Who cares?

Rebuilding care in a post-pandemic world

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Care beyond Crisis? Rebuilding Just Social Policies and Effective Regulations in a Post-Pandemic World: Pre-Pandemic and Emergency Measures in the US

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PREFACE

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This is the first working paper in a series on care work and the COVID-19 pandemic sponsored by the Trans-Atlantic Platform (T-AP), with NSF as the funder of the U.S. component. The T-AP project brings together inter-disciplinary teams from six transatlantic countries across three world regions: Canada and the United States in North America; Brazil and Colombia in Latin America; and France and the United Kingdom in Europe. The T-AP project will advance our understanding of the organization and conditions of care work in rapidly aging societies within the context of a growing deficit of inclusive social policies and effective regulations. Adequate data on, and an accurate picture of policy gaps, is necessary in order to build a more resilient, just, equitable and sustainable long-term care infrastructure. The findings will inform recommendations for the formulation of interventions addressing inequalities and vulnerabilities aimed at creating systemic resilience that can withstand future pandemics and public health and care crises. This project will contribute to the development of public policies on care work aimed at bringing them in line with decent work standards.

Care beyond Crisis?
Rebuilding Just Social Policies and Effective Regulations in a Post-Pandemic World

Pre-Pandemic and Emergency Measures in the US

Heidi Gottfried
Eileen Boris

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Rebuilding Just Social Policies and Effective Regulations in a Post-Pandemic World: Pre-Pandemic and Emergency Measures in the US[1]
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Care – broadly understood as activities that contribute to human flourishing and public health -- takes many forms. It can be organized by the family, the community, the state, or the market, and can occur in the household and/or in specialized institutions like hospitals, nursing homes, or day care centers. The COVID-19 pandemic starkly revealed the limitations of existing systems of care and exacerbated what has become known as the care crisis. It heightened awareness of care work as crucial to the functioning of society, a key form of "essential" work. Though of short duration, lockdowns brought previously invisible labor out of the shadows and thus highlighted the necessary work of those caring for the elderly and others providing for the well-being of communities. As a result, dependency on long-term care has been increasingly recognized as a new "social risk."

The pandemic also amplified the unequal gender division of care work within households, especially among mothers of young children who absorbed previously outsourced childcare. Public awareness was far less widespread regarding the risks faced by in-home care workers, primarily poor black, Latinx and immigrant women, than among other essential workers.[2] Yet frontline care workers were disproportionately both victims and vectors of the pandemic. Official data underreported the number of deaths that occurred in private residences, and many states failed to collect data identifying race, migration status, and class (Johns Hopkins University cited in Ontario Agency for Health Protection and Promotion 2020, 4). Contact tracing and testing rarely captured in-home workers, like visiting agency aides in domiciliary care (Kim 2020), even as long shifts without full compensation exhausted an already overworked labor force.

COVID increased demand for such tasks as intensified cleaning and hygiene routines, emotional labor, and food preparation in private homes, where safety precautions devolved to the worker, who often lacked sufficient personal protective equipment (PPE). Restrictions on mobility and intermingling of households left many in-home care workers as the primary point of emotional and physical contact for clients. Paid direct caregivers had to accept whatever shifts were offered, with many "shuttling between private residences, assisted-living units and nursing homes" (Kim 2020). Temporary "hazard pay" was neither uniform nor universal, but dependent on state emergency policies, which varied widely (James et al. 2022; Capano et al. 2020; PHI 2022; Kinder et al. 2020); in some cases, the receipt of benefits was a function of being a union member (Walter 2021). Migrants' and ethnic minorities' informal employment status meant that the most vulnerable workers were typically the least able to make claims for paid furloughs or unemployment benefits (Rosińska 2021ab, Rosińska and Pellerito 2022). Indeed, the public debate on the burdens of care focused on unpaid family members, often ignoring the heavy burdens and specific vulnerabilities of the paid in-home workforce (Lup and Beauregard 2020).

The COVID-19 health crisis not only exacerbated the preexisting care crisis, but it also highlighted the fragility and fragmentation of the "organized capacity at the federal level for coordination of competing state, [municipal] and federal public health and political institutions" (Nathanson and Fairchild 2020), including policies protecting the paid in-home workforce.

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[2]Domestic workers were often omitted from those hailed as heroes, according to a systematic study of media accounts in Brazil, Canada and England (Stevano et al. 2021) and a survey conducted by National Domestic Workers Alliance (2021) in the US.

Disruptions due to COVID-19 made visible the web of social relationships of care, exposed gaping holes in the social infrastructure to protect the elderly, children, and people with disabilities and the delivery of quality care. These disruptions revealed the vulnerabilities of care recipients and paid caregivers, and uncovered systemic race, gender, and class disparities in economic and health outcomes. These intertwined crises also showed the disproportionately negative outcomes of COVID on women, particularly poor women of color and migrants, both as essential care workers and as recipients of care (Duffy et al. 2023).

Overlapping crises, feeding off each other, have the potential of disrupting "normal" protocols associated with "governance technologies" (that is, how the subject/object of care should be governed) (Fudge 2011, 243; Gottfried 2023). Analyzing pre-pandemic policies and COVID-19 emergency measures, this paper seeks to determine the extent to which COVID policy responses departed from existing policies, whether national legacies informed the framing and formulation of COVID policies (Beland et al. 2021a, 256), and how inclusive were these emergency measures. This determination involves identifying the type of institutional architecture framing modalities of regulation that govern the work-welfare nexus. Put succinctly, "Institutions reveal much about themselves under stress or in crisis, when they face the unexpected as well as the routine" (Burawoy, quoted in Nathanson and Fairchild 2020). Covid times were no exception.

The first part of this paper presents a statistical portrait of paid in-home workers, highlighting the socio-demographic profile of this critical but underpaid workforce. Parts two and three characterize the US institutional architecture to contextualize the gaps and inferior social protections for domestic workers. Decentralized federal governance informed by neo-liberal logic fragments the care policy landscape across multiple jurisdictional boundaries. In the US, weak federal labor standards accord minimal social protections and a meagre safety net. Paid in-home/domestic workers' poor employment conditions are not simply an outcome of less regulation, but also a consequence of differential rights, rewards, and recognition of the value of care inscribed in regulatory and legal norms, as evident in the review of pre-pandemic policies. What is written into and left out of grammars of care in current regulation and social policies both reflect racialized and gendered legacies of domestic servitude and affect the organization and conditions of care work (Gottfried 2017). Regulatory gaps leave care workers in private homes, outside of public view and isolated from other workers in "situations of vulnerability" (Walby and Shire 2024) subject to abuse and with limited social protections.

Parts four and five document the large-scale federal and state-based public interventions aimed at mitigating the spread of COVID-19 and its economic aftermath. Portrayed as "emergency Keynesianism," federal pandemic policies favored prodigious fiscal stimulus packages consisting of loans, tax credits, block grants, and direct aid to individual/families, businesses, and local governments. The federal response to COVID-19 mirrored the uneven policy landscape prior to the pandemic. Pandemic measures, while unleashing unprecedented funds credited with alleviating poverty and stabilizing finances of individuals, families, and businesses, failed to reach some of the most vulnerable low-wage workers on the frontline deemed "essential." In the political vacuum, a small number of progressive states and municipalities instituted public healthcare measures and policies aimed at supporting "essential workers" and/or workers excluded from federal benefits. As the crisis subsided, most states reverted to former policy frames. Political polarization stymied the impulse for and the possibility that COVID-19 would lead to modification of the pre-pandemic neo-liberal agenda and be replaced by increasing public sector investment in the care economy.

The last part points to policy innovations at the state level that suggest a way forward. A final section on new policy horizons proposes a gender-responsive policy agenda "to build back better," to borrow the name of a failed Biden administration initiative: a more resilient, just, equitable and sustainable long-term care infrastructure that can withstand future pandemics that intertwine public health and care crises.

Why it Matters

Though care is vital to everyday life, paid in-home care workers caring for children (nannies), cleaning houses (cleaners), and attending to the elderly and persons with disabilities, receive low wages usually without benefits.[3] They often have less access to full-time work than do other workers. Domestic work has long been a gateway occupation for newly arriving immigrant women, especially Latinx, Caribbean, Filipina/o, Russians, and those without legal authorization (Milkman 2020). The racial/ethnic composition of the paid domestic labor force varies across occupations: Hispanic women predominate among cleaners (61%) while more than half of childcare workers are white women (see Table 1). Overall, non-domestic work is evenly divided between men and women while over 9 out of 10 in-home workers are women and domestic workers are more likely to be foreign-born than other workers (Zundl and Rodgers 2021, 30; Kumar et al. 2022, 21).

(Table 1 about here)

Home care aides make up the majority of the nation's domestic eldercare workers: split between 141,400 direct hires and 1,257,878 agency-based in 2019 (Wolfe et al. 2020; Milkman 2023) (see Table 2). They account for approximately 1.2% of total employment (ILO 2021). One in six home care workers lives below the federal poverty-line, and more than half rely on some form of public assistance (PHI 2023, 10). In-home workers earn amongst the lowest median hourly wages at $13.79, which is significantly less than the $21.76 median hourly wage of all workers (see Table 3), reflecting patterns of racialized and gendered occupational stratification (see Table 1) (Zundl and Rodgers 2021, also Milkman 2023). Often workers piece together multiple part-time jobs, which during the pandemic could mean inadvertently spreading infections between households and facilities (Span 2020). Pre-pandemic research highlights the longstanding issues of shift work and long hours preventing these workers from providing adequate care for their own family members. They experienced time conflicts such as shifts overlapping with family obligations, but also suffered from fatigue generated by their physically and emotionally demanding paid work, exacerbated during the pandemic (Lup and Beauregard 2020).

(Tables 2 & 3 about here)

Care is one of the fastest growing occupational sectors in many urban labor markets (Winant 2021; Duffy 2020). The rise of care services has helped to transform the U.S. economy over recent decades, contributing to job polarization and growing income inequality. Yet, the United States faces a looming labor shortage in care work, with demand already outstripping the supply of eldercare workers (Osterman 2017). This crisis will only worsen as the population ages; the expansion of the older adult population is projected to rapidly outpace the growth of the eldercare workforce. One-fifth of America's population will reach retirement age over the next decade, far exceeding the capacity of the existing long-term care infrastructure. Between 2016 and 2060, the population of adults aged 65 and older will nearly double from 49.2 million to 94.7 million. The number of adults aged 85 and older is expected to nearly triple over the same period from 6.4 million to 19 million. (PHI 2019). Demand for care services has mushroomed driven by the aging population, changing family structures and high turnover rates among care workers.

This aging of the population is the single most important driver of increasing labor market demand for personal care aides and home health aides. This is driven by the continuing preference of older adults for "aging in place" and by the growing recognition among policymakers that the cost of home care is substantially lower than institutional care not only due to low wages but also as a result of the displacement of operational costs onto individual households (Nichols 2022). At the same

[3] Our definition of waged domestic labor encompasses both direct and personal relational (nurturant) care practices and indirect services but focuses on three main occupations of nannies, home health aides and house cleaners (Milkman 2018, 8) rather than the more capacious ILO definition including drivers, gardeners, and private security guards (2018, 1). Boundaries of domestic work blur in practice, for example, cleaners also may engage in direct care for children, the elderly, and other family members, and similarly childcare and personal health aides may be called upon to clean houses (Duffy and Armenia 2019, 11-12). The pandemic heightened the demand on workers to engage in a myriad of uncompensated tasks beyond their original remit.

time, the nation is increasingly shifting the provision of Long-term Care Services and Supports (LTSS) from nursing homes and other institutions to private homes and communities (PHI 2019; Osterman 2017; Stone 2021). Adding further to demand, high turnover rates among poorly paid home care workers will create millions of job openings over the coming decades.

The pandemic exacerbated workers' vulnerability in this care sector. Domestic workers suffered higher job loss than non-domestic workers (-37.7% versus -14.8%) during the peak of the initial wave of the pandemic from the 4th quarter 2019 to 2nd quarter 2020 (ILO 2021, 233). Among domestic workers, nannies and cleaners were more likely to be dismissed in the course of the pandemic than were home health workers caring for the elderly and disabled persons, according to the National Domestic Workers Alliance. Throughout the pandemic, erratic and unpredictable scheduling became more prominent as clients and agencies, often suddenly and without much notice, reduced and/or changed working hours. In-home workers faced severe insecurities, having insufficient support or being ineligible for some benefits.

Socio-demographic profiles of in-home care work reveal a picture of a low-wage, vulnerable workforce riven by endemic labor shortages. These labor shortages call attention to the poor working conditions experienced by paid in-home workers. To understand why domestic workers toil in low wage jobs and how these workers fared during the pandemic, this paper documents the policy landscape of both pre-pandemic and COVID-19 emergency measures.

Methods

The analysis brings together documentation of pre-pandemic and pandemic policies at both the federal and state levels to encompass a range of policies and regulations across multiple jurisdictions.[4] Pre-pandemic policy analysis draws on the Global Care Policy Index technical report on protections for paid domestic workers in the US (Qui and Paul 2022, 644; Qui and Paul 2022), supplemented by secondary literature (Boris and Klein 2015; Rhomberg 2021; Gottfried 2015; Milkman 2021; Milkman et al. 2021). Much of this literature only considers national level policies, however, leading to an incomplete and often inaccurate account of protections for paid domestic workers. This methodological lacuna was filled by collecting relevant state-based policies.

To document pandemic policy measures, we conducted a search of government websites, contemporaneous publications (Lavinas 2021; Jackson et al. 2022; PHI 2022; Capano et al. 2020; Kinder et al. 2020; Kallick-Dyssegaard et al. 2022, Echave et al. 2023; Waxman et al. 2022; Waxman et al. 2023; Gyn 2022; Kashen and Novello 2021; Kashen et al. 2022; Kashen et al. 2023; Parlapiano et al. 2022; Kumar et al. 2022; Carrazana et al. 2022), the World Bank dataset on COVID-19 policies (Gentilini et al. 2021), and reviewed two daily newspapers of record, *The New York Times* and the *Washington Post,* from March 2020 to March 2023.[5]

We created a template to catalogue COVID-19 emergency measures. For each policy, we recorded the name, type of program, date enacted, any changes made, original expiration, extensions, a short program description, program cost, and the authorizing agency. The template identified the scope and priorities, the targeted population/beneficiaries, the eligibility requirements, the principles of distribution (universal, means-tested, targeted based on vulnerabilities by age, class, and occupations), and the mechanism of distribution (tax credits, moratoriums, cash transfers, loans, labor market interventions, and furloughs). In each case, we noted restrictions, and/or exemptions (citizenship status and employment status such as informal, part-time, self-employed, independent contractor). We documented special relief measures designed to include categories of workers usually excluded from coverage (e.g., unauthorized immigrant workers, self-employed/independent contractors, part-time workers, and gig workers). Though not enunciated, race and often gender were implicit in many policies in so far as the population involved (or left out) consisted of specific groups like pregnant persons or occupations dominated by particular demographics (for example, Black women or immigrant men). Class and geography (rural, urban, and region) were also factors rarely

[4] Thanks to our research intern Ethan Otero, who collected policy documents for this section.

[5] We started collecting information in June 2022 to August 2022, following the NSF's approval of the US portion of the Trans-Atlantic Partnership (T-AP) project in May 2022.

articulated in policies. Due to the absence of available direct evidence of the extent to which domestic workers benefitted from COVID-19 related policies, we inferred outcomes based on eligibility criteria and secondary sources.[6]

A timeline tracks federal COVID-19 policy initiatives when the Trump administration declared the pandemic's onset in March 2020 to May 11, 2023, when the US Department of Health and Human Services announced the end to the pandemic. The real-time documentation of the fast-paced changing policy matrix offers a useful guide for evaluating the efficacy of policies aimed at emergency protection of paid domestic/in-home workers during the pandemic. It captures both new and/or revised policies enacted during the multiple waves of the pandemic cutting across Republican and Democratic government administrations.

A Fragmented Care Infrastructure and A Fragmented Care Policy Landscape

In the US, a fragmented care infrastructure of mixed private for-profit providers (ranging from large corporate entities to local agencies and informal organizations, often linked through subcontractors and digital intermediaries), on the one hand, and a variety of public-sector municipal, state-based and federal programs, on the other hand, creates an opaque and often impenetrable cacophony of care options, unequally distributed across rich and poor communities. Families navigate a confusing patchwork system, bear risks, and take on responsibilities (e.g., choosing among myriad private health insurance plans), to find home health care aides and other in-home care services– often with help from civil society organizations and/or informal social networks (Cranford 2021; Chun and Cranford 2018) or through the largely unregulated gray market (Boris et al. 2023). A weak regulatory framework leaves both gaping holes and a fragmented policy landscape that comes into sharp relief when compared to Canada, another liberal market economy with a federalized governance system.

Both the US and Canada represent liberal market varieties of capitalism. The US stands out for its residual public sector and extreme inequality; it has a high Gini-coefficient of 0.414 relative to 0.333 in Canada. Similarly, the US public sector spends significantly less on social welfare and labor market programs (such as public employment services, training, hiring subsidies, direct public job creation and unemployment insurance replacement income) (See Table 4). As federalized systems, both the US and Canada split authority for employment regulation and care across jurisdictions at different levels of governance. While Canada administers health care at the provincial level, the national single-payer system diminishes variation in the delivery and quality of care between provinces (GCPI 2022) (see Table 5). By contrast wider disparities across the mixed public and private care infrastructure exist in the US.

(Tables 4 & 5 about here)

The United States does not have a dedicated Long Term Care policy. In this respect, Canada resembles the US in lacking long-term care insurance, which is beyond the scope of its single-payer healthcare system and means-testing homecare administered by provincial governments (Kumar et al. 2022, 7). Similarities aside, care in the US is distributed across decentralized policy domains, with funding through the means-tested Medicaid (administered a by states as part of welfare policy to fund care services for poor elders), the age-tested Medicare (federally administered universal benefit for the population over 65) and means-tested programs connected to Medicaid and Social Security for persons with disabilities who qualify when their income falls below an earning threshold, among other restrictions. Medicare pays for a home care aide for up to 100 days after a patient is discharged from a hospital; Medicaid will pay indefinitely for home health aides' visits, with hours allocated on a case-by-case basis, provided the recipient has a documented need for care and virtually no financial assets (Schweid 2021, 39).

The United States is also an outlier regarding public childcare support, which is less available and more expensive than in other rich countries (ILO Global Care Policy Portal 2023). In most cases,

[6] The UK team of the T-AP project has conducted focus groups and will administer a 6-country survey yielding more robust data on the distribution of pandemic benefits received by in-home care workers.

parents almost entirely absorb the cost of childcare with minimal government assistance (Misra 2021), except for means-tested tax credits (Child Tax Credit, Earned Income Tax Credit). Less public financing of long-term care for older people and childcare in the US when compared to Canada and Europe derive from the extensive marketization, financialization and privatization of care services (Daly 2023).

The two countries notably diverge when it comes to migration policy designed for migrant homecare workers. In stark contrast to the US, Canada created a targeted labor migration pathway for live-in caregivers in their model Live-in Caregiver Program (LCP) of 1992, which was then abandoned in 2014. Years later in 2019, a replacement pilot program restricted availability to 2,750 qualified applicants who no longer faced the onerous tied-to-employment requirement and who were allowed to bring along family members also in line for permanent residency (Kumar et al. 2022, 33).[7]

Both US and Canadian care policies cross jurisdictional authorities at different levels of governance fragment this policy landscape. Jurisdictions can create "different bundles of rights and responsibilities for similar activities," in part because the status of the worker or the labor activity can cross "a number of jurisdictional boundaries between nation states, different areas of law and different levels [and agencies] of government within a nation" (Fudge 2011, 237). Determining which area of the law, which government agency, and which level of government(s) (municipal, state, federal, national) oversees the governance of a worker and the enforcement of her rights also can cause what legal scholar Judy Fudge calls "jurisdictional conundrums" (Fudge 2011, 243–44). Such conundrums can arise when domestic workers' employment "transgresses" jurisdictional boundaries. For example, many migrants' status as temporary workers and/or non-citizens complicate jurisdictional boundaries for claiming and exercising rights accorded by the law and social policy; they are exempt from an array of labor (working time) and gender regulations (such as childcare subsidies, maternity leave, varying by country jurisdictions) (Fudge 2011, 256; Gottfried 2015). In fact, Fudge based her analysis on Canada's Live-in Care policy. The US system is more reliant on private for-profit care and split authority across a more decentralized governance structure than Canada. Pre-pandemic policies and regulations in the US traverse multiple jurisdictional boundaries from the federal to the state and municipal government, leading to conflicts and tensions over institutional responsibilities for legal governance, arising out of separate legislative and regulatory channels that complicate regulatory enforcement and lead to regulatory gaps (Tani 2016).

Pre-Pandemic Regulatory Gaps

Limited statutory entitlements and weak employment regulations define the US institutional architecture. US federal legal codes do not mandate daily rests, weekly rests, annual leave, or paid sick leave. Written contracts memorializing the terms and conditions of employment are not mandatory; rather, the default presumption is an "at-will" employment relationship.[8] Paid domestic workers are particularly vulnerable in this type of institutional architecture, only recently integrated into some employment protections and still subject to inferior protections, and often to exemptions and exclusions.

Most paid domestic workers fell outside of labor protections from the first state-wide minimum wages and maximum hour laws in the late 19th and early 20th centuries. These women-only standards covered factory workers, as the Supreme Court announced in the 1908 *Muller v. Oregon*, to protect women and thus "the wellbeing of the race" from working conditions that might harm their reproductive capacities through overwork: either on the job or through additional hours undertaking unpaid family labor. Between 1908 and WWI, seventeen states passed restrictions on the employment of women and children, creating age limits and prohibiting youth from some occupations, like foundries, deemed too dangerous for the underaged. They also promulgated night work bans on women out of fears of sexual danger as well as overwork (Woloch 2015; Gottfried 2013).[9]

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[7] Additionally, regional programs offer more favorable terms to attract a labor force to care for the elderly and persons with disabilities in rural areas experiencing acute labor shortages (Kuman et al. 2022, 33).

[8] https://leglobal.law/employment-law-overviews/

[9] Muller v. Oregon, 208 U.S. 412 (1908).

A patchwork system grew in which social welfare tending states, notably Massachusetts, Illinois, New York, Wisconsin and California, pioneered labor standards in various measures—some of which succumbed to Court rulings until the New Deal established minimum national standards. California, for example, formed an Industrial Welfare Commission in 1913 that issued wage orders for working conditions, including wages and hours. Like other states, it excluded domestic workers for decades.[10] New York similarly kept domestic workers out of a range of labor laws, including harassment, wage floors and hour ceilings, although full-time workers came under worker compensation. Decades later, legal scholar Terry Buck points out that "some New York courts have recognized domestic workers as employees" under "unemployment insurance, workers' compensation, and tort law" (Buck 2023, 278).

The California Industrial Welfare Commission, which set wages and other working conditions, was unique, in part, due to the US Supreme Court in *Adkins vs. Children's Hospital* (1923). The Court disingenuously struck down state minimum wage boards, which were calculating wages on the basis of women's needs and setting wage floors. The Court reasoned that "revolutionary . . . changes . . . in the contractual, political and civil status of women, culminating in the nineteenth amendment" made protective laws unnecessary.[11] Such rationales failed to account for the status of those without voting rights—disenfranchised Southern Black women and non-citizen immigrants. Moreover, given occupational segregation by race and gender, even protective laws excluded jobs dominated by African Americans, who were crowded into low-waged private domestic service and agricultural labor. Indeed, the afterlife of slavery, and the persistence of legalized segregation or Jim Crow, haunted the development of the US welfare state, including the codification of labor standards. (Boris 1995).

The New Deal maintained omissions by excluding domestic work from its major accomplishments: the 1935 National Labor Relations Act (collective bargaining), 1935 Social Security (old age pensions and unemployment), and the 1937 Fair Labor Standards Act (FLSA) (minimum wage, maximum hours, time and half for overtime, and restrictions on child labor) (Boris and Klein 2015; Wolfe et al. 2020; Harmony 2015).[12] Domestic workers were not alone in finding themselves outside of a law based on limited notions of interstate commerce. Most agricultural workers were excluded, as were many other women-dominated jobs, except in garments and textiles. Similarly, during World War II few feminized occupations were deemed part of the U.S. 'war effort,' so they were not included in the temporary wartime Fair Employment Practices measures. However, some standards were gradually expanded. In 1951, for example, domestic workers who labored for one employer at least twice a week and earned a specified amount in a calendar quarter qualified under Social Security (Social Security Administration 1985, 35-36).

Home care workers' ineligibility for many labor protections stemmed from their classification as housekeepers and companions instead of employees. As an occupational category, domestic work generally has stood apart from other kinds of work for being ambiguously defined. Legacies of disparate treatment rooted in histories of servitude inform the construction of operational definitions found in labor codes and legislation. These definitions continue to emphasize the divergent dimensions of paid domestic work from standard employment relations. The home location emerged as a particular barrier to regulation because jobs located in spaces considered intimate, private, or familial were set apart from other locations as a separate, untouchable sphere.

Later in the 20th century, a series of reforms updated the status of domestic workers as employees while still preserving a range of exemptions rooted in these legal ambiguities. A 1974 amendment to the Social Security Act extended eligibility to domestic employment in private households where at least USD 1,000 in wages was paid in a recent or preceding calendar year; three

[10] https://www.cadomesticworkers.org/about/our-history/; https://www.dir.ca.gov/iwc/IWCArticle15.pdf
[11] Adkins v. Children's Hosp., 261 U.S. 525 (1923).

[12] Collective action in pursuit of better working conditions and higher pay for domestic workers has a long history in the United States (Zundl and Rodgers 2021; Boris and Nadasen 2008; Buck 2023).

state unemployment insurance programs already covered domestic workers.[13] But at that moment, home care workers were redefined as "casual babysitters and elder companions," which after administrative rulemaking, led the FLSA to newly exclude employees of health and welfare agencies who spent up to 20 percent of their time as housekeepers while assisting elderly individuals and people with disabilities. Such agencies no longer had to pay their employees more for overtime work. Then in 2013, the Obama administration reinterpreted the FLSA, redefining care work, ending the blanket definition of home attendants and aides as "elder companions," even if they labored as employees of for-profit agencies. Live-in care workers became eligible for minimum wages and overtime pay. If, however, a job is more than 20 percent companionship it remains outside of the law, thus defining covered care as physical rather than affective labor.

Employment regulations also exempt private household employees from a host of labor standards. Homecare workers are excluded from coverage under the Occupational Safety and Health Act, which does not apply to "individuals who, in their own residences, privately employ persons for the purpose of performing…what are commonly regarded as ordinary domestic household tasks, such as house cleaning, cooking, and caring for children."[14] Similarly, federal anti-discrimination laws, such as the Civil Rights Act, the Americans with Disabilities Act, the Age Discrimination in Employment Act, and the Family and Medical Leave Act generally "cover only employers with multiple employees," in effect excluding many domestic workers (Wolfe et al. 2020). Many states, like California, followed the federal lead. In 1976, its Industrial Welfare Commission issued Order No. 15, laying out working conditions for private household workers but excluding those who cared for people in the home. In California, such workers came under welfare rather than industrial statutes, as part of the new In-Home Supportive Services program and thus were not subject to later legislation covering private household workers (Boris and Klein 2015).

Regulatory modalities and labor law frameworks have not adequately grasped or responded to fragmented work schedules, including unpredictable hours, long and split shifts, or periods of on-call duty, that are typical of domestic work (McCann 2014, 513). Time thresholds imposed as a basis of qualification for benefits subject workers to different and often inferior protection. Protection gaps also stem from categorical inconsistencies, whereby care workers are considered employees under some pieces of legislation and independent contractors under others (Cranford et al. 2005). The provision of the Code of Federal Regulation that recognizes on-call time as hours of work only if the employee is unable to "use the time effectively for his own purposes" is problematic as well: the 24/7 time-on-the-job schedule of live-in domestic workers renders this provision hard to prove.[15]

Protections for migrant domestic workers are often limited under immigration law. Migrants' status as non-citizens and unauthorized entrants deprive them of welfare benefits, even if they technically come under the few laws that apply to this sector. Most unauthorized and authorized migrants with less than five years residence face exclusion from many federal entitlements, yet they often contribute to the Medicare and Social Security Programs (Milkman 2020, 13; Wilson and Stimpson 2020, 2; Rosińska 2021). Written contracts are mandatory for foreign domestic workers as a condition of applying for a visa prior to entering the country.[16] Yet, lack of enforcement effectively dilutes the efficacy of this measure. Moreover, migrants with visas only have a 30-day grace period to find another employer; otherwise, they are required to return to their home country.[17] Most migrants, however, work without the benefit of a contract and without legal authorization. Such conditions diminish the likelihood of migrants reporting abuse or exploitation out of fear of arrest and deportation.

Largely unregulated intermediaries long have shaped the household labor market. From the mid-nineteenth century, a private system developed to connect domestic workers with employers that

[13] https://www.ssa.gov/policy/docs/ssb/v52n7/v52n7p2.pdf; 26 U.S. Code § 3306, https://www.law.cornell.edu/uscode/text/26/3306
[14] https://www.osha.gov/laws-regs/regulations/standardnumber/1975/1975.6
[15] 29 CFR §785 Code of Federal Regulation, GCPI technical Report for the US (Quit and Paul 2022).
[16] https://leglobal.law/employment-law-overviews/.
[17] https://globalcarepolicy.commons.yale-nus.edu.sg/country_profile/unitedstates/.

was rarely regulated, although some philanthropic and NGOs developed voluntary standards. Placement agencies included those established by philanthropic and religious organizations, such as the Young Women's Christian Association in Boston and New York, which also held training classes in domestic service. Settlement houses, which late 20th century worker centers resemble in some respects, set up such registries. Chicago's famous Hull House ran one with the Chicago Women's Club in the 1890s. However, even if most employment agencies a century ago were businesses, workers used them as spaces to gather and exchange information about employers, going rates, and job expectations. In these settings, they publicly negotiated with employers over wages and tasks, with more experienced workers educating newcomers on workplace norms (May 2011, 60-65). Beginning in the 1920s, chapters of the National Urban League ran placement services in cities like New York and St. Louis. During the Great Depression, workers who made use of their services reported deteriorating conditions, lowering of compensation, and scarcity of jobs. In New York, the Urban League won publicly funded visiting home health placements as well as training programs. In St. Louis, demands of domestic workers pushed the League's Women's Division to not only investigate the conditions of household work but to increase the minimum wage, travel reimbursement, and other standards that employers using its placement service had to offer (Boris and Klein 2015, 23; Ervin 2015).

In contrast, for-profit employment agencies preyed upon the jobless. They required job seekers to pay "excessive" fees and hand over a portion of their salary. There were no protections in terms of work conditions or harassment and other forms of abuse, including absconding with payments after sending workers to "phony" placements. These abuses were later limited in the 1950s by usury laws and other state regulation that required licensing, prohibited fee sharing between agents and employers, capped worker fees, and banned sending scabs to labor disputes (Hatton 2011, 26-28). Attempting to curb intrastate and international trafficking of household workers, New York State regulated the activities of employment agencies in the early 1960s to require contracts that adhered to general labor standards. The 1965 Immigration and Naturalization Act set the conditions under which employers could obtain visas for live-in domestic workers, including adherence to prevailing wages. Such visas also required proving a shortage of available US workers in the area. By 1969, amended rules made it easier to bring in personal attendants (Boris 2023). In later years, domestic workers could enter only with their employers under B1 visas.[18]

Intermediaries remain a key structuring feature of the 21st century care infrastructure, spanning multiple policy domains and jurisdictions. Responding to increasing demand, commercial agencies ranging from storefront shops to large-scale businesses fill the void left by fragmented, inadequate public care services and a fragmented care infrastructure. There are no federal regulations governing the recruitment process and fees charged by private employment agencies that serve as intermediaries in recruiting and placing domestic workers, except for the prohibition of race and sex discrimination (Section 703(b) of the Civil Rights Act; 29 CFR § 1604.6). In the United States, the lack of regulation and low barriers to entry, including burgeoning computer-based platforms populating the care economy (Ticona 2021), engender a fragmented care infrastructure consisting of a wide range of types and sizes of commercial agencies. This results in disparate conditions of work and training regimes and makes it difficult to monitor the treatment of workers scattered across myriad households. Furthermore, workers who register at multiple agencies confront variable pay scales and job prospects.

The U.S. institutional architecture decentralizes governance of employment relations exposing workers to the vagaries of the market and to weak federal labor standards. This disadvantages paid domestic workers, not only because of minimal labor standards, but also because care work deviates from the prototypical industrial employment relationship and workplace at the center of US labor law. Despite "modernization" of grammars recognizing domestic workers as employees, vestiges of domestic servitude remain. Recent reforms preserve a range of exemptions rooted in legal ambiguities and gendered biases. Regulatory gaps notable in federal pre-pandemic

[18] As outlined in 9 FAM 402.2-5(D), B1 visas are granted under much more limited circumstance than in the past. https://myattorneyusa.com/b1-status-personal-employees-and-domestic-workers.

policies have been exacerbated by jurisdictional conundrums arising from legislative and regulatory channels at multiple levels of governance.

Sub-national policy development: Unequal and Uneven Modalities

The US Federal government exercises uneven authority. It retains authority over some social protections (such as hours worked and overtime through the FLSA), shares jurisdictional authority with states in other areas (such as unemployment insurance and Medicaid) and devolves authority enabling states to enact policies (such as paid sick leave and domestic workers' bills of rights), as long as the policy does not contravene constitutional or legislative mandates (for a concise history of US labor laws/regulations, see Rhomberg 2021; Kashen and Novello 2021; Folbre et al. 2023).[19] Geographic residence influences levels of protection, eligibility requirements, and levels of compensation of domestic workers in the US (Milkman 2023). Jurisdictional boundaries result in uneven assemblages of regulatory modalities for protecting paid domestic workers.

A few states have enhanced the menu of policies available to domestic workers while others have delegated authority to agencies tasked with adjudicating rights violations. In the latter case, New York like Massachusetts uses its commission against discrimination to enforce labor violations against domestic workers as human rights violations. More widespread, several "blue" Democratic Party-led US states and cities (e.g., Seattle, Los Angeles, and New York City) have created paid family leave programs and/or passed laws requiring employers to offer paid sick days to direct care workers (PHI 2022). Before the pandemic, nine states (New York, California, Illinois, Nevada, New Mexico, Oregon, Connecticut, Massachusetts, and Hawaii) and one city (Seattle) passed Domestic Workers' Bill of Rights; subsequently, two more states (Virginia and New Jersey) and two other cities (Washington DC and Philadelphia) adopted similar measures, and a federal version was introduced in the US Congress.[20] New York passed the first domestic workers bill of rights in 2010. It swept away many statutory exemptions, and guarantees the right to a minimum wage, maximum hours restrictions, paid leave, and protection against harassment (Buck 2023, 292). It considers domestic workers (even part-time) as employees, with the notable "caveat as long as the provision is not constrained by statutory exemptions" (ibid. 2023). Still excluded from collective bargaining at state and federal levels, such bills have neither extended the right to organize nor protected non-citizen immigrants. Subsequent bills have varied in their protections and rights (Buck 2023, 277-8). Many laws covered wage theft, offered protection against harassment, and written contracts. Massachusetts' law of 2014 most resembled provisions of the ILO's C-189 "Decent Work for Domestic Workers" of 2011; it included domestic workers in all standards while adding special rules for the sector, involving record keeping, live-in work, and overnight hours. Washington, D.C. grants funds to community groups for outreach and education (including guidance on health and safety), a program similar to one in California that trains labor inspectors as well as employers in best practices.[21] Colorado's Benefit Recovery Fund, a pioneering state program, awards unemployment insurance to immigrants whose wages are subject to unemployment taxes but whose lack of work authorization disqualifies them from the federal program – an initiative emulated by several states during the pandemic (Waxman et al. 2022; Waxman et al. 2023). This excluded worker initiative only reaches a small share of domestic workers whose wages are subject to unemployment taxes. Across the board, no state law has closed the loophole to allow domestic workers the right to collective bargain directly with a household

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[19]A state-based scorecard grades five major care policy areas to assess care infrastructure quality (Kashen and Novello 2021).

[20]https://www.domesticworkers.org/programs-and-campaigns/developing-policy-solutions/domestic-workers-bill-of-rights/; Sophie Nieto-Munoz, "Domestic Workers Celebrate Passage of Bill Granting Them New Labor Protections," *New Jersey Monitor*, January 9, 2024 at https://newjerseymonitor.com/2024/01/09/domestic-workers-celebrate-passage-of-bill-granting-them-new-labor-protections/

[21]https://www.domesticworkers.org/programs-and-campaigns/developing-policy-solutions/domestic-workers-bill-of-rights/

employer or a constituted association of household employers (Buck 2023, 275).[22]

To sum up, liberal market economies such as the one in the US are known for less regulation, flexible labor markets, and uneven and unequal protections across jurisdictions. Devolving responsibilities for policy development creates jurisdictional conundrums and disparate conditions and benefits among workers living in different parts of the country. Sub-national policy development leads to some US states enhancing protections for paid domestic workers, while others limit them. Weak, decentralized labor governance is compounded for domestic workers. Regulatory norms frame the domestic workplace as incommensurate with the prototypical industrial workplace. Exemptions and thresholds exclude or differentially include domestic workers from a range of social protections.

"Emergency Keynesianism" Federal COVID-19 Responses

The pandemic presented an opportunity for broadening the scope of those protections and closing regulatory gaps. Compared to Canada, the US chose a more constrained set of policy options (see tables 5 and 6). Early in the pandemic, Canada promoted labor market interventions alongside stronger social assistance programs, though some labor market interventions likely added to the pressures on healthcare workers. Some provinces curtailed days off for holidays and called back retired healthcare practitioners. During the Covid-19 pandemic, Canada introduced bonuses and wage top-ups for care workers (Kumar et al. 2022, 16), and launched programs carving out new citizenship pathways enabling care workers on temporary contracts to transition to permanent status. One of these, the "'Guardian Angels Program,' aimed to support the transition of asylum claimants who were working as nurses, orderlies and home support workers" (Government of Canada, 2021, cited in Kumar et al 2022, 34). Yet in practice the Guardian Angels program was difficult to access, leaving many slots unfilled and the wage increases only marginally improved the wages of underpaid caregivers (ibid.). Pre-existing policies in Canada ensured stronger social protections than the US. Across the policy matrix, the US federal COVID-19 response favored more limited national relief measures in the form of means-tested stimulus payments and food assistance, enhanced unemployment insurance, and protections for small businesses.[23] US federalism created obstacles to effective remedies (Capano et al. 2020, 303); while party-centered partisan and factional dynamics shaped varied state-level government responses (James et al. 2022, 171; Redbird et al. 2022; Folbre et al. 2023; Kashen et al. 2022; Kashen et al. 2023).

(Table 6 about here)

Nonetheless, the pandemic ushered in an unprecedented series of policy interventions, what has been dubbed, "emergency Keynesianism" (Leisering, 2021, cited in Dorlach 2023, 95), unleashing 5 trillion dollars into the economy (Parlapiano et al. 2022). Commentators referred to a temporary European-style welfare state (Miller and Parlapiano 2023; Desmond 2024). Waves of the pandemic precipitated a dizzying array of policy actions that resulted in a renewal of some initiatives, breaks in provision, followed by reauthorization of appropriations (see timeline in Table 7), and starting in June 2021 the termination of relief programs, which tapered off when the U.S. Department of Health and Human Services declared the COVID-19 public health emergency officially over on May 11, 2023. The lack of coordination between government levels contributed to a confusing patchwork of temporary policies and uneven access to benefits (Redbird et al. 2022: 4; Jackson et al. 2022; Desmond 2024; Parlapiano et al. 2022), as shown in Table 7.

(Table 7 about here)

In March 2020, the Trump Administration downplayed the seriousness of the pandemic and

[22] Buck (2023) rebuts New York State's findings of infeasibility for domestic workers' rights to collective bargaining. Policies in France facilitate the constitution of collective actors aggregating employers' and workers' interests (Lima 2023).

[23] https://www.crfb.org/blogs/breaking-down-34-trillion-covid-relief

prioritized financial support to keep businesses afloat. It neither mandated stay-at-home orders nor required masks in public places or vaccinations. The core pillar of US COVID-19 rescue-packages centered on means-tested stimulus funds aimed at putting money into people's pockets and a Keynesian-inspired national project of priming the economic pump (see Tables 8a and b). Taxpayers earning incomes below a threshold received checks in the mail. Both policies set a much higher income threshold than typical of pre-pandemic welfare calculations, thereby disbursing funds to greater numbers. The **CARES Act** (2020) authorized cash payouts of $1200/adult and $500/child. A second economic impact payment, authorized by the Consolidated Appropriations Act on December 27, 2020, provided another $600/adult and $600/child. The Biden Administration enacted similar measures, but increased the amounts received by individuals, families, and state governments. On March 11, 2021, it signed into law the **American Rescue Plan Act** (ARPA) hiking cash payouts to $1400/adult and more than doubling the amount to $1400/child. In total, an estimated 150 million households received stimulus checks from the enormous outlay of $817 billion (Parlapiano et al. 2022).

Additional relief assistance available through the ARPA utilized existing policy tools: temporary assistance expanded the Supplemental Nutrition Assistance Program (SNAP), the Child Tax Credit increased, and the Earned Income Tax Credit widened. $71 billion boosted access to food assistance (see Table 9). Later, a permanent increase of SNAP benefits averaging 27% went to those qualifying for food assistance (Desmond 2024). Together these policy tools fashioned to mitigate economic devastation brought on by the pandemic undoubtedly lifted many out of poverty and prevented others from slipping into poverty (Desmond 2024). Expanding the child tax credit is widely credited with significantly reducing child poverty (Desmond 2024; Parlapiano et al 2022).

(Tables 8a, 8b and 9 about here)

The CARES Act and the ARPA extended unemployment benefits, although states could modify the amount and duration of assistance. Both laws had imposed moratoriums against foreclosures and evictions. The Federal Pandemic Unemployment Compensation (FPUC) program commenced under the CARES act in March 2020, lapsed in July 2020, and was reinstated by the ARPA in March 2021, which lengthened the duration of payments until September 6, 2021[24] Another complementary Pandemic Unemployment Assistance program broadened eligibility to encompass gig, low-paid, part-time workers and the self-employed. One novel feature of the ARPA's unemployment compensation assistance supplemented benefits up to 86 weeks in high unemployment states and provided short-time compensation for a work sharing scheme extending federal funding to states to assist employers in either rehiring or refraining from laying off employees.[25]

Early in the pandemic, the Families First Coronavirus Response Act (FFCRA) was a signal departure establishing a short-term federal emergency paid sick leave provision covering private employers with less than 500 employees, effective from April 1, 2020, to December 31, 2020. The FFCRA, however, allowed employers to exclude "health care providers" from coverage, until the U.S. District Court in the Southern District of New York ruled against the U.S. Department of Labor, which used an overly broad definition. The suit resulted in some home care workers becoming eligible for paid sick leave in the remaining duration of the program (PHI 2022, 17).

Originally designed to last for only two months, starting at the end of March 2020, the Paycheck Protection Program (PPP) allocated $835 billion dollars in uncollateralized, low-interest loans to small businesses (500 employees or less), most of which were forgiven. Untargeted and regressive, the distribution of these benefits was highly unequal with the lion's share (three-quarters)

[24] https://www.dol.gov/coronavirus/unemployment-insurance#:~:text=Each%20state%20sets%20its%20own,Meet%20work%20and%20wage%20requirements; https://www.dol.gov/coronavirus/unemployment-insurance#:~:text=The%20new%20law%20creates%20the,)%2C%20PEUC%2C%20PUA%2C%20Extended; https://www.dol.gov/newsroom/releases/eta/eta20200404

[25] https://www.nelp.org/faq-unemployment-anchors/

of PPP funds accruing to the top quintile of households, according to estimates by Autor et al. (2022).[26] ARPA's Small Business Tax Credit program, including an Employee Retention Tax Credit (ERTC) and a Paid Sick and Family Leave tax credit,[27] gave small businesses an incentive to offer paid leave to employees who were sick or quarantining and likewise, to retain employees on their payrolls.[28]

Despite the depth of the economic fallout from the pandemic, most welfare programs, such as the Temporary Assistance to Needy Families, added no extra benefits. One exception, the *Pandemic-EBT* emergency federal program guaranteed a lump-sum payment to thirty million children previously eligible for free or reduced-price meals at school. Already vulnerable migrant workers faced even greater precarious conditions, food insecurity, and loss of income; they had few protections or access to benefits at the federal level. The CARES Act explicitly excluded EBT support to unauthorized immigrants (Wilson and Stimpson 2020, 1), many of whom labored in the in-home care sector. By contrast, the Women, Infants & Children (WIC) welfare program, which received a boost in federal funding supplementary aid, covered all eligible recipients.[29]

Policy Landscapes: Federal Limits, State Departures

During the pandemic, a similar multi-scalar patchwork of temporary relief policies such as paid sick leave, hazard pay, and unemployment insurance for excluded workers extended benefits to unauthorized immigrants in a handful of states and municipalities (PHI 2022; Kinder et al. 2020; Echave et al. 2023; Waxman et al. 2022; Waxman et al. 2023). Policy innovations incubated at the state-level made available unemployment insurance and/or provided other forms of financial assistance such as stimulus funds to workers excluded from the federal CARES Act and ARPA. The pandemic, however, did not significantly alter most state policies. States followed pre-existing institutional scripts, reproducing gaps in social protections, leaving a patchwork across the US. James et al.'s (2022: 9-10) analysis of state-by-state COVID-19 emergency measures found that partisanship and political polarization influenced the implementation of mitigation strategies.[30]

The Trump Administration issued no national directive mandating that states implement particular COVID-19 policies (Mervosh et al. 2020). In this vacuum, state governors issued statewide "Stay-at-Home Orders," mask-mandates, and other restrictions on mobility. California's Governor Gavin Newsom issued the first statewide Stay-at-Home Order on March 19, 2020, avoiding the more politically charged language of "lockdown," followed soon after by restrictions on mobility by Illinois, New Jersey and New York on March 22, 2020 (Jacobsen and Jacobsen 2020). The number of statewide stay-at-home orders rapidly increased to 41 by April 3, 2020 (Mervosh et al. 2020).

The states also took the lead in offering short-term hazard pay, paid sick leave, and stimulus funds and/or unemployment insurance to excluded workers. Both the CARES Act and the ARPA made available enhanced Medicaid payments for long term services and supports to disabled people and aging adults in their homes and communities, bolstered support for home and community-based services (HCBS) and boosted relief to states for hazard pay (PHI 2022, 2), paid leave and related care needs (Kashen et al. 2023, 1). Some states augmented federal provisions passing their own paid sick leave laws that covered categories of workers, ranging from direct care workers and all essential

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[26] https://projects.propublica.org/coronavirus/bailouts/https://projects.propublica.org/coronavirus/bailouts/search?q=nannies. Because of the large number of agencies, we cannot determine the degree to which in-home workers benefitted from this program. Using the ProPublica interactive bailout site, we found that only a small number of agencies dispatching nannies reported receiving PPP loans, and households did not qualify as employers.

[27] https://home.treasury.gov/policy-issues/coronavirus/assistance-for-small-businesses/small-business-tax-credit-programs; https://home.treasury.gov/system/files/136/Paid-Leave-Credit-and-COVID-Relief.pdf; https://www.irs.gov/coronavirus/frequently-asked-questions-about-the-employee-retention-credit

[28] IRS processed employers' claims for credits totaling $10.5 billion in the 2-4 quarters of 2020 and $7.9 billion in the first quarter of 2021 (https://www.cbo.gov/publication/57365).

[29] https://chcnetwork.org/wp-content/uploads/2020/05/04_06_PIF_Immigrant-Eligibility-for-COVID-response-programs.pdf

[30] See also Hamad et al.'s, 2022 county-level data on the diverse landscape of policy adoption.

workers to the overall workforce (PHI 2022). Not surprisingly, Democratic-led states were more likely to offer additional aid (see Table 9 for the list of states). Still, during the first wave of COVID, only ten Democratic-led blue states enacted both hazard pay supplements and paid sick leave (PHI 2022). Michigan pursued the most generous package, combining hazard pay and paid sick leave, and making the wage increase permanent in the state budget (PHI 2022, 2). A quantitative study by PHI estimated that hazard pay boosted earnings of home care workers by $2.43/hour or $90 weekly in Michigan (PHI 2022, 3). Union lobbying in Connecticut, Massachusetts, Illinois, Oregon, and Washington extended hazard pay through collective bargaining (PHI 2022, 8; Kashen et al. 2022). Red states of Arizona, Louisiana, and Tennessee each promoted one emergency measure. California, Massachusetts, and Oregon cast the widest net across policy initiatives. New York's temporary legislation ensured quarantine-related paid leave coverage for all New Yorkers, then implemented a permanent statewide paid leave policy in January 2021 (PHI 2022) – a policy initiative already in the works prior to the pandemic.

Through an infusion of $37 billion, Section 9817 of ARPA injected new funds flowing to all 50 states for enhancing and supplementing Home and Community-Based Services (Kashen et al. 2023) to "better attract, retain and more fairly compensate their care workforces."[31] Some states used the funds to raise base or minimum wages (New York, Colorado, North Carolina), and/or to invest in training. ARPA funds supported innovative grassroots programs such as Care that Works (CTW), a coalition of labor unions and community groups in Massachusetts, that paid childcare providers to offer non-traditional hours for essential workers (Kashen et al. 2022). This is an incomplete picture, since plans are still unfolding, as state governments can seek approval for final expenditures until March 2025.

(Table 9 about here)

Some states expanded financial relief to workers usually excluded because of their work authorization/immigration status (Echave et al. 2023; Waxman et al. 2022; Waxman et al. 2023). Eight states fashioned unemployment benefits, emulating the model Colorado program, directed at those excluded workers who would have qualified for short-term relief authorized under the Pandemic Unemployment Assistance Program (which extended unemployment insurance to previously excluded categories primarily low-paid, part-time, and self-employed workers, as well as independent contractors), if not for their immigration status. Unemployment for excluded workers ranged from a one-time lump sum entitlement to a weekly benefit for a specific period (Waxman et al 2022; Waxman et al. 2023). Twelve states issued stimulus checks to excluded workers, whereas seven states bundled together unemployment and stimulus programs. Jackson et al.'s (2022) in-depth analysis of the fast-changing policy landscape of safety net policies in California during the pandemic showed how one state managed the care crisis and the downstream health effects. California enacted one of the most comprehensive and inclusive set of policies extending benefits to unauthorized immigrants (Wilson and Stimpson 2020, Gyn 2022) – as of January 1st 2024 California became the first state to grant all migrants, regardless of their legal status, access to health insurance including access to Medi-cal (Kekatos 2023). California's Coronavirus Disaster Relief Assistance for Immigrants, available between May 18 and Jun 30, 2020, distributed $75 million in relief assistance to undocumented adults by means of an innovative strategy of enlisting the support of 12 immigrant non-profit organizations to help recipients apply for the benefit. The State of New York's Excluded Worker Fund, passed on April 19, 2021, and available until October 8, 2021, allocated $2.1 billion for benefits targeted to undocumented adults and those with nontraditional jobs.[32] Both programs reached

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[31] https://www.whitehouse.gov/briefing-room/statements-releases/2023/12/11/fact-sheet-vice-president-harris-announces-that-american-rescue-plan-investments-in-home-and-community-based-care-services-for-millions-of-seniors-and-americans-with-disabilities-reach-about-37/.

[32] https://comptroller.nyc.gov/services/for-the-public/covid-19-recovery-center/english/excluded-workers-fund/
https://www.nolo.com/legal-encyclopedia/collecting-unemploymentbenefits-new-york-32507-

a large number of excluded workers: 130,000 in NY and 150,000 in California.[33] The New York Excluded Worker program was so monumental that it almost equaled the total amount of benefits received by unemployed workers eligible for regular unemployment compensation (Gyn 2022, 7; Echave et al. 2003; Kallick-Dyssegaard 2022).

No systematic studies assess how domestic workers fared during the pandemic.[34] A national survey conducted in October 2020 by the National Domestic Workers Alliance (NDWA) found that pandemic emergency measures were largely out-of-reach for most domestic workers. Only a small percentage reported receiving government benefits, only 14% applied for unemployment insurance, and less than one-third received stimulus checks, which may have reflected ineligibility due to immigration status and/or statutory exclusion of domestic workers. 50% reported lack of access to PPE (Buck 2023, 274; NDWA 2021). The gaps in coverage led some communities, ethnic organizations, and worker groups, notably the NDWA, to raise funds and supply emergency food and other supplies to sustain those in need, substituting volunteerism or mutual aid for state inaction (Boris 2022, 78-79; Rosińska and Pellerito 2022).

Pandemic policy analysis

By March 2023, most emergency policies had lapsed. They were, after all, designed to be temporary, short-lived arrangements. Even while in effect, they had less impact than needed, in part because of limited public awareness of available benefits (Berger, 2022; Jelliffe et al., 2021; Livingston and Thomas, 2019). As early as June 2021, states begin rolling back COVID-19 benefits. By late August 2021, some began lifting the moratorium on foreclosures and evictions following the US Supreme Court's rejection of extending the moratorium as recommended by the Center for Disease Control.

A new policy agenda surfaced in 2021 during the Biden Administration. The terminology of care infrastructure, widespread in the scholarly literature (Duffy and Armenia 2019), entered the political lexicon, most notably in the omnibus Build Back Better initiative proposed by the Biden Administration. Build Back Better acknowledged that "Too many Americans struggle with the high costs of raising children, caring for a sick family member, providing long-term care for people with disabilities or older adults, and addressing the myriad other caregiving challenges." Among the provisions for strengthening the care infrastructure was the promise to pay childcare workers "a living wage, comparable to kindergarten teachers if they have similar credentials and to expand HCBS under Medicaid to support well-paying caregiving jobs including benefits and the right to collectively bargain." Build Back Better also recognized that: "Investment in higher labor standards for care workers improves these jobs and attracts more workers to the care industry."[35] A scaled-back version of that original bill became the Infrastructure and Jobs Act, passed on November 15, 2021. However, West Virginia Senator Joe Manchin leveraged the thin-Democratic Party margin in the US Senate to sway the rewriting of the bill to eliminate funding for both elder and childcare (Cassidy 2021).

New federal policy recommendations, following the emergency measures, offer a blueprint for improving pay and benefits to stabilize the in-home labor force. On April 18, 2023, President Biden issued an Executive Order aimed at increasing access to high quality care and supporting

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2.html#:~:text=In%20New%20York%2C%20as%20in,%2C%20through%20May%2031%2C%202020.
https://www.urban.org/research/publication/finally-were-being-recognized-stories-and-perspectives-applicants-excluded#:~:text=Passed%20in%20April%202021%2C%20the,received%2C%20approximately%20%2415%2C600%20per%20person.
https://tcf.org/content/commentary/the-case-for-continuing-new-yorks-history-making-excluded-workers-fund/?session=1

[33] https://www.catholiccharitiessf.org/covid-19-relief/drai.html
https://www.cdss.ca.gov/inforesources/immigration/covid-19-drai
https://francolawgroup.com/tag/disaster-relief-assistance-for-immigrants/

[34] We will gain greater insight from the results of the T-AP national survey of care workers to be conducted in 2024.

[35] https://www.whitehouse.gov/briefing-room/statements-releases/2021/09/21/fact-sheet-how-the-build-back-better-framework-will-support-the-sandwich-generation/

caregivers by enlisting executive departments and federal agencies to "do what they can" in pursuit of improving the quality-of-care jobs, retaining the care workforce, and increasing access and affordability of care options for individuals and families. The Executive Order instructs agencies to "consider" and "encourage providers to" act on extensive proposals. It enlists the Department of Labor to "create and publish in multiple languages…best practice materials – such as sample employment agreements…." (Luterman 2023).[36] These agreements could empower domestic workers in their negotiations with employers. Without legislation, however, such recommendations are voluntary.[37] As an aspirational document, the Executive Order deploys provisional language exhorting agencies that they "encourage providers to" act on these proposals.[38] Without the power of the purse, the Executive Order can only authorize federal agencies to provide guidance, such as encouraging the Secretary of Health and Human Services to "expand efforts to improve care workers' access to health insurance."[39][40] In Fall 2023, the Biden Administration floated another attempt to restore funds for the childcare sector,[41] a request for $16 billion in supplemental funding, but with Republican majority in the House of Representatives it did not pass.[42]

The US federal government initiatives marked a significant public intervention credited with speeding up the economic recovery and buoying family and business finances. Emergency Keynesianism represented an enormous national political project aimed at mitigating economic disaster. Three tranches of stimulus payments were a notable departure from previous large-scale government programs and set the US apart from Canada and European models of COVID-19 interventions. Matthew Desmond (2024) has hailed the ARPA as "unquestionably the most important federal [anti-poverty] government program since the Great Society." Indeed, an historic infusion of short-term federal stimulus money coursed through the economy during the pandemic.

Generally, the policy choices utilized existing tools but upped the level of compensation and extended access across a wider swath of the population. The expansion of the Child Tax Credit stands out as one of the most effective pandemic emergency measures (Marr et al. 2022; Desmond 2024). Its success has inspired a new bi-partisan effort during the 2024 Congress to emulate the temporary expansion of the child tax credit more closely. If passed, it would enhance eligibility for families currently not required to file tax returns and improve the amount of tax dollars for each child. The pending policy exchanges the expanded child tax credit for restoration of three business tax breaks due to expire in 2024 (Carrazana 2024). Paid domestic workers, particularly Black and Latinx mothers, are likely to gain from this expansion of the child tax credit, since much of this low-wage workforce would qualify for the expanded benefit (Carrazana 2024).[43]

A more mixed picture emerges when considering other provisions. The eviction and

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[36] https://www.whitehouse.gov/briefing-room/presidential-actions/2023/04/18/executive-order-on-increasing-access-to-high-quality-care-and-supporting-caregivers/

[37] https://19thnews.org/2023/11/biden-administration-sample-work-agreements-domestic-workers/

[38] On December 12th, the White House convened a panel of featured speakers, including Governors and stakeholders (Ai jin Poo of the National Domestic Workers Alliance and April Verrett, Secretary Treasurer of SEIU) to assess the effectiveness of ARPA on home and community-based services. https://www.whitehouse.gov/briefing-room/statements-releases/2023/12/11/fact-sheet-vice-president-harris-announces-that-american-rescue-plan-investments-in-home-and-community-based-care-services-for-millions-of-seniors-and-americans-with-disabilities-reach-about-37/

[39] https://www.whitehouse.gov/briefing-room/presidential-actions/2023/04/18/executive-order-on-increasing-access-to-high-quality-care-and-supporting-caregivers/

[40] https://www.whitehouse.gov/omb/briefing-room/2023/11/02/state-breakdown-the-biden-harris-administrations-funding-request-would-help-prevent-families-across-the-country-from-losing-child-care/

[41] ARPA allocated $24 billion in emergency assistance directed to state governments for support of childcare providers that used the aid to either retain workers, maintain and/or acquire equipment, or pay-off debts. The spigot of funds was shut off on October 1, 2023, which endangers the survival of childcare providers (Cohn 2023).

[42] https://www.whitehouse.gov/omb/briefing-room/2023/11/02/state-breakdown-the-biden-harris-administrations-funding-request-would-help-prevent-families-across-the-country-from-losing-child-care/

[43] At the same time, welfare retrenchment is evident in 15 Republican governors refusing to accept food assistance for needy children over the summer of 2024 (Oladipo 2024).

foreclosure moratorium saw major delays and left many without relief (Parlapiano et al. 2022; Desmond 2024). The US job retention scheme threw a lifeline to numerous businesses and workers, but the Payroll Protection Act secured paychecks at an exorbitant cost, ranging from $170,000 and $377,000 per job (Fulford cited in Desmond 2024). Although initially designed for job retention, the program later diluted this requirement, thus enabling businesses to slash payrolls while retaining cash. Because of the lack of oversight, monies flowed to undeserving, flourishing companies (Parlapiano et al. 2022). Public sector workers also experienced layoffs because of the CARES Act's prohibition against local governments using funds to fill budget shortfalls. "[The US government] could have supported laid off workers at a fraction of the cost by adopting a model popular in Europe, where employers kept furloughed employees on payroll, paid them 60-80 percent of their wages and sought reimbursement from the government" (Desmond 2024; Müller et al. 2022).[44] Invoking the health crisis as a "force majeure" to use its *Activité Partielle*, the French expansive policy covered all employees with a contract (whether permanent or not) to receive 70% of their gross wage from the employer (OECD 2020).[45]

Enduring Policy Gaps

Emergency Keynesianism could not overcome policy inertia and political stalemate. Enhanced benefits failed to reach many domestic workers due to pre-existing gaps in coverage. Jurisdictional tensions further exacerbated the uneven distribution of benefits accruing to paid domestic workers. On balance, US federal COVID-19 policies mitigated the health crisis, and some states further filled policy gaps in response to pressure from worker advocates. Designed for temporary relief, however, most programs have lapsed, and no new federal public programs will likely staunch the hemorrhaging of labor from this sector, despite the Biden Executive Order on Care. This presidential directive recognizes both supply and demand, including worker rights and working conditions. It marks the first-time that care warranted such attention, but is anemic compared to the shortage in childcare and cost of home care intensified by the pandemic. It directs federal agencies to identify their programs that can enhance childcare and long-term care and other measures. However, it merely rearranges existing funding rather than generating new funding.[46]

Funding of care still derived from sources ranging from national taxation (through age-tested Medicare and means-tested Medicaid) to out-of-pocket expenses. Delivery of care could be performed by public sector entities, by for-profit companies (sometimes with sub-contracted and/or self-employed labor), and/or by paid and unpaid family members. Inconsistency and the lack of an integrative policy framework hampered efforts to develop a sustainable workforce and resilient care system. Challenges at the policy level thus include inadequate public reimbursement; lack of universal Long-term Care Services and Supports financing, uneven regulation, inadequate in-service training and professional development opportunities, uncertainties around immigration policy (Stone 2021); and within the labor market, lack of career mobility (exacerbated by agencies dispatching workers); and job and income insecurity. These fragmented policies often render paid home care and the workers who perform it invisible.

The health crises laid bare the fragile care infrastructure and lack of protections for domestic workers. The US's minimal safety net, meager social provision, lack of social protections likely adds to the disjuncture of working conditions and rights both among in-home care workers (Milkman 2023; Zundl and Rogers 2021) and between in-home workers and the rest of the workforce. Jurisdictional

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[44] The UK paid up to 80 per cent of the wages of around 9.5 million people (at a cost of £41.4 billion) from March 2020, could surpass £50bn, and extended through the end of September. https://www.wired.co.uk/article/uk-furlough-scheme-job-protection

[45] For a review of the uneven impacts and gaps in French COVID-19 policies see Eydoux 2023 and Damamme et al. 2024.

[46] "Fact Sheet: Biden-Harris Administration Announces Most Sweeping Set of executive Actions to Improve Care in History," April 18, 2023, at https://www.whitehouse.gov/briefing-room/statements-releases/2023/04/18/fact-sheet-biden-harris-administration-announces-most-sweeping-set-of-executive-actions-to-improve-care-in-history/

conundrums created regulatory gaps, particularly among migrants who are highly overrepresented among in-home care workers. COVID-19 policies designed to address the exigencies of the health crisis neither alleviated enduring care deficits nor addressed the structural causes of labor shortages. The emergency measures didn't substantially confront structural barriers and conditions that give rise to precarity and high turnover rates in this labor market sector.

Through supplementary benefits and extending eligibility to heretofore excluded workers, the emergency measures filled a gaping hole in the federal unemployment insurance program (Gyn 2022), and broadened access to migrant workers in some states (Waxman et al. 2022). Gyn (2022, 7) estimated that in "normal" times, less than one-third of jobless workers received federal unemployment insurance, which replaced only 40% of income. Black, Latinx and women workers were less likely to qualify for benefits because of their concentration in part-time, seasonal, and low-wage work. These racial, ethnic and gender disparities, however, continued during the pandemic (Gyn 2022, 7), and enhanced unemployment insurance remained out-of-reach from many homecare workers still unable to meet even the broadened eligibility requirements. Previous exclusions from occupational and safety measures exacerbated the risks borne by household workers who had to supply their own PPE.

The entwined health and economic crises presented an opportunity to address labor shortfalls, but that opportunity was squandered as COVID-19 era policies lapsed. Most states returned to the status quo. Political polarization further stymied the possibility of carving out a recovery agenda for building a more resilient care infrastructure serving the care needs of the public and establishing a bulwark against future health crises. Existing policies did not alleviate the barriers that contribute to labor shortages and the needed expansion of this essential workforce.

Future Horizons

Throughout the pandemic policymakers oscillated between emergency measures which either aimed at health protection or opening the economy. A care-led recovery strategy (Kabeer et al. 2021) could have challenged the assumptions undergirding this supposed tradeoff. Large-scale public investment in the social infrastructure of care in the era of COVID-19 could have responded to the surge in demand for long-term care services delivered at home, strengthening networks of reciprocity, and creating dignified work and decent jobs for millions of workers, particularly poor women of color (De Henau and Himmelweit 2021; Kabeer et al. 2021). Economic simulations have shown a larger stimulus effect from public investment in care than in construction, for example, and raising wages increases overall job creation due to the effects of higher wages on job retention and recouped public investment generated through taxes and social security contributions (De Henau and Himmelweit 2021).

Improving job quality in the care formal sector – potential models include Universal Family Care or Washington State's Long-Term Care Trust – would reduce turnover, boost recruitment, and alleviate the growing labor shortages in this field. Overall, a more integrated and comprehensive policy matrix would support the broader effort to secure equitable, quality, and sustainable long-term care in the United States, for care providers and recipients alike (Gonzales and Poo 2023; Esquivel et al. 2022, 5).

Migrants are particularly vulnerable due to their lack of access to many of the protections available to U.S. born workers. Learning lessons from improvements made in the Canadian policy, special work permits and/or visas could be made available to unauthorized immigrants to help address the existing and projected labor shortages in this rapidly growing field (Michel 2023). This could be coupled with a pathway to legal status (as in Canada) for unauthorized immigrants already employed in home care, to reduce turnover and ensure the continuity of care, and thus improve the quality of care. Training and accreditation programs could offer skills for those currently lacking them and re-accreditation where appropriate, in this way they could upgrade skills and help to retain a valuable workforce. Fixing the unemployment insurance system by making permanent the excluded worker's criteria would secure a safety net for migrant care workers.

A care-led recovery envisions caring not merely as labor deserving decent wage compensation, social protection, and associated rights, but as a practice and as an ethic orienting social relations in our most intimate settings and relationships (Tronto 2015). An alternative vision based on caring for others and receiving care within an ethic of shared responsibility can orient action toward interdependence and mutual recognition and offer a critique of the marketization of care and lack of responsibility for social provisioning (Gottfried 2015). Care constitutes the social reproduction activities that sustain society, but can uphold inequalities grounded in race, gender, and citizenship if tethered to top-down and undemocratic structures (Nadasen 2023). Thus, it is necessary to inject concepts of global justice with an understanding of care as a practice, as a responsibility, as an ethic in people's everyday lives, and as integral to citizenship (Fraser, cited in Williams, 2014, 27).

Table 1. Domestic Workers in the U.S. by Occupation, Citizenship Status and Race, 2017-2019 (In percent) [47]

	Non-Domestic Workers	*Domestic Workers*	*Cleaner*	*Nannies*	*Home Daycare*	*Health Aides (Non-Agency)*	*Health Aides (Agency)*
Nativity							
U.S. born	82.8	64.5	30.6	71.6	69.9	74.1	69.9
U.S. naturalized	8.5	15.0	18.4	10.9	12.6	10.9	15.6
Immigrant not naturalized	8.8	20.5	51.0	17.6	17.6	14.9	14.5
Race/ethnicity							
White	63.0	40.8	28.0	63.7	52.9	49.8	37.3
Black	11.3	21.5	6.3	7.5	13.1	19.7	29.3
Hispanic	17.1	29.1	61.7	24.1	29.5	20.2	22.5
Asian	6.2	5.9	2.0	2.9	3.1	5.5	7.8
Other	2.4	2.7	2.0	1.9	1.4	4.8	3.1

[47]Source: Elaine Zundl and Yana Rodgers, 2021, 30. For more information about the US occupational distribution of domestic workers see: https://www.epi.org/publication/domestic-workers-chartbook-a-comprehensive-look-at-the-demographics-wages-benefits-and-poverty-rates-of-the-professionals-who-care-for-our-family-members-and-clean-our-homes/

Table 2. US In-home Care Workforce 2019

# Employment	Home cleaners	Childcare	Home Aides Agency	Home Aides non-agency
2,200,000	353,527	225,933	1,257,878	141,400

US Domestic Workers 2019 (based on Current Population Survey, Milkman 2023)

Table 3. US Median Hourly Wages for Domestic Workers (overall and by occupation versus other workers), 2021

Worker by occupation	Median Wage
Domestic Workers	$13.79
All other Workers	$21.76
House Cleaners	$13.04
Nannies	$13.53
Home care (non-agency)	$13.85
Home care (agency)	$14.00

Notes: Wages include overtime, tips, and commissions and are computed from pooled 2019–2021 microdata to ensure sufficient sample size. Data are in 2021 dollars. Since the best wage measure in the Current Population Survey is unavailable for self-employed workers, wages of workers who provide childcare in their own homes are not included. Source: Economic Policy Institute (EPI) analysis of Current Population Survey Outgoing Rotation
Group microdata, EPI Current Population Survey Extracts, Version 1.0.32 (2022), https://microdata.epi.org. (Banerjee et al. 2022).

Table 4. Selected Socio-Economic, Demographic, Social Welfare Indicators in the US and Canada, 2019-2021[48]

Country	Population (millions)	% Population over 65	FLFP%	HDI	Gini Coefficient[49]	Social spending %GDP[50]	Public Spending Labor Market % GDP[51]	IlO ratification[52]	Sub-index B	Labor Rights Index
Canada	37.6	19	61	0.922	0.317	24.9	0.700	23/37	7.56	76
US	331	16	57	0.926	0.414	22.7	0.250	10/14	3.44	63.5

Source: Data from Paul et al. 2022a, b, except for social spending and labor market spending (OECD 2022) and the Gini coefficient.

48 Reflects data derived from sources ranging from 2019 to 2021.
49 https://data.worldbank.org/indicator/SI.POV.GINI, Canada, 2019; US, 2021.
50 Social expenditure comprises cash benefits, direct in-kind provision of goods and services, and tax breaks with social purposes, which may be targeted at low-income households, the elderly, disabled, sick, unemployed, or young persons and must involve either redistribution of resources across households or compulsory participation (OECD 2022). For 2021, except Canada for 2020, OECD (2022), 31.6% in France. https://www.oecd.org/social/expenditure.htm
51 Public spending on labor market programs includes public employment services, training, hiring subsidies and direct job creations in the public sector, as well as unemployment benefits. 2018 data, 2015, Canada (OECD 2022). https://data.oecd.org/socialexp/public-spending-on-labour-markets.htm
52 This measures the number of ILO conventions in force out of the number ratified.

Table 5. ***National Governance: Varieties of Liberal Market Economies in Canada and the US***

	Canada	**United States**
National governance	Centralized, Provincial	De-centralized, Federal
Type of government during covid	Center/liberal Justin Trudeau (re-elected, 2021)	Far right Donald Trump, Center/liberal Joe Biden (2021)
Welfare regime	Liberal-Market	Neo-Liberal-Market
Health-care system	Provincial, municipal	Private Insurance and means-tested Medicaid and age-tested Medicare
Jurisdiction over health policy	Provincial, municipal	Split among state (Medicaid, means-tested) and Federal (Medicare, universal), municipalities
Existence of home health-care aide policies	Yes, means-tested	Yes, but excluded from OSHA, ADA, Civil Rights Act, FMLA, and unequal protection offered by the Fair Labor Standards Act.

Table 6. Pandemic Policies, by type, March 2020-March 2021

Country	Social Assistance				Social Insurance				Labor Market			
	Cash transfers	Public Works	Social pensions	Utility waivers	Paid sick Leave	Health Insurance	Soc Sec contribution	Unemployment benefits	Activation [53]	Labor Regulations	Wage Subsidies	Reduced Work Week
Canada	**Y**	**N**	**Y**	**Y**	**Y**	**N**	**N**	**Y**	**Y**	**Y**	**Y**	**Y**
US	**Y**	**N**	**N**	**Y**	**Y**	**N**	**Y**	**Y**	**N**	**N**	**N**	**N**

Source: World Bank, Gentilini et al. 2021.

[53] Activation Policies provide skill training and job placement support, Gentilini et al. 2021, 29.

Table 7. Timeline of Federal COVID-19 Policies, March 2020 to March 2023

Families First Coronavirus Response Act (FFCRA) March 18, 2020	**Coronavirus Aid, Relief, and Economic Security Act. (CARES) Amended FFCRA MARCH 27, 2020**	**CARES Paycheck Protection Program (PPP) MARCH 25, 2020**	**CARES** Federal Pandemic Unemployment Compensation **(FPUC)**	**CARES** Federal Pandemic Unemployment Compensation (FPUC) ENDS **JULY 21, 2020**	**American Rescue Plan Act (ARPA) MARCH 10, 2021 Section 9817** APRIL 1, 2021	**FEDERAL PANDEMIC UNEMPLOYMENT COMPENSATION FPUC** Enhanced Federal UI expires **JULY, 2021**	**ARPA Section 9817 For Home and Community Based Services expires on MARCH 31, 2022**[54]	**CONSOLIDATED APPROPRIATIONS ACT 2022** Congress delinked continuous enrollment provision from the public health **DEC. 29, 2022**	**CONSOLIDATED APPROPRIATIONS ACT 2023** Ended Federal Continuous Medicaid enrollment **MARCH 21, 2023**
Statewide Stay-at-Home Orders March 19-April 3, 2020	**Pandemic EBT, Food assistance March 2020**. extended in **August and September 2020.**	**Pandemic EBT,** extended **DECEMBER 2021**		**PPP** ended **MAY 31, 2021**	States begin rolling back COVID-19 Benefits in **JUNE, 2021**	Lifting of Moratorium on foreclosures and evictions **Aug. 26, 2021**		**Pandemic EBT, extended** MAY 9, 2022	**ARPA Section 9817 Funds Expended until MARCH 31, 2025**

[54] Funds must be expended by March 31, 2025, https://www.medicaid.gov/medicaid/home-community-based-services/guidance-additional-resources/strengthening-and-investing-home-and-community-based-services-for-medicaid-beneficiaries-american-rescue-plan-act-of-2021-section-9817/index.html

Table 8a. US SOCIAL ASSISTANCE COVID-19 RESPONSES, MARCH 2020-April 2021

PROGRAM	*Cash-Based Transfers*
CARES Act MARCH 2020 Stimulus 1	In March 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act authorized the first round of stimulus relief aid. The IRS issued 162 million payments that totaled $271 billion. The initial payments issued $1,200 per person, or $2,400 for those filing jointly, plus $500 per qualifying child. The maximum income levels to receive a payment: • $99,000 for single taxpayers • $136,500 for taxpayers filing as head of household. • $198,000 for married couples filing jointly.
Stimulus 2	The second round of stimulus payments were authorized on **December 27, 2020,** as part of the Consolidated Appropriations Act, 2021. Those payments typically totaled $600 per person, or $1,200 for married individuals, plus $600 for each qualifying child. Taxpayers were ineligible for any payment, unless they had a qualifying child, above the following income levels: • $87,000 for single taxpayers • $124,500 for taxpayers filing as head of household. • $174,000 for married couples filing jointly. As of March 5, 2021, about $135 billion of the second round of payments have been sent out according to the Congressional Budget Office.
AMERICAN RESCUE PLAN MARCH 2021	The third round of checks were included in the American Rescue Plan Act of March 11, 2021. Eligible individuals received a payment of $1,400 ($2,800 for married couples), plus an additional $1,400 per eligible child. Taxpayers were ineligible for any payment, unless they had a qualifying child, above the following income levels: • $80,000 for single taxpayers • $120,000 for taxpayers filing as head of household. • $160,000 for married couples filing jointly. Overall, such payments were expected to cost $411 billion. The American Rescue Plan expanded and increased the Child Tax Credit, the Earned Income Tax Credit, the Employee Retention Credit, among other programs. ($176 billions). For the Child Tax Credit, and according to the IRS, those families who were eligible through the program began receiving payments in July 2021. A monthly advance credit of up to $300 was paid for each child 5 years of age and younger, and a $250 credit for each child between the ages of 6 and 17.
FAMILIES FIRST CORONAVIRUS RESPONSE ACT MARCH 2020	
Pandemic Electronic Benefit Transfer (P-EBT) School Food Assistance	In March 2020, the Families First Coronavirus Response Act empowered the US Department of Agriculture to approve state government plans to provide emergency food stamp assistance to households with school-aged children who would be benefiting from free or reduced-priced meals had there not been school closures. Authorized extension, Sept. 2020; Dec. 2021 and May 2022.[55] P-EBT was available regardless of immigration status. Households did not have to be enrolled in SNAP in order to be eligible.

[55] https://www.fns.usda.gov/snap/state-guidance-coronavirus-pandemic-ebt-pebt#:~:text=Children%20who%20would%20have%20received,to%20receive%20P%2DEBT%20benefits; https://www.fns.usda.gov/SNAP/pandemic-ebt-summer-2022-memo

PROGRAM	*Utility Waivers,*
Installment Agreement	For taxpayers under an existing Installment Agreement, payments due between April 1 and July 15, 2020, were suspended. Taxpayers who were currently unable to comply with the terms of an Installment Payment Agreement, including a Direct Debit Installment Agreement, could suspend payments during this period if they prefered. Furthermore, the IRS promised not to default any Installment Agreements during this period. By law, interest continued to accrue on any unpaid balances. (CARES ACT): A number of tax benefits, such as deferring payroll taxes were provided. (total $300 billion)
Moratorium on Foreclosures and Evictions	A moratorium on mortgage foreclosure and tenant evictions. [56] The expiration date was extended numerous times. On August 26, 2021, the Supreme Court rejected the latest extension requested by the CDC. The Biden Administration made available assistance through the Treasury Emergency Rental Assistance Program.[57]

[56] https://home.treasury.gov/policy-issues/coronavirus/about-the-cares-act
[57] https://www.investopedia.com/coronavirus-aid-relief-and-economic-security-cares-act-4800707

Table 8b. US SOCIAL INSURANCE COVID-19, MARCH 2020-MARCH 2021

PROGRAM	*Paid sick leave*
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) March 2020	This program allows parents caring for children whose schools have closed to take a maximum of 12 weeks of paid family leave, including two weeks of paid sick leave at 100% of the person's normal salary, and up to $511 per day. Additionally, this provided up to 12 weeks of paid family and medical leave at 67 percent of the person's normal pay, up to $200 per day. Gig and self-employed workers received these benefits in the form of a tax credit.
PROGRAM	*Unemployment benefits*
CARES ACT	Expansion of unemployment benefits.
AMERICAN RESCUE PLAN	Expansion of the unemployment benefits with $203 billion by extending unemployment programs, such as enhanced weekly benefit of $300, through Sept 6th, 2021
Consolidated Appropriations Act	Increased unemployment benefits ($119 billion). The earlier relief legislation provided several enhancements to unemployment insurance benefits that were ultimately allowed to expire. This package restored those enhancements, albeit at more modest levels. It added $300 per week to unemployment benefits, continued "gig" worker eligibility for unemployment benefits, and lengthened the maximum period that a worker could collect unemployment to 50 weeks
PROGRAM	*Social security contributions*
CARES Act	Included penalty-free coronavirus-related distributions. The 10% early withdrawal penalty under Internal Revenue Code (Code) Section 72(t) was waived for "coronavirus-related distributions" of up to $100,000. In addition, the 20% withholding requirement on these distributions did not apply. A coronavirus-related distribution was a distribution made in 2020 from a qualified retirement plan (including a 401(k) plan, 403(b) plan, 457(b) plan, individual retirement account, or individual retirement annuity) to a "qualified individual"

Source: World Bank, https://documents.worldbank.org/en/publication/documents-reports/documentdetail/129431621025702954/global-database-on-social-protection-and-jobs-responses-to-covid-19

Table 9. $5 Trillion Pandemic Stimulus Funds, March 2020-March 2022[58]

Individuals & Families	Businesses	State & Local Government	Health Care	Other
$1.8 Trillion	**$1.7 Trillion**	**$745 Billion**	**$482 Billion**	**$288 Billion**
Stimulus checks $817 Billion	Paycheck Protection Program $835 Billion	American Rescue Plan Act Direct Aid $244 Billion	Medicaid Coverage $56 Billion	Housing $39 Billion
Unemployment $678 Billion	Paid Leave Credit $11 Billion	CARES Direct Aid $149 Billion	Expanded ACA $22 Billion	
Child tax credit $93 Billion	Employee Retention Payroll Tax Credit $26 Billion	Medicaid Expansion $72 Billion		
Food Assistance $71 Billion				
Childcare Block Grant $28 Billion				
Child Care Provider $24 Billion				

Source: Committee for a Responsible Budget, (cited in Parlapiano et al. 2022)

[58] Selected funding streams in each category.

STATES	Excluded Workers' Unemployment Insurance[59]	Excluded Workers' Stimulus checks	Hazard Pay	Paid Sick Leave	#Pandemic Policies
Arizona				X	1
Arkansas			X		1
California	**X**	**X**	**X**	**X**	**4**
Colorado	X	X		X	3
Connecticut			XX	X	2
DC		X		X	2
Hawaii					
Illinois	X	X	X		3
Louisiana			XX		1
Maine				X	1
Maryland				X	1
Massachusetts	**X**	**X**	**X**	**X**	**4**
Michigan			X	X	2
Minnesota			X		1
Nevada	X	X		X	3
New Hampshire			X		1
New Jersey		X	XX	X	2
New Mexico		X		X	2
New York	X			X	2
Oregon	**X**	**X**	**XX**	**X**	**4**
Pennsylvania			X		1
Rhode Island		X	X	X	3
Tennessee			X		1
Vermont		X	X	X	3
Virginia			X	X	2
Washington	X	X	X	X	4

[59] Excluded Worker Initiatives (Waxman et al. 2022; Waxman et al. 2023; Kallick-Dyssegaard et al. 2022).

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