The American people have made clear time and again that improving the nation’s health care system is a priority and that universal coverage and care should be a driving priority for policymakers. The coronavirus pandemic has elevated the urgency required to address this challenge and has shined a bright light on the gaping inequities that exist in our system that policymakers must address as they work to ensure affordable access to care for all people.

Universal access to health care and coverage will require reversing deregulation steps taken by the current administration and building a robust public coverage option that is affordable and accessible to everyone who needs it.

On day one, the next administration should:

- **Establish a national interagency task force on health equity,** including a focus on eliminating bias, racism, and discrimination in the health care system and developing targeted solutions to address barriers to quality care for historically disenfranchised groups. This task force should include community-level stakeholders, public health experts, researchers, and representation from communities most heavily affected by the nation’s burgeoning health concerns. It should prioritize closing the coverage gap for people of color, indigenous populations, low-income people, immigrants (including the undocumented), and other marginalized populations. The president should also explicitly state a commitment to ensuring access to comprehensive reproductive health care, including abortion.
The Century Foundation’s Top Policy Priorities for 2021

In the first year, the next administration should:

• **Reverse the Trump administration’s deregulation of the insurance market**, including but not limited to reestablishing nondiscrimination and other consumer protections, as well as changes to association health plans, short-term limited duration plans, onerous requirements on private insurance coverage of abortion, and efforts that undermine the ACA contraceptive coverage mandate.

• **Develop a plan of action on expanding access to abortion** and other reproductive health care services in partnership with relevant agencies, administration officials, and key stakeholders.

• **Restore funding to vital women’s health providers**, such as Planned Parenthood, and undo the harmful domestic gag rule.

Working with Congress, the next administration should support policies to:

• **Expand access to public insurance** through a new, universally accessible public option that ensures people living in Medicaid non-expansion states have a no-cost option and that low- and middle-income families can access deeply discounted coverage (including for deductibles and other cost-sharing).

• **Eliminate restrictions on access to and coverage of abortion**, such as through the Equal Access to Abortion Coverage in Health Insurance (EACH) Woman Act and the Women’s Health Protection Act.

• **Confront the public health impacts of structural racism**, including the disproportionate impact of police violence on Black Americans, inequities in health insurance coverage and health care access, and vast racial/ethnic disparities in chronic health conditions, and support passage of the Anti-Racism in Public Health Act.

The president should:

• **Eliminate the Hyde Amendment** (and other related abortion restrictions) from the annual budget request and support funding for ongoing coverage outreach and enrollment efforts.

2. **Eliminate Disparities in Maternal Health**

While the overall rate of 17.2 maternal deaths per 100,000 live births among all American women is cause for alarm, Black women are dying more often than any other racial or ethnic group. The widest disparity is seen when compared with white women, where Black women are three times more likely to die of pregnancy-related causes. What lies at the heart of America’s maternal health crisis is a woefully unequal health care system that perpetuates vast racial disparities in maternal mortality and morbidity. The next administration should make it a national priority to improve maternal health and eliminate disparities in health outcomes by race and ethnicity. In doing so, it should take more immediate action on a number of maternal health priorities through executive action, its first budget, and broader legislative efforts.

On day one, the next administration should launch an inter-agency task force to coordinate work to address maternal health outcomes. And within its first year, the task force should:

• **Develop quality standards for maternal and infant health** and require states to report on those standards under Medicaid and CHIP.

• **Issue guidance on how Medicaid dollars can address social determinants of health** and provide respectful maternal health care through diverse care provider models.

• **Create a special enrollment period in the Affordable Care Act exchanges** for pregnant individuals.

• **Launch Center for Medicare and Medicaid Innovation (CMMI) payment model tests to improve maternity and postpartum care.**
The Century Foundation’s Top Policy Priorities for 2021

• Use administrative channels to expand coverage of doula and midwifery services.

Working with Congress, the next administration should:

• Support passage of the Black Maternal Health Momnibus legislative package, which includes many of the proposals described earlier, as well as specific provisions that require authorizing legislation and could also be pursued separately as a part of a health care legislative agenda, such as the extension of postpartum coverage to at least one year under Medicaid and CHIP.

To further support maternal health, the president’s FY 2022 budget should include funding to:

• Support research. Fund the National Academies to study how to reduce and prevent bias, discrimination, and racism, and provide culturally congruent maternity care; fund Medicaid and CHIP Payment and Access Commission (MACPAC) for a report on how federal policy can affect maternal health outcomes.

• Ensure all agency budgets reflect specific needs for pregnant individuals under their purview. For example, ensure funding is available for the Department of Veteran Affairs to improve care coordination for veterans through pregnancy and postpartum and for the Bureau of Prisons to improve maternal health.

• Establish maternal health outcomes as a core Department of Health and Human Services (HHS) focus. Identify best practices in maternal health and assist states in implementing those practices; establish regional centers of excellence to address implicit bias and cultural competency; include maternal health as a part of a provider and consumer survey administered by the agency.

• Issue new grants. Support state, local, and Tribal agencies to develop programs and collaboratives that include Congressional Budget Office estimates to address maternal health outcomes and racial and ethnic disparities, including a focus on the social determinants of health; support providers launching model interventions, such as respectful maternity care compliance offices, pregnancy medical home programs, and culturally congruent group prenatal care models; provide practitioner trainings, including training to address implicit bias; and support schools to grow and diversify the perinatal health workforce, including nurses, doulas, and midwives.


Addressing the health and economic costs of COVID-19 requires major reform to ensure that no one has to pay for testing or treatment. At the same time, even as the nation takes ongoing, critical steps to develop a safe and effective vaccine to combat COVID-19, doing so will not on its own guarantee that all of those who are vulnerable will have access to it.

As the next administration and Congress build a comprehensive plan of action to combat the spread of COVID-19 in the United States, ensuring universal access to free testing and treatment, as well as equitable and universal distribution of a vaccine, are critical.

In addition to implementing a broader national testing, contact tracing, PPE distribution, supply chain, safety guidance, and research response plan to address the pandemic, the next administration should, as a part of its work around vaccines and treatment:

• Require that clinical trials include populations who are vulnerable or disproportionately impacted, including pregnant women and people of color, while taking care to enforce clinical guidelines around informed consent, given the historical mistreatment of many communities of color in such research.

• Ensure oversight of the funds already provided to hospitals conditioned on providing free testing
and treatment to ensure uninsured people are able to access the benefit and to close significant loopholes that have left people with unaffordable medical bills.

- **Implement targeted interventions for addressing high rates of COVID-19** within nursing homes and long-term care facilities, among Black and Hispanic communities, and other high-risk populations; starting with more data collection and data transparency.

- **Assess the true impact of COVID-19 on pregnancy and childbirth**, and issue national guidelines for mitigating the harm of the virus among pregnant women.

Working with Congress, the next administration should champion legislative priorities that:

- **Expand coverage so that all forms of insurance cover testing, treatment, and vaccination** with no cost-sharing, while providing free treatment and vaccines for uninsured people through either emergency Medicaid or the National Disaster Medical System.

- **Ensure that vaccine distribution plans** prioritize those most impacted by the virus.


In addition to dedicating robust funding for the National Institutes of Health, the Centers for Disease Control and Prevention, and other relevant entities to support ongoing research and oversight efforts to better understand COVID-19 and the impact on the American people, the next administration and Congress should:

- **Invest in vaccine distribution strategies** that will reach underserved communities, including community vaccine hubs and existing community clinics and other vaccine distribution locations likely to reach people where they are.

- **Support a vaccine distribution workforce** that reflects the communities it serves.

- **Implement a major public health communications plan** relying on evidence-based public health messages (and messengers) designed to reach low-income communities and communities of color.