



Biden Healthcare Platform Overview

Former Vice President Joe Biden has made healthcare reform a central pillar of his campaign, and it likely will be a top priority for his administration if he is elected. For healthcare stakeholders, understanding the policy priorities of a potential Biden-Harris Administration is key. The table below reflects the healthcare platform laid out by the Biden-Harris campaign on its [website](#).

The platform's central issues have remained unchanged since Biden first announced his candidacy: building on the Affordable Care Act (ACA) by creating a public option, reining in the cost of prescription drugs, and increasing healthcare quality and access across the country. Since the end of the Democratic primary, however, the progressive wing of the Democratic Party, championed most notably by Senator Bernie Sanders (I-VT), has joined with the Biden-Harris campaign to further build on the healthcare agenda. This is reflected in the [2020 Democratic Party Platform](#), which offers additional details on the Democratic agenda beyond the Biden-Harris campaign website. For example, the party platform includes proposals to let individuals enroll in Medicare at age 60 instead of 65, cap out-of-pocket drug costs for seniors, increase federal funding for Medicaid and expand ACA coverage to undocumented immigrants who were brought to the United States as children. The extent of what a Biden-Harris Administration may accomplish will be constrained by party control of Congress, but healthcare stakeholders nevertheless should be familiar with the Democratic agenda in the event of a change election.

Issue	Biden Healthcare Plan
Coverage Expansion	
Insurance reform	Creates a public option similar to Medicare that individuals can purchase on the ACA Marketplace while lowering the costs of private insurance by expanding premium subsidies and cost-sharing reductions
Employer-sponsored coverage and private insurance	Maintains private insurance and employer-sponsored coverage (unlike Medicare-for-All proposals supported by some candidates during the Democratic primary)
Insurance premium caps	Caps premiums at 8.5% of household income
Premium tax credits	Eliminates the 400% income cap on tax credit eligibility and calculates tax credits based on the cost of a more generous gold plan, rather than a silver plan
Medicaid	Offers premium-free coverage through the public option for Medicaid-eligible individuals in non-expansion states and gives expansion states the choice to move the expansion population to the public option; creates automatic Medicaid



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	enrollment for eligible individuals when they interact with other public programs or institutions
Drug Pricing	
Drug price negotiation	Repeals the existing law barring Medicare from negotiating lower prices with drug companies
Drug importation	Allows consumers to import prescription drugs from other countries, as long as the US Department for Health and Human Services has certified drug safety
International reference price for drugs	Creates an independent review board to determine reasonable prices in cases where new specialty drugs are launched without competition; bases the reasonable price on the average price in other countries or, if the drug is entering the US market first, on an evaluation by the independent board members
Inflation cap and penalty	Prohibits all brand, biotech and generic drug companies from increasing their prices more than the general inflation rate as a condition of participation in Medicare and the public option; imposes a tax penalty on drug manufacturers that increase drug costs over the general inflation rate
Elimination of advertising tax break	Ends the tax deduction for all prescription drug ads
Generic supply chain improvement	Supports proposals to accelerate the development of generic drugs, such as ensuring that generic manufacturers have access to samples
Mental Health and Substance Abuse	
Coverage for treatment and recovery services	Invests \$75 billion in flexible grants to states and localities for prevention, treatment and recovery efforts; prevents insurance companies from erecting barriers to coverage of medication-assisted treatment
Mental health parity	Ensures enforcement of mental health parity laws and expands funding for mental health services
Rural Health	
Community health center funding	Doubles federal funding for community health centers
Providers in rural areas	Establishes a grant program to help community health centers hire social workers to coordinate necessary resources; provides additional grants for building rural hospitals; increases funding for the National Health Service Corps



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Funding for rural demonstration projects	Expands funding for demonstration projects that provide rural healthcare providers with flexibility to identify, test and deploy innovative approaches to keep their doors open and continue serving their communities
Funding for rural hospitals	Supports the elimination of payment cuts and supports additional payments for rural hospitals as detailed in the bipartisan Save Rural Hospitals Act
Broadband/telehealth services	Invests \$20 billion in rural broadband infrastructure and triples funding to expand broadband access in rural areas; expands grant funding with a focus on accelerating the deployment of telehealth for mental health and specialty care
Healthcare Workforce	
Community health workforce	Provides grant funding to triple the number of community health workers and adds community health worker services as an optional benefit for states under Medicaid
Substance use disorder workforce	Calls for training 35,000 new workers to provide counseling, care and peer support
Nursing workforce	Provides funding to bolster nurse education and training
Creation of Public Health Jobs Corps	Creates a program to mobilize 100,000 people to identify individuals at risk of contracting or spreading infectious diseases, provide vaccinations and conduct local outreach efforts
COVID-19 Response	
White House National Security Council (NSC) Directorate for Global Health Security and Biodefense	Restores the White House NSC Directorate for Global Health Security and Biodefense, the pandemic preparedness team within the NSC that was created by the Obama Administration and eliminated by the Trump Administration in 2018
Increased testing and surveillance	Establishes at least 10 mobile testing sites, expands Centers for Disease Control and Prevention surveillance programs, and establishes a diagnosis code for COVID-19 on an emergency basis so that surveillance can be conducted using claims data
Surge testing and treatment capacity	Tasks all relevant federal agencies to take immediate action to increase hospital capacity, including by building temporary hospitals and preparing to deploy military resources
Telemedicine	Leverages existing efforts such as Project ECHO to ensure that health professionals have access to telemedicine resources



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Development of treatment and vaccines	Directs the US Food and Drug Administration and the National Institutes of Health to speed development and review of COVID-19 countermeasures
Production of personal protective equipment	Incentivizes greater supplier production of personal protective equipment by committing, if necessary, to large-scale volume purchasing
Onshore production of medical products	Takes steps to promote production of US-sourced and -manufactured pharmaceutical and medical supply products
Creation of State and Local Emergency Fund	Creates a fund to give states and localities the resources they need to respond to COVID-19, allocated according to the following formula: 45% to state governments, 45% to local governments and 10% for special assistance for “hot-spots” of community spread
National Disaster Medical System (NDMS)	Fully funds and expands authority for the NDMS to reimburse healthcare providers for COVID-19-related treatment costs not directly covered by health insurance
Medicaid enrollment	Authorizes federal matching dollars for presumptive eligibility; simplifies application processes and eligibility criteria to maximize enrollment
Other	
Reproductive healthcare	Supports repealing the Hyde Amendment, codifying <i>Roe v. Wade</i> , restoring federal funding for Planned Parenthood and challenging state laws that violate the constitutional right to an abortion, such as parental notification requirements, mandatory waiting periods and ultrasound requirements
Surprise billing	Bars healthcare providers from charging patients out-of-network rates when patients do not have control over which providers they see; does not address methods for resolving payment disputes between insurers and providers
Market concentration	Calls for aggressively using existing antitrust authority to tackle market concentration across the healthcare industry
Financing mechanism	Pays for major healthcare provisions by removing capital gains tax loopholes

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