



HISTORIC IMPROVEMENTS TO HEALTH CARE IN AMERICA

JANUARY 2025

Executive Summary

The Biden-Harris Administration has made historic progress to improve the health of millions of Americans — making health care and prescription drugs more affordable, tackling crises in mental health, maternal health, and more, and investing in public health infrastructure and preventing disease. More Americans have health care than ever in history and the Administration has deployed the first-ever tools to lower drug costs.

To lower the costs of prescription drugs, President Biden went toe-to-toe with Big Pharma and won, significantly lowering the cost of prescription drugs for seniors. In its first year alone, President Biden’s Medicare Drug Price Negotiation program outperformed expectations, achieving negotiated prices that are 38 to 79 percent lower than U.S. list prices for the ten first round negotiated drugs. Other policies such as the \$2,000 cap on out-of-pocket costs, \$35 monthly cap on insulin costs, access to free vaccinations, and rebates from companies who raise drug prices faster than inflation have already saved seniors billions of dollars and will continue to reduce health care costs in the coming years as more provisions of the Inflation Reduction Act (IRA) go into effect.

To achieve record gains in health insurance coverage, the Administration protected and strengthened Medicare, Medicaid, and the Affordable Care Act (ACA), making signing up for coverage easier and lowering premiums by an average of \$800 per person per year. As a result, nearly 24 million Americans signed up for ACA Marketplace coverage for 2025 — nearly 12 million more than when the President took office. Medicaid expansion went into effect in four additional states, paperwork barriers to Medicaid coverage were eliminated wherever possible, and the Department of Veterans Affairs (VA) expanded eligibility for veterans to enroll in VA health care. Together, these policies brought the uninsured rate to a record low, dropping the uninsured rate by more than 2 percentage points to around 8 percent — where it has remained since the beginning of 2023.

To address the mental health and substance use crisis, President Biden launched and executed a comprehensive strategy to tackle the mental health crisis by growing and diversifying the mental health workforce, removing barriers to coverage for those seeking help, and addressing the root causes of behavioral health conditions. The 988 lifeline alone — just one of many efforts to improve access to care — has answered more than 13 million calls, chats, and texts and made it easier for individuals experiencing distress to access immediate care. Following efforts to reduce overdose deaths by expanding prevention and treatment efforts and introducing harm reduction measures like approving over-the-counter naloxone, recent data shows a 17 percent reduction in overdose deaths in the 12 months ending July 2024 compared to the year prior — the largest decline in U.S. history.

To tackle the maternal health crisis, improve public health, and prevent disease. The Administration established a baseline for health and safety requirements for maternal emergency and obstetric services in hospitals; extended Medicaid postpartum coverage from two to a full twelve months for hundreds of thousands of new mothers in 47 states and DC; created a National Maternal Mental Health Hotline, which has already served more

than 50,000 new moms and their families; and enrolled an additional 400,000 people in a modernized Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program, among other efforts. President Biden also hosted the first White House Conference on Hunger, Nutrition, and Health in more than 50 years; released and executed a national strategy across 20 federal agencies to end hunger and reduce diet-related diseases by 2030, while also reducing persistent disparities; and galvanized more than \$10 billion in commitments from external partners to further these goals. There have been additional public health gains across the board, including modernizing the nation's organ transplant system, bolstering the health care workforce, and cutting youth e-cigarette use to the lowest level in a decade. Rates of new HIV infections are also down following the launch of a comprehensive national strategy to end the HIV epidemic by the end of the decade.

Chapter 1: Lowering the Cost of Prescription Drugs

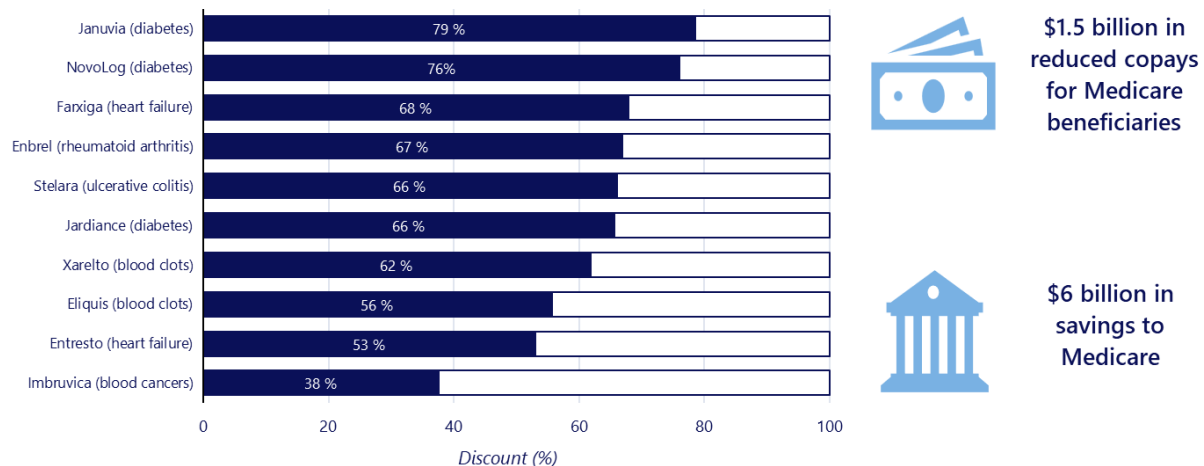
President Biden took on Big Pharma — and won.

Too many Americans struggle to afford prescription drugs. Three in ten Americans — and a quarter of all seniors — take steps like cutting pills in half or even skipping doses altogether.¹ One of the major drivers of these challenges is the well-documented fact that Americans pay two to three times more than people in other developed countries for the exact same prescription drugs.² And yet, for years the pharmaceutical industry and their allies in Congress blocked reforms to make drugs more affordable. This Administration was determined to change the status quo, and, in August 2022, the President was proud to sign the IRA, which included sweeping reforms to lower the cost of prescription drugs.

The centerpiece of the IRA drug reforms is a new provision that allows Medicare to negotiate drug prices for the first time in history. The IRA eliminated the old sweetheart deal that said Medicare had to pay whatever Big Pharma demanded and instead creates a new system where the Medicare program is negotiating directly with drug companies to achieve the best price for American seniors and people with disabilities.

Figure 1.1. The Medicare drug price negotiation program will deliver dramatically lower prices for seniors.

Drug name (example indication)



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Source: Centers for Medicare & Medicaid Services.

Note: Examples of conditions indicated for each drug are included in parentheses and are nonexhaustive. For example, Farxiga is also used to treat chronic kidney disease and diabetes. Fiasp, Fiasp FlexTouch, Fiasp PenFill, NovoLog FlexPen, and NovoLog PenFill are included in the NovoLog category. Discount refers to the percent difference in the negotiated price relative to the 2023 list price. Negotiated prices will go into effect on January 1, 2026. Estimated reduced copay amount is \$1.5 billion under the projected defined standard benefit design when the negotiated prices go into effect in 2026. Estimated savings in Medicare spending net of all rebates and certain fees and payments is \$6 billion in 2023 if negotiated prices had been in effect.

As of January 8, 2025 at 8:00am.

¹ <https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-july-2023-the-publics-views-of-new-prescription-weight-loss-drugs-and-prescription-drug-costs/>

² <https://aspe.hhs.gov/sites/default/files/documents/277371265a705c356c968977e87446ae/international-price-comparisons.pdf>

In the first year of this new program, Medicare negotiated lower prices for ten of the most expensive and commonly used drugs in the program, which treat heart disease, cancer, diabetes, blood clots, and more. The results of these negotiations exceeded expectations, with Medicare achieving prices that are 38 to 79 percent lower than U.S. list prices for the drugs. The savings to the Medicare program are dramatic: After taking account of discounts and rebates, these prices are \$6 billion per year lower than what Medicare pays today. And critically, these lower prices will put \$1.5 billion back into the pockets of Medicare beneficiaries in the form of lower co-pays and deductibles for the drugs they need.³

In the years to come, Medicare will negotiate prices for up to 20 additional drugs per year each year, continuing to deliver savings for Americans on the drugs they need.

The new negotiation program sits alongside a number of other policies that are lowering drug prices for people with Medicare. Of critical importance is a new \$2,000 cap on total out-of-pocket spending in Medicare Part D, which began phasing in in 2024 and is fully in effect for 2025. When seniors had high drug spending, Medicare used to charge them 5 percent of the price of a drug no matter how expensive their prescriptions were — which left some people paying \$10,000 a year in copays or more for the drugs they need. The IRA sets a cap of no more than \$2,000 per year, which will save 19 million people an average of \$400 per year.⁴ In fact, in just the first 6 months of 2024, this law put \$1 billion back in seniors' pockets.⁵

Judy from Maine explained: “Nothing prepared me for the financial strain that came with the high cost of the drugs I need to live my life,” and in 2023 she paid over \$9,000 out-of-pocket for just one of her prescriptions. Now her costs are capped at \$2,000 per year. “For years, it felt like no one was standing up to Big Pharma for patients like me. But thanks to President Biden and Vice President Harris’s Inflation Reduction Act — that is changing.”

The IRA also caps the cost of cost of insulin at \$35 per month, instead of as much as \$400, which some seniors were paying before. Vaccines are now free for Medicare beneficiaries, with 10 million people receiving a free vaccine in 2023 thanks to the IRA.⁶ And drug companies have to pay rebates back to Medicare if they raise their prices faster than inflation. That means the pharmaceutical industry, for the first time, is accountable to Medicare when they try to hike prices. Three quarters of a million Medicare beneficiaries

³ <https://www.cms.gov/newsroom/fact-sheets/medicare-drug-price-negotiation-program-negotiated-prices-initial-price-applicability-year-2026>

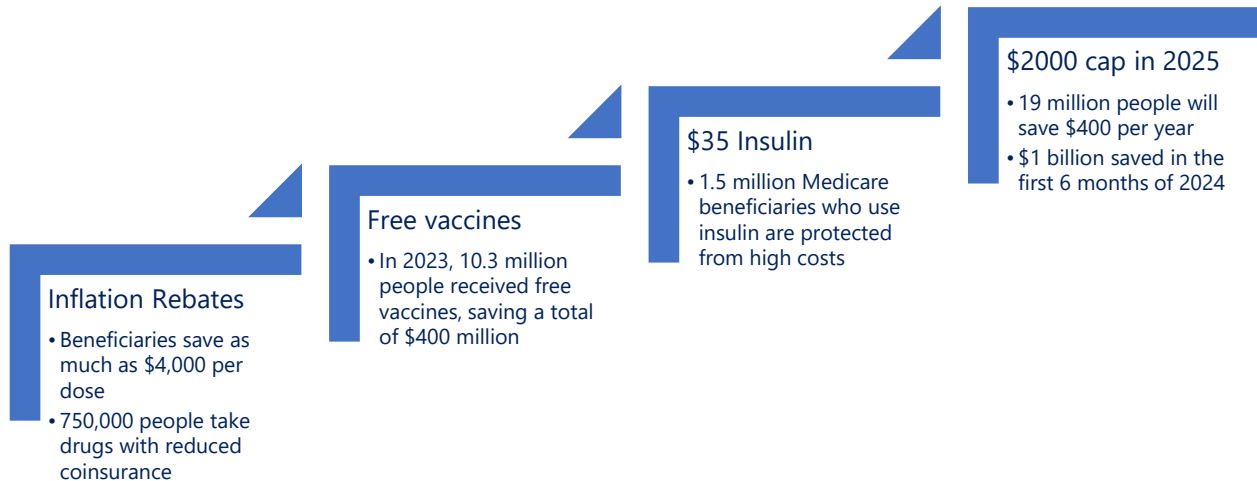
⁴ <https://aspe.hhs.gov/sites/default/files/documents/1b652899fb99dd7e6e0edebbcc917cc8/aspe-part-d-oop.pdf>

⁵ <https://www.hhs.gov/about/news/2024/10/22/biden-harris-administrations-inflation-reduction-act-saves-medicare-enrollees-nearly-1-billion-just-first-half-2024.html>

⁶ <https://aspe.hhs.gov/sites/default/files/documents/3854c8f172045f5e5a4e000d1928124d/part-d-covered-vaccines-no-cost-sharing.pdf>

take drugs that have had copays reduced under the law, and this provision can also help deter drug companies from raising prices in the first place.⁷

Figure 1.2. The provisions of the Inflation Reduction Act work together to make prescription drugs more affordable.



Moreover, these drug pricing provisions complement a wide variety of steps the Biden-Harris Administration has taken to lower costs for seniors and improve Medicare for beneficiaries. Hearing aids are now available over the counter, saving some people as much as \$3,000 per pair and providing significant breathing room for the nearly 30 million Americans with hearing loss.⁸ It's also easier to enroll in Medicare and the program continues to take steps to reward high-value care, support care coordination, and invest in services that help patients navigate their care.

⁷ <https://www.cms.gov/newsroom/press-releases/hhs-announces-cost-savings-64-prescription-drugs-thanks-medicare-rebate-program-established-biden>

⁸ <https://pmc.ncbi.nlm.nih.gov/articles/PMC3564588/>

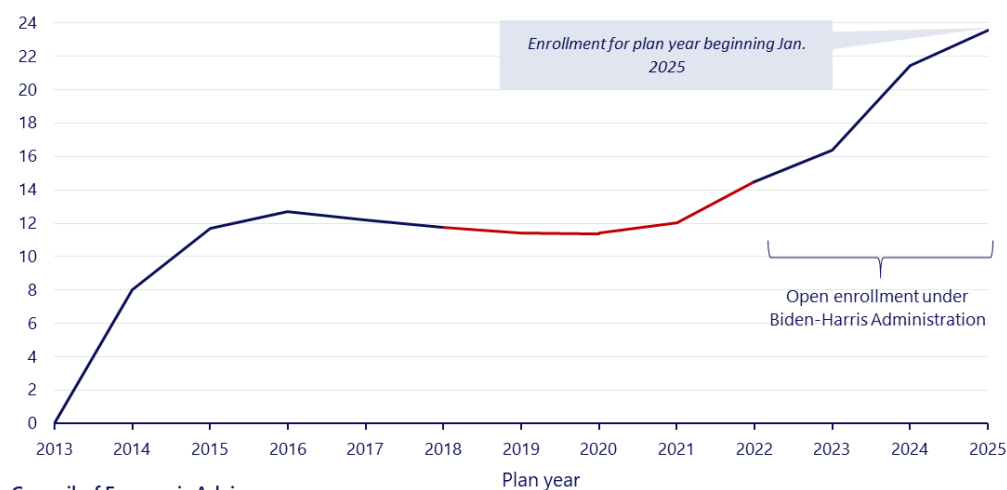
Chapter 2: Making Record Gains in Health Insurance Coverage

The Biden-Harris Administration achieved — and maintained — the lowest uninsured rate ever recorded.

The President believes that health care is a right, not a privilege, and since day one, he has delivered health care to millions more Americans while also lowering health care costs. Thanks to his work to expand access to coverage, more Americans have health insurance than ever before, and the rate of uninsured Americans has fallen by over 2 percentage points and reached all-time lows. The President continues to build on, strengthen, and protect Medicare, Medicaid, and the ACA, signing laws such as the American Rescue Plan Act (ARP) and the IRA to lower health insurance premiums and expand coverage. Today, Americans are also better protected against medical debt, surprise medical bills, and junk insurance.

Figure 2.1. Enrollment in the ACA Marketplace grew dramatically under the Biden-Harris Administration.

Number of individuals who selected a marketplace plan (millions)



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Sources: Centers for Medicare & Medicaid Services; Department of Health and Human Services.

Note: Data for each year denote plan selections during the open enrollment period for that plan year, which starts during the prior calendar year.

The open enrollment period for plan year 2025 is still in progress and the number here represents enrollments made through December 23, 2024.

Blue lines indicate plan years during which the open enrollment period started during a Democratic administration, and the red line indicates those during which the open enrollment period started during a Republican administration.

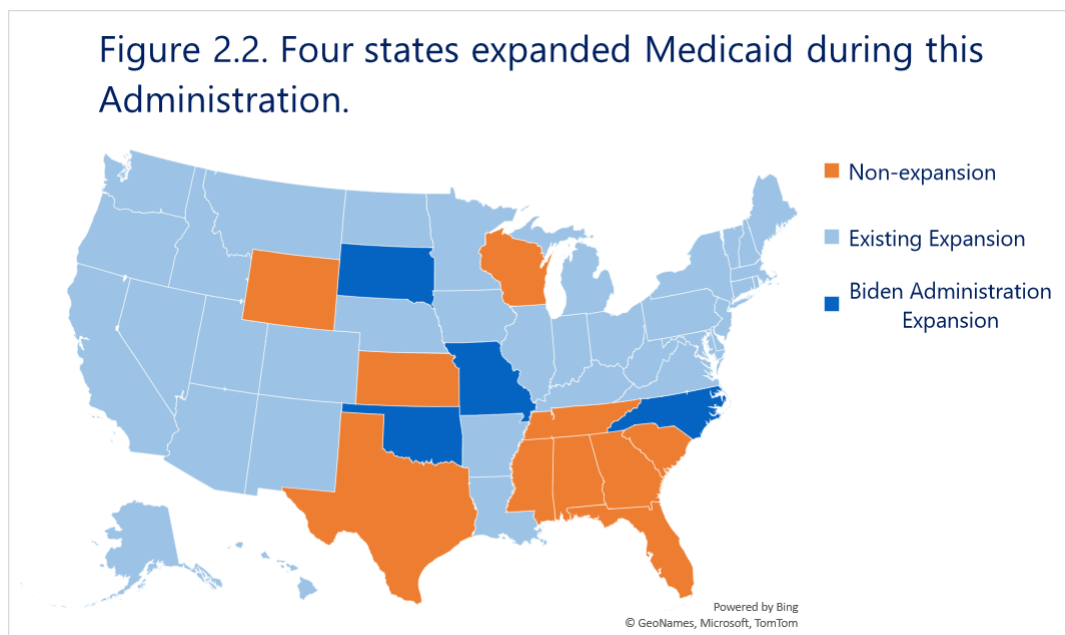
As of January 8, 2025 at 8:00am

To ensure Americans had access to health insurance during the historic COVID-19 pandemic, within days of taking office the Biden-Harris Administration immediately reopened HealthCare.gov for enrollment in affordable, quality health care on the ACA Marketplaces. Nearly three million Americans signed up for coverage during this special enrollment period, and the historic ACA Marketplace enrollment gains didn't stop there.⁹ For example, the Administration ended the "family glitch," making 5 million family members finally eligible for affordable ACA Marketplace coverage with about one million people projected to either gain coverage or have lower premiums. And — thanks to this

⁹ <https://www.hhs.gov/sites/default/files/2021-sep-final-enrollment-report.pdf>

Administration’s efforts to lower premiums by an average of \$800 per person per year, make it easier to sign up for coverage, and invest in outreach and enrollment assistance — Black and Latino enrollment has roughly tripled.¹⁰ As of the date of this report, Marketplace enrollment has broken yet another record, with nearly 24 million consumers signing up for ACA Marketplace coverage — nearly 12 million more than when the President took office.¹¹

The President is also committed to expanding and strengthening Medicaid. In his ARP, states newly expanding Medicaid are eligible for additional Medicaid funding. Under the President’s leadership, four states expanded Medicaid (Missouri, North



Carolina, Oklahoma, and South Dakota), expanding coverage to over one million people and bringing in more than \$2.9 billion in additional funding to help support hospitals and other Medicaid providers.¹² In 2024, more than 23 million Americans were enrolled in Medicaid expansion coverage, up from 16 million in 2020.¹³ Consistent with these gains, the number of Americans with enrollment in the ACA (whether the Marketplace or Medicaid expansion) has consistently grown, reaching 45 million in 2024. This is part of the over 79 million children and adults enrolled in Medicaid and the Children’s Health Insurance Program — over 8 million more than before the COVID-19 pandemic.¹⁴

¹⁰ <https://aspe.hhs.gov/sites/default/files/documents/7f692cf92e773414b632cb408394b21d/race-ethnicity-marketplace-2024-oep-ib.pdf>

¹¹ <https://www.cms.gov/files/document/health-insurance-exchanges-2024-open-enrollment-report-final.pdf>

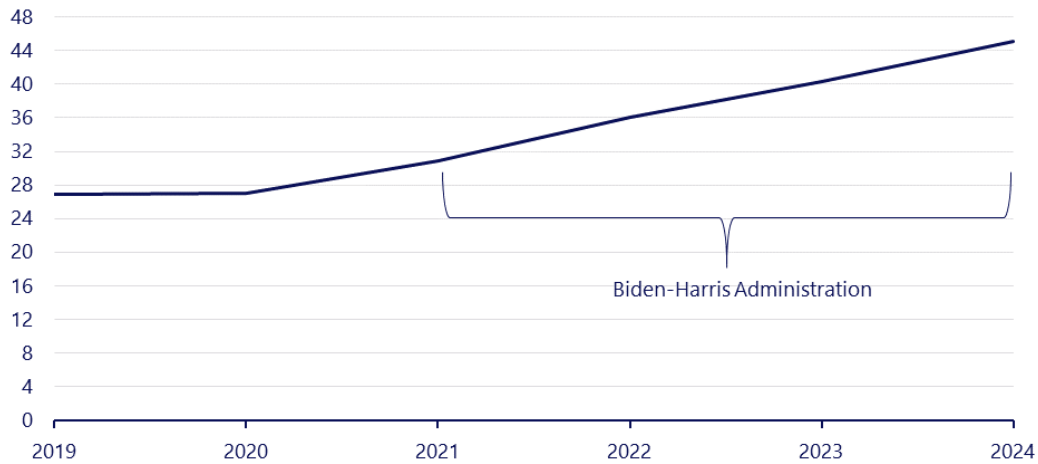
¹² <https://www.medicaid.gov/state-resource-center/downloads/allstatecall-20210330.pdf>

¹³ <https://aspe.hhs.gov/sites/default/files/documents/a6589500bb65294dec49d174c6ea84c1/aspe-health-coverage-under-aca.pdf>

¹⁴ <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/sepember-2024-medicaid-chip-enrollment-trend-snapshot.pdf>

Figure 2.3. Today the ACA serves more than 45 million Americans.

Number of individuals enrolled in ACA-related coverage



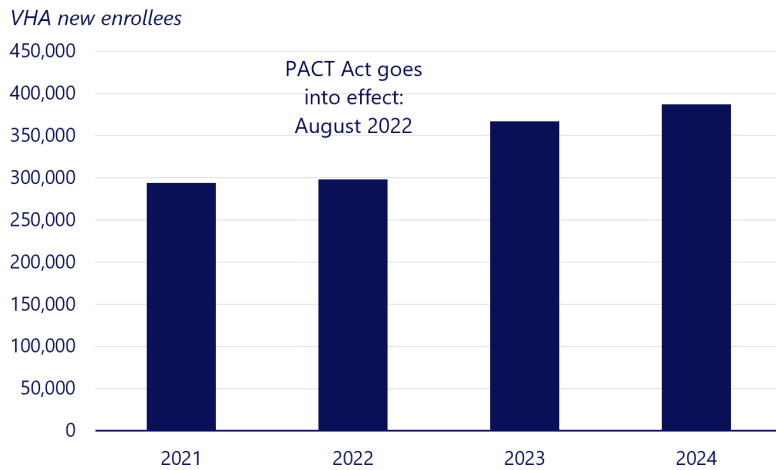
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Sources: Department of Health and Human Services.

Note: Data for each year denote enrollment in the Marketplace, Medicaid expansion eligibility group, and Basic Health Program.

In addition, the Biden-Harris Administration has cut unnecessary red tape to not only make it easier for people to apply for and renew their Medicaid coverage, including low-income seniors who are eligible for both Medicare and Medicaid, but also for states to process these applications, helping them save time and money on administrative costs. The Administration has also strengthened access to care standards by making sure people can get the care they need when they need it, including for the majority of Medicaid beneficiaries enrolled in private managed care plans. Finally, the Biden-Harris Administration has taken steps to improve the quality of long-term care for both Medicaid and Medicare enrollees by investing in family caregivers, and for the first time ever, establishing new minimum staffing standards in nursing homes as well requirements to make sure that home care workers get a bigger share of Medicaid payments.

Figure 2.4. VA health care serves more veterans.



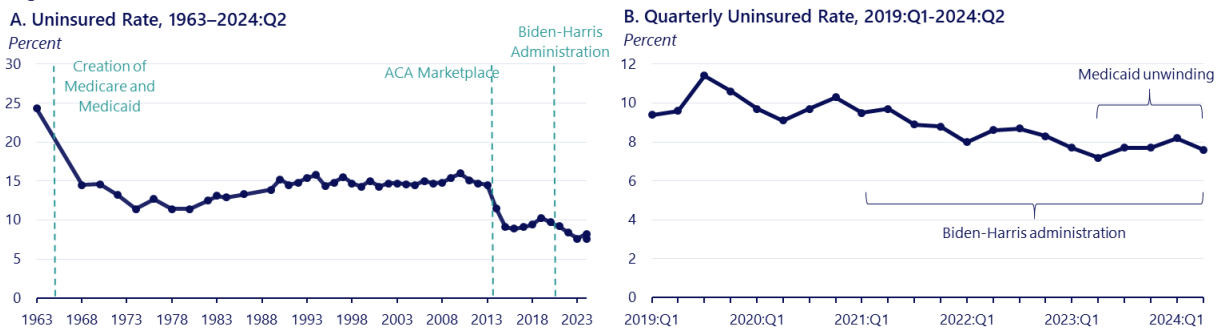
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 Sources: U.S. Department of Veteran Affairs; CEA calculations.
 As of January 8, 2025 at 8:00am.

Ensuring access to world-class health care for our nation’s 18 million veterans has also been a priority. Due in large part to their military service, veterans are at higher risk of health-related morbidity than their non-veteran peers. And, studies consistently show that veterans who receive health care from VA have better outcomes and report higher satisfaction than those who receive care at non-VA facilities. To ensure more veterans can get access to world-class health care at VA,

the Administration leveraged the authorities provided in the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act, to expand the number of veterans eligible to enroll in VA health care. As a result, new enrollments in VA health care have risen since 2021.

Thanks to these coverage expansions, more Americans have health insurance than ever before. The uninsured rate has dropped by over two percentage points since the President took office (7.6 percent in the second quarter of 2024 compared to 9.7 percent in 2020), reaching all-time historic lows. Following the end of the COVID-19 pandemic, the Administration has overseen an unprecedented Medicaid coverage renewal process that has helped ensure minimal coverage loss as demonstrated by a stable uninsured rate over the last year and a half.

Figure 2.5. Under the Biden-Harris Administration, the uninsured rate reached historic lows.



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 Sources: National Health Interview Survey (NHIS); Baicker, Chandra, and Shepard (2023).
 Note: Survey respondents are defined as uninsured if they did not have health insurance coverage, or only had Indian Health Service coverage, at the time of interview. Data from 1963 to 2016 come from Baicker, Chandra, and Shepard (2023), and 2017 onward come from the NHIS. Data for 2024 are quarterly. Data for earlier years are generally either annual or biannual.
 As of January 8, 2025 at 8:00am.

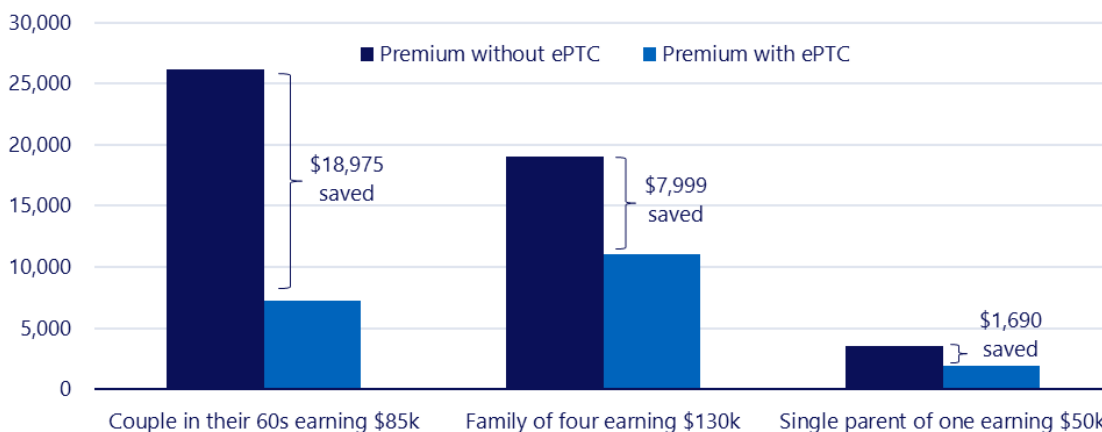
Yet, these coverage gains are at risk. Lower health insurance premiums under the ARP and IRA — saving people \$800 a year, so that 80 percent of consumers can find a health plan for \$10 or less a month — have been a driving force in the record-breaking ACA enrollment under this Administration. But Congress could take this away at the end of 2025, causing

If Congress refuses to extend the IRA's premium tax credits, **3-5 million people will become uninsured**, taking our health care system backward.

premiums to spike for millions of people by refusing to extend the IRA's enhanced premium tax credits. For some families, the results would be catastrophic: A couple in their sixties could see their health insurance premiums *quadruple* at a time of life when access to preventive care is essential. If that is allowed to happen, 3-5 million people will become uninsured, taking our health care system backward.¹⁵

Figure 2.6. Premiums will increase sharply if Congress takes away savings.

Annual premium for Silver plan (dollars)



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Sources: KFF; CEA calculations.

Note: Estimates are based on KFF's calculator that estimates Marketplace premiums with and without enhanced Premium Tax Credits (ePTCs). The 61-year-old couple is at 416% of the federal poverty level (FPL), the family of four (two 40-year-olds, an 8-year-old, and a 10-year-old) are at 417% FPL, and the 35-year-old single parent of a 6-year-old is at 245% FPL. Based on their income, the children in the family of four would be ineligible for coverage under Medicaid/CHIP in all states, and the child of the single parent would be ineligible in 21 states. The individuals in these scenarios are assumed to be non-tobacco users.

As of January 8, 2025 at 8:00am.

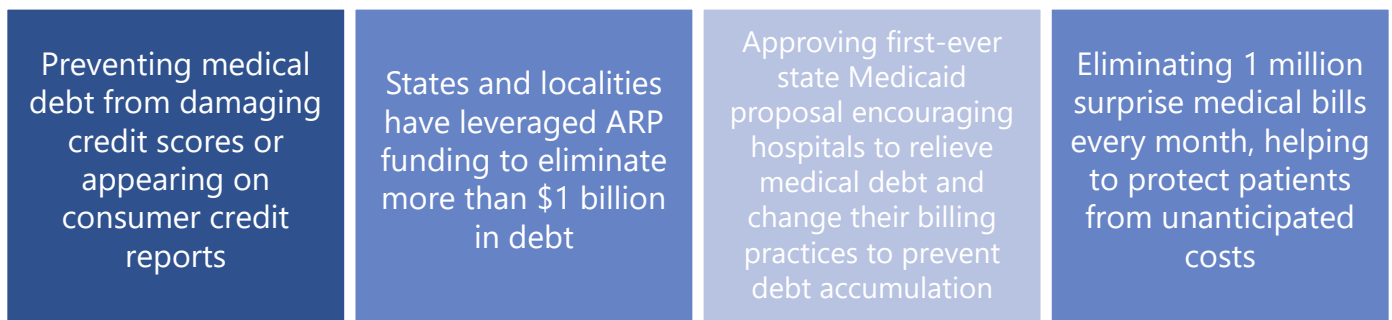
Expanding coverage is just one part of the Biden-Harris Administration's work to make health care more affordable. To address the burden of medical debt, the Administration finalized a rule that will remove medical debt from consumer credit reports, raising the credit scores of more than 15 million Americans by an average of 20 points. States and

¹⁵ <https://www.urban.org/urban-wire/four-million-people-will-lose-health-insurance-if-premium-tax-credit-enhancements-expire>; <https://www.cbo.gov/system/files/2024-12/59230-ARPA.pdf>; <https://www.oliverwyman.com/content/dam/oliver-wyman/v2/publications/2024/oct/enhanced-premium-tax-credits-October-2024.pdf>

localities have also leveraged ARP funds to eliminate more than \$1 billion in medical debt to date. And to transform the system for the long term, following a call-to-action from President Biden and Vice President Harris, the U.S. Department of Health and Human Services (HHS) approved an innovative North Carolina program that has encouraged hospitals to relieve debt for nearly 2 million North Carolinians and change their billing practices to prevent the accumulation of medical debt in the first place.

In addition to reducing medical debt for millions of Americans, the Administration has helped prevent more than one million surprise medical bills each month and has protected consumers from junk insurance that can leave people on the hook for high medical costs when they need it the most.

Figure 2.7. The Administration took action to reduce the burden of medical debt.



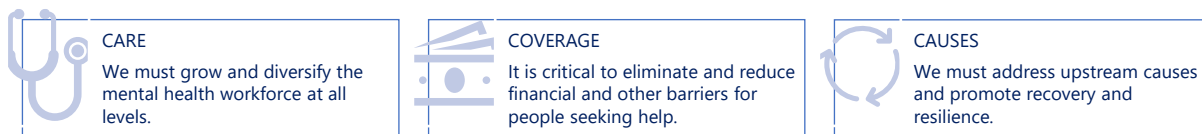
Chapter 3: Addressing Mental Health and Substance Use Crisis

Overdose deaths are finally starting to decline for the first time in a decade as we work to comprehensively address behavioral health.

Currently, the United States is experiencing a mental health and substance use crisis. The crisis is impacting children and adults nationwide and across demographics.¹⁶ Almost 23 percent of adults — nearly 60 million people — have experienced a mental illness.¹⁷ Five percent of adults had serious thoughts of suicide.¹⁸ Unfortunately, however, when the President took office too few with mental health or substance use conditions could get the care they need.

To address this crisis, President Biden put forward in his first State of the Union a comprehensive plan to tackle our mental health crisis and called for a major transformation in how mental health is understood, accessed, treated, and integrated — in and out of health care settings. The President’s strategy has focused on three core pillars: Care, Coverage, and Causes.

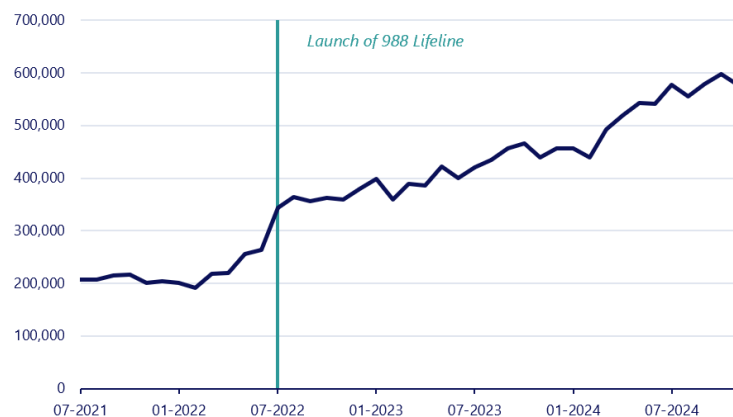
Figure 3.1. The White House Strategy to Address Our National Mental Health Crisis.



More Care. America needs more capacity to deliver behavioral health care — therapists, psychiatrists, crisis response services, residential treatment programs, and more. A cornerstone of the Administration’s work to build a robust crisis services continuum of care was the transition to the 988 Lifeline. This new three digit, easy to remember number has made it easier for individuals experiencing emotional distress and acute suicidal crisis to get immediate, confidential care.

Figure 3.2. The 988 Lifeline has responded to over 13 million contacts from people in crisis.

Number of answered contacts, July 2021 to November 2024



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Sources: Substance Abuse and Mental Health Services Administration and Veterans Affairs; CEA calculations.
Note: Counts include all answered contacts to the 988 Lifeline Routed Network starting on July 16, 2022 and to the 10-digit National Suicide Prevention Line (NSPL) prior to this date. For all phone calls answered by the Veterans Crisis Line through 988 or NSPL, press 1 are also included.
As of January 8, 2025 at 8:00am.

¹⁶ <https://www.samhsa.gov/newsroom/press-announcements/20240730/samhsa-releases-annual-national-survey-drug-use-and-health>

¹⁷ <https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>

¹⁸ <https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>

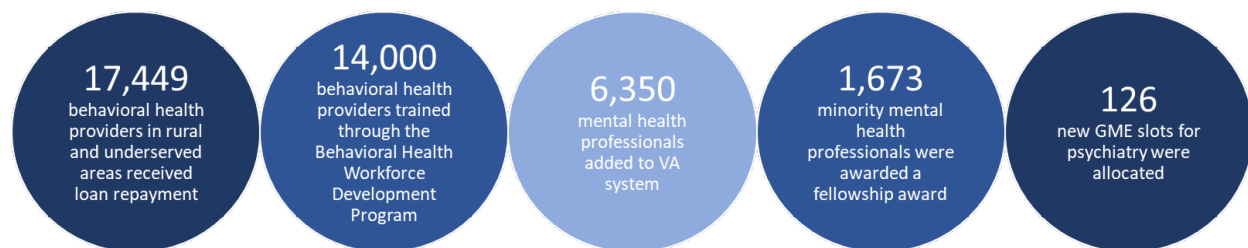
Since its launch, 988 responders have answered more than 13 million calls, chats, and texts.

We added more than 140 new Certified Community Behavioral Health Clinics. These clinics offer a range of behavioral health services, including care 24/7 to those in crisis. Thanks to the Bipartisan Safer Communities Act, the Administration has expanded the opportunity for all states to participate in the Medicaid Demonstration that funds these clinics. Twenty-one states and DC are now using Medicaid to cover mobile crisis response services, bringing trained mental health professionals to people in crisis.

The Administration also meaningfully expanded access to behavioral health services in the Medicare program by increasing the types of providers that can provide reimbursable services such as mental health counselors and family therapists; created new codes for chronic pain management, crisis, and suicide prevention services; expanded opioid treatment programs in inpatient and outpatient settings; and increased reimbursement for behavioral health services overall.

Yet far too many Americans still live in a mental health professional shortage area. To help grow and diversify the mental health workforce, the Administration made record level investments in programs that provide training, tuition assistance, and loan repayment, adding tens of thousands of new providers to help address the mental health crisis.¹⁹

Figure 3.3. Biden-Harris Administration investments are training and hiring more mental health professionals.



More Coverage. In addition to expanding the workforce, we must break down barriers related to cost and coverage that keep people from accessing care. Since the 2008 enactment of the Mental Health Parity and Addiction Equity Act (MHPAEA), robust access to mental health care has been a bipartisan priority. But, despite this landmark law, too many Americans still struggle to find and afford the care they need. In 2020, less than half of people with mental illness received treatment.²⁰ That's in part because insurers too often make it difficult to access mental health treatment, causing millions of consumers to have high out-of-pocket costs because they go out-of-network, or defer care

¹⁹ <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/direct-graduate-medical-education-dgme>

²⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9938503/>

altogether.²¹ One study shows that insured people are nearly four times as likely go out-of-network and pay higher fees for mental health care than for physical health care.²² And the problem has been getting worse: In recent years, the gap between usage of out-of-network care for mental health and substance use disorder benefits versus physical health benefits increased 85 percent.²³

That is why, in September 2024, the Administration finalized new rules to strengthen parity and hold insurers accountable for covering mental health and substance use benefits on par with other medical benefits while at the same time lowering mental health care costs for the over 175 million Americans with private insurance. Health plans will now need to make changes if they're providing inadequate access, and they can no longer use more restrictive prior authorization, other medical management techniques, or narrower networks to make it harder for people to access mental health and substance use disorder benefits than their medical benefits. To address inequities in access, health plans may need to increase reimbursement rates for mental health and substance use services to encourage more provider participation in their networks, which will also help motivate more people to pursue careers in behavioral health, helping to address the workforce shortages that make it difficult for people to find help.

Richelle from Virginia explained: "We discovered [our daughter] needed a specialized therapist. I searched for one with the expertise my daughter needed — who was also in our insurance network. There was no one. We finally found an out-of-network specialist, but she was expensive. After several visits, knowing how costly it was for us, she did something extraordinary — she offered to join our health plan's network. I just needed insurance to agree.... I submitted all the right forms. I was hopeful. Then the dreaded response: Denied. I appealed. Denied again. I asked — what more did I need to do?"

To address the youth mental health crisis, the Administration made it easier for schools to bill Medicaid to deliver health services, including mental health services to kids in school. The Bipartisan Safer Communities Act also invested \$1 billion to help train and hire more school-based mental health professionals. Awards made to date are expected to produce more than 16,000 new school psychologists and counselors.

More Focus on Causes. The President's strategy also called for increased attention to the root causes of mental health and substance use problems. This included a specific focus on reducing exposure to gun violence and holding technology and social media companies accountable for protecting kids' online health, privacy, and safety. The Administration also

²¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8128060/>

²² <https://dpjh8a19zd3a4.cloudfront.net/publication/behavioral-health-parity-pervasive-disparities-access-network-care-continue/fulltext.pdf>

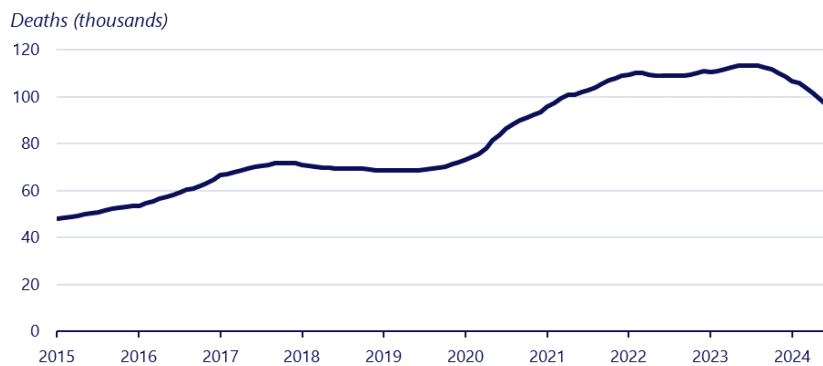
²³ https://assets.milliman.com/ektron/Addiction_and_mental_health_vs_physical_health_Widening_disparities_in_network_use_and_provider_reimbursement.pdf

made significant investments in reducing other adverse childhood experiences and worked to increase access to mental health support for individuals during vulnerable transitions, including during re-entry from jails and prisons.

The strategy is working. As a result of these combined efforts, more Americans are now accessing the mental health and substance use care they need. From 2019 to 2023, the percentage of adults that received any mental health treatment in the past year increased from 19.2 percent to 23.9 percent.²⁴

Addressing the Overdose and Opioid Epidemic. President Biden made addressing the overdose epidemic a top priority of his Administration, taking historic actions and making unprecedented investments to save lives. When he took office, overdose deaths were rising by 31 percent annually. Recent data from HHS show a 17 percent reduction in overdose deaths in the 12 months ending July 2024 compared to the year prior — the largest decline in U.S. history.²⁵ This progress is no accident. The Biden-Harris Administration invested \$167.2 billion to beat the opioid crisis — a 20.6 percent increase over the previous administration — resulting in significant progress in saving lives and reducing overdose deaths.

Figure 3.4. Too many lives are lost, but deaths from overdose have finally begun to decline.



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Sources: National Center for Health Statistics; CEA calculations.

Note: Numbers are predicted provisional overdose deaths in the 12 preceding months.

As of January 8, 2025 at 8:00am.

President Biden expanded prevention efforts, including by launching the *Real Deal on Fentanyl* campaign and investing \$426 million in the Drug-Free Communities (DFC) Support Program to strengthen community-led, evidence-based efforts to prevent youth substance use in every state.

The Administration cut red tape and increased the number of health care providers authorized to prescribe buprenorphine from 129,000 to 1.8 million. It also made COVID-era flexibilities permanent, allowing patients to receive take-home doses of methadone and

²⁴ <https://www.cdc.gov/mmwr/volumes/73/wr/mm7350a5.htm>

²⁵ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

enabling the initiation of opioid use disorder treatment through telehealth technologies. Also, the Administration lifted a 17-year moratorium on mobile methadone vans, improving medication access in rural and underserved areas.

President Biden also increased harm reduction measures. The Administration approved opioid overdose reversal medications like naloxone for over-the-counter purchase for the first time ever, and delivered nearly 10 million opioid overdose reversal medication kits through historic investments in the State Opioid Response and Tribal Opioid Response programs. States also can now use these funds to provide opioid overdose reversal and treatment medications to individuals in carceral settings. Moreover, the White House Challenge to Save Lives from Overdose has mobilized over 270 organizations, such as Amazon and Major League Baseball, to increase naloxone access nationwide.

Chapter 4: Tackling the Maternal Health Crisis, Improving Public Health, and Preventing Disease

The Biden-Harris Administration confronted the crisis in maternal health and is finally holding our system accountable for delivering better results. The Administration has also improved access to healthy food, catapulted a Food Is Medicine movement, modernized an antiquated organ transplant system, bolstered the health care workforce, reduced use of e-cigarettes by children, and accelerated HIV prevention.

Tackling the Maternal Health Crisis. For far too many American women, complications related to pregnancy, childbirth, and postpartum can lead to devastating health outcomes — including hundreds of deaths each year. Our nation has one of the highest maternal mortality rates of any wealthy country in the world and each year more than 50,000 women experience unexpected complications of pregnancy, including behavioral health issues, severe heart issues, the need for blood transfusions, and blood infections. These instances of severe maternal morbidity can have short and long-term consequences for those giving birth, which may impact future pregnancies and health outcomes for women, their children, and their families. This maternal health crisis is particularly devastating for Black women, Native American women, and women in rural communities who all experience maternal mortality and morbidity at significantly higher rates. That is why President Biden and Vice President Harris have worked to address this crisis with the urgency it demands.

Figure 4.1. The White House Blueprint for Addressing the Maternal Health Crisis.



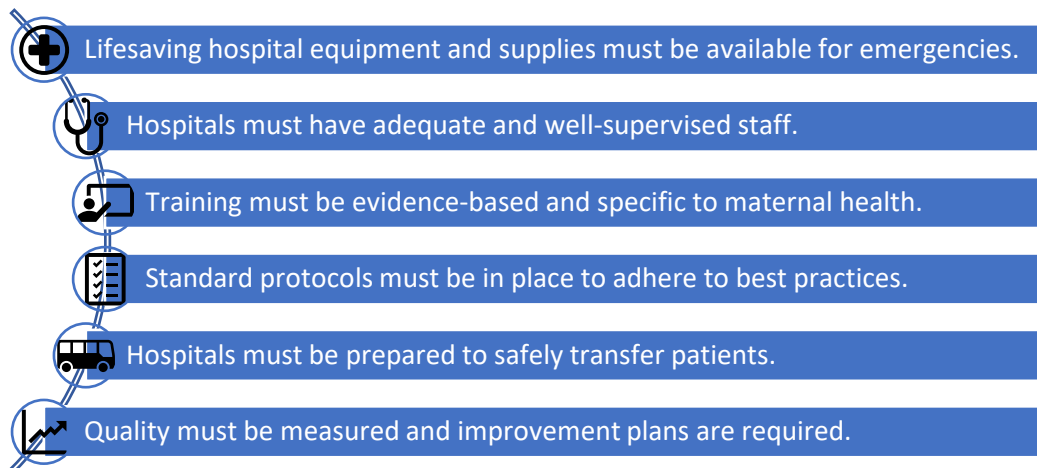
In June 2022, Vice President Harris announced the Biden-Harris Administration’s Blueprint for Addressing the Maternal Health Crisis,²⁶ a whole-of-government effort to combat maternal mortality and morbidity. Its focus has been on reducing disparities in maternal health outcomes and improving the overall experience of pregnancy, birth, and postpartum for all women in the United States.

Since the Blueprint was released, the Biden-Harris Administration has made significant strides in improving maternal health for

²⁶ <https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf>

women across the country. For the first time ever, we created baseline federal health and safety requirements for maternal emergency and obstetric services in hospitals that establish clear minimum standards for care. For example, hospitals now must have basic equipment for treating patients in obstetric units (e.g., a call-in system, cardiac monitor, and fetal monitor) and other life-saving equipment and protocols in their emergency departments to meet the needs of obstetric patients that may come in. Hospitals must also have the necessary medications and other supplies on hand. Staff must receive training on evidence-based maternal health best practices in order to improve services delivered not just within obstetrical services, but in emergency departments and on patient transfers. Emergency and obstetric services must also have evidence-based protocols to ensure services are provided in accordance with nationally-recognized standards of care. And hospitals must also have written policies and procedures for transferring patients under their care. If, for example, a rural hospital does not have an Obstetrics and Gynecology (OB/GYN) unit, they must have protocols in place to transfer a pregnant woman if she needs OB/GYN care.

Figure 4.2. New standards for hospitals to protect moms and babies.



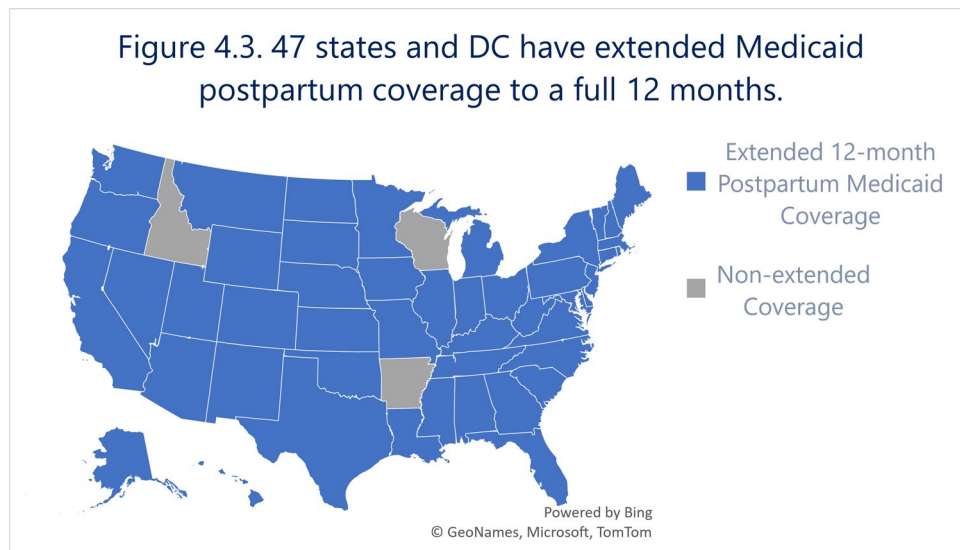
In addition, we also created a publicly-reported, public-facing hospital designation on the quality and safety of maternity care. This is the first-ever hospital quality designation by HHS that specifically focuses on maternal health and tells women and families which hospitals meet certain benchmarks for maternity care. Now, over 2,000 facilities are considered “Birthing Friendly” and women can easily search for the “Birthing Friendly” logo, pictured here, on the Centers for Medicare & Medicaid Services (CMS) Care Compare website and in many private health plan directories to see which hospitals and plans participate.²⁷ Fifteen states are now participating in a CMS innovation model, which aims to reduce disparities in maternal



²⁷ <https://data.cms.gov/provider-data/birthing-friendly-hospitals-and-health-systems>

health care access and treatment, improve outcomes and experiences for mothers and their newborns, and reduce overall Medicaid program expenditures.²⁸

We also improved Medicaid. Historically, states have only been required to offer mothers Medicaid coverage for 2 months postpartum. President Biden signed legislation allowing states to extend this to a full year, and Vice President Harris called on states to take up the option. To date, the Biden-Harris Administration has approved postpartum extensions in 47 states plus D.C. and the U.S. Virgin Islands, providing life-saving coverage in a critical time period for hundreds of thousands of new moms.²⁹ And we encouraged states to cover doula services, and, as a result, several states now cover them in their Medicaid program.



We also launched new programs and expanded existing ones to grow and diversify the maternal health workforce, from obstetricians/gynecologists, nurse practitioners, and nurse midwives to doulas, community health workers, and lactation counselors and expanded the number practicing in maternal health deserts, including rural areas. To further address behavioral health issues, we trained approximately 2,000 maternity care providers to screen, assess, treat, and refer for maternal mental health and substance use disorders so that pregnant and postpartum women can get the care they need when they need it. We also doubled the federal investment (to \$800 million) in maternal home visiting services, which provide hands-on, in-home support for pregnant women and their families from trained providers.

The Administration also made resources available for all 50 states, up from 39, to have a Maternal Mortality Review Committee (MMRC); MMRCs are state-level groups that review deaths that occur during or within 1 year of a pregnancy and make recommendations on how to prevent future deaths. We also protected pregnant workers and nursing women while on the job. In 2022, President Biden signed into law the Pregnant Workers Fairness

²⁸ <https://www.cms.gov/priorities/innovation/innovation-models/transforming-maternal-health-tmah-model>

²⁹ <https://www.medicaid.gov/medicaid/quality-of-care/downloads/map-states-that-have-extended-postpartum-coverage.png>

Act (PWFA) and the Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act, which are now in effect. PWFA helps millions of pregnant women by ensuring that employers make reasonable accommodations for them in the workplace, such as additional breaks to drink water, eat, or use the restroom; a stool to sit on while working; and/or time off for health care appointments. The PUMP Act extends protections for reasonable break time and private space to express breast milk to nine million additional nursing workers.

Nicole, who suffered from postpartum depression and is now a counselor for the National Maternal Mental Health Hotline, noted: “My wish for other moms, especially for women of color, is to not let the stigma of depression, anxiety, or any type of mental health label keep you from getting the help that you need.” She continued: “If you want someone to talk to, reach out to the Hotline. The counselors will be able to speak with you, listen to your concerns, and share resources. You don’t have to have a diagnosed mental health condition to call the Hotline. We are there for pregnant and parenting people, their loved ones, their family members.”

Given that the most common complication from pregnancy and birth are behavioral health issues (e.g., postpartum depression), we launched the National Maternal Mental Health Hotline (1-833-TLC-MAMA), which has connected more than 50,000 new moms and their families with free, confidential, and immediate support, resources, and referrals. The hotline has professional counselors available 24/7 by phone or text, in English and Spanish, and with interpreter services available in 60 languages.

In addition, we modernized the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to better serve mothers and babies. After a \$390 million investment from the ARP, it is easier to apply for and receive WIC. WIC benefits now align with the latest nutrition science to promote healthy maternal and child outcomes, increase access to fruits and vegetables, allow more flexibility to meet special dietary needs, and provide more support for individual breastfeeding goals. These changes, taken together, have resulted in 400,000 more people with WIC benefits. We also invested in research given the need to better understand how to reduce pregnancy-related complications. Now, there are 12 Maternal Health Research Centers of Excellence and the first-ever Maternal Health Research Collaborative for Minority-Serving Institutions, which spans 16 schools and focuses on research that addresses persistent maternal health disparities and how to address them.

Improving Public Health, and Preventing Disease. The Biden-Harris Administration has also worked to protect public health by working to end hunger, preventing and treating chronic disease throughout the lifespan, modernizing an antiquated organ transplant system,

strengthening the health care workforce, reducing youth e-cigarette use, and laying out a vision to end the HIV epidemic by 2030.

Approximately 1 in 7 households experience food insecurity, meaning their access to food is limited by lack of money or other resources.³⁰ Diet-related diseases are the leading causes of cardiovascular disease, type 2 diabetes, obesity, cancer, and obesity — all of which are major causes of death and disability in the U.S. In fact, one in 10 Americans have diabetes.³¹ At least one in 3 people will have cancer in their lifetime.³² And, more than 4 in 10 Americans have hypertension (high blood pressure),³³ which is linked to the leading causes of death for Americans: heart disease.³⁴

President Biden set a bold goal of ending hunger and reducing diet-related diseases in the U.S. by 2030, all while reducing disparities, and his Administration has made significant progress toward that goal. The President released a National Strategy,³⁵ convened the first White House Conference on Hunger, Nutrition, and Health in over 50 years, and galvanized over \$10 billion in external commitments.³⁶ The Administration has also increased access to healthy food by finalizing a rule that makes school meals more nutritious, including the first-ever added sugar standard in school meals, and reducing sodium in foods and beverages. The expansion of the Child Tax Credit (CTC) through the ARP in 2021 helped cut child poverty nearly in half, reduced food insecurity by roughly 26 percent, and led to the lowest share of households with children that were food insecure on record. The Administration has also provided a low-income family of four with \$2,000 more to spend on groceries through the Thrifty Food Plan update — lifting an estimated 2.3 million people out of poverty, including nearly one million children — and the new SUN Bucks program, which provided nearly 21 million children with \$120 in grocery benefits for the summer in 2024.³⁷

We have also spurred a Food Is Medicine movement, catapulting efforts to prevent, manage, and treat diet-related disease and promote health and wellbeing through food and nutrition. For example, more insurers and health systems are now screening patients for health-related social needs such as food insecurity and access to transportation, offering produce prescriptions, medically-tailored meals, nutrition coaching, and other nutrition services for illnesses like diabetes and heart disease. Several state Medicaid programs have

³⁰ <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/>

³¹ <https://www.cdc.gov/diabetes/communication-resources/diabetes-statistics.html>

³² <https://www.cancer.gov/about-cancer/understanding/statistics>

³³ <https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/index.html>

³⁴ <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

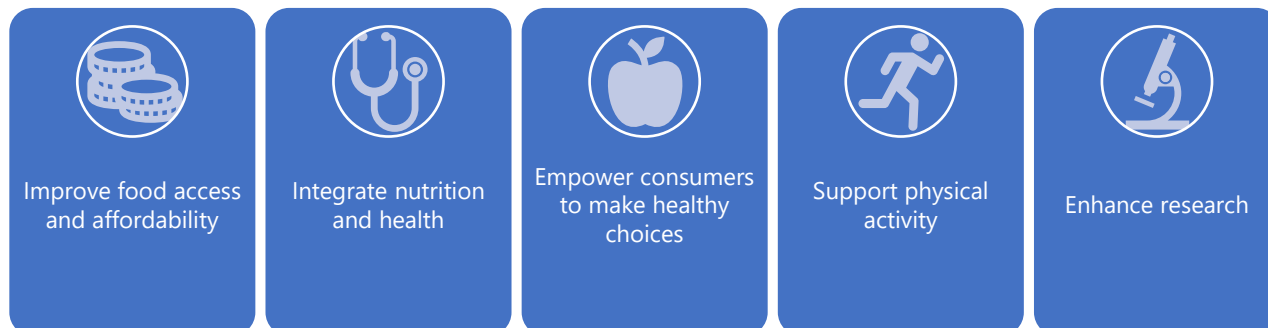
³⁵ <https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf>

³⁶ <https://www.cdcfoundation.org/blog/coming-together-address-hunger-and-support-healthy-communities>

³⁷ https://www.cbpp.org/research/food-assistance/usda-announces-important-snap-benefit-modernization#_ftn15; <https://www.urban.org/research/publication/effect-reevaluated-thrifty-food-plan-and-emergency-allotments-supplemental>; <https://www.fns.usda.gov/news-item/usda-0002.24>

had waivers approved to provide medically tailored meals, nutrition counseling, and other nutrition-related services to individuals with Medicaid.³⁸

Figure 4.4. The White House National Strategy on Hunger, Nutrition, and Health.



Food companies have reduced the sodium they have in their products, based partly on sodium guidelines that Food and Drug Administration (FDA) issued to industry to slowly reduce the amount of salt in food products. Already we have seen 40 percent of the targets set for foods, including restaurant foods, met or nearly met. Americans will also be better informed about what is in their foods and beverages as the Administration updated the criteria for when foods and beverages can use the term “healthy,” which had not been updated since the 1990s. Consumers will now know that when something says “healthy” on its label, it meets certain nutritional criteria. And eventually, consumers will be able to spot quickly which products are good for them, as the Administration intends to propose a mandatory label on the front of foods and beverages with nutrition information that helps consumers make more informed choices before the end of the term.

And with nursing and other health care provider shortages persisting, we significantly invested in the health care workforce. These investments led to a historic high of more than 22,000 individuals participating in workforce programs such as the National Health Service Corps and Nurse Corps, where primary care providers receive scholarships and loan repayment in return for practicing in rural and other underserved communities. In addition to a more than \$3 billion investment in public health departments across the country to expand staff and strengthen core capabilities, the Administration also launched Public Health AmeriCorps, enabling more than 5,000 AmeriCorps members to add much-needed capacity to health departments, schools, and community-based organizations. Investments by the Administration also placed more than 60,000 community health workers, peer support specialists, and patient navigators in communities across the country.

We also took historic action to reduce e-cigarette use by American children to a record low and modernize the nation’s organ transplant system to help the more than 100,000 people

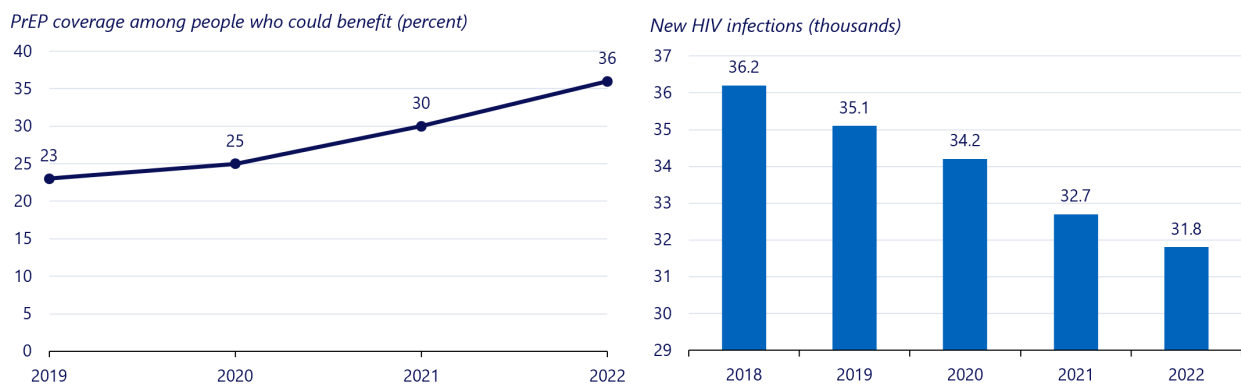
³⁸ <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/#Table3>

on the waitlist for a lifesaving organ. Youth e-cigarette use is at its lowest level in a decade, falling from 13 percent (or 3.6 million) of high school and middle schoolers in 2020 to 6 percent, or 1.6 million in 2024. This is, in large part, due to significant enforcement action — through warning letters, civil monetary penalties, and seizure of illegal products at the border — that the Administration has taken. These actions ensure e-cigarettes not authorized by the FDA, especially those that appeal to children, are not on the market. And, after 40 years of the status quo, we secured the first legislative reforms to the nation’s organ transplant system in years, dramatically increased annual appropriations, strengthened oversight, developed a separate Board of Directors to remove conflicts of interest and better serve patients and families, and for the first time ever, broke up a decades-long monopoly so that multiple vendors can support the system’s operations.

The Biden-Harris Administration has also continued the fight against HIV. In his first year in office, President Biden launched a bold and comprehensive National HIV/AIDS Strategy, setting the U.S. on a path to end the HIV epidemic by 2030. The updated strategy has driven significant progress by reducing new HIV infections, improving health outcomes for people with HIV, addressing key social determinants of health, and advancing equity through community-driven partnerships, research investments, and policy reforms.

This Administration committed to expanding access to HIV prevention medications, including long-acting injectable pre-exposure prophylaxis (PrEP). A new Centers for Disease Control and Prevention pilot program, expanded coverage in Medicare with no cost-sharing, and clearer guidance for private insurance plans are driving change. As of 2022, 34 percent of people who could benefit from PrEP were prescribed this medication, up from 25 percent in 2020.³⁹

Figure 4.5. PrEP use is up and new HIV infections are down.



Council of Economic Advisers
 Source: Centers for Disease Control and Prevention.
 As of January 8, 2025 at 8:00am.

New investments in the Ryan White HIV/AIDS Program have allowed grantees to achieve a record high 91 percent rate of viral suppression among their clients. New funding is supporting housing opportunities for people with HIV. This Administration has also taken

³⁹ <https://www.cdc.gov/nchhstp/director-letters/expanding-prep-coverage.html>

significant steps to combat HIV-related stigma and ensure equal treatment for those living with and impacted by HIV by ending a discriminatory ban on blood donation by gay and bisexual men, promulgating rules to prohibit discrimination based on disability, and enforcing federal civil rights protections.

The strategy is working. HIV incidence has declined, driven by a 30 percent decline among youth ages 13-24, and new HIV infections are falling in target populations.⁴⁰ Additionally, the HIV-related death rate fell by 25 percent, underscoring the effectiveness of early diagnosis, care, and treatment efforts.⁴¹

⁴⁰ <https://www.cdc.gov/hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html>

⁴¹ <https://www.cdc.gov/nchhstp/director-letters/cdc-publishes-new-hiv-surveillance-reports.html>