Joseph R. Biden, Jr. was sworn in as the 46th President of the United States on Wednesday, January 20, 2021, along with Vice President Kamala D. Harris, the first Black, Asian, and woman to hold the position. This change in leadership will likely offer a change in the landscape of healthcare for at least the next 4 years.

President Biden has already proven to have a very different approach to healthcare than his predecessor. While the President does not have a universal healthcare platform, he has been vocal in his campaigning about the expansion of the Affordable Care Act (ACA), lowering the age of Medicare eligibility, removing the waiting periods for Medicaid and Children’s Health Insurance Program (CHIP), allowing for government-negotiated drug prices, and capping the out-of-pocket drug costs for Medicare patients. President Biden has also assembled and presented a third stimulus plan worth $1.9 trillion. This proposed plan includes a $1400 check to individuals and families, raising the federal minimum wage to $15, and $160 billion in funding for a national vaccination program, expanded testing, and other steps to fight COVID-19.

Beyond legislation, President Biden is likely to appoint liberal judges to court positions and has already begun the process of nominating what will likely be the most diverse Cabinet of all time.

What will be most interesting to see, will be the support that he gets from Congress during his time in office. For his first 2 years, he will have the benefit of a House of Representatives majority (222 D - 211 R, 2 undecided) and an even Senate (50 D/I - 50 R), with VP Harris being the decisive tie-breaker vote within the Senate. Control of both legislative bodies will provide a significant - albeit, marginal - advantage for the President during the first 2 years of his term. This majority provides some level of comfort as the President hopes to have his Cabinet approved, pass new legislation, appoint judges, and potentially change rules within the legislative bodies.
Meet the Cabinet

Biden-Harris Cabinet Secretary Nominees

**Rep. Deb Haaland**
Secretary of the Interior
- Current member of the House of Rep. (D-NM-1)
- Co-introduced the "Environmental Justice Legacy Pollution Cleanup Act" to the House
- Would be the first Native American to hold the position and to be a Cabinet secretary

**Gen. Lloyd Austin**
Secretary of Defense
- Retired four-star general and former commander of US Central Command
- Oversaw logistical efforts to bring our troops home from Iraq
- CONFIRMED - He is the first Black person to hold the position

**Alejandro Mayorkas**
Secretary of Homeland Security
- Former Deputy Secretary of Homeland Security under the Obama administration where he helped implement the DACA program
- Would be the first Latinx and first immigrant to hold the position

**AG Xavier Becerra**
Secretary of Health & Human Services
- Current Attorney General for the state of California, the first Latinx to hold the office
- Has sued the Trump administration 62 times, including over the border wall
- Would be the first Latinx to hold the position

There are many more! We encourage you to track the confirmation process [here](#) and do your research on all of the Cabinet nominees. You can always reach out to your Senator to share your opinion on the nominees, as they will be voted on in the coming weeks.
Bias in Healthcare

In November 2020, Dr. Wallace, a fourth-year pediatric chief resident at Indiana University of Indiana School of Medicine died just days after the birth of her daughter (1). Her story is, unfortunately, not unique. Across the US, Black mothers are three to four times more likely to die in the period between pregnancy and one year postpartum than are white mothers (2). There are many factors, preventable and non-preventable, that could contribute to this disparity. A recent CDC report highlighted that three in five pregnancy-related deaths were preventable and that factors that contribute can be categorized at the community, health facility, patient, provider, and system levels (3). Some of these preventable factors include structural racism at the federal, state, and institutional levels, access to prenatal care, maternal education, socioeconomic status, and provider bias, both implicit and explicit (4). Dr. Wallace’s story highlights the fact that access to care and patient factors alone do not account for disparities in health outcomes; there are structural issues within the healthcare system itself.

Research has shown that implicit biases can lead to different treatment of patients based on their gender, race, weight, age, language, income, and insurance status. Furthermore, implicit biases significantly impact patient-provider interactions, treatment decisions, treatment adherence, and patient health outcomes (5). Addressing these implicit biases gives providers the opportunity to be more consciously aware of their associations and thus their interactions with patients. This awareness has the potential to significantly impact patients and begin to address disparities in maternal morbidity and mortality outcomes across the country.

Several states have begun to implement implicit bias training requirements in an effort to reduce disparities in maternal morbidity and mortality outcomes. For example, in 2019, California passed the California Dignity in Pregnancy and Childbirth Act. This bill requires the healthcare system via hospital, alternative birth center, or primary care facility to implement a training program addressing implicit associations for all health care providers involved in the perinatal care of patients within those facilities (6). While not enough time has passed to see the results of this legislation, it has set a precedent for states like Michigan and Illinois. While a lot of research has gone into the impact of implicit biases on healthcare, there is a need for more research on the most effective training programs so that patient-provider interactions do not continue to drive disparities in maternal health outcomes.

Sources:
8 policy-related topics with highly anticipated impacts for 2021

Recent data was collected by the Kaiser Family Foundation through National Polling through which participants were asked to share their opinions on both state and national health policy debates and current events. The COVID-19 pandemic has highlighted inequalities and disparities relating to the access, quality, resource insufficiency, and costs of healthcare. In light of the recent 2020 election, the 8 most common opinions collected through the national polling efforts are listed below.

1. Health Insurance Coverage
2. Healthcare Costs: price transparency, billing protections, controls of prescription drug costs
3. Scope of Practice
4. Health Technology
5. Medicare
6. Medicaid
7. Healthcare Supply Chains
8. Mental Health Focus

For further detail, the full blog post can be found here.

COVID-19 Vaccine: Distribution, Timeline, and its Effects

Immediately following its emergency authorization and approval, the COVID-19 vaccine was rolled out to be distributed based on the pre-approved phases as directed by the Centers for Disease Control and Prevention (CDC). Amongst the first to be vaccinated are healthcare professionals along with residents and staff of long-term care facilities.

The phases and structure of vaccine distribution have been carefully designed to successfully balance the goals of preserving the health of the most at-risk individuals listed in groups 1a, 1b, and 1c through the prevention of morbidity and mortality, while also preserving societal functioning including the efforts of health care professionals, essential frontline workers, in addition to society as a collective.

For further detail, the full blog post can be found here.

Sources: