available on the corresponding federal website. We have identified related, relevant sources in their place.

1 Trust for America's Health. "Promoting Health and Cost Control in States: How States Can Improve Community Health & Well-being Through Policy Change." February 2019. https://www.tfah.org/wp-content/uploads/2019/02/2019-PHACCS-Report_FINAL.pdf. Accessed November 8, 2025.

2 Trust for America's Health. "Leveraging Evidence-Based Policies to Improve Health, Control Costs, and Create Health Equity A Report of the Promoting Health and Cost Control in States Initiative." July 2021. https://www.tfah.org/wp-content/uploads/2021/07/2021_LeveragingReport_Fnl.pdf. Accessed November 8, 2025.

3 National Bureau of Economic Research. "Federal Fiscal Aid to State and Local Governments and COVID-19 Mortality." July 1, 2025. https://www.nber.org/digest/202507/federal-fiscal-aid-state-and-local-governments-reduced-covid-19-mortality?page=1&perPage=50. Accessed November 8, 2025.

4 The Department of The Treasury. "American Rescue Plan, Two Years In: The American Rescue Plan Act's Historic Investment in a Stronger Economic Future." March 2023. https://home.treasury.gov/system/files/136/Two-Year-ARP-Anniversary-Report.pdf. Accessed November 8, 2025.

5 Centers for Disease Control & Prevention. "End of the Federal COVID-19 Public Health Emergency (PHE) Declaration."https://archive.cdc.gov/www_cdc_gov/coronavirus/2019-ncov/your-health/end-of-phe.html. Accessed November 12, 2025.

6 Trisi, Danilo. "Expiration of Pandemic Relief Led to Record Increases in Poverty and Child Poverty in 2022." Center on Budget and Policy Priorities, June 10, 2024. https://www.cbpp.org/research/poverty-and-inequality/expiration-of-pandemic-relief-led-to-record-increases-in-poverty. Accessed November 8, 2025.

7 Henderson, Bailee. "CDC Slashes FoodNet Surveillance from Eight Foodborne Pathogens to Two." *Food Safety Magazine*, August 26, 2025. https://www.food-safety.com/articles/10646-cdc-slashes-foodnet-surveillance-from-eight-foodborne-pathogens-to-two. Accessed November 8, 2025.

8 Holmes, Isiah. "Milwaukee Jolted by CDC Lead Prevention Team Cuts as MPS Schools Remain Closed." *Wisconsin Examiner*, April 14, 2025. https://wisconsinexaminer.com/2025/04/14/milwaukee-jolted-by-cdc-lead-prevention-team-cuts-as-mps-schools-remain-closed/. Accessed November 8, 2025.

9 Bulter, Stuart M. "Cross-Sector Support for a Policy Framework to Tackle Social Determinants of Health." *JAMA Health Forum*, 5(11): e244809, November 14, 2024. https://jamanetwork.com/journals/jama-health-forum/fullarticle/2826550. Accessed November 8, 2025.

10 The American Presidency Project. "Statement on Signing the Families First Coronavirus Response Act." https://www.presidency.ucsb.edu/documents/statement-signing-the-families-first-coronavirus-response-act. Accessed November 12, 2025.

11 United States Department of Agriculture, Food and Nutrition Service. "Child Nutrition COVID-19 Waivers." https://www.fns.usda.gov/disaster-assistance/child-nutrition-covid-19-waivers. Accessed October 31, 2025.

12 Ibid.

13 United States Department of Agriculture, Food and Nutrition Service. "State Guidance on Pandemic EBT." https://www.fns.usda.gov/snap/state-guidance-coronavirus-pandemic-ebt-pebt. Accessed November 12, 2025.

14 Ibid.

15 Internal Revenue Service. "COVID-19-Related Tax credits for paid leave provided by small and midsize businesses FAQs." https://www.irs.gov/newsroom/covid-19-related-tax-credits-for-paid-leave-provided-by-small-and-midsize-businesses-faqs. Accessed November 12, 2025.

16 "Emergency Family and Medical Leave Expansion Act." https://www.hinshawlaw.com/a/web/pfpvzJwgDzK4nxrPPasX6M/emergency-fmla-pdf.pdf. Accessed November 12, 2025.

17 United States Department of Labor. "Families First Coronavirus Response Act: Employer Paid Leave Requirements." https://www.dol.gov/sites/dolgov/files/WHD/Pandemic/FFCRA- Employer_Paid_Leave_Requirements.pdf. Accessed October 31, 2025.

18 Smalligan, Jack, Chantel Boyens, Casey Simmons. "A National Paid Sick Leave Policy Could Provide a Lifeline for Americans during and after COVID-19." Urban Institute, December 29, 2020. https://www.urban.org/urban-wire/national-paid-sick-leave-policy-could-provide-lifeline-americans-during-and-after-covid-19. Accessed January 14, 2025.

19 Lopes, Luna, Grace Sparks, Marley Presiado, et al. "KFF Survey of Medicaid Unwinding." April 12, 2024. https://www.kff.org/medicaid/kff-survey-of-medicaid-unwinding/. Accessed November 8, 2025

20 White House Archives. "Remarks by President Trump at Signing of H.R.748, The CARES Act." https://trumpwhitehouse.archives.gov/briefings-statements/remarks-president-trump-signing-h-r-748-cares-act/. Accessed November 13, 2025.

21 Administration for Strategic Preparedness and Response. "Information on Federal Programs to Sustain Nutrition for At-Risk Individuals." https://aspr.hhs.gov/at-risk/Documents/Federal-Homelessness-Programs-v2.pdf. Accessed November 8, 2025.

22 Ibid.

23 National Housing Law Project. "Summary and Analysis of Federal CARES Act Eviction Moratorium." Updated April 28, 2020. https://www.nhlp.org/wp-content/uploads/2020.03.27-NHLP-CARES-Act-Eviction-Moratorium-Summary.pdf. Accessed November 8, 2025.

24 National Housing Law Project. "Cares Act." May 28, 2024. https://www.nhlp.org/covid/federal-eviction-moratorium-the-cares-act/. Accessed November 8, 2025.

25 National Partnership for Women and Families and National Women's Law Center. "Expanding Paid Sick Days and Paid Family & Medical Leave in Response to COVID-19." Fact Sheet, April 2020. https://nationalpartnership.org/wp-content/uploads/2023/02/expanding-paid-sick-days-and-paid-leave-response-covid-19-1.pdf. Accessed November 8, 2025.

26 Grants.gov. "Community Health Workers for COVID Response and Resilient Communities (CCR)." March 25, 2021. https://www.grants.gov/search-results-detail/330543. Accessed November 8, 2025

27 The American Presidency Project. "Statement on the President's Intention to Sign the Consolidated Appropriations Act, 2021." https://www.presidency.ucsb.edu/documents/statement-the-presidents-intention-sign-the-consolidated-appropriations-act-2021. Accessed November 12, 2025.

28 Health Resources & Services Administration. "Important Home Visiting Information During COVID-19." Updated May 18, 2023. https://mchb.hrsa.gov/programs-impact/programs/home-visiting/important-home-visiting-information-during-covid-19. Accessed November 8, 2025

29 Association of American Medical Colleges. "President Biden Signs American Rescue Plan Act." https://www.aamc.org/advocacy-policy/washington-highlights/president-biden-signs-american-rescue-plan-act. November 12, 2025.

30 Congressional Budget Office. "Reconciliation Recommendations of the House Committee on Education and Labor." February 9, 2021. https://www.cbo.gov/system/files/2021-02/hEdandLaborreconciliationestimate.pdf. Accessed November 8, 2025.

31 The Administration for Children and Families. "American Rescue Plan (ARP) Act Child Care Stabilization Funds Frequently Asked Questions (FAQs)." https://acf.gov/sites/default/files/documents/occ/American_Rescue_Plan_Act%20Child_Care_Stabilization_Funds_FAQs.pdf. Accessed January 14, 2025.

32 Substance Abuse and Mental Health Services Administration. "SAMHSA Announces Unprecedented $30 Million Harm Reduction Grant Funding Opportunity to Help Address the Nation's Substance Use and Overdose Epidemic." Press release: December 8, 2021. https://public4.pagefreezer.com/browse/SAMHSA/10-01-2025T10:46/https://www.samhsa.gov/newsroom/press-announcements/202112081000. Accessed November 8, 2025.

33 U.S. Department of the Treasury. "Using State & Local Fiscal Recovery Funds for Affordable Housing." August 2022. https://home.treasury.gov/system/files/136/SLFRF-Affordable-Housing-Production-and-Preservation-Presentation.pdf. Accessed November 8, 2025.

34 U.S. Department of the Treasury. "Emergency Rental Assistance Program." https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/emergency-rental-assistance-program. Accessed November 8, 2025.

35 Marr, Chuck, Kris Cox, Stephanie Hingtgen, et al. "American Rescue Plan Act Includes Critical Expansions of Child Tax Credit and EITC." *Center on Budget and Policy Priorities*, March 12, 2021. https://www.cbpp.org/research/federal-tax/american-rescue-plan-act-includes-critical-expansions-of-child-tax-credit-and

36 Crandall-Hollick, Margot, Nikhita Airi, and Richard Auxier. "How the American Rescue Plan's Temporary EITC Expansion Impacted Workers without Children." *Tax Policy Center*, September 6, 2024. https://taxpolicycenter.org/sites/default/files/2024-10/Final_2021_expanded_EITC_brief%20reformatted%2009052024.pdf. Accessed November 8, 2025.

37 Ibid.

38 Center on Budget and Policy Priorities. "The Earned Income Tax Credit." Updated April 28, 2023. https://www.cbpp.org/research/federal-tax/the-earned-income-tax-credit. Accessed November 8, 2025.

39 Internal Revenue Service. "Tax Credits for Paid Leave Under the American Rescue Plan Act of 2021: General Information." March 3, 2022. https://www.irs.gov/newsroom/tax-credits-for-paid-leave-under-the-american-rescue-plan-act-of-2021-general-information. Accessed November 8, 2025.

40 Health Resources & Services Administration. "Important Home Visiting Information During COVID-19." Updated May 18, 2023. https://mchb.hrsa.gov/programs-impact/programs/home-visiting/important-home-visiting-information-during-covid-19. Accessed November 8, 2025

41 H.R.3684. Infrastructure Investment and Jobs Act, Public Law No: 117-58, November 15, 2021. https://www.congress.gov/bill/117th-congress/house-bill/3684. Accessed November 8, 2025.

42 Ibid

43 Ibid

44 H.R.2617 - Consolidated Appropriations Act, 2023, Public Law 117-32. https://www.congress.gov/bill/117th-congress/house-bill/2617/text. Accessed November 12, 2025.

45 Lawson, Natalie. "Funding for Community Health Workers Authorized in Consolidated Appropriations Act – How Could This Help Children and Families?" *Center for Children & Families, McCourt School of Public Policy, Georgetown University*, January 13, 2023. https://ccf.georgetown.edu/2023/01/13/funding-for-community-health-workers-authorized-in-consolidated-appropriations-act-how-could-this-help-children-and-families/. Accessed November 8, 2025.

46 Centers for Medicare & Medicaid Service. "CMCS Informational Bulletin: Rescission of Guidance on Health-Related Social Needs." March 4, 2025. https://www.medicaid.gov/federal-policy-guidance/downloads/cib03042025.pdf. Accessed November 8, 2025.

47 Centers for Medicare & Medicaid Services. "SHO# 21-001. Re: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH)." January 7, 2021. https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf. Accessed November 8, 2025.

48 Centers for Medicare & Medicaid Services. "Addressing Health-Related Social Needs in Section 1115 Demonstrations." December 6, 2022. https://www.medicaid.gov/medicaid/downloads/addrss-hlth-soc-needs-1115-demo-all-st-call-12062022.pdf/. Accessed November 8, 2025.

49 KFF. "Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State." Updated October 7, 2025. https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/. Accessed November 8, 2025.

50 Centers for Medicare & Medicaid Services. "Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children's Health Insurance Program (CHIP)." November 2023. https://www.medicaid.gov/health-related-social-needs/downloads/hrsn-coverage-table.pdf. Accessed November 8, 2025.

51 Centers for Medicare & Medicaid Services. "State Waivers List: Waiver Fact Sheet." https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/Waiver-Descript-Factsheet/WI#0484/. Accessed November 8, 2025.

52 Centers for Medicare & Medicaid Services. "SHO# 23-001. Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH)." January 7, 2021. https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf. Accessed November 8, 2025.

53 Michigan Department of Health and Human Services. "Michigan's Comprehensive Health Care Program in Lieu of Services (ILOS) Frequently Asked Questions." Updated May 2025. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/MI-Healthy-Life/202410--MI-ILOS-FAQ_FINAL_clean.pdf?rev=84b85d1c86724f5bb195c78266b-d587e&hash=8214C9C817E33171D-0925A8150BF4A5A. Accessed November 8, 2025.

54 Center for Social Media and Politics. "How Do State Lawmakers Decide What to Prioritize?" April 21, 2025. https://csmapnyu.org/impact/news/how-do-state-lawmakers-decide-what-to-prioritize. Accessed November 8, 2025.

55 Goldman, Maya. "HHS Cuts Felt Locally as Regional Offices Close." *Axios*, April 7, 2025. https://www.axios.com/2025/04/07/hhs-regionaloffice-closures-services. Accessed November 12, 2025.

56 Peeks, Casey. "Head Start funding freeze: The panic was the point." *News From the States*, February 7, 2025. https://www.newsfromthestates.com/article/head-start-funding-freeze-panic-was-point. Accessed August 26, 2025

57 Arundel, Kara. "Head Start Imperiled by HHS Cutbacks, Advocates Say." *K-12 Dive*, April 4, 2025. https://www.k12dive.com/news/child-care-head-start-budget-workforce-cuts-HHS/744521/. Accessed November 8, 2025.

58 The White House. "Fact Sheet: Biden-Harris Administration Highlights Historic Food System Investments." Press release: January 14, 2025. https://bidenwhitehouse.archives.gov/briefing-room/statements-releases/2025/01/14/fact-sheet-biden-harris-administration-highlights-historic-food-system-investments/. Accessed November 8, 2025.

59 Brown, Marcia. "USDA Cancels $1B in Local Food Purchasing for Schools, Food Banks." *Politico*, March 10, 2025. https://www.politico.com/news/2025/03/10/usda-cancels-local-food-purchasing-for-schools-food-banks-00222796. Accessed November 8, 2025.

60 Mandavilli, Apoorva, Margot Sanger-Katz, and Jan Hoffman. "Trump Administration Abruptly Cuts Billions from State Health Services." *The New York Times*, March 26, 2025. https://www.nytimes.com/2025/03/26/health/trump-state-health-grants-cuts.html. Accessed November 8, 2025.

61 Friedman, Drew, and Jory Heckman. "'This Isn't How a RIF Is Supposed to Work:' HHS Reinstates Some Laid-Off Employees, Gives Them Extra Work" *Federal News Network*, May 23, 2025. https://federalnewsnetwork.com/workforce/2025/05/this-isnt-how-a-rif-is-supposed-to-work-hhs-reinstates-some-laid-off-employees-gives-them-extra-work/. Accessed August 15, 2025

62 Katz, Eric. "Most Major Agencies Are Now Indefinitely Barred from Issuing Mass Layoffs." *Government Executive*, May 23, 2025. https://www.govexec.com/workforce/2025/05/most-major-agencies-are-now-indefinitely-barred-issuing-mass-layoffs/405560/. Accessed November 8, 2025.

63 Brasch, Ben. "Trump Administration Cuts School Mental Health Grants Created After Shootings." *The Washington Post*, May 1, 2025. https://www.washingtonpost.com/education/2025/05/01/trump-administration-cuts-school-mental-health-grants/. Accessed November 8, 2025.

64 Turner, Cory. "The Education Department is Being Cut in Half. Here's What's Being Lost." *NPR*, March 13, 2025. https://www.npr.org/2025/03/12/nx-s1-5325854/trump-education-department-layoffs-civil-rights-student-loans#:~:text=Education%20layoffs%20disproportionately%20target%20financial,them%20roughly%201%2C000%20union%20members. Accessed November 8, 2025.

65 U.S. Department of Health and Human Services. "Fact Sheet: HHS' Transformation to Make America Healthy Again." April 2, 2025. https://www.hhs.gov/press-room/hhs-restructuring-doge-fact-sheet.html. Accessed May 30, 2025.

66 H.R.1 - One Big Beautiful Bill Act, Public Law No. 119-21. https://www.congress.gov/bill/119th-congress/house-bill/1/text. Accessed November 12, 2025.

67 U.S. Food and Nutrition Service. "SNAP Provisions of the One Big Beautiful Bill Act of 2025 – Information Memorandum." https://www.fns.usda.gov/snap/obbb-implementation. Accessed November 12, 2025.

68 Centers for Medicare & Medicaid Service. "CMCS Informational Bulletin: Rescission of Guidance on Health-Related Social Needs." March 4, 2025. https://www.medicaid.gov/federal-policy-guidance/downloads/cib03042025.pdf. Accessed November 8, 2025.

69 The White House. "Ending Crime and Disorder on America's Streets." *Federal Register*, July 24 ,2025. https://www.federalregister.gov/documents/2025/07/29/2025-14391/ending-crime-and-disorder-on-americas-streets. Accessed November 8, 2025.

70 McFarland, Christiana, and Julia Bauer. "The Changing Landscape of Preemption." *National League of Cities*, February 14, 2022. https://www.nlc.org/article/2022/02/14/the-changing-landscape-of-preemption/. Accessed November 8, 2025.

71 Conquest, Kate. "As Preemption Efforts Grow, Cities See Fewer Pathways to Pursue Healthy Policies." *City Health*, February 13, 2024. https://www.cityhealth.org/resource/preemption-efforts/. Accessed November 8, 2025.

72 Centers for Disease Control and Prevention. "STATE System Preemption Fact Sheet." *State Tobacco Activities Tracking and Evaluation (STATE) System*. https://www.cdc.gov/statesystem/factsheets/preemption/Preemption.html. Accessed November 8, 2025.

73 Ibid.

74 Dawson, Kameron, Feroza Freeland, Jessica Mason, et al. "Nearly 73 Million Workers Live in States that Block Local Communities from Making Progress on Paid Sick Days." *National Partnership for Women & Families*, July 2025. https://nationalpartnership.org/report/nearly-73-million-workers-live-in-states-that-block-local-communities-from-making-progress-on-paid-sick-days/. Accessed November 8, 2025.

75 O'Donoghue, Julie. "Louisiana Adopts Paid Family Leave for 70,000 State Workers." *Louisiana Illuminator*, November 9, 2023. https://lailluminator.com/2023/11/09/louisiana-adopts-paid-family-leave-for-70000-state-workers/. Accessed November 8, 2025.

76 Louisiana State Legislature. Louisiana RS 23:642: Setting Minimum Wage or Employee Benefits; Prohibited. https://www.legis.la.gov/legis/Law.aspx?d=83958. Accessed November 8, 2025.

77 Law Atlas. "State Preemption Laws." December 31, 2024. https://lawatlas.org/datasets/preemption-project. Accessed November 8, 2025.

78 Reyes, Emily Alpert. "California Communities are Banning Syringe Programs. Now the State is Fighting Back in Court." *Los Angeles Times*, March 19, 2024. https://www.latimes.com/california/story/2024-03-19/california-syringe-program-bans-public-health-lawsuit. Accessed November 8, 2025.

79 Hardy, Kevin. "State Lawmakers Ask Trump Administration to End its Review of State Regs." *Stateline*, September 18, 2025. https://stateline.org/2025/09/18/state-lawmakers-ask-trump-administration-to-end-its-review-of-state-regs/. Accessed November 8, 2025.

80 U.S. Department of Justice. "Justice Department and National Economic Council Partner to Identify State Laws with Out-of-State Economic Impacts." Press release: August 15, 2025. https://www.justice.gov/opa/pr/justice-department-and-national-economic-council-partner-identify-state-laws-out-state. Accessed November 8, 2025.

81 Ibid.

82 National Conference of State Legislatures. "NCSL Comments on State Laws Impacting National Economy and Interstate Commerce." September 15, 2025. https://www.ncsl.org/resources/details/ncsl-comments-on-state-laws-impacting-national-economy-and-interstate-commerce. Accessed November 8, 2025.

83 Mississippi Legislature. Senate Bill 2342: Ban-the-Box Act of 2023. https://billstatus.ls.state.ms.us/documents/2023/html/SB/2300-2399/SB2342IN.htm. Accessed November 8, 2025.

84 Justia U.S. Law. Mississippi Code §17-25-33, 2024: Prohibition Against Law, Rule, Ordinance, etc. Interfering With Employer's Ability to be Informed About Employee or Potential Employee Background. https://law.justia.com/codes/mississippi/title-17/chapter-25/section-17-25-33/. Accessed November 8, 2025.

85 Artiga, Samantha, and Alisha Rao. "State Reported Efforts to Address Health Disparities: A 50 State Review." *KFF*, November 22, 2024. https://www.kff.org/racial-equity-and-health-policy/state-reported-efforts-to-address-health-disparities-a-50-state-review/. Accessed November 8, 2025.

86 Council on Social Work Education. "DEI Ban & Restrictions Tracker." Updated July 2025. https://www.cswe.org/advocacy-policy/dei-ban-and-restrictions-tracker/. Accessed November 8, 2025.

87 The White House. "Ending Radical and Wasteful Government DEI Programs and Preferencing." Executive Order 14151, January 20, 2025. https://www.whitehouse.gov/presidential-actions/2025/01/ending-radical-and-wasteful-government-dei-programs-and-preferencing/. Accessed November 8, 2025.

88 The White House. "Initial Rescissions of Harmful Executive Orders and Actions." https://www.whitehouse.gov/presidential-actions/2025/01/initial-rescissions-of-harmful-executive-orders-and-actions/. Accessed November 13, 2025.

89 The White House. "Ending Illegal Discrimination and Restoring Merit-Based Opportunity." https://www.whitehouse.gov/presidential-actions/2025/01/ending-illegal-discrimination-and-restoring-merit-based-opportunity/. Accessed November 13, 2025.

90 Murphy, Stephen. "Federal Judge Temporarily Blocks Enforcement of New Administration's DEI-Related Executive Orders." *The Network for Public Health Law*, March 6, 2025. https://www.networkforphl.org/news-insights/federal-judge-temporarily-blocks-enforcement-of-new-administrations-dei-related-executive-orders/. Accessed November 8, 2025.

91 Edmondson, Catie. "Purging 'Equity' Programs, G.O.P. Defunded Its Own Roads." *The New York Times*, August 26, 2025. https://www.nytimes.com/2025/08/26/us/politics/republicans-transportation-grants.html. Accessed November 8, 2025.

92 Brey, Jared. "Feds Slash Millions in Promised Funds for Local Transportation." *Governing*, July 29, 2025. https://www.governing.com/transportation/feds-slash-millions-in-promised-funds-for-local-transportation. Accessed November 8, 2025.

93 Tennessee General Assembly. Dismantling DEI Departments Act, Public Chapter Number 458, May 15, 2025. https://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=HB0923. Accessed November 8, 2025.

94 Peterson, Eric. "State Budgets 2025: Time to Tighten the Belt?" NCSL, August 5, 2025. https://www.ncsl.org/state-legislatures-news/details/state-budgets-2025-time-to-tighten-the-belt. Accessed November 8, 2025.

95 Capital News Service: Local News Network. "Behind the Blueprint." https://cnsmaryland.org/behind-the-blueprint/. Accessed November 8, 2025.

96 Maryland Department of Education. "Blueprint for Maryland's Future." https://blueprint.marylandpublicschools.org/funding-2/. Accessed November 13, 2025.

97 Sears, Bryan P. "Medicaid, Child Care Spending Add to State's Looming Fiscal Woes." *Maryland Matters*, July 18, 2024. https://marylandmatters.org/2024/07/18/medicaid-child-care-spending-add-to-states-looming-fiscal-woes/. Accessed November 8, 2025.

98 Brown, Danielle J. "Federal Cuts 'Not as Horrible' as Feared for Now, but Still Painful, Worse in Long Run." *Maryland Matters*, June 26, 2025. https://marylandmatters.org/2025/06/26/federal-cuts-not-as-horrible-as-feared-for-now-but-still-painful-worse-in-long-run/. Accessed November 8, 2025.

99 Baye, Rachel. "From Medicaid to Universal Pre-K to Capital Gains: How Maryland Leaders Want to Close the Deficit." *WYPR-88.1 FM Baltimore*, January 8, 2025. https://www.wypr.org/wypr-news/2025-01-08/from-medicaid-to-universal-pre-k-to-capital-gains-how-maryland-leaders-want-to-close-deficit. Accessed November 8, 2025.

100 Shepherd, Katie. "Maryland projects a $1.4 billion deficit despite tax increases." *Washington Post*, November 13, 2025. https://www.washingtonpost.com/dc-md-va/2025/11/13/maryland-budget-wes-moore-taxes/. Accessed November 13, 2025.

101 Maryland Department of Health. "Impact of Congressional Budget on Maryland Medicaid Program." July 16, 2025. https://health.maryland.gov/mmcp/Documents/OBBBA%20One-Pager_7.11.25.pdf. Accessed November 8, 2025.

102 North Carolina Department of Health and Human Services. "Healthy Opportunities Pilots at Work." Updated October 1, 2025. https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots/healthy-opportunities-pilots-work. Accessed November 8, 2025.

103 Berkowitz, Seth A., Jessica Archibald, Zhiton Yu, et al. "Medicaid Spending and Health-Related Social Needs in the North Carolina Healthy Opportunities Pilots Program." *JAMA*, 333(12): 1041-1050, February 27, 2025. https://jamanetwork.com/journals/jama/fullarticle/2830892. Accessed November 8, 2025.

104 Vitaglione, Grace. "NC House Budget Reduces HHS Positions, Tweaks Medicaid Funding." *NC Health News*, May 28, 2025. https://www.northcarolinahealthnews.org/2025/05/28/house-budget-reduces-hhs-positions-tweaks-medicaid-funding/. Accessed November 8, 2025.

105 NC Medicaid Division of Health Benefits. "Healthy Opportunities Pilots Update." June 2, 2025. https://medicaid.ncdhhs.gov/blog/2025/06/02/healthy-opportunities-pilots-update. Accessed November 8, 2025.

106 Koons, Cami. "USDA Cuts Programs Bringing Local Food Into Schools, Food Banks." *News From The States*, March 11, 2025. https://www.newsfromthestates.com/article/usda-cuts-programs-bringing-local-food-schools-food-banks. Accessed November 8, 2025.

107 Iowa Department of Agriculture & Land Stewardship. "Secretary Naig Launches Choose Iowa Food Purchasing Pilot Program for Schools."https://iowaagriculture.gov/news/choose-iowa-food-purchasing-program-schools. Accessed November 14, 2025.

108 Choose Iowa. "Choose Iowa Food Purchasing Pilot Program for Schools." https://www.chooseiowa.com/food-purchasing-pilot-schools. Accessed November 8, 2025.

109 Ramon, Sarah. "Drug Czar Position Created as One of Holcomb's First Executive Orders." *The StatehouseFile.com*, October 1, 2021. https://www.thestatehousefile.com/politics/drug-czar-position-created-as-one-of-holcomb-s-first-executive-orders/article_84fcfd61-aec0-550b-81b0-4d3d00c-9c2ba.html. Accessed November 8, 2025.

110 Indiana Commission to Combat Substance Use Disorder. https://www.in.gov/recovery/about/commission/. Accessed November 8, 2025.

111 Mattise, Jonathan, and Geoff Mulvihill. "14 GOP-Led States Have Turned Down Federal Money to Feed Low-Income Kids in the Summer. Here's Why." *AP*, February 16, 2024. https://apnews.com/article/states-rejecting-federal-funds-summer-ebt-8a1e88ad77465652f9de67fda3a-f8a2d. Accessed November 8, 2025.

112 U.S. Department of Agriculture, Food and Nutrition Service. "2024 SUN Bucks Implementing States, Territories, and Tribes." Updated September 12, 2025. https://www.fns.usda.gov/sebt/implementation. Accessed November 8, 2025.

113 Massachusetts Department of Revenue. "Massachusetts Earned Income Tax Credit." *Mass.gov*, March 20, 2025. https://www.mass.gov/info-details/massachusetts-earned-income-tax-credit-eitc. Accessed November 14, 2025.

114 Baxandall, Phineas, and Monique Ching. "A Credit to Health: The Health Effects of the Earned Income Tax Credit." *Massachusetts Budget and Policy Center*, May 3, 2018. https://massbudget.org/reports/pdf/EITCHealth_final.pdf. Accessed November 8, 2025.

115 CDC Foundation. "Public Health Action Guide: EITC." https://www.cdcfoundation.org/sites/default/files/files/EITC_PublicHealthActionGuide.pdf. Accessed November 8, 2024.

116 Haddow, Kim. "2021: A Session Like No Other." *Local Solutions Support Center and State Innovation Exchange*, 2021. https://static1.squarespace.com/static/5ce4377caeb1ce00013a02fd/t/61008bd090218d765c305c9a/1627425746934/ASessionLikeNoOther%E2%80%932021-LocalSolutionsSupportCenter.pdff. Accessed November 8, 2025.

117 McFarland, Christiana, and Julia Bauer. "The Changing Landscape of Preemption." *National League of Cities*, February 14, 2022. https://www.nlc.org/article/2022/02/14/the-changing-landscape-of-preemption/. Accessed November 8, 2025.

118 Baggett, Jessica, Andy Baker-White, and Maggie Davis. "State Legislatures Reshape Public Health Legal Authority." *Association of State and Territory Health Officials*, August 12, 2024. https://www.astho.org/communications/blog/state-legislatures-reshape-public-health-legal-authority/. Accessed November 8, 2025.

119 Lantz M., Paula, and Emma Carter. "Direct Democracy and Population Health: Making Health Policy Through State Ballot Initiatives." *Health Affairs, Health Policy Brief*, September 5, 2024. https://www.healthaffairs.org/content/briefs/direct-democracy-and-population-health-making-health-policy-through-state-ballot. Accessed November 8, 2025.

120 Smith, Alex. "Missouri Voters Approve Medicaid Expansion Despite Resistance From Republican Leaders." *National Public Radio*, August 5, 2020. https://www.npr.org/sections/health-shots/2020/08/05/898899246/missouri-voters-approve-medicaid-expansion-despite-resistance-from-republican-le. Accessed November 14, 2025.

121 Cohn, Emma and Jennifer Sherer. "A review of key 2024 ballot measures." *Economic Policy Institute*, November 7, 2024. https://www.epi.org/blog/a-review-of-key-2024-ballot-measures-voters-backed-progressive-policy-measures/. Accessed November 14, 2025.

122 Hancock, Jason. "'Kicked a Hornet's Nest': Missouri GOP Repeal of Voter-Approved Laws Inspires Backlash." *Missouri Independent*, July 28, 2025. https://missouriindependent.com/2025/07/28/kicked-a-hornets-nest-missouri-gop-repeal-of-voter-approved-laws-inspires-backlash/. Accessed November 8, 2025.

123 Kruahong, Suratsawadee, Thitipong Tankumpuan, Kathleen Kelly, et al. "Community Empowerment: A Concept Analysis." *Journal of Advanced Nursing*, 79(8): 2845-2859, March 13, 2023. https://onlinelibrary.wiley.com/doi/10.1111/jan.15613. Accessed November 8, 2025.

124 Howell, Cynthia, and Michael R. Wickline. "New Law Expands Free School Meals in State." *Northwest Arkansas Democrat Gazette*, September 4, 2023. https://www.nwaonline.com/news/2023/sep/04/new-law-expands-free-school-meals-in-state/. Accessed November 8, 2025.

125 Arkansas Governor Newsroom. "Sanders Signs Free School Breakfast Bill into Law." Press release: February 20, 2025. https://governor.arkansas.gov/news_post/sanders-signs-free-school-breakfast-bill-into-law/. Accessed November 8, 2025.

126 Arkansas Senate. "Senate Votes to Provide All Students Free Breakfast Every Day." February 13, 2025. https://senate.arkansas.gov/senate-news/posts/2025/february/senate-votes-to-provide-all-students-free-breakfast-every-day/. Accessed November 8, 2025.

127 Grajeda, Antoinette. "Arkansas Lawmakers Give Initial Approval to Legislation to Provide Students Free Breakfast." *Arkansas Advocate*, February 5, 2025. https://arkansasadvocate.com/2025/02/05/arkansas-lawmakers-give-initial-approval-to-legislation-to-provide-students-free-breakfast/. Accessed November 8, 2025.

128 Ibid.

129 U.S. Department of Agriculture. "Food Security in the U.S.: Key Statistics & Graphics." *Economic Research Service*, January 8, 2025. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics. Accessed November 8, 2025.

130 United States Department of Agriculture, Economic Research Service. "Food Security in the U.S. - Key Statistics & Graphics." https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics. Accessed November 14, 2025.

131 Food Research & Action Center. "Benefits of School Breakfast." https://frac.org/programs/school-breakfast-program/benefits-school-breakfast. Accessed November 14, 2025.

132 Arkansas Department of education. "Universal Free Breakfast in Arkansas Public Schools, COM-25-080." https://adecm.ade.arkansas.gov/ViewApprovedMemo.aspx?Id=5752. Accessed November 14, 2025.

133 Normington Petts. "83% of South Jersey Voters Support Smokefree Casinos." https://mcusercontent.com/19edafc015534616868e68b9d/files/958b9c11-3b06-df4c-19fa-45b7a84ee451/Polling_Memo_4.14.25.02.pdf. Accessed November 14, 2025.

134 Gaming Casino Consultants Consortium. "Evaluation of Post-Pandemic Non-Smoking Trends in U.S. Casinos." *Casino Gaming Industry Research Brief*, June 2022. https://8b3e0552-f01a-40e0-b077-ea4813c4af0b.usrfiles.com/ugd/8b3e05_348baee6d05949ad9b4adae2b7a77105.pdf. Accessed November 8, 2025.

135 American Nonsmoker's Rights Foundation. "Local 54 Members Call Local 54 Leadership "Disgraceful" Court Filing a "Betrayal of Workers." https://no-smoke.org/local-54-members-call-local-54-leaderships-disgraceful-court-filing-a-betrayal-of-workers/. Accessed November 14, 2025.

136 Bergeron, Tom. "Inside Decision to Allow Smoking to Continue in Atlantic City Casinos." *Return on Information-New Jersey*, September 3, 2024. https://www.roi-nj.com/2024/09/03/lifestyle/food-hospitality/inside-decision-to-allow-smoking-to-continue-in-atlantic-city-casinos/. Accessed November 8, 2025.

137 New Jersey Legislature. Senate No. 1493. https://www.njleg.state.nj.us/bill-search/2024/S1493. Accessed November 8, 2025.

138 U.S. Census Bureau. "American Community Survey 5-Year Estimates: Atlantic City, NJ." *Census Reporter*, 2023. https://censusreporter.org/profiles/16000US3402080-atlantic-city-nj/. Accessed November 8, 2025.

139 Bergeron, Tom. "Inside Decision to Allow Smoking to Continue in Atlantic City Casinos." *Return on Information-New Jersey*, September 3, 2024. https://www.roi-nj.com/2024/09/03/lifestyle/food-hospitality/inside-decision-to-allow-smoking-to-continue-in-atlantic-city-casinos/. Accessed November 8, 2025.

140 American Non-Smokers Rights Foundation. "Advocates Call On New Jersey Senate to Pass Smokefree Bill a Year After Its Committee Approval." January 29, 2025. https://no-smoke.org/after-a-year-of-stalling-nj-senate-must-vote-on-smokefree-casino-legislation/. Accessed November 8, 2025.

141 Jill Normington. "74% More Likely to Visit Atlantic City Casinos If They Are Smokefree." *Normington Petts*, December 11, 2023. https://mcusercontent.com/19edafc015534616868e68b9d/files/d1a694f9-65dc-cb13-9aeb-e4ddaca3a680/AC_Casinos_Smoking_Poll.pdf. Accessed November 8, 2025.

142 American Non-Smokers Rights Foundation. "July 4th Marks Four Years Since Casino Workers Were Needlessly Exposed to Secondhand Smoke Again—and They Are Still Left Waiting." Press release: July 3, 2025. https://no-smoke.org/casino-workers-demand-nj-lawmakers-to-act-four-years-after-smoking-returned-to-ac-casinos/. Accessed November 8, 2025.

143 Alliance for Early Success. "What is Universal Pre-K?" https://earlysuccess.org/what-is-universal-pre-k/. Accessed November 8, 2025.

144 Friedman-Krauss, Allison H., W. Steven Barnett, Katherine S. Hodges, et al. "The State of Preschool 2024: State Preschool Yearbook." *National Institute for Early Education Research*, 2025. https://nieer.org/sites/default/files/2025-04/2024NIEERStateofPreschool-1.pdf. Accessed November 8, 2025.

145 University of Pennsylvania, Penn Social Policy & Practice. "Invest in a Strong Start for Children, High Return on Investment (ROI)." *The Center for High Impact Philanthropy*. https://www.impact.upenn.edu/early-childhood-toolkit/why-invest/what-is-the-return-on-investment/. Accessed November 8, 2025.

146 Watts, Tyler W., Jade M. Jenkins, Kenneth A. Dodge, et al. "Understanding Heterogeneity in the Impact of Public Preschool Programs." *Monographs of the Society for Research in Child Development*, 88(14): 7-182, June 2023. https://srcd.onlinelibrary.wiley.com/doi/abs/10.1111/mono.12463. Accessed November 8, 2025.

147 Gray-Lobe, Guthrie, Parag Pathak, and Christopher Walters. "The Long-Term Effects of Universal Preschool in Boston." *National Bureau of Economic Research*, May 2021. https://www.nber.org/system/files/working_papers/w28756/w28756.pdf. Accessed November 8, 2025.

148 Hernández Kent, Ana. "Why Supporting Working Moms Can Benefit Families, the Economy, and All of Us." *Federal Reserve Bank of St. Louis, Open Vault Blog*, July 13, 2022. https://www.stlouisfed.org/open-vault/2022/jul/benefits-of-supporting-working-moms. Accessed November 8, 2025.

149 Friedman-Krauss, Allison H., W. Steven Barnett, Katherine S. Hodges, et al. "The State of Preschool 2024: State Preschool Yearbook." *National Institute for Early Education Research*, 2025. https://nieer.org/sites/default/files/2025-04/2024NIEERStateofPreschool-1.pdf. Accessed November 8, 2025.

150 Ibid.

151 Hahn, Robert A., and W. Stephen Barnett. "Early Childhood Education: Health, Equity, and Economics." *Annual Review of Public Health*, 44: 75-92, November 4, 2022. https://www.annualreviews.org/docserver/fulltext/publhealth/44/1/annurev-publhealth-071321-032337.pdf?expires=1752605091&id=id&accname=guest&checksum=CBA4244F455A73AD2B5F33BE4F4EB961. Accessed November 8, 2025.

152 Joo, Young S., Katherine Magnuson, Greg J. Duncan, et al. "What Works in Early Childhood Education Programs? A Meta-Analysis of Preschool Enhancement Programs." *Early Education and Development*, 31(1): 1-26. https://www.tandfonline.com/doi/full/10.1080/10409289.2019.1624146. Accessed November 8, 2025.

153 Ibid.

154 Humphries, John E., Christopher Neilson, Xiaoyang Ye, and Seth D. Zimmerman. "NBER Working Paper Series: Parents' Earnings and the Returns to Universal Pre-Kindergarten." *National Bureau of Economic Research*, April 2025. https://www.nber.org/system/files/working_papers/w33038/w33038.pdf. Accessed November 8, 2025.

155 García, Jorge L., James J. Heckman, Duncan E. Leaf, and María José Prados. "NBER Working Paper Series: The Life-Cycle Benefits of an Influential Early Childhood Program." *National Bureau of Economic Research*, December 2016. https://www.nber.org/papers/w22993. Accessed November 8, 2025.

156 García, Jorge Luis, James Heckman and Anna Ziff. Early childhood education and crime. *Infant Ment Health J.* 40(1):141-151, January 2019. https://pmc.ncbi.nlm.nih.gov/articles/PMC6344026/. Accessed November 14, 2025.

157 Kitchens, Karin E. and William Gormley. "From preschool to politics: Early socialization in Tulsa." *Early Childhood Research Quarterly*, Volume 62, 2023. https://doi.org/10.1016/j.ecresq.2022.09.004. Accessed November 14, 2025.

158 Fritz, Will. "Trump administration backs off Head Start budget cuts, but problems persist." *The Michigan Independent*. May 14, 2025. https://michiganindependent.com/education/trump-backs-off-head-start-budget-cuts-but-problems-persist/. Accessed August 25, 2025.

159 Arundel, Kara. "Head Start imperiled by HHS cutbacks, advocates say." *K-12 Dive*. April 4, 2025. https://www.k12dive.com/news/child-care-head-start-budget-workforce-cuts-HHS/744521/. Accessed August 5, 2025.

160 Arundel, Kara. "Head Start imperiled by HHS cutbacks, advocates say." *K-12 Dive*. April 4, 2025. https://www.k12dive.com/news/child-care-head-start-budget-workforce-cuts-HHS/744521/. Accessed August 5, 2025.

161 ACLU. "Parent Advocacy Groups and a Coalition of Head Start Providers File Lawsuit to Stop Trump Administration's Dismantling of Head Start." April 28, 2025. https://www.aclu.org/press-releases/parent-advocacy-groups-and-a-coalition-of-head-start-providers-file-lawsuit-to-stop-trump-administrations-dismantling-of-head-start. Accessed September 25, 2025.

162 Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of "Federal Public Benefit," Billing Code: 4150–26–P. https://www.hhs.gov/sites/default/files/prwora-notice.pdf. Accessed September 25, 2025

163 U.S. Department of Health and Human Services. "HHS Bans Illegal Aliens from Accessing its Taxpayer-Funded Programs." https://www.hhs.gov/press-room/prwora-hhs-bans-illegal-aliens-accessing-taxpayer-funded-programs.html. Accessed November 17, 2025.

164 ACLU. "Press Release: Plaintiffs in Head Start Lawsuit File Motion to Amend Complaint to Challenge New HHS Rule Targeting Immigrant Families." July 15, 2025. https://www.aclu.org/press-releases/plaintiffs-in-head-start-lawsuit-file-motion-to-amend-complaint-to-challenge-new-hhs-rule-targeting-immigrant-families Accessed September 25, 2025

165 Ibid.

166 U.S. Department of Health and Human Services. "Fiscal Year 2026 Administration for Children, Families, and Communities: Justification of Estimates for Appropriations Committees." https://www.hhs.gov/sites/default/files/fy-2026-acfc-cj.pdf. Accessed November 8, 2025.

167 Office of the Governor. "New Mexico Executes Historic Expansion of New Mexico Pre-K Partnership with Tribes, Pueblos, and Nations." Press release: July 27, 2023. https://www.governor.state.nm.us/2023/07/27/new-mexico-executes-historic-expansion-of-new-mexico-pre-k-partnership-with-tribes-pueblos-and-nations/. Accessed November 8, 2025.

168 Guevara, Hannah. "National Report on Preschool Policies Finds Uneven Progress Across States." *First Five Years Fund*, May 23, 2023. https://www.ffyf.org/resources/2023/05/national-report-on-preschool-policies-finds-uneven-progress-across-states/. Accessed November 14, 2025.

169 Office of the Governor. "New Mexico is First State in Nation to Offer Universal Child Care." Press release: September 8, 2025. https://www.governor.state.nm.us/2025/09/08/new-mexico-is-first-state-in-nation-to-offer-universal-child-care/. Accessed November 8, 2025.

170 Saucedo, Eric. "How California Is Expanding Transitional Kindergarten." *California Budget & Policy Center*, April 2025. https://calbudgetcenter.org/resources/how-california-is-expanding-transitional-kindergarten/#:~:text=key%20takeaway,equity%20in%20public%20preschool%20programs. Accessed November 14, 2025.

171 Wang, Victoria, Melanie Leung-Gagné, Hanna Melnick, and Marjorie Wechsler. "Universal Prekindergarten Expansion in California: Progress and Opportunities." *Learning Policy Institute*, July 9, 2024. https://learningpolicyinstitute.org/product/universal-prekindergarten-expansion-california-report. Accessed November 8, 2025.

172 Food Research and Action Center. "Raise Your Hand for Healthy School Meals for All." https://frac.org/healthy-school-meals-for-all. Accessed November 8, 2025.

173 Food Research and Action Center. "School Meals Legislation and Funding by State." Updated July 2023. https://frac.org/wp-content/uploads/School-Meals-State-Legislation-Chart.pdf. Accessed November 8, 2025.

174 U.S. Department of Agriculture, Food and Nutrition Service. "Nationwide Waiver to Allow Specific School Meal Pattern Flexibility for SY 2021-22." https://www.fns.usda.gov/cn/covid-19-child-nutrition-response-90. Accessed November 14, 2025.

175 Chapman, Leah, Juliana F.W. Cohen, Wendi Gosliner, et al. "Implementation of Universal School Meals During COVID-19 and Beyond: School Food Authority and Parent Perspectives." *No Hungry Kid*, September 2023. https://bestpractices.nokidhungry.org/sites/default/files/2023-09/FULL%20REPORT_Universal%20School%20Meals%20during%20COVID-19%20Report.pdf. Accessed November 8, 2025.

176 Food Research and Action Center. "Raise Your Hand for Healthy School Meals for All." https://frac.org/healthy-school-meals-for-all. Accessed November 8, 2025.

177 Ibid.

178 Petrowich, Sarah. "Free School Breakfast Launches Statewide, Nine Education Bills Signed into Law." *Delaware Public Media*, September 2, 2025. https://www.delawarepublic.org/politics-government/2025-09-02/free-school-breakfast-launches-statewide-nine-education-bills-signed-into-law?emci=e2b369ec-b688-f011-b484-6045bdeb7413&emdi=68ceb541-cc88-f011-b484-6045bdeb7413&ceid=628776. Accessed November 8, 2025.

179 Hartline-Grafton, Heather, and Madeleine Levin. "Breakfast and School-Related Outcomes in Children and Adolescents in the US: A Literature Review and its Implications for School Nutrition Policy." *Current Nutrition Reports*, 11(4): 653-664, August 25, 2024. https://pmc.ncbi.nlm.nih.gov/articles/PMC9403974/. Accessed November 8, 2025.

180 Wang, Lu, Juliana FW Cohen, Meghan Maroney, et al. "Evaluation of Health and Economic Effects of United States School Meal Standards Consistent with the 2020-2025 Dietary Guidelines for Americans." *The American Journal of Clinical Nutrition*, 118(3): 605-613, 2023. https://pubmed.ncbi.nlm.nih.gov/37527964/. Accessed November 8, 2025.

181 Spill, Maureen K., Rupal Trivedi, Rachel C. Thoerig, et al. "Universal Free School Meals and School and Student Outcomes: A Systematic Review." *JAMA Network Open*, 7(8): e2424082, August 1, 2024. https://pubmed.ncbi.nlm.nih.gov/39120904/. Accessed November 8, 2025.

182 Localio, Anna M., Melissa A. Knox, Anirban Basu, et al. "Universal Free School Meals Policy and Childhood Obesity." *Pediatrics*, 153(4): e2023063749, April 1, 2024. https://pubmed.ncbi.nlm.nih.gov/38495019/. Accessed November 8, 2025.

183 Kirksey, Jacob J., and Michael A. Gottfried. "The Effect of Serving 'Breakfast After-the-Bell' Meals on School Absenteeism: Comparing Results from Regression Discontinuity Designs." *Educational Evaluation and Policy Analysis*, 43(2): 305-328, February 16, 2021. https://journals.sagepub.com/doi/10.3102/0162373721991572. Accessed November 8, 2025.

184 Lundqvist, Martina, Nicklas E. Vogel, Levin, Lars-Åke. "Effects of Eating Breakfast on Children and Adolescents: A Systematic Review of Potentially Relevant Outcomes in Economic Evaluations." *Food & Nutrition Research*, 63, 2019. https://foodandnutritionresearch.net/index.php/fnr/article/view/1618. Accessed November 8, 2025.

185 The Rockefeller Foundation and the Center for Good Food Purchasing. "True Cost of Food: School Meals Case Study." November 2021. https://www.rockefellerfoundation.org/wp-content/uploads/2021/11/True-Cost-of-Food-School-Meals-Case-Study-Full-Report-Final.pdf. Accessed November 8, 2025.

186 Alex-Petersen, Jesper, Petter Lundborg, and Dan-Olof Rooth. "Long-Term Effects of Childhood Nutrition: Evidence from a School Lunch Reform." *IZA Institute of Labor Economics*, December 2017. https://docs.iza.org/dp11234.pdf. Accessed November 8, 2025.

187 U.S. Department of Agriculture, Food and Nutrition Service. "Meals for Schools and Child Care." Updated March 28, 2025. https://www.fns.usda.gov/schoolmeals. Accessed November 8, 2025.

188 Brown, Marcia. "USDA Cancels $1B in Local Food Purchasing for Schools, Food Banks." *Politico*, March 10, 2025. https://www.politico.com/news/2025/03/10/usda-cancels-local-food-purchasing-for-schools-food-banks-00222796. Accessed November 8, 2025.

189 The White House. "Fact Sheet: Biden-?Harris Administration Highlights Historic Food System Investments." Press release: January 14, 2025. https://bidenwhitehouse.archives.gov/briefing-room/statements-releases/2025/01/14/fact-sheet-biden-harris-administration-highlights-historic-food-system-investments/. Accessed November 8, 2025.

190 U.S. Department of Agriculture, Food and Nutrition Service. "Community Eligibility Provision." Updated September 18, 2025. https://www.fns.usda.gov/cn/cep. Accessed November 14, 2025.

191 Petrowich, Sarah. "Free School Breakfast Launches Statewide, Nine Education Bills Signed into Law." *Delaware Public Media*, September 2, 2025. https://www.delawarepublic.org/politics-government/2025-09-02/free-school-breakfast-launches-statewide-nine-education-bills-signed-into-law?emci=e2b369ec-b688-f011-b484-6045bdeb7413&emdi=68ceb541-cc88-f011-b484-6045bdeb7413&ceid=628776. Accessed November 8, 2025.

192 Petrowich, Sarah. "Universal Free School Meals Advances in Del. Legislature, Free Breakfast Only Now on the Table." *Delaware Public Media*, April 24, 2025. https://www.delawarepublic.org/politics-government/2025-04-24/universal-free-school-meals-advances-in-del-legislature-free-breakfast-only-now-on-the-table. Accessed November 8, 2025.

193 Merod, Anna. "Vermont becomes 6th state to approve permanent universal school meals." *K-12 Drive*, June 15, 2023. https://www.k12dive.com/news/vermont-6th-state-universal-school-meals/653165/. Accessed November 14, 2025.

194 Vermont Legislature. An Act Relating to School Food Programs and Universal School Meals of 2023, H. 165. Vermont. https://legislature.vermont.gov/Documents/2024/Docs/JOURNAL/sj230620.pdf#page=3. Accessed November 8, 2025.

195 Daley, John. "Universal Free Lunch Ballot Measure Passes Easily in Colorado." *NPR*, November 9, 2022. https://www.npr.org/2022/11/09/1134832752/colorado-free-school-lunch-results-measure-midterms. Accessed November 8, 2025.

196 Gutierrez, Emily, Maggie Reeves, Ariella Metzger, Victoria Nelson, and Fanny Terrones. "Healthy School Meals for All in Colorado: Policy Options and Stakeholder Input for a Sustainable Program." *Urban Institute*, December 2024. https://www.urban.org/sites/default/files/2024-12/Healthy_School_Meals_for_All_in_Colorado.pdf. Accessed November 8, 2025.

197 Schimke, Ann. "Key Colorado Lawmakers Want to Keep Free School Meals for All Students Despite Budget Shortfall." *Chalkbeat*, December 6, 2024. https://www.chalkbeat.org/colorado/2024/12/06/lawmakers-want-to-keep-universal-free-school-meals/. Accessed November 8, 2025.

198 Trust for America's Health. "Pain in the Nation: The Epidemics of Alcohol, Drug, and Suicide Deaths, 2024. Special Feature: Polysubstance Use and Emerging Drug Overdose Trends." July 2024. https://www.tfah.org/wp-content/uploads/2024/07/2024PainInTheNation-FINAL-1.pdf. Accessed November 8, 2025.

199 Substance Abuse and Mental Health Services Administration. "Overdose Prevention and Response Toolkit." July 2025. https://library.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf. Accessed November 8, 2025.

200 Prescription Drug Abuse Policy System. "Syringe Services Programs Laws." August 1, 2021. https://pdaps.org/datasets/syringe-services-programs-laws. Accessed November 8, 2025.

201 KFF. "Syringe Services Programs: Timeframe 2025." Updated June 27, 2025. https://www.kff.org/hivaids/state-indicator/syringe-exchange-programs/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Has%20Syringe%20Exchange%20Program%3F%22,%22sort%22:%22asc%22%7D. Accessed November 8, 2025.

202 Centers for Disease Control and Prevention. "Strengthening Syringe Services Programs (SSPs)." March 20, 2024. https://www.cdc.gov/syringe-services-programs/php/funding/index.html. Accessed November 8, 2025.

203 Substance Abuse and Mental Health Services Administration. "Implementation Guidance for Syringe Services Programs May 16, 2016 (Revised July 28, 2016)." https://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf. Accessed November 14, 2025.

204 National Opioid Settlement.com. "Exhibit E: List of Opioid Remediation Uses." 2023. https://nationalopioidsettlement.com/wp-content/uploads/2023/02/TEVA-Exhibit-E.pdf. Accessed November 8, 2025.

205 Centers for Disease Control and Prevention. "Strengthening Syringe Services Programs (SSPs)." March 20, 2024. https://www.cdc.gov/syringe-services-programs/php/funding/index.html. Accessed November 8, 2025.

206 Ibid.

207 Legislative Analysis and Public Policy Association. "Syringe Services Programs: Summary of State Laws." April 2025. https://legislativeanalysis.org/wp-content/uploads/2025/04/Syringe-Services-Programs-Summary-of-State-Laws.pdf. Accessed November 14, 2025.

208 Matter, Amanda, and Sawsan Younan. "HIV Prevention Among People Who Inject Drugs (PWID): A Narrative Review." *Cureus*, 17(6): e85719, 2025. https://www.cureus.com/articles/373702-hiv-prevention-among-people-who-inject-drugs-pwid-a-narrative-review#!/. Accessed November 8, 2025.

209 Aspinall, Esther J., Dhanya Nambiar, David J. Goldberg, et al. "Are Needle and Syringe Programmes Associated with a Reduction in HIV Transmission among People Who Inject Drugs: A Systematic Review and Meta-Analysis." *International Journal of Epidemiology*, 43(1): 235-248, 2014. https://academic.oup.com/ije/article-abstract/43/1/235/734951?redirectedFrom=fulltext. Accessed November 8, 2025.

210 Palmateer, Norah, Victoria Hamill, Anne Bergenstrom, et al. "Interventions to Prevent HIV and Hepatitis C among People Who Inject Drugs: Latest Evidence of Effectiveness from a Systematic Review (2011 to 2020)." *International Journal of Drug Policy*, 109: 103872, November 2022. https://www.sciencedirect.com/science/article/pii/S0955395922002882?via%3Dihub. Accessed November 8, 2025.

211 van Santen, Daniela K., Sara Lodi, Paul Dietze, et al. "Comprehensive Needle and Syringe Program and Opioid Agonist Therapy Reduce HIV and Hepatitis c Virus Acquisition among People Who Inject Drugs in Different Settings: A Pooled Analysis of Emulated Trials." *Addiction*, 118(6): 1116-1126, 2023. https://onlinelibrary.wiley.com/doi/10.1111/add.16147. Accessed November 8, 2025.

212 Volkow, Nora. "Syringe Services for People Who Inject Drugs Are Enormously Effective, But Remain Underused." *National Institute on Drug Abuse, Director's Page*, November 25, 2024. https://nida.nih.gov/about-nida/noras-blog/2024/11/syringe-services-for-people-who-inject-drugs-are-enormously-effective-but-remain-underused. Accessed November 8, 2025.

213 Mackey, Katherine M., Erin H. Beech, Beth E. Williams, et al. "Effectiveness of Syringe Services Programs." *Evidence Synthesis Program, Health Services Research and Development Service, Office of Research and Development, Department of Veterans Affairs*, 2023. https://www.hsrd.research.va.gov/publications/esp/syringeservice.cfm. Accessed November 8, 2025.

214 Ibid.

215 Sokale, Itunu, Johnny Wilkerson, Paige Wermuth, et al. "Past-Year HIV Testing, Current Antiretroviral Therapy Use, and Participation in Services for People Who Inject Drugs." *AIDS and Behavior*, 28: 2793-2803, 2024. https://link.springer.com/article/10.1007/s10461-024-04369-0. Accessed November 8, 2025.

216 Nguyen, Trang Quynh, Brian W. Weir, Don C. Des Jarlais, et al. "Syringe Exchange in the United States: A National Level Economic Evaluation of Hypothetical Increases in Investment." *AIDS and Behavior*, 18: 2144-2155, 2014. https://link.springer.com/article/10.1007/s10461-014-0789-9. Accessed November 8, 2025.

217 Allen, Sean T., Brian W. Weir, Molly Reid, et al. "Estimating the Cost-Saving Threshold of a Rural Syringe Services Program Before and During the COVID-19 Pandemic." *AIDS and Behavior*, 29: 1449-1457, 2025. https://link.springer.com/article/10.1007/s10461-025-04615-z. Accessed November 8, 2025.

218 Des Jarlais, Don C., Jonathan Feelemyer, Courtney McKnight, et al. "Is Your Syringe Services Program Cost-Saving to Society? A Methodological Case Study." *Harm Reduction Journal*, 18: 126, 2021. https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-021-00575-4. Accessed November 8, 2025.

219 Belani, Hrishikesh K., and Peter A. Muennig. "Cost-Effectiveness of Needle and Syringe Exchange for the Prevention of HIV in New York City." *Journal of HIV/AIDS & Social Services*, 7(3): 229-240, 2008. https://www.tandfonline.com/doi/full/10.1080/15381500802307492. Accessed November 8, 2025.

220 Bartholomew, Tyler S., Hardik Patel, Kathryn McCollister, et al. "Implementation and First-Year Operating Costs of an Academic Medical Center-Based Syringe Services Program." *Harm Reduction Journal*, 18: 116, 2021. https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-021-00563-8. Accessed November 8, 2025.

221 Thakarar, K., Nenninger, K., & Agmas, W. (2020). Harm reduction services to prevent and treat infectious diseases in people who use drugs. *Infectious Disease Clinics*, 34(3), 605-620. https://doi.org/10.1016/j.idc.2020.06.013. Accessed November 14, 2025.

222 Facente, Shelley N., Jamie L. Humphrey, Christopher Akiba, et al. "Funding and Delivery of Syringe Services Programs in the United States, 2022." *American Journal of Public Health*, 114: 435-443, 2024. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2024.307583. Accessed November 8, 2025.

223 Trust for America's Health. "Pain in the Nation 2025: The Epidemics of Alcohol, Drug, and Suicide Deaths 2025." May 2025. https://www.tfah.org/report-details/pain-in-the-nation-2025/. Accessed November 8, 2025.

224 The White House, Executive Office of the President. "Statement of Drug Policy Priorities." *Office of National Drug Control Policy*, April 1, 2025. https://www.whitehouse.gov/wp-content/uploads/2025/04/2025-Trump-Administration-Drug-Policy-Priorities.pdf. Accessed November 8, 2025.

225 The White House. "White House Releases Model Law to Help States Ensure Access to 'Safe, Effective, and Cost-Saving' Syringe Services Programs." Press release: December 8, 2021. https://bidenwhitehouse.archives.gov/ondcp/briefing-room/2021/12/08/white-house-releases-model-law-to-help-states-ensure-access-to-safe-effective-and-cost-saving-syringe-services-programs/. Accessed November 8, 2025.

226 Ibid.

227 Substance Abuse and Mental Health Services Administration. "State Opioid Response Grants." Updated May 17, 2024. https://www.samhsa.gov/grants/grant-announcements/ti-24-008. Accessed November 8, 2025.

228 Centers for Disease Control and Prevention. "About Overdose Data to Action." May 2, 2024. https://www.cdc.gov/overdose-prevention/php/od2a/about.html. Accessed November 8, 2025.

229 Substance Abuse and Mental Health Services Administration. "Overdose Prevention and Response Toolkit." July 2025. https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf. Accessed November 8, 2025.

230 Prevention Institute. "National Harm Reduction Technical Assistance Center." https://preventioninstitute.org/node/3337. Accessed November 8, 2025.

231 Sun, Lena H. "How the CDC's Widespread Layoffs Cut Lifesaving Health Programs." *The Washington Post*, April 5, 2025. https://www.washingtonpost.com/health/2025/04/05/cdc-job-cuts-health-issues/. Accessed November 8, 2025.

232 Centers for Disease Control and Prevention. "Injury Center Priorities." July 28, 2025. https://www.cdc.gov/injury/priorities/index.html. Accessed November 8,?2025.

233 The White House. "Ending Crime and Disorder on America's Streets." Executive Order, July 24, 2025. https://www.whitehouse.gov/presidential-actions/2025/07/ending-crime-and-disorder-on-americas-streets/. Accessed November 8, 2025.

234 U.S. Senate Committee on Health, Education, Labor & Pensions. "Senate Passes Cassidy's SUPPORT Act to Address Nation's Opioid & Mental Health Crisis, Now Heads to President's Desk." Press release: September 18, 2025. https://www.help.senate.gov/rep/newsroom/press/senate-passes-cassidys-support-act-to-address-nations-opioid-and-mental-health-crisis-now-heads-to-presidents-desk. Accessed November 8, 2025.

235 U.S. Department of Health and Human Services. "Fact Sheet: HHS' Transformation to Make America Healthy Again." Updated April 2, 2025. https://www.hhs.gov/press-room/hhs-restructuring-doge-fact-sheet.html. Accessed November 8, 2025.

236 U.S. Department of Health and Human Services. "HHS Budget in Brief." Updated August 28, 2025. https://www.hhs.gov/about/budget/budget-in-brief/index.html. Accessed November 8, 2025.

237 Kentucky Cabinet for Health and Family Services. "Syringe Services Programs." https://www.chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx. Accessed November 14, 2025.

238 Patrick, Melissa, Kentucky Health News. "Kentucky Attorney General Opposes Syringe Exchanges Despite Evidence of Their Efficacy." *Kentucky Lantern*, June 17, 2024. https://kentuckylantern.com/2024/06/17/kentucky-attorney-general-opposes-syringe-exchanges-despite-evidence-of-their-efficacy/. Accessed November 8, 2025.

239 Dewhurst, Jonathan. "Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries: An Assessment of the Evidence." *AIDS Care*, 22(3): 397, March 2010. https://pubmed.ncbi.nlm.nih.gov/26876272/. Accessed November 8, 2025.

240 Allen, Sean T., Sarah Danforth, Suzanne M. Grieb, et al. "Law Enforcement and Syringe Services Program Implementation in Rural Counties in Kentucky: A Qualitative Exploration." *Harm Reduction Journal*, 19: 109, September 30, 2022. https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00684-8. Accessed November 8, 2025.

241 National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. "The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General." *Centers for Disease Control and Prevention*, 2014. https://www.ncbi.nlm.nih.gov/books/NBK179276/. Accessed November 8, 2025.

242 Centers for Disease Control and Prevention. "Preventing Exposure to Secondhand Smoke in the Community." July 1, 2025. https://www.cdc.gov/tobacco/secondhand-smoke/community.html. Accessed November 8, 2025.

243 American Lung Association. "Smokefree Air Laws." https://www.lung.org/policy-advocacy/tobacco/smokefree-environments/smokefree-air-laws. Accessed November 8, 2025.

244 Campaign for Tobacco-Free Kids. "States & Localities That Have Restricted the Sale of Flavored Tobacco Products." https://assets.tobaccofreekids.org/factsheets/0398.pdf. Accessed November 8, 2025.

245 American Nonsmoker's Rights Foundation. "100% WRBG Smokefree and Vape-Free Air Laws Including Marijuana." July 1, 2025. https://no-smoke.org/wp-content/uploads/pdf/WRBGEMMap.pdf. Accessed November 8, 2025.

246 Centers for Disease Control and Prevention. "STATE System Preemption Fact Sheet." *State Tobacco Activities Tracking and Evaluation (STATE) System*. https://www.cdc.gov/statesystem/factsheets/preemption/Preemption.html. Accessed November 8, 2025.

247 American Nonsmoker's Rights Foundation. "Rep. Frankel Introduces Legislation to End Indoor Smoking in Casinos and Other Public Spaces." https://no-smoke.org/rep-frankel-introduces-legislation-to-end-indoor-smoking-in-casinos/. Accessed November 14, 2025.

248 Centers for Disease Control and Prevention. "STATE System Smokefree Indoor Air Fact Sheet." https://www.cdc.gov/statesystem/factsheets/sfia/SmokeFreeIndoorAir.html. Accessed November 14, 2025.

249 The Community Guide. "Tobacco Use: Smoke-Free Policies." https://www.thecommunityguide.org/findings/tobacco-use-smoke-free-policies.html. Accessed November 8, 2025.

250 Akter, Shamima, Mizanur Rahman, Thomas Rouyard, et al. "A Systematic Review and Network Meta-Analysis of Population-Level Interventions to Tackle Smoking Behaviour." *Nature Human Behaviour*, 8: 2367-2391, 2024. https://www.nature.com/articles/s41562-024-02002-7. Accessed November 8, 2025.

251 Akter, Shamima, Rashedul Islam, Mizanur Rahman, et al. "Evaluation of Population-Level Tobacco Control Interventions and Health Outcomes: A Systematic Review and Meta-Analysis." *JAMA Network Open*, 6(7): e2322341, 2023. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807052. Accessed November 8, 2025.

252 Zhuo, Xun C., Chern Yeh Lai Amanda, Andrew Fu Wah Ho, et al. "Impact of Smoke-Free Legislation on Stroke Risk: A Systematic Review and Meta-Analysis." *European Stroke Journal*, 10(2): 350-361, 2025. https://journals.sagepub.com/doi/10.1177/23969873241293566. Accessed November 8, 2025.

253 To, Teresa, Ivy Fong, Jingqin Zhu, et al. "Effect of Smoke-Free Legislation on Respiratory Health Services Use in Children with Asthma: A Population-Based Open Cohort Study in Ontario, Canada." *BMJ Open*, 11(8): e048137, 2021. https://bmjopen.bmj.com/content/11/8/e048137. Accessed November 8, 2025.

254 Yang, Yue-Nin, Yu-Tung Huang, and Chun-Yuh Yang. "Effects of a National Smoking Ban on Hospital Admissions for Cardiovascular Diseases: A Time-Series Analysis in Taiwan." *Journal of Toxicology and Environmental Health, Part A*, 80(10-12): 562-568, 2017. https://www.tandfonline.com/doi/full/10.1080/15287394.2017.1367085. Accessed November 8, 2025.

255 Juster, Harlan R., Brett R. Loomis, Theresa M. Hinman, et al. "Declines in Hospital Admissions for Acute Myocardial Infarction in New York State after Implementation of a Comprehensive Smoking Ban." *American Journal of Public Health*, 97: 2035-2039, 2007. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2006.099994. Accessed November 8, 2025.

256 Dove, Melanie S., Douglas W. Dockery, Murray A. Mittleman, et al. "The Impact of Massachusetts' Smoke-Free Workplace Laws on Acute Myocardial Infarction Deaths." *American Journal of Public Health*, 100: 2206-2212, 2010. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2009.189662. Accessed November 8, 2025.

257 Centers for Disease Control and Prevention. "Health and Economic Benefits of Tobacco Use Interventions." *National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)*, July 12, 2024. https://www.cdc.gov/nccdphp/priorities/tobacco-use.html. Accessed November 14, 2025.

258 Xu, Xin, Sundar S. Shrestha, Katrina F. Trivers, et al. "U.S. Healthcare Spending Attributable to Cigarette Smoking in 2014." *Preventive Medicine,* 150: 106529, September 2021. https://www.sciencedirect.com/science/article/abs/pii/S0091743521001134?via%3Dihub. Accessed November 8, 2025.

259 Centers for Disease Control and Prevention. "Health and Economic Benefits of Tobacco Use Interventions." *National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)*, July 12, 2024. https://www.cdc.gov/nccdphp/priorities/tobacco-use.html. Accessed November 8, 2025.

260 Shrestha, Sundar S., Ramesh Ghimire, Xu Wang, et al. "Cost of Cigarette Smoking?Attributable Productivity Losses, U.S., 2018." *American Journal of Preventive Medicine*, 63(4): 478-485, 2022. https://linkinghub.elsevier.com/retrieve/pii/S074937972200294X. Accessed November 8, 2025.

261 Community Preventive Services Task Force. "Tobacco Use: Comprehensive Tobacco Control Programs." *The Community Guide*, August 2014. https://www.thecommunityguide.org/findings/tobacco-use-comprehensive-tobacco-control-programs.html. Accessed November 8, 2019.

262 Trepany, Charles. "Smoking Was Already Becoming 'Cool' Again. Then, Trump Ousted the FDA's Tobacco Chief." *USA Today*, April 2, 2025. https://www.usatoday.com/story/life/health-wellness/2025/04/02/trump-fda-tobacco-smoking/82762982007/. Accessed November 8, 2025.

263 Adam, Diane. "After Mass Layoffs at the FDA's Center for Tobacco Products, What Happens Next?" *CSP*, April 30, 2025. https://www.cspdailynews.com/tobacco/after-mass-layoffs-fdas-center-tobacco-products-what-happens-next. Accessed November 8, 2025.

264 Todd, Sarah. "Why CDC Cuts Are Being Called 'The Greatest Gift to Tobacco Industry in the Last Half-Century.'" *STAT*, April 14, 2025. https://www.statnews.com/2025/04/14/cdc-closing-office-smoking-health-called-gift-to-big-tobacco-by-former-osh-director/. Accessed November 8, 2025.

265 Department of Health and Human Services. "Fiscal Year 2026 Justification of Estimates for Appropriations Committees." https://www.cdc.gov/budget/documents/fy2026/fy-2026-cdc-cj.pdf. Accessed November 14, 2025.

266 Office of Management and Budget. "OIRA Conclusion of EO 12866 Regulatory Review." https://www.reginfo.gov/public/do/eoDetails?rrid=341411. Accessed November 14, 2025.

267 Office of the Governor, Josh Green, M.D. "Action to Improve the Health of Hawai?i's Youth – SB975." Press release: July 3, 2023. https://governor.hawaii.gov/main/action-to-improve-the-health-of-hawai%CA%BBis-youth-sb975/. Accessed November 8, 2025.

268 State of Hawai'i. Prohibition of Flavored Tobacco Products of 2023, Bill No. 102. https://records.hawaiicounty.gov/weblink/DocView.aspx?dbid=0&id=1067987&cr=1. Accessed November 8, 2025.

269 Fawcett, Denby. "Denby Fawcett: Hawaii Lawmakers Should Stop Stalling And Ban Flavored Tobacco Sales." *Honolulu Civil Beat* January 23, 2024. https://www.civilbeat.org/2024/01/denby-fawcett-hawaii-lawmakers-should-stop-stalling-and-ban-flavored-tobacco-sales/. Accessed November 14, 2025.

270 Associated Press. "Hawaii Legislative Committee Kills Flavored E-Cigarette Ban." *Hawai'i Public Radio*, April 4, 2019. https://www.hawaiipublicradio.org/local-news/2019-04-04/hawaii-legislative-committee-kills-flavored-e-cigarette-ban. Accessed November 8, 2025.

271 Campaign for Tobacco-Free Kids. "State Cigarette Excise Tax Rates & Rankings." https://assets.tobaccofreekids.org/factsheets/0097.pdf. Accessed November 8, 2025.

272 Akter, S., Rahman, M.M., Rouyard, T. et al. A systematic review and network meta-analysis of population-level interventions to tackle smoking behaviour. *Nature Human Behavior* 8, 2367–2391 (2024). https://doi.org/10.1038/s41562-024-02002-7. Accessed November 16, 2025.

273 Le, T.T.T., Jaffri, M.A. The association between smoking behaviors and prices and taxes per cigarette pack in the United States from 2000 through 2019. *BMC Public Health* 22, 856 (2022). https://doi.org/10.1186/s12889-022-13242-5. Accessed November 16, 2025.

274 Campaign for Tobacco-Free Kids. "Raising Cigarette Taxes Reduces Smoking, Especially Among Kids (And The Cigarette Companies Know It)." https://assets.tobaccofreekids.org/factsheets/0146.pdf. Accessed November 8, 2025.

275 Tax Policy Center. "How Do State and Local Cigarette and Vaping Taxes Work?" Updated January 2024. https://taxpolicycenter.org/briefing-book/how-do-state-and-local-cigarette-and-vaping-taxes-work. Accessed November 8, 2025.

276 Cilluffo, Anthony A., and Jane G. Gravelle. "Alcohol Excise Taxes: An Overview." *Congressional Research Office*, September 12, 2024. https://www.congress.gov/crs-product/R48181. Accessed November 8, 2025.

277 American Lung Association. Cigarette & Tobacco Taxes, September 2024. https://www.lung.org/policy-advocacy/tobacco/tobacco-taxes. Accessed November 16, 2025.

278 Truth Initiative. "What Federal Health Agency Cuts Mean for Tobacco Control." *Truth Initiative*, June 5, 2025. https://truthinitiative.org/FederalCuts. Accessed November 16, 2025.

279 Centers for Disease Control and Prevention. "Tips Impact and Results." *Tips From Former Smokers Campaign*, last reviewed October 8, 2024. https://www.cdc.gov/tobacco/campaign/tips/about/impact/campaign-impact-results.html. Accessed November 16, 2025.

280 Campaign for Tobacco-Free Kids. "State Cigarette Excise Taxes & Rankings." https://assets.tobaccofreekids.org/factsheets/0097.pdf. Accessed November 8, 2025.

281 Campaign for Tobacco-Free Kids. "Cigarette Tax Increases by State Per Year 2000-2005." https://assets.tobaccofreekids.org/factsheets/0275.pdf. Accessed November 16, 2025.

282 Smith, Brandon. "Indiana GOP Closes $2B Budget Gap with Cigarette Tax Hike, Health Cuts." *WFYI*, April 23, 2025. https://www.wfyi.org/news/articles/gop-leaders-unveil-final-budget-with-cigarette-tax-hike-and-cuts-to-public-health-higher-education. Accessed November 8, 2025.

283 Hoffer, Adam, and Jacob Macumber-Rosin. "Vaping Taxes by State, 2025." Tax Foundation, June 24, 2025. https://taxfoundation.org/data/all/state/vaping-taxes/. Accessed November 8, 2025.

284 Morford, Kenneth L., Jeanette M. Tetrault, and Patrick G. O'Connor. "Alcohol and Cancer Risk." *JAMA*, 334(10): 908-909, August 2025. https://jamanetwork.com/journals/jama/article-abstract/2837352. Accessed November 8, 2025.

285 Saad, Lydia. "U.S. Drinking Rate at New Low as Alcohol Concerns Surge." *Gallup*, August 13, 2025. https://news.gallup.com/poll/693362/drinking-rate-new-low-alcohol-concerns-surge.aspx. Accessed November 8, 2025.

286 Guindon, G. E., Zhao, K., Fatima, T., Garasia, S., Quinn, N., Baskerville, N. B., & Paraje, G. (2022). Prices, taxes and alcohol use: a systematic umbrella review. *Addiction*, 117(12), 3004-3023. https://doi.org/10.1111/add.15966. Accessed November 16, 2025.

287 Naimi, Timothy S., Jason G. Blanchette, Ziming Xuan, and Francis J Chaloupka. "Erosion of State Alcohol Excise Taxes in the United States." *Journal of Studies on Alcohol and Drugs*, 79(1): 43-48, January 12, 2018. https://pmc.ncbi.nlm.nih.gov/articles/PMC5894857/ Accessed November 8, 2025.

288 Cueto, Isabella. "Drinking is Cheaper Than it's Been in Decades. Lobbyists are Fighting to Keep it that Way." *STAT*, October 24, 2025. https://www.statnews.com/2024/10/24/alcohol-tax-increases-stymied-by-industry-lobbyists-campaign-contributions/. Accessed November 8, 2025.

289 Macumber-Rosin, Jacob, and Adam Hoffer. "Beer Taxes by State, 2025." *Tax Foundation*, June 10, 2025. https://taxfoundation.org/data/all/state/beer-taxes-by-state/. Accessed November 8, 2025.

290 Macumber-Rosin, Jacob, and Adam Hoffer. "Distilled Spirit Taxes by State, 2025." *Tax Foundation*, May 27, 2025. https://taxfoundation.org/data/all/state/distilled-spirits-taxes/. Accessed November 8, 2025.

291 National Alcohol Beverage Control Association. "Control State Directory and Info." https://www.nabca.org/control-state-directory-and-info. Accessed November 17, 2025.

292 Centers for Disease Control and Prevention. "Pricing Strategies for Alcohol Products: Interventions Changing the Context." Updated February 26, 2024. https://archive.cdc.gov/www_cdc_gov/policy/hi5/alcoholpricing/index.html. Accessed November 8, 2025.

293 Ibid.

294 Trust for America's Health. "Promoting Health and Cost Control in States: How States Can Improve Community Health & Well-being Through Policy Change: Alcohol Pricing Strategies." Policy Brief, July 2019. https://www.tfah.org/wp-content/uploads/2019/11/TFAH-2019-PHACCS-AlcPrice-Fnl.pdf. Accessed November 8, 2025.

295 Ibid.

296 Cilluffo, Anthony A., and Jane G. Gravelle. "Alcohol Excise Taxes: An Overview." *Congressional Research Office*, September 12, 2024. https://www.congress.gov/crs-product/R48181. Accessed November 8, 2025.

297 Centers for Disease Control and Prevention. "CDC Alcohol Program." May 15, 2024. https://www.cdc.gov/alcohol/program/index.html. Accessed November 8, 2025.

298 Cueto, Isabella. "Government Shuts CDC Office Focused on Alcohol-Related Harms and Prevention." *STAT*, April 10, 2025. https://www.statnews.com/2025/04/10/trump-cuts-cdc-program-alchohol-related-harm-6-million-budget-cut-felt-in-11-states/. Accessed November 8, 2025.

299 Brooks, James. "Gara, Walker Say They Wouldn't Raise Alaska Alcohol Taxes if Elected." *Alaska Beacon*, October 5, 2022. https://alaskabeacon.com/briefs/gara-walker-say-they-wouldnt-raise-alcohol-taxes-if-elected/. Accessed November 8, 2025.

300 Early, Wesley. "5 Years In, How Has Anchorage Spent Its Alcohol Tax?" *Alaska Public Media*, October 30, 2025. https://alaskapublic.org/news/anchorage/2025-10-30/5-years-in-how-has-anchorage-spent-its-alcohol-tax. Accessed November 8, 2025.

301 Maxwell, Lauren. "Anchorage's First Year of Alcohol Sales Tax Raises Nearly $14M." *KTUU*, April 12, 2022.

302 Smart Growth America. "What Are Complete Streets." https://smartgrowthamerica.org/what-are-complete-streets/. Accessed November 8, 2025.

303 Cole, Courtney, London Weir, Maxwell Reinisch, et al. "Best Complete Streets Policies." *Smart Growth America*, June 2025. https://wordpress.smartgrowthamerica.org/wp-content/uploads/2025/06/Best-Complete-Streets-Policies-2025.pdf. Accessed November 8, 2025.

304 Safe Routes Partnership. "2024 State Report Cards." https://saferoutespartnership.org/resource/2024-state-report-cards/. Accessed November 15, 2025.

305 Plowden, Ben. "Creating Healthy Streets for Sustainable Cities – Delivering Public Health Benefits through Redesigning London's Streets." *Cities & Health*, 4(2): 156-161, 2020. https://www.tandfonline.com/doi/full/10.1080/23748834.2019.1685852. Accessed November 8, 2025.

306 Bas, Javier, Mohammad B. Al-Khasawneh, Sevgi Erdo?an, and Cinzia Cirillo. "How the Design of Complete Streets Affects Mode Choice: Understanding the Behavioral Responses to the Level of Traffic Stress." *Transportation Research Part A: Policy and Practice*, 173: 103698, July 2023. https://www.sciencedirect.com/science/article/pii/S0965856423001180?via%3Dihub. Accessed November 8, 2025.

307 Gordon-Larsen, Penny, Janne Boone-Heinonen, Steve Sidney, et al. "Active Commuting and Cardiovascular Disease Risk: The CARDIA Study." *Archives of Internal Medicine*, 169(13): 1216-1223, 2009. https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/773531. Accessed November 8, 2025.

308 Wang, Jingyi, Ting Yang, Haowen Xu, and Zhiqiang Wu. "Low-Carbon Transit-Oriented Development and Active Transportation Modes: A Mixed-Methods Study on Mitigating Urban Heat Island Effects and Heat-Related Diseases." *American Journal of Preventive Medicine*, 69(2), Supplement 1: 107926, 2025. https://www.ajpmonline.org/article/S0749-3797(25)00417-9/abstract. Accessed November 8, 2025.

309 National Center for Transit Research. "Capturing the Benefits of Complete Streets." *Center for Urban Transportation Research, University of South Florida, Report No.* December 1, 2015. https://digitalcommons.usf.edu/cutr_nctr/79/. Accessed November 8, 2025.

310 Yu, Chia-Yuan, et al. "Assessing the economic benefits and resilience of complete streets in Orlando, FL: A natural experimental design approach." *Journal of Transport & Health* 8 (2018): 169-178. https://doi.org/10.1016/j.jth.2017.11.005. Accessed November 16, 2025.

311 Rodriguez, Michale, and Christopher Leinberger. "Foot Traffic Ahead: Ranking Walkable Urbanism in America's Largest Metros 2023." *Smart Growth America*, 2023. https://wordpress.smartgrowthamerica.org/wp-content/uploads/2024/06/Foot-Traffic-Ahead-2023.pdf. Accessed November 8, 2025.

312 Nelson, Arthur. "Complete Streets Drive Housing, Jobs, and Retail Gains." *American Planning Association, Planning Magazine*, August 1, 2024. https://www.planning.org/planning/2024/aug/complete-streets-drive-housing-jobs-and-retail-gains/. Accessed November 8, 2025.

313 Cole, Courtney, London Weir, Maxwell Reinisch, et al. "Best Complete Streets Policies 2025." *Smart Growth America*, June 2025. https://wordpress.smartgrowthamerica.org/wp-content/uploads/2025/06/Best-Complete-Streets-Policies-2025.pdf. Accessed November 8, 2025.

314 U.S. Department of Transportation. "Safe Streets and Roads for All (SS4A) Grant Program." June 30, 2025. https://www.transportation.gov/grants/SS4A. Accessed November 8, 2025.

315 U.S. Department of Transportation. "Fact Sheets: Transportation Alternatives (TA)." *Federal Highway Administration*, Updated September 11, 2025. https://www.fhwa.dot.gov/infrastructure-investment-and-jobs-act/ta.cfm. Accessed November 8, 2025.

316 U.S. Department of Transportation. "Highway Safety Improvement Program (HSIP)." *Federal Highway Administration*, Updated October 7, 2025. https://highways.dot.gov/safety/hsip. Accessed November 8, 2025.

317 U.S. Department of Transportation. "Surface Transportation Block Grant Program (STBG)." *Federal Highway Administration*, Updated March 6, 2025. https://www.fhwa.dot.gov/specialfunding/stp/. Accessed November 8, 2025.

318 U.S. Department of Transportation. "Transportation Planning Capacity Building, Complete Streets." *Federal Highway Administration and Federal Transit Administration*. https://www.planning.dot.gov/planning/topic_complete_streets.aspx. Accessed November 8, 2025.

319 Neighborhood Access and Equity Grant Program, § 60501; 23 U.S.C. 177. https://highways.dot.gov/media/58086. Accessed November 8, 2025.

320 U.S. Department of Transportation. "Better Utilizing Investments to Leverage Development (BUILD) Grant Program." https://www.transportation.gov/BUILDgrants. Accessed October 30, 2025.

321 Centers for Disease Control and Prevention. "Active People, Healthy Nation?." December 30, 2024. https://www.cdc.gov/active-people-healthy-nation/php/about/index.html. Accessed November 8, 2025.

322 American Association of State Highway and Transportation Officials. "Transportation Funding Restored After Inadvertent Suspension." *AASHTO Journal*, January 24, 2025. https://aashtojournal.transportation.org/transportation-funding-restored-after-inadvertent-suspension/. Accessed November 8, 2025.

323 Simon, Heidi, and Eri Cova. "Federal Actions Threaten Roadway Safety Efforts: What's at Stake." *Smart Growth America*, February 6, 2025. https://www.smartgrowthamerica.org/knowledge-hub/news/federal-actions-threaten-roadway-safety-efforts-whats-at-stake/. Accessed November 8, 2025.

324 Davis, Jeff. "Reconciliation Law Kills Most, But Not All, Neighborhood Access Grants." *Eno Center for Transportation*, July 22, 2025. https://enotrans.org/article/reconciliation-law-kills-most-but-not-all-neighborhood-access-grants/. Accessed November 8, 2025.

325 McMurray, Jeff. "Trump's Transportation Officials Buck a Long-Held Practice of Using 'Road Diets' to Slow Speeders." *AP*, April 21, 2025. https://apnews.com/article/road-diets-traffic-safety-transportation-department-trump-2486cac519fdc56348532717e43dc81d. Accessed November 8, 2025.

326 Weiner, Rachel, and Ian Duncan. "Sean Duffy Defends Pause on Transportation Grants." *The Washington Post*, April 2, 2025. https://www.washingtonpost.com/transportation/2025/04/02/duffy-transporation-grant-delays/. Accessed November 8, 2025.

327 Mann, Ted. "Trump Cancels Grants for Pedestrian Safety, Bike Lanes." *Governing*, September 23, 2025. https://www.governing.com/transportation/trump-cancels-grants-for-pedestrian-safety-bike-lanes. Accessed November 8, 2025.

328 Municipal Research and Services Center of Washington (MRSC). "Complete Streets." Updated October 7, 2025. https://mrsc.org/explore-topics/facilities/rights-of-way/complete-streets. Accessed November 8, 2025.

329 Ibid.

330 Cole, Courtney, London Weir, Maxwell Reinisch, et al. "Best Complete Streets Policies." *Smart Growth America*, June 2025. https://wordpress.smartgrowthamerica.org/wp-content/uploads/2025/06/Best-Complete-Streets-Policies-2025.pdf. Accessed November 8, 2025.

331 HUD Exchange. "HOME Homeowner Rehabilitation." https://www.hudexchange.info/programs/home/topics/homeowner-rehabilitation/#policy-guidance-and-faqs. Accessed November 16, 2025.

332 Maryland General Assembly. Department of Housing and Community Development - Maryland Housing Rehabilitation Program - Local Rehabilitation Program Administration, HB 127. https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/HB0127. Accessed November 8, 2025.

333 Weeden, Sophia, and Carlos Martin. "The Movement for Improving and Expanding Home Repair Programs Enters a New Era." *Harvard University Joint Center for Housing Studies*, August 20, 2024. https://www.jchs.harvard.edu/blog/movement-improving-and-expanding-home-repair-programs-enters-new-era. Accessed November 8, 2025.

334 Fyfe C, Barnard LT, Douwes J, Howden-Chapman P, Crane J. "Retrofitting home insulation reduces incidence and severity of chronic respiratory disease". *Indoor Air*. 2022 Aug;32(8):e13101. https://doi.org/10.1111/ina.13101. Accessed November 16, 2025.

335 Koops-Van Hoffen, H. E., et al. "Understanding the mechanisms linking holistic housing renovations to health and well-being of adults in disadvantaged neighbourhoods: A realist review." *Health & place 80* (2023): 102995. https://doi.org/10.1016/j.healthplace.2023.102995. Accessed November 16, 2025.

336 Cha, Su-Min. "A Systematic Review of Home Modifications for Aging in Place in Older Adults." *Healthcare*, 13(7): 752, 2025. https://pmc.ncbi.nlm.nih.gov/articles/PMC11988477/. Accessed November 8, 2025.

337 Cartwright, Angela, Saman Khalatbari-Soltani, and Ying Zhang. "Housing Conditions and the Health and Wellbeing Impacts of Climate Change: A Scoping Review." *Environ Research*, 270:120846, April 2025. https://www.sciencedirect.com/science/article/pii/S0013935125000970. Accessed November 8, 2025.

338 Weeden, Sophia, and Carlos Martin. "The Movement for Improving and Expanding Home Repair Programs Enters a New Era." *Harvard University Joint Center for Housing Studies*, August 20, 2024. https://www.jchs.harvard.edu/blog/movement-improving-and-expanding-home-repair-programs-enters-new-era. Accessed November 8, 2025.

339 Eisenberg, Alexa, Wakayama, Connor and Patrick Cooney. "Reinforcing Low-Income Homeownership Through Home Repair: Evaluation of the Make It Home Repair Program." https://poverty.umich.edu/files/2021/02/PovertySolutions-Make-It-Home-Repair-Program-Feb2021-final.pdf. Accessed November 16, 2025.

340 Weeden, Sophia, and Carlos Martin. "The Movement for Improving and Expanding Home Repair Programs Enters a New Era." *Harvard University Joint Center for Housing Studies*, August 20, 2024. https://www.jchs.harvard.edu/blog/movement-improving-and-expanding-home-repair-programs-enters-new-era. Accessed November 8, 2025.

341 U.S. Department of Housing and Urban Development. "203(k) Rehabilitation Mortgage Insurance Program." https://www.hud.gov/hud-partners/single-family-mortgage-programs-203k#close. Accessed November 8, 2025.

342 U.S. Department of Housing and Urban Development. "HOME Homeowner Rehabilitation." https://www.hudexchange.info/programs/home/topics/homeowner-rehabilitation/#policy-guidance-and-faqs. Accessed November 8, 2025.

343 U.S. Department of Housing and Urban Development "Disaster Recovery Homeowner Rehabilitation." https://www.hudexchange.info/programs/cdbg-dr/homeowner-rehabilitation/#homeowner-rehabilitation-program-overview-considerations-and-strategies. Accessed November 8, 2025.

344 U.S. Department of Agriculture, Rural Development. "Single Family Housing Repair Loans & Grants." https://www.rd.usda.gov/programs-services/single-family-housing-programs/single-family-housing-repair-loans-grants. Accessed November 16, 2025.

345 U.S. Department of Agriculture, Rural Development. "Housing Preservation Grants." https://www.rd.usda.gov/programs-services/single-family-housing-programs/housing-preservation-grants. Accessed November 8, 2025.

346 U.S. Department of Housing and Urban Development. "Indian Housing Block Grant (IHBG) Competitive Grant Program." https://www.hud.gov/helping-americans/public-indian-housing-ihbg-cgp#close. Accessed November 8, 2025.

347 Centers for Medicare & Medicaid Services. "Addressing Health-Related Social Needs in Section 1115 Demonstrations." December 6, 2022. https://www.medicaid.gov/medicaid/downloads/addrss-hlth-soc-needs-1115-demo-all-st-call-12062022.pdf/. Accessed November 8, 2025.

348 Chadde, Sky. "Mass Terminations Have Cut USDA 'Off at the Knees,' Ex-Employees Say." *Investigate Midwest*, February 25, 2025. https://investigatemidwest.org/2025/02/25/mass-terminations-have-cut-usda-off-at-the-knees-ex-employees-say/. Accessed November 8, 2025.

349 Centers for Medicare & Medicaid Service. "CMCS Informational Bulletin: Rescission of Guidance on Health-Related Social Needs." March 4, 2025. https://www.medicaid.gov/federal-policy-guidance/downloads/cib03042025.pdf. Accessed November 8, 2025.

350 Zappia, Aaron. "Whole Home Repair Becomes Law | July 2022 Legislative Update." *Housing Alliance of Pennsylvania*. https://housingalliancepa.org/july-2022-legislative-update/. Accessed November 16, 2025.

351 Keith, Charlotte. "More Funding for Home Repair Program Left Out of State Budget Despite High Demand." *Spotlight PA*, July 22, 2024. https://www.spotlightpa.org/news/2024/07/whole-home-repair-budget-left-out/. Accessed November 8, 2025.

352 Ibid.

353 Pennsylvania Homeowner Assistance Fund. "2025 Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund (PHARE) Plan – Final." https://www.phfa.org/forms/phare_program_phare_fund/2025_phare_plan_final.pdf. Accessed November 8, 2025.

354 U.S. Department of Housing and Urban Development. "Rapid Re-Housing (RRH)." https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/permanent-housing/rapid-re-housing/. Accessed November 8, 2025.

355 Byrne, Thomas, Deborah Chassler, Mohit Tamta, et al. "Assessing Anxiety and Depression Trajectories Among Single Homeless Adults Receiving Rapid Rehousing Following Placement in Housing." *Housing Studies*, 40(9): 1944-1966, 2025. https://doi.org/10.1080/02673037.2024.2386280. Accessed November 8, 2025.

356 Ibid.

357 National Alliance to End Homelessness. "Housing First." March 20, 2022. https://endhomelessness.org/resources/toolkits-and-training-materials/housing-first/. Accessed November 8, 2025.

358 Ibid.

359 Thompson, Marcy, and Alec Vandenberg. "The President's FY2026 Budget Proposal: Potential Impacts on Efforts to Prevent and End Homelessness." *National Alliance to End Homelessness*. https://endhomelessness.org/resources/policy-information/the-presidents-fy2026-budget-proposal-potential-impacts-on-efforts-to-prevent-and-end-homelessness/. Accessed November 8, 2025.

360 Grigas, Jared, and Kevin Moore. "HUD's Continuum-of-Care Faces Program Changes and Funding Uncertainty." *National Association of Counties*, October 30, 2025. https://www.naco.org/news/huds-continuum-care-faces-program-changes-and-funding-uncertainty. Accessed November 8, 2025.

361 Ludden, Jennifer. "Trump Administration Has Gutted an Agency that Coordinates Homelessness Policy." *NPR*, April 16, 2025. https://www.npr.org/2025/04/16/nx-s1-5366865/trump-doge-homelessness-veterans-interagency-council-on-homelessness-staff-doge. Accessed November 8, 2025.

362 Abraham. Roshon. "These HUD Cuts Have Gotten Less Attention, But the Effects Will Still Be Harmful." *Shelterforce*, April 7, 2025. https://shelterforce.org/2025/04/07/these-hud-cuts-have-gotten-less-attention-but-the-effects-will-still-be-harmful/. Accessed November 8, 2025.

363 Abraham. Roshon. "These HUD cuts have gotten less attention, but the effects will still be harmful." *Shelterforce*. April 7, 2025. https://shelterforce.org/2025/04/07/these-hud-cuts-have-gotten-less-attention-but-the-effects-will-still-be-harmful/. Accessed October 11, 2025.

364 Policy Link. "Understanding the New AFFH Interim Final Rule." https://www.policylink.org/our-work/housing/affh/explainer. Accessed November 8, 2025.

365 Pennsylvania Department of Community & Economic Development. "Shapiro Administration Invests More Than $6.3 Million in Communities to Help Combat Homelessness." Press release: February 1, 2024. https://dced.pa.gov/newsroom/shapiro-administration-invests-more-than-6-3-million-in-communities-to-help-combat-homelessness/. Accessed November 8, 2025.

366 Pennsylvania Coalition Against Domestic Violence. "PCADV Requests Grant Through Emergency Solutions Grant." August 8, 2023. https://www.pcadv.org/blog/pcadv-requests-grant-through-emergency-solutions-grant/. Accessed November 8, 2025.

367 Center on Budget and Policy Priorities. "Policy Basics: The Earned Income Tax Credit." April 2023. https://www.cbpp.org/sites/default/files/atoms/files/policybasics-eitc.pdf. Accessed November 8, 2025.

368 National Conference of State Legislatures. "Earned Income Tax Credit Overview." Updated June 12, 2025. https://www.ncsl.org/human-services/earned-income-tax-credit-overview#state. Accessed November 8, 2025.

369 Ibid.

370 National Immigration Law Center. "Map of States that Offer Earned Income Tax Credits (EITCs) to Taxpayer Identification Numbers (ITINs) Filers." Updated July 1, 2023. https://www.nilc.org/resources/tax-credit-itin-filers/. Accessed November 8, 2025.

371 National Conference of State Legislatures. "Earned Income Tax Credit Overview." Updated June 12, 2025. https://www.ncsl.org/human-services/earned-income-tax-credit-overview#state. Accessed November 8, 2025.

372 Muennig, Peter, Daniel Vail, and Jahn K. Hakes. "Can Antipoverty Programmes Save Lives? Quasi-Experimental Evidence from the Earned Income Tax Credit in the USA." *BMJ Open*, 10(8): e037051, 2020. https://bmjopen.bmj.com/content/10/8/e037051. Accessed November 8, 2025.

373 Das, Vivekananda. "The Effect of State Earned Income Tax Credit (EITC) Eligibility on Food Insufficiency During the COVID-19 Pandemic." *Review of Economics of the* Household, 21: 485-518, 2023. https://link.springer.com/article/10.1007/s11150-022-09637-3. Accessed November 8, 2025.

374 Batra, Akansha, and Rita Hamad. "Short-Term Effects of the Earned Income Tax Credit on Children's Physical and Mental Health." *Annals of Epidemiology*, 58: 15-21, June 2021. https://www.sciencedirect.com/science/article/abs/pii/S1047279721000296?via%3Dihub. Accessed November 8, 2025.

375 Batra, Akansha, Deborah Karasek, and Rita Hamad. "Racial Differences in the Association between the U.S. Earned Income Tax Credit and Birthweight." *Women's Health Issues*, 32(1): 26-32, 2022. https://www.whijournal.com/article/S1049-3867(21)00140-7/abstract. Accessed November 8, 2025.

376 Chang, Lawrence, Henry T. Puls, Michael C. Monuteaux, et al. "State Social Expenditures and Preterm Birth and Low Birth Weight in the US." *JAMA Pediatrics*, 178(12): 1345-1353, 2024. https://doi.org/10.1001/jamapediatrics.2024.4267. Accessed November 8, 2025.

377 Dalve, Kimberly, Caitlin A. Moe, Nicole Kovski, et al. "Earned Income Tax Credit and Youth Violence: Findings from the Youth Risk Behavior Surveillance System." *Prevention Science: The Official Journal of the Society for Prevention Research* 23: 1370-1378, 2022. https://link.springer.com/article/10.1007/s11121-022-01417-w. Accessed November 8, 2025.

378 Courtin, Emilie, Heidi L. Allen, Lawrence F. Katz, et al. "Effect of Expanding the Earned Income Tax Credit to Americans Without Dependent Children on Psychological Distress." *American Journal of Epidemiology*, 191(8): 1444-1452, 2022. https://academic.oup.com/aje/article/191/8/1444/6292354. Accessed November 8, 2025.

379 Asa, Nicole, Alice Ellyson, and Ali Rowhani-Rahbar. "State Earned Income Tax Credits and Firearm Suicides." *JAMA Network Open*, 8(3): e251398, 2025. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2831849. Accessed November 8, 2025.

380 Morgan, Erin R., Heather D. Hill, Stephen J. Mooney, et al. "State Earned Income Tax Credits and General Health Indicators: A Quasi-Experimental National Study 1993-2016." *Health Services Research*, 55 (Suppl 2): 863-872, 2020. https://onlinelibrary.wiley.com/doi/10.1111/1475-6773.13307. Accessed November 8, 2025.

381 Moe, Caitlin A., Nicole L. Kovski, Kimberly Dalve, et al. "Cumulative Payments Through the Earned Income Tax Credit Program in Childhood and Criminal Conviction During Adolescence in the US." *JAMA Network Open*, 5(11): e2242864, 2022. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2798661. Accessed November 8, 2025.

382 Bastian, Jacob, and Katherine Michelmore. "The Long-Term Impact of the Earned Income Tax Credit on Children's Education and Employment Outcomes." *Journal of Labor Economics*, 36(4): 1127-1163, 2018. https://www.journals.uchicago.edu/doi/10.1086/697477. Accessed November 8, 2025.

383 McInnis, Nicardo, Katherine Michelmore, and Natasha Pilkauskas. "The Intergenerational Transmission of Poverty and Public Assistance: Evidence from the Earned Income Tax Credit." *Journal of Human Resources*, 60(5): 422-1224, September 1, 2025. https://jhr.uwpress.org/content/early/2024/03/01/jhr.0422-12241R2. Accessed November 8, 2025.

384 Bastian, Jacob E., and Maggie R. Jones. "Do EITC Expansions Pay for Themselves? Effects on Tax Revenue and Government Transfers." *Journal of Public Economics*, 196: 104355, April 2021. https://www.sciencedirect.com/science/article/abs/pii/S004727272030219X?via%3Dihub. Accessed November 8, 2025.

385 Sherman, Erik. "Is the Proposed EITC Pre-Certification a Good Idea or Bad?" *Forbes*, June 29, 2025. https://www.forbes.com/sites/eriksherman/2025/06/29/is-the-proposed-eitc-pre-certification-a-good-idea-or-bad. Accessed November 8, 2025.

386 Wielk, Emily. "2025 Reconciliation Debate: The Child Tax Credit and Pro-Family Tax Benefits." *Bipartisan Policy Center*, May 14, 2025. https://bipartisanpolicy.org/explainer/2025-reconciliation-child-tax-credit-pro-family-provisions/. Accessed November 8, 2025.

387 Peck, Emily. "Senators Warn Big Bill Would Make Credit Harder to Get for Low-Income Families." *Axios*, June 5, 2025. https://www.axios.com/2025/06/05/big-beautiful-bill-irs-tax-credit. Accessed November 8, 2025.

388 Massachusetts Department of Revenue. "Massachusetts Earned Income Tax Credit (EITC)." Mass.gov, Updated: March 20, 2025. https://www.mass.gov/info-details/massachusetts-earned-income-tax-credit-eitc. Accessed November 8, 2025.

389 Massachusetts Department of Revenue. "Tax Credits to Help Put Money in Your Pocket." Mass.gov, March 27, 2024. https://www.mass.gov/news/tax-credits-to-help-put-money-in-your-pocket. Accessed November 8, 2025.

390 National Partnership for Women and Families. "Paid Sick Days Improve Public Health." Fact Sheet, October 2025. https://nationalpartnership.org/wp-content/uploads/2023/02/paid-sick-days-improve-our-public-health.pdf. Accessed November 8, 2025.

391 Moritz, Erin D., Shideh Delrahim Ebrahim-Zadeh, Beth Wittry, et al. "Foodborne Illness Outbreaks at Retail Food Establishments — National Environmental Assessment Reporting System, 25 State and Local Health Departments, 2017–2019." *Morbidity and Mortality Weekly Report*, Surveillance Summaries, 72(6): 1-11, June 2, 2023. https://www.cdc.gov/mmwr/volumes/72/ss/ss7206a1.htm?s_cid=ss7206a1w. Accessed November 8, 2025.

392 Bahn, Kate and Carmen Sanchez Cumming. "Improving U.S. labor standards and the quality of jobs to reduce the costs of employee turnover to U.S. companies." *Washington Center for Equitable Growth*, December 2020. https://equitablegrowth.org/wp-content/uploads/2020/12/122120-turnover-costs-ib.pdf. Accessed November 15, 2025.

393 Mason, Jessica. "It's a Travesty: Nearly 27 Million Workers Lack Paid Sick Days." *National Partnership for Women and Families*, September 19, 2024. https://nationalpartnership.org/travesty-27-million-workers-lack-paid-sick-days/#:~:text=If%20you%20came%20down%20with,inequitable%20access%20to%20leave%20is. Accessed November 8, 2025.

394 National Partnership for Women and Families. "State Paid Family & Medical Leave Insurance Laws." October 2025. https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf. Accessed November 8, 2025.

395 Center for American Progress. "The State of Paid Sick Time in the U.S. in 2023." Fact Sheet, January 5, 2023. https://www.americanprogress.org/article/the-state-of-paid-sick-time-in-the-u-s-in-2023/. Accessed November 8, 2025.

396 Law Atlas. "State Preemption Laws." December 31, 2024. https://lawatlas.org/datasets/preemption-project. Accessed November 8, 2025.

397 A Better Balance. "VICTORY: Voters Passed 3 New State Paid Sick Time Laws Via Ballot Initiative!" November 27, 2024. https://www.abetterbalance.org/victory-voters-passed-3-new-state-paid-sick-time-laws-via-ballot-initiative/. Accessed November 8, 2025.

398 Governor of Missouri. "Governor Kehoe Signs Bold Tax Cuts and Pro-Business Legislation into Law." https://governor.mo.gov/press-releases/archive/governor-kehoe-signs-bold-tax-cuts-and-pro-business-legislation-law. Accessed November 16, 2025.

399 Callison, Kevin, Michael F. Pesko, Serena Phillips, and Julie A. Sosa. "Cancer Screening after the Adoption of Paid-Sick-Leave Mandates." *New England Journal of Medicine*, 388(9): 824-832, 2023. https://www.nejm.org/doi/10.1056/NEJMsa2209197. Accessed November 8, 2025.

400 Ko, Hansoo, and Sherry A. Glied. "Associations Between a New York City Paid Sick Leave Mandate and Health Care Utilization Among Medicaid Beneficiaries in New York City and New York State." *JAMA Health Forum*, 2(5): e210342, 2021. https://jamanetwork.com/journals/jama-health-forum/fullarticle/2779693. Accessed November 8, 2025.

401 DeRigne, LeaAnne, Patricia Stoddard-Dare, Cyleste Collins, and Linda Quinn. "Paid Sick Leave and Preventive Health Care Service Use among U.S. Working Adults." *Preventive Medicine*, 99: 58-62, June 2017. https://www.sciencedirect.com/science/article/abs/pii/S0091743517300440?via%3Dihub. Accessed November 8, 2025.

402 Asfaw, Abay, Regina Pana-Cryan, and Roger Rosa. "Paid Sick Leave and Nonfatal Occupational Injuries." *American Journal of Public Health*, 102: e59-64, 2012. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2011.300482. Accessed November 8, 2025.

403 Schneider, Daniel, Kristen Harknett, and Elmer Vivas-Portillo. "Olive Garden's Expansion of Paid Sick Leave During COVID-19 Reduced the Share of Employees Working While Sick." *Health Affairs*, 40(8): 1328-1336, 2021. https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.02320. Accessed November 8, 2025.

404 Schneider, Daniel. "Paid Sick Leave in Washington State: Evidence on Employee Outcomes, 2016–2018." *American Journal of Public Health*, 110: 499-504, 2020. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305481. Accessed November 8, 2025.

405 Chunyu, Liangrong, Paolo F. Volpin, and Xingchen Zhu. "Do Paid Sick Leave Mandates Increase Productivity?" *Social Science Research Network*, November 30, 2024. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4096707. Accessed November 8, 2025.

406 Vander Weerdt, Candice, Patricia Stoddard-Dare, and LeaAnne DeRigne. "Is Paid Sick Leave Bad for Business? A Systematic Review." *American Journal of Industrial Medicine*, 66(6): 429-440, 2023. https://onlinelibrary.wiley.com/doi/10.1002/ajim.23469. Accessed November 8, 2025.

407 Hill, Heather D. "Paid Sick Leave and Job Stability." *Work and Occupations*, 40(2), May 2013. https://journals.sagepub.com/doi/10.1177/0730888413480893. Accessed November 8, 2025.

408 Wething, Hilary, and Meredith Slopen. "Labor Market Effects of Paid Sick Leave: The Case of Seattle." *Upjohn Institute Working Paper*, 24-396, Upjohn Institute for Employment Research, January 2024. https://research.upjohn.org/up_workingpapers/396/. Accessed November 8, 2025.

409 Asfaw, Abay, Roger Rosa, and Regina Pana-Cryan. "Potential Economic Benefits of Paid Sick Leave in Reducing Absenteeism Related to the Spread of Influenza-Like Illness." *Journal of Occupational and Environmental Medicine*, 59(9): 822-829, September 2017. https://pmc.ncbi.nlm.nih.gov/articles/PMC5649342/. Accessed November 8, 2025.

410 Romich, Jennifer, Wes Bignell, Tracy Brazg, et al. "Implementation and Early Outcomes of the City of Seattle Paid Sick and Safe Time Ordinance: Final Report." *University of Washington*, April 23, 2014. https://www.seattle.gov/Documents/Departments/CityAuditor/auditreports/PSSTOUWReportwAppendices.pdf. Accessed November 8, 2025.

411 NYC Department of Consumer Affairs. "NYC's Paid Sick Leave Law: First Five Year Milestones." June 2015. https://www.nyc.gov/assets/dca/downloads/pdf/about/PaidSickLeaveLaw-FirstYearMilestones.pdf. Accessed November 8, 2025.

412 Appelbaum, Eileen, Ruth Milkman, Luke Elliot, et al. "Good For Business? Connecticut's Paid Sick Leave Law." *Center for Economic and Policy Research*, 2014. https://cepr.net/documents/good-for-buisness-2014-02-21.pdf. Accessed November 8, 2025.

413 U.S. Department of Labor. "Family and Medical Leave Act." https://www.dol.gov/agencies/whd/fmla. Accessed November 8, 2025

414 U.S. Department of Labor. "Family and Medical Leave (FMLA)." https://www.dol.gov/general/topic/benefits-leave/fmla. Accessed November 8, 2025.

415 More Paid Leave for More Americans Act, H.R.3089, April 30, 2025. https://www.congress.gov/bill/119th-congress/house-bill/3089/all-actions. Accessed November 8, 2025.

416 The New York Times Election Results Team. "Nebraska Initiative 436 Election Results: Require Paid Sick Leave." *The New York Times*, December 2, 2024. https://www.nytimes.com/interactive/2024/11/05/us/elections/results-nebraska-initiative-436-require-paid-sick-leave.html. Accessed November 8, 2025.

417 Nebraska Secretary of State. "Nebraska Petition: Paid Sick Leave." June 2023. https://sos.nebraska.gov/sites/default/files/doc/elections/Petitions/2024/Paid%20Sick%20Leave%20Initiative.pdf. Accessed November 8, 2025.

418 NFIB. "Nebraska Small Businesses Give Feedback on Paid Leave." January 24, 2025. https://www.nfib.com/news/news/nebraska-small-businesses-give-feedback-on-paid-leave/. Accessed November 8, 2025.

419 Franklin, Neal, Lincoln Journal Star. "Nebraska's New Sick Leave Bill Worries Businesses." Governing, November 19, 2024. https://www.governing.com/workforce/nebraskas-new-sick-leave-bill-worries-businesses. Accessed November 8, 2025.

420 Gonzalez, Cindy, "Nebraskans Vote Yes to Requiring Employers to Provide Earned Paid Sick Leave." *Nebraska Examiner*, November 5, 2024. https://nebraskaexaminer.com/2024/11/05/nebraskans-vote-yes-to-requiring-employers-to-provide-earned-paid-sick-leave/. Accessed November 8, 2025.

421 Paid Sick Leave for Nebraskans. "Voters Support Working Nebraskans!" https://paidsickleavefornebraskans.org/. Accessed November 8, 2025.

422 Paid Sick Leave for Nebraskans. "Local Nebraska Businesses Support Paid Sick Leave." https://paidsickleavefornebraskans.org/business-support/. Accessed November 8, 2025.

423 Golden, Ryan. "Virginia governor vetoes state's paid family, medical leave bill." *HR DIVE*, April 8, 2024. https://www.hrdive.com/news/youngkin-virginia-veto-paid-family-medical-leave-bill/712614/. Accessed November 15, 2025.

424 1983 Labs. "New Polling in Virginia Shows Broad Support for Paid Sick Days Among Voters." December 2023. https://virginiainterfaithcenter.org/wp-content/uploads/2023/12/VICPP-Virginia-Statewide-Paid-Sick-Day-Poll-_-Dec-11th-2023.pdf. Accessed November 8, 2025.

425 Golden, Ryan. "Virginia Governor Vetoes State's Paid Family, Medical Leave Bill." *HR Dive*, April 8, 2024. https://www.hrdive.com/news/youngkin-virginia-veto-paid-family-medical-leave-bill/712614/. Accessed November 8, 2025.

426 Office of the Governor of Virginia. "Final Veto Statements." https://www.governor.virginia.gov/media/governorvirginiagov/secretary-of-public-safety-and-homeland-security/pdf/pshs-docs/FINAL-VETO-STATEMENTS-(1).pdf. Accessed November 8, 2025.

427 Virginia's Legislative Information System. "Paid Family and Medical Leave Insurance Program; Notice Requirements, Civil Action, SB 373." https://legacylis.virginia.gov/cgi-bin/legp604.exe?241+sum+SB373. Accessed November 8, 2025.

428 Donovan, Sarah A. *Paid Family and Medical Leave in the United States*. Congressional Research Service. March 26, 2025. https://www.congress.gov/crs-product/R44835. Accessed November 8, 2025.

429 U.S. Department of Labor. "Family and Medical Leave (FMLA)." https://www.dol.gov/general/topic/benefits-leave/fmla. Accessed November 8, 2025.

430 U.S. Bureau of Labor Statistics. "What Data Does the BLS Publish on Family Leave?" Updated September 21, 2023. https://www.bls.gov/ebs/factsheets/family-leave-benefits-fact-sheet.htm. Accessed November 8, 2025.

431 National Partnership for Women and Families. "State Paid Family & Medical Leave Insurance Laws." July 2024. https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf. Accessed November 8, 2025.

432 Ibid.

433 Prenatal-to-3 Policy Impact Center. "Paid Family Leave." https://pn3policy.org/pn-3-state-policy-roadmap-2023/us/paid-family-leave/. Accessed November 8, 2025.

434 National Partnership for Women and Families. "State Paid Family & Medical Leave Insurance Laws." July 2024. https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf. Accessed November 8, 2025.

435 Validova, Asiya, Jessica Uruchima, Goro Yamada, et al. "Are Extensions in Paid Parental Leave Associated with Lower Infant and Neonatal Mortality in Latin American Cities? Evidence from 148 Cities in Chile, Mexico, and Colombia (2000-2015)." *Social Science & Medicine*, 372: 117971, May 2025. https://www.sciencedirect.com/science/article/pii/S0277953625003016?via%3Dihub. Accessed November 8, 2025.

436 Montoya-Williams, Diana, Molly Passarella, and Scott A. Lorch. "The Impact of Paid Family Leave in the United States on Birth Outcomes and Mortality in the First Year of Life." *Health Services Research*, 55(Suppl 2): 807-814. https://pubmed.ncbi.nlm.nih.gov/32249413/. Accessed November 8, 2025.

437 Ibid.

438 Tanis, Jennifer, and Rebekah Yurschak. "Paid Family Leave and Infant Maltreatment Risk: A Scoping Review of Socioecological Factors." Families in Society: *The Journal of Contemporary Social Services*, 2025. https://journals.sagepub.com/doi/10.1177/10443894251345872. Accessed November 8, 2025.

439 Lebihan, Laetitia, and Charles Oliver Mao Takongmo. "The Effect of Paid Parental Leave on Breastfeeding, Parental Health and Behavior." *Economics & Human Biology*, 50: 101248, 2023. https://www.sciencedirect.com/science/article/abs/pii/S1570677X23000291?via%3Dihub. Accessed November 8, 2025.

440 Rosenberg, Julia, Deanna Nardella, and Veronika Shabanova. "State Paid Family Leave Policies and Breastfeeding Duration: Cross-Sectional Analysis of 2021 National Immunization Survey-Child." *International Breastfeeding Journal*, 19(1): 37, May 26, 2024. https://pubmed.ncbi.nlm.nih.gov/38796467/. Accessed November 8, 2025.

441 Kozak, Karina, Ashley Greaves, Jane Waldfogel, et al. "Paid Maternal Leave is Associated with Better Language and Socioemotional Outcomes During Toddlerhood." *Infancy*, 26(4): 536-550, 2021. https://pubmed.ncbi.nlm.nih.gov/33755325/. Accessed November 8, 2025.

442 Whitney, Madeline D., Courtney Holbrook, Luis Alvarado, and Sarah Boyd. "Length of Maternity Leave Impact on Mental and Physical Health of Mothers and Infants, a Systematic Review and Meta-Analysis." *Maternal and Child Health Journal*, 27(8): 1308-1323, 2023. https://doi.org/10.1007/s10995-022-03524-0. Accessed November 8, 2025.

443 Arnautovic, Tamara I., Dammann, Christiane E.L. "The neonatal perspective of paid family medical leave (PFML)." *Journal of Perinatology*. 43, 1055-1058, 2023. https://doi.org/10.1038/s41372-021-01300-6. Accessed November 8, 2025.

444 Wang, Buyi, Meredith Slopen, Irwin Garfinkel, et al. "The Benefits and Costs of Paid Parental Leave in the United States." *Social Service Review*, 99(2): 258-297, June 1, 2025. https://www.journals.uchicago.edu/doi/10.1086/735565. Accessed November 8, 2025.

445 Boushey, Heather, and Sarah Jane Glynn. "There Are Significant Business Costs to Replacing Employees." *Center for American Progress*, November 16, 2012. https://www.americanprogress.org/article/there-are-significant-business-costs-to-replacing-employees/. Accessed November 8, 2025.

446 Faundez, Luis. "Chapter 7: The Effects of Paid Maternity Leave on Female Poverty: Evidence from Chile." In: *Klimczuk, Andrzej, and Delali A. Dovie (eds.). Poverty - Associated Risks and Alleviation. London: Sustainable Development, IntechOpen*, 2025. https://www.intechopen.com/chapters/1211827. Accessed November 8, 2025.

447 Jahan, Murshed. "Do Employers' Offers of Paid Maternity Leave Increase Women's Job Satisfaction?" *Applied Economics*, 57(4), 369-383, 2025. https://www.tandfonline.com/doi/full/10.1080/00036846.2024.2303621. Accessed November 8, 2025.

448 Jones, Kelly, and Britni Wilcher. "Reducing Maternal Labor Market Detachment: A Role for Paid Family Leave." *Labour Economics*, 87: 102478, 2024. https://www.sciencedirect.com/science/article/pii/S0927537123001537. Accessed November 8, 2025

449 U.S. Department of Labor. "Family and Medical Leave Act." https://www.dol.gov/agencies/whd/fmla. Accessed November 8, 2025.

450 U.S. Department of Labor. "Family and Medical Leave (FMLA)." https://www.dol.gov/general/topic/benefits-leave/fmla. Accessed November 8, 2025.

451 Zauzmer Weil, Julie. "Paid Family Leave Credit Would Expand Under Republican Tax Bill." *The Washington Post*, June 17, 2025. https://www.washingtonpost.com/business/2025/06/17/paid-parental-leave-bill/. Accessed November 8, 2025.

452 Wielk, Emily. "2025 Reconciliation Debate: Senate Tax Provisions for Working Families." *Bipartisan Policy Center*, June 18, 2025. https://bipartisanpolicy.org/explainer/2025-reconciliation-debate-senate-human-capital-provisions/. Accessed November 8, 2025.

453 O'Donoghue, Julie. "Gov. Landry Reauthorizes Paid Parental Leave for State Workers Under His Authority." *Louisiana Illuminator*, August 2, 2024. https://lailluminator.com/2024/08/02/gov-landry-reauthorizes-paid-parental-leave-for-state-workers-under-his-authority/. Accessed November 8, 2025.

454 Pyle, Benjamin. "A Second Look: Local Labor Markets and the Impact of Ban the Box Policies After Criminal Legal Involvement." *SSRN*, June 3, 2024. https://ssrn.com/abstract=4885324. Accessed November 8, 2025.

455 Kaestner, Robert, and Xufei Wang. "Ban-the-Box Laws: Fair and Effective?" *National Bureau of Economic Research*, March 2025. https://www.nber.org/system/files/working_papers/w32273/w32273.pdf. Accessed November 8, 2025.

456 Ibid

457 Kaestner, Robert, and Xufei Wang. "Ban-the-Box Laws: Fair and Effective?" *International Review of Law and Economics*, 78: 106192, 2024. https://www.sciencedirect.com/science/article/abs/pii/S0144818824000127?via%3Dihub. Accessed November 8, 2025.

458 Doleac, Jennifer L., and Benjamin Hansen. "The Unintended Consequences of 'Ban The Box': Statistical Discrimination and Employment Outcomes When Criminal Histories Are Hidden." *Journal of Labor Economics*, 38(2), 321-374, 2020. https://www.journals.uchicago.edu/doi/full/10.1086/705880. Accessed November 8, 2025.

459 Avery, Beth, and Han Lu. "Fair Chance Employment, Ban the Box: U.S. Cities, Counties, and States Adopt Fair-Chance Policies to Advance Employment Opportunities for People with Past Convictions." *National Employment Law Project*, October 2021. https://www.nelp.org/app/uploads/2021/10/Ban-the-Box-Fair-Chance-State-and-Local-Guide-Oct-2021.pdf. Accessed November 8, 2025.

460 Devata, Pamela Q. "Updated: A New Year Brings New Ban the Box Laws to the United States Virgin Islands and Westchester County, New York." *Seyfarth*, January 29, 2019. https://www.seyfarth.com/news-insights/updated-a-new-year-brings-new-ban-the-box-laws-to-the-united-states-virgin-islands-and-westchester-county-new-york.html. Accessed November 8, 2025.

461 Avery, Beth, and Han Lu. "Fair Chance Employment, Ban the Box: U.S. Cities, Counties, and States Adopt Fair-Chance Policies to Advance Employment Opportunities for People with Past Convictions." *National Employment Law Project*, October 2021. https://www.nelp.org/app/uploads/2021/10/Ban-the-Box-Fair-Chance-State-and-Local-Guide-Oct-2021.pdf. Accessed November 8, 2025.

462 Law Atlas. "State Preemption Laws." December 31, 2024. https://lawatlas.org/datasets/preemption-project. Accessed November 8, 2025.

463 Avery, Beth, and Han Lu. "Fair Chance Employment, Ban the Box: U.S. Cities, Counties, and States Adopt Fair-Chance Policies to Advance Employment Opportunities for People with Past Convictions." *National Employment Law Project*, October 2021. https://www.nelp.org/app/uploads/2021/10/Ban-the-Box-Fair-Chance-State-and-Local-Guide-Oct-2021.pdf. Accessed November 8, 2025.

464 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. "Employment." *Healthy People 2030*. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment. Accessed November 8, 2025.

465 D'Alessio, Stewart J., Lisa Stolzenburg, and Jamie L. Flexon, "The Effect of Hawaii's Ban the Box Law on Repeat Offending." *American Journal of Criminal Justice*, 2014. https://www.researchgate.net/publication/264158021_The_Effect_of_Hawaii's_Ban_The_Box_Law_on_Repeat_Offending. Accessed November 8, 2025.

466 Fair Chance To Compete for Jobs, *5 CFR Parts 302, 317, 319, 330, 731, 754, and 920*. https://www.federalregister.gov/documents/2023/09/01/2023-18242/fair-chance-to-compete-for-jobs. Accessed November 14, 2025.

467 Ibid.

468 An Act Relating to Fair Chance in Employment, H.P. 845 - L.D. 1167. https://www.jacksonlewis.com/sites/default/files/docs/Maine130-HP845item5.pdf. Accessed November 14, 2025.

469 Collateral Consequences Resource Center. "50-State Comparison: Limits on Use of Criminal Record in Employment, Licensing & Housing." https://ccresourcecenter.org/state-restoration-profiles/50-state-comparisoncomparison-of-criminal-records-in-licensing-and-employment/. Accessed November 14, 2025.

470 Lewiston, Maine. "Equal Employment Opportunity Rights." https://www.lewistonmaine.gov/1171/Equal-Employment-Opportunity-Rights. Accessed November 8, 2025.

1730 M Street, NW, Suite 900
Washington, DC 20036
(t) 202-223-9870
(f) 202-223-9871