

A FORCEFUL RESPONSE

Sexual and reproductive health and rights, including abortion, are racial, economic, and gender justice issues. That justice is necessary to protect our freedom and right to control our bodies without government interference.

The start of the Biden-Harris administration occurred during a tumultuous two years that included a global health crisis, a nationwide racial reckoning, and a violent insurrection at the U.S. Capitol.

And now, they are charged with leading the country through yet another public health crisis: With abortion rights no longer protected by the Constitution, abortion bans have eliminated some or all abortions in 18 states across the country as of November 23, 2022, and more states are at risk of losing access.

In the wake of the harmful *Dobbs v. Jackson Women's Health Organization* decision, the Biden-Harris administration is executing a whole-of-government approach to mitigate the abortion access crisis that is focused on patients' needs and affirms the United States' commitment to sexual and reproductive health and rights.

Their strategy is three-fold:

1. Implement meaningful policy interventions to protect and improve access
2. Leverage the White House bully pulpit and convening power to address the crisis
3. Invest and build up the SRH infrastructure at the federal, state and local level.

While unprecedented and forceful, the Biden-Harris administration's response cannot fill the void created by the Supreme Court overturning *Roe v. Wade*. No action the Biden-Harris administration takes will ever replace the value of a Constitutionally-protected right to an abortion, no matter where an individual lives, their income or background.

But this administration has, can, and must continue to take the actions within its power to protect our freedom to make decisions about our bodies and futures by defending and advancing people's access to sexual and reproductive health care domestically and around the globe.

This brief report sums up the robust actions the Biden-Harris administration has taken in its first two years in the midst of these multiple public health crises and lays out some of the steps that need to be taken in 2023 and 2024.

For more on what the Biden-Harris administration has done to advance SRH, in early 2022, Planned Parenthood Federation of America and Planned Parenthood Action Fund released a report, in [English](#) and [Spanish](#), detailing the administration's efforts to advance sexual and reproductive health and rights in the U.S. and around the world during the first year in the White House.

THE CONTEXT

The pandemic only magnified access issues caused by attacks on sexual and reproductive health care. In fact, one in three women either delayed or canceled an appointment for reproductive health care or experienced challenges getting birth control after the start of the Covid-19 public health emergency (PHE). Compounded by the consequences of the previous administration's attacks on the Title X program, an under-resourced network of family planning clinics, including Planned Parenthood health centers, were tasked with not only responding to immediate COVID-19 health needs, but also managing a historic increase in population demand for contraception.

- **Even with the availability of telehealth**, 61% of providers reported challenges offering contraceptive counseling; and due to reductions in in-person visits, 65% of providers reported challenges offering the full range of contraceptive methods, specifically the most effective methods, long acting reversible contraceptives (i.e., IUDs and implants).¹
- **Delayed access to care** aggravated by the PHE continues to worsen sexual and reproductive health outcomes broadly across indicators for Black and Indigenous women, including: advanced-stage cervical² and breast cancers, STI rates³, and unintended pregnancy rates⁴ with the largest rises among women of color.
- **Globally**, UNFPA, the United Nations' sexual and reproductive health agency, estimates that contraceptive access was disrupted for about 12 million women in 115 low and middle income countries during the first year of the pandemic. Not only is birth control access more limited, but fewer women are receiving recommended annual wellness exams, cervical and breast cancer screenings, STI and HIV testing and treatment, and other essential care.

In addition to the negative SRH impacts of COVID-19, persistent inequities, and existing harmful state and federal restrictions on domestic and global SRHR, the devastating consequences of the *Dobbs* decision were immediate, deep and widespread:

- One in three women of reproductive age can no longer get an abortion in their state.
- In 18 states, bans have eliminated some or all access to abortion, and we expect additional states to move to ban abortion in 2023.
- It created chaos and confusion in the health care system, with many providers and hospitals uncertain of what care they can provide.
- The global implications are also far-reaching, exacerbating abortion stigma and confusion after decades of harmful policies.

Juxtaposed against this harm, poll after poll shows support for abortion rights growing stronger across the United States. This was made even more clear by the 2022 midterm elections where abortion rights motivated people to vote like never before. Abortion was the game changer and drove monumental victories for reproductive rights champions and abortion access across the country. Globally, there is a trend toward expanding access to sexual and reproductive health and rights, including abortion.

Channeling the public's outrage, across departments and agencies, the Biden administration is hard at work alongside advocates, champions in Congress, and other key decision-makers to protect abortion rights, defend patients and providers, and ensure sexual and reproductive health and rights for all.

It is no coincidence that attacks on voting rights and democracy go hand-in-hand with attacks on sexual and reproductive health care and rights, including – but not limited to – abortion.

Black and Indigenous women and other people of color, immigrants, LGBTQI+ people, people with disabilities, young people, and people who sit at the intersections of those identities, have been most harmed by regressive policies for centuries due to systemic racism and discrimination.

1 Comfort, A.B., Rao, L., Goodman, S. April 2022. Assessing differences in contraceptive provision through telemedicine among reproductive health providers during the COVID-19 pandemic in the United States. *Reprod Health*. 19:99. doi: 10.1186/s12978-022-01388-9. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9026031/>.

2 Christy, K., Kandasamy, S., Majid, U., et al. 2021. Understanding Black Women's Perspectives and Experiences of Cervical Cancer Screening: A Systematic Review and Qualitative Meta-synthesis. *J Health Care Poor Underserved*. Available at <https://pubmed.ncbi.nlm.nih.gov/34803036/>.

3 Jatoi, I., Sung, H., Jemal, A. June 23, 2022. The Emergency of the Racial Disparity in U.S. Breast-Cancer Mortality. *New England Journal of Medicine*. Available at <https://www.nejm.org/doi/full/10.1056/NEJMp2200244>.

4 Centers for Disease Control and Prevention. April 12, 2022. New data suggest STDs continued to increase during first year of the COVID-19 pandemic. Available at <https://www.cdc.gov/media/releases/2022/p0412-STD-Increase.html>.

BLUEPRINT FOR SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS AND JUSTICE PRIORITIES AND PROGRESS

In advance of the 2020 election, more than 100 global and domestic advocacy organizations came together to create the [Blueprint for Sexual and Reproductive Health, Rights, and Justice](#) laying out a vision for the incoming administration in 2021 and beyond.

The Blueprint focused on Five Key Priorities:



That was followed by the [Blueprint First Priorities](#), which aimed to focus the incoming administration on top priorities for the first 100 days.

Using the Blueprint as a guide, the Biden-Harris administration has made significant progress toward these priorities. With respect to sexual and reproductive health and rights, the Biden-Harris administration immediately got to work to undo the harm of the previous administration and to address the multiple public health crises facing the nation. President Biden issued a number of executive orders and presidential memos to lay out his commitment to sexual and reproductive health and rights and direct federal agencies to prioritize these issues.

In the first days of his presidency, the president reversed the global gag rule, directed the Department of Health & Human Services (HHS) to [reconsider the Title X gag rule](#), directed federal agencies to [strengthen Medicaid and the Affordable Care Act](#), disavowed the anti-reproductive health and anti-LGBTI Geneva Consensus Declaration, made racial equity a priority, promoted [access to voting](#), and [established protections for LGBTQI+](#) people, including recognizing that discrimination based on gender identity is sex discrimination.

| Blueprint First Priorities | Achieved | In Progress | More Work to Do |
|--|----------|-------------|-----------------|
| Clearly and explicitly state that the president is committed to comprehensive sexual and reproductive health care, including abortion. | X | | |
| Revoke the Global Gag Rule issued under the Trump Administration and clarify what is permitted under current law. | X | | |
| Rescind Executive Order 13535 restricting the use of federal funds for abortion. | | | X |
| Lift the FDA's in-person dispensing requirement for mifepristone for the duration of the public health emergency. | X | | |
| Direct all executive departments and agencies to rescind other harmful policies and regulations, and take proactive steps to protect care. | X | | |
| Make a public statement that the U.S. will reengage on a global scale to advance the health and rights of individuals worldwide, and take action to re-engage fully with the United Nations. | X | | |
| Rescind the entirety of the Title X domestic gag rule instituted under the Trump Administration and protect the ability of highly qualified providers to participate in Title X, regardless of the non-Title X services they also offer. | X | | |
| Rescind regulations that allow for religious refusals in health care and allow employers and universities to opt out of providing birth control coverage as required by the Affordable Care Act. | | X | |
| Revise the regulations for the Section 1557 Health Care Rights Law to ensure broad anti-discrimination protections under the ACA. | X | | |
| Rescind the public charge rule and reverse its harms to immigrant individuals and families. | X | | |
| Make clear that DACA recipients are eligible for benefits under the ACA, including tax credits, cost sharing, and the marketplaces. | | | X |
| Rescind rule that imposes onerous and arbitrary requirements on insurance issuers that offer health plans that include abortion coverage on the ACA marketplace. | X | | |
| Review the REMS for mifepristone to determine whether a REMS remains necessary, or whether the goals and elements should be modified or removed. | | X | |
| Issue guidance on 1332 waivers aimed at improving access to health benefits and services to encourage states to expand coverage for new populations and to add benefits. | | X | |
| Extend Medicaid and CHIP coverage to at least 12 months postpartum. | | X | |

| Blueprint First Priorities | Achieved | In Progress | More Work to Do |
|---|----------|-------------|-----------------|
| The Department of Homeland Security must prohibit ICE and CBP from detaining any person during pregnancy or postpartum recovery, any medically vulnerable person, or a primary caregiver of a child, and requiring immediate release from detention of any person found to be pregnant or medically vulnerable. | | X | |
| The Office of Refugee Resettlement (ORR) must rescind a 2008 policy that requires heightened ORR involvement in abortions and issue new guidance to ensure that all care facilities provide minors with timely, confidential access to care. | X | | |
| The Centers for Medicare and Medicaid Services must issue guidance to state Medicaid programs that federal law does not mandate the use of Explanation of Benefits. | | | X |
| The Office of the Global AIDS Coordinator must make it clear that PEPFAR funds can be used to pay for contraceptive commodities. | | X | |
| The State Department must champion sexual and reproductive health and rights (SRHR) in UN meetings and multilateral forums. | | X | |
| The administration must establish an Interagency Taskforce and issue regulations to encourage the development of a culture of equity, dignity, respect, and empowerment in health care systems. | | X | |
| The president must rescind and undo actions taken pursuant to Executive Order 13798 Promoting Free Speech and Religious Liberty. | | | X |
| The Department of Justice must not investigate, arrest, or prosecute individuals under the federal criminal code for any act or omission with respect to their own pregnancy. | | X | |
| The president must nominate and appoint individuals for executive branch positions who are experts in their field, committed to the core mission of the agency, possess a positive record on reproductive health, rights, and justice, and who will contribute to the diversity of the executive branch. | | X | |

| President's Budget Priorities | Included in FY22 and FY23 Budget Requests | Partially Included | Not Included |
|---|--|---------------------------|---------------------|
| Significantly investing in global and domestic SRH programs. | | X | |
| End the Hyde Amendment and related restrictions. | | X | |
| Eliminate the Weldon Amendment and commit to veto legislation that would expand it or make it permanent. | | | X |
| Remove the Helms Amendment and commit to veto legislation that extends, reiterates or incorporates the Helms Amendment. | | | X |
| Modify the Siljander Amendment to only prohibit the use of U.S. funds to lobby against abortion. | | | X |
| Remove the Kemp-Kasten Amendment and replace it with a blanket prohibition on U.S. funding going to coercive activities in U.S. foreign assistance. | | | X |
| Eliminate unnecessary restrictions on the U.S. contribution to UNFPA. | X | | |
| Eliminate the Livingston Amendment. | | | X |
| Eliminate all funding for abstinence-only until marriage programs, including the Title V "Sexual Risk Avoidance Education" program. | | X | |

BIDEN ADMINISTRATION'S 3-PRONGED RESPONSE TO ABORTION CRISIS

The Biden-Harris administration's forceful response to the abortion access crisis started well before the *Dobbs* ruling in June 2022. Almost a year earlier, in September 2021, the Supreme Court allowed Texas S.B. 8, which essentially banned abortion after six weeks in the state, to take effect.

From that point on, the Biden-Harris administration began executing their 3 pronged strategy, starting with directing the White House Gender Policy Council and Office of the White House Counsel to launch a "whole-of-government" effort to respond to the decision, focusing primarily on the Department of Justice and Department of Health and Human Services.

[Read More: State of Abortion: 5 Moves from the Biden-Harris Administration to Protect Access](#)



STRATEGY 1:

ENACTING MEANINGFUL POLICY INTERVENTIONS TO PROTECT AND IMPROVE ACCESS

Issuing executive orders (EOs). President Biden has signed two executive orders on protecting and securing access to reproductive health care services, in an effort to lessen the harm of the abortion crisis:

- [Protecting Access to Reproductive Healthcare Services:](#)
Signed on July 8, this was the first EO signed and includes important directives to federal agencies to protect and defend access to abortion care in a post-Roe U.S. The EO also established an Interagency Task Force on Reproductive Healthcare Access to support the coordination and implementation of efforts outlined in the EO.
- [Securing Access to Reproductive and Other Healthcare Services:](#)
Signed on August 3, this was the second EO and it reasserted his whole-of-government approach to help people access abortion.

Leveraging Medicaid to support patient travel for abortion care:

The administration is working with states to use Medicaid Section 1115 flexibilities to support patients.

Ensuring access to abortion for people receiving health coverage or care through the federal government.

- The Department of Defense (DOD) committed to supporting access to abortion for servicemembers, including by paying travel costs for members who need to travel for an abortion. It also committed to supporting health care providers offering reproductive health services in DOD systems, as well as taking actions to protect the privacy of servicemembers and their families.
- The Department of Veterans Affairs (VA) took steps to improve access to abortion and abortion counseling for veterans enrolled in VA health care, as well as abortion and birth control for the eligible families of deceased veterans or veterans with disabilities enrolled in the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). These policy changes will increase access for the estimated 300,000 veteran women of reproductive health age enrolled in the program and eligible dependents of deceased veterans and veterans who are disabled.
 - **Abortion access.** In a significant win, VA will offer some abortions to veterans and their eligible dependents, as well as abortion counseling, including in ban states. Abortions will be covered when the life or the health of the pregnant person would be endangered by carrying the pregnancy to term, and in cases of rape or incest.
 - **Contraceptive access.** VA proposed a rule on birth control access that, if finalized, will eliminate most cost-sharing requirements for FDA approved contraceptive products and services for CHAMPVA beneficiaries.



- The Office of Personnel Management (OPM) released [guidance](#) clarifying that federal employees can use sick time if they need to travel to access health services.
- U.S. Immigration and Customs Enforcement (ICE) issued an internal memo asserting all pregnant immigrants in their custody will retain access to abortion services, when requested.
- The HHS Office of Refugee Resettlement (ORR) [announced](#) that it would guarantee immigrant youth in its custody have the opportunity to access abortion and other reproductive health care. ORR staff and care providers must not prevent a minor from accessing legal abortion-related services and must facilitate access, including by placing pregnant minors in states without abortion bans and with broad access to reproductive health care for minors.

Engaging in efforts to protect people’s privacy. The White House, the Federal Trade Commission (FTC), and HHS have committed to fully enforce laws that prohibit the use and sharing of highly sensitive data – including information related to reproductive health, such as “products that track people’s periods, monitor their fertility, oversee their contraceptive use, or even target people considering abortion.”

Providing guidance regarding legal obligations under federal law.

- **Guidance on Complying with EMTALA:** HHS [clarified](#) that under the Emergency Medical Treatment and Active Labor Act (EMTALA), if a provider determines that a pregnant patient presenting at a hospital emergency department is experiencing an emergency medical condition, and that abortion is the stabilizing treatment necessary to resolve that condition, the physician must provide that treatment regardless of state laws that apply to abortion.



- **Guidance for Pharmacies on Anti-discrimination Obligations:** HHS released [new guidance](#) to make clear that retail pharmacies might be engaging in impermissible sex or disability discrimination if they refuse to dispense a legal medication – including drugs that can be used as part of a medication abortion – in a discriminatory manner based on a concern about how the patient may ultimately use it.
- **Guidance to Enforce Access to Affordable Birth Control.** After extensive advocacy by PPFA and our coalition partners, HHS, along with the Departments of Labor and Treasury, issued [new guidance](#) to clarify protections for birth control coverage under the Affordable Care Act (ACA) and remind health plans of their obligations to provide coverage for contraceptive services at no cost to health plan enrollees. The guidance reaffirms that all FDA-approved, cleared, or granted contraceptive products that are determined by someone’s medical provider to be medically-appropriate must be covered without cost sharing. This guidance does not change, but reinforces, laws that require group health plans and health insurance issuers to provide contraceptive coverage – including emergency contraception – at no cost to participants.

- **New Rule to Protect Patients from Discrimination in Health Care:** Following years of advocacy by PPFA and partners, the HHS Office for Civil Rights released [proposed rules](#) that would restore and strengthen the regulations that implement the Affordable Care Act's (ACA) nondiscrimination provision, known as Section 1557. The proposed rule makes clear that Section 1557's protections include discrimination based on pregnancy, including seeking or having an abortion. Under Section 1557, individuals cannot be denied access to health care or health coverage or otherwise be subject to discrimination based on race, color, national origin, sex, age, or disability in health programs and activities receiving federal financial assistance.

Creating the HHS Task Force on Reproductive Healthcare

Access. Highlighting the numerous laws, regulations, and policies that have undermined access for over a decade, [this task force](#) seeks to facilitate collaborative, innovative, transparent, equitable, and action-oriented approaches to protect and bolster sexual and reproductive health across the U.S. and around the world.

Creating the Department of Justice (DOJ) Reproductive Rights

Task Force. DOJ announced the creation of a [reproductive rights task force](#) that will focus on monitoring and evaluating all state and local legislation and enforcement actions that threaten access to abortion.

Check out the HHS Report:

[Health Care Under Attack: An Action Plan to Protect and Strengthen Reproductive Care](#), for more information about actions taken by the Department.

STRATEGY 2: LEVERAGING THE WHITE HOUSE BULLY PULPIT AND CONVENING POWER TO ADDRESS THE CRISIS

President Biden, Vice President Harris, and other administration leaders have effectively and forcefully used the White House bully pulpit. From focusing on patients' needs to hearing from various communities about how the crisis impacts them to bringing together key stakeholders, they have leveraged their influential platform to shape the national conversation about the harms of the abortion access crisis.

HHS Secretary Xavier Becerra and Vice President Harris have visited several Planned Parenthood health centers to hear from patients, providers and staff.

Secretary Xavier Becerra @SecBecerra

Visited a Detroit @PPFA with @SenStabenow and @MIAttyGen to talk with patients and providers about what they're seeing on the ground since the Dobbs decision.

We'll keep working to strengthen rights around privacy, emergency care, and all avenues that help people access care.



5:30 PM · Aug 9, 2022 · Sprinklr Publishing

Vice President Kamala Harris @VP
United States government official

As I've said to reproductive rights leaders, health care providers, and activists: we will never stop fighting for our rights—including the right to abortion.



6:47 PM · Oct 7, 2022 · The White House

Secretary Xavier Becerra @SecBecerra

.@RepJhanaHayes invited me to a @PPFA in Waterbury to discuss the steps CT has taken to keep abortion legal. Backing providers and keeping patients safe will take all of us. HHS is committed to protecting health care, period.



6:30 PM · Jul 5, 2022 · Sprinklr Publishing

24 Retweets 1 Quote Tweet 73 Likes

Secretary Xavier Becerra @SecBecerra

New Executive Order from @POTUS is a big step as we work to restore the rights that were stripped away on 6/24, when Dobbs was decided.

I was at a @PPFA that day, when the below video was recorded – you can see the fear. We know what's at stake. We're still fighting.

Watch:



10:30 AM · Aug 4, 2022 · Sprinklr Publishing

29 Retweets 4 Quote Tweets 81 Likes

Secretary Xavier Becerra @SecBecerra

Reproductive justice is not a luxury – it is a necessity. Health care is not a privilege – it is a right. Thank you to all the organizations and individuals who fight to make necessary reproductive and gender-affirming care accessible.



3:30 PM · Mar 17, 2022 · Sprinklr Publishing

Secretary Xavier Becerra @SecBecerra

Today, when the Supreme Court issued their decision, I was at a Planned Parenthood in St. Louis, Missouri.

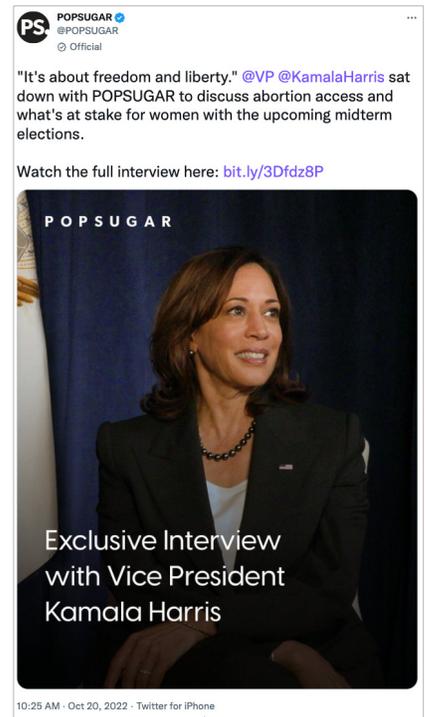
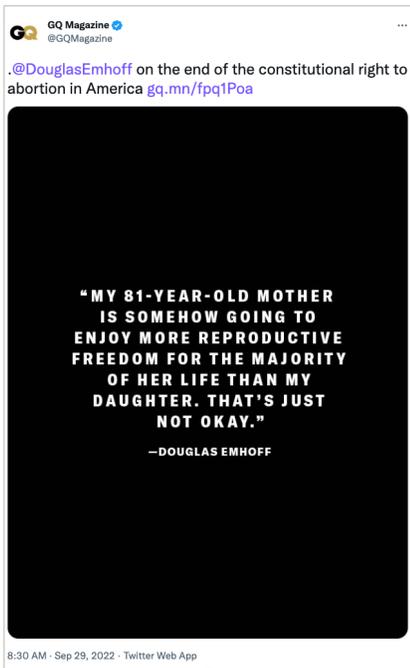
This fight is not over – @HHSgov will use every tool at our disposal to make sure we can connect people seeking abortion care to clinics and @US_FDA approved medication.



President Biden, Vice President Harris, and others have held dozens of meetings with governors, providers, students, [state attorneys general](#), [domestic violence and sexual assault organizations](#), [disability rights leaders](#), [higher education leaders](#), state legislators, [constitutional law, privacy, and technology experts](#) and others, to understand how various communities are impacted and what people across the country are doing to fight back.



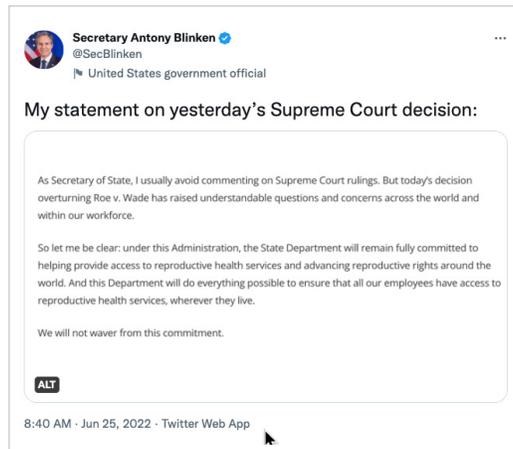
President Biden, Vice President Harris and other administration officials have utilized social media, speeches and media interviews to highlight the harms. ABC News: [Kamala Harris warns women may lose right to 'make decisions about their own bodies' in commencement speech](#)



Disseminating information on accessing reproductive health care. In response to our advocacy for more public information and resources, HHS also launched a website for the public, reproductiverights.gov, to help people access abortion and other reproductive health care.

Emphasizing to global partners and allies that the United States remains committed to sexual and reproductive health and rights and the Supreme Court decision does not change U.S. policies and programs that advance SRHR globally.

[Secretary of State Antony Blinken](#), [UN Ambassador Linda Thomas-Greenfield](#), [USAID Administrator Samantha Power](#) and [HHS' Assistant Secretary for Global Affairs Loyce Pace](#) responded to the decision to make clear U.S. commitment to SRHR.



STRATEGY 3:

INVESTING AND BUILDING UP THE SRH AND PUBLIC HEALTH INFRASTRUCTURE AT THE FEDERAL, STATE AND LOCAL LEVEL.

The president established the first ever [White House Gender Policy Council](#) to develop and oversee a strategy for gender equity – including sexual and reproductive health care – across federal agencies. The Biden-Harris administration [released](#) the first-ever national strategy to advance gender equity and equality in the U.S. and around the world. Led by the White House Gender Policy Council, this strategy critically recognizes health, including sexual and reproductive health, as a core pillar to achieve gender equity. Planned Parenthood was especially pleased to see this strategy highlight the need to defend the right to abortion, promote access to sexual and reproductive health and rights both at home and abroad, end the Hyde Amendment, end the global gag rule, guarantee people the right to see the health care provider of their choice, and invest in sex education in the U.S. and around the world.

Strengthening the Title X Program. As an indication of its commitment to sexual and reproductive health, HHS took less than a year to end the harmful Title X gag rule and then issued new grants, which included an extra \$50 million for Title X providers, including Planned Parenthood affiliates, that PPFA advocated for in Congress. As the nation's only federal program dedicated to providing affordable birth control and other reproductive health care to people with low incomes, Title X is a critical part of our social safety net that can, and should, help create equitable access to essential health care. Because of centuries of systemic racism and discrimination, Black, Latino, and Indigenous people have always faced unacceptable barriers to the health care they need. Title X is part of the solution, as it disproportionately serves Black, Latino, and Indigenous patients, patients with low incomes, young people, and patients in rural areas.

Protecting the Safety of Abortion Providers and Patients. The DOJ has actively enforced the [Freedom of Access to Clinic Entrances \(FACE\) Act](#), which prohibits anyone from interfering or attempting to interfere with someone obtaining or providing reproductive health services, or intentionally damaging or destroying a reproductive health care facility. PPFA has worked closely with the National Task Force on Violence Against Health Care Providers to raise issues and advocate for trainings and support for local law enforcement and other policy actions. During the Biden administration, the DOJ has also litigated a number of criminal and civil cases to hold people accountable for threatening or blocking people's access to reproductive health care services.

Investing in SRH Providers and Patients Advancing Health Equity. From the moment President Biden took office, the administration made it a top priority to advance health equity and eliminate disparities that disproportionately and negatively impact communities of color. The Biden-Harris administration's focus on health equity, perhaps more than any other administration, came largely in response to the health disparities that were exacerbated and made more visible by the pandemic and the simultaneous pressure to address the effects of racism and white supremacy.

Response to COVID-19. Immediately upon taking office, the Biden-Harris administration demonstrated its deep commitment to health equity by forming the COVID-19 Health Equity Task Force. A research body consisting of agency officials, public health experts, and scientists coalesced to identify and develop evidence-based recommendations that would address disparate outcomes in rates of COVID-19 death and severity of illness in communities that face the greatest barriers to care due to systemic racism and discrimination: Black and Brown communities, LGBTQ+ people, people with disabilities, rural communities, and immigrant families with mixed-citizenship status. The core findings showed that racism and similar forms of identity-based discrimination are primary drivers of devastating inequities across populations. This formed the basis of the task force's [report and its recommendations](#) that racism and prejudice in itself is a public health issue and must be uprooted from our health care system, in order to make gains and advance equity and close disparities from COVID-19 and other prevailing health emergencies, such as the maternal health crisis.

Addressing the Maternal Health Crisis. The U.S. faced a maternal health crisis before the COVID-19 pandemic, however, the pandemic created additional barriers for pregnant people to access essential maternity care. The maternal health crisis remains a top priority for the administration and a response was coordinated through the Office of the Vice President, under the direction of Vice President Kamala Harris. In June 2022, the administration released its [“White House Blueprint for Addressing the Maternal Health Crisis.”](#) This policy roadmap describes the steps the administration is taking and plans to take to make the U.S., a safer place to give birth for all people, particularly Black and Indigenous women who are more likely to die from pregnancy related causes than white women because of systemic racism in the health care system.

Outlined goals include:

1. Increasing access to insurance coverage and high-quality maternity care;
2. Holding our health care system accountable for furnishing only the highest-quality care for all patients regardless of background;
3. Improving and standardizing data and its analysis;
4. Building and diversifying the perinatal workforce; and
5. Strengthening socio-economic support for people before, during and after pregnancy.

Indeed, the administration has made several gains supportive of the blueprint. CMS has approved 12 month postpartum coverage expansions through the American Rescue Plan’s state plan amendment option or through Medicaid waivers in over half of states, benefiting an estimated 418,000 people who would have otherwise lost coverage after 60 days following pregnancy.

The administration has also developed a “birthing friendly” hospital designation as one important tool to support pregnant people in finding high-quality maternity care and hold hospitals accountable to a higher standard for delivering non-discriminatory, quality care to patients.

Personnel and Judicial Appointments

In addition to the specific policies and other actions detailed above, the Biden-Harris administration has embodied the mantra that “Personnel Is Policy.”

Not only is the Biden-Harris administration the most diverse in history. It is also the administration with the deepest and widest bench of SRHR and health equity champions and experts.

Notably, Biden named the first ever Latino to lead the Department of Health and Human Services: [Xavier Becerra](#), a California public official with a strong reproductive health record. He selected [Rachel Levine](#) to a senior role in HHS, and she became the first transgender person confirmed by the Senate. He selected the first Black woman, [Chiquita Brooks-LaSure](#), to lead the Centers for Medicare and Medicaid Services. He nominated a Black woman from the reproductive health community, [Jessica Marcella](#), to head the Office of Population Affairs, as well as [Melanie Rainer](#), an SRH champion and the first Mexican American woman to head the HHS Office for Civil Rights. The administration also made historic appointments in other areas of the administration, including [Deb Haaland](#), the first Native American to head the Department of the Interior, and [Linda Thomas-Greenfield](#), a champion of sexual and reproductive health and rights leading the U.S. on the global stage as U.S. Ambassador to the United Nations.

Beyond the high profile names, there are SRHR and health equity champions at all levels of the administration. This is due, in no small part, to the efforts of the Blueprint Appointments Project, a concerted effort to build a robust pool of highly qualified SRHR experts and champions interested in serving in government.

Additionally, President Biden nominated a diverse slate of judicial nominees, including the first ever Black woman to the U.S. Supreme Court, Justice Ketanji Brown Jackson, who officially took her seat at the start of the current term following the retirement of Justice Steven Breyer at the end of the 2021-2022 term.

President Biden has appointed [84 judges](#) to the federal judicial system. The confirmation of these nominees could not have happened without support from the Senate, which has voted at an unprecedented rate over the last two years. [Sixty-five percent of Biden appointees are people of color, and 75% are women.](#) Biden has secured confirmation for 15 Black women to federal judgeships, and nearly 30% of his judicial nominees have served as public defenders. In July 2022, President Biden announced the [nomination of Julie Rikelman](#) for a judgeship on the U.S. Court of Appeals for the First Circuit. Rikelman has worked tirelessly to safeguard the protections guaranteed in the Constitution and has decades of experience arguing civil and human rights cases.



Xavier Becerra,
Secretary of Health and
Human Services



Jessica Marcella,
Deputy Assistant
Secretary, Office of
Population Affairs



Rachel Levine,
Assistant Secretary
for Health



Deb Haaland,
Secretary of the Interior



Chiquita Brooks-LaSure,
Administrator for the
Centers for Medicare
and Medicaid Service



Melanie Rainer,
Director of the Office
for Civil Rights



Linda Thomas-Greenfield,
United States ambassador to the United Nations

WHAT COMES NEXT: PRIORITIES FOR NEXT TWO YEARS

While the actions of the Biden-Harris administration have been impressive, there is still more work to do, particularly given the abysmal state of sexual and reproductive health care, abortion access, and health equity. We are also contending with numerous humanitarian crises that have magnified existing global inequalities and challenges to access sexual and reproductive health care and rights. These are our priorities for the Biden-Harris administration heading into 2023.

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| 1. | Taking all available steps to protect the right to abortion and ensure that people across the nation and the world can access timely and affordable care. |
| 2. | Protecting the right of people, including people who use Medicaid, to seek care from the provider of their choice, including abortion providers. |
| 3. | Significantly scaling up domestic and global sexual and reproductive health funding in the President's FY24 and FY25 budget proposals. |
| 4. | Enforcing the women's health preventive services benefit under the Affordable Care Act to ensure that everyone has affordable access to the birth control method of their choice. |
| 5. | Championing sexual and reproductive health and rights globally at the UN and other multilateral forums, including the annual Commission on the Status of Women and Commission on Population and Development. |
| 6. | Using the authority of the federal government to ensure that all people within the custody and control of the federal government, including all immigrants, have comprehensive access to abortion and other sexual and reproductive health care. |
| 7. | Robustly implementing the White House Gender Policy Strategy across federal agencies. |
| 8. | Working to mitigate the harm of and support the elimination of the Hyde and Helms Amendments. |
| 9. | Expanding access to contraception in U.S. global health programs and integrating sexual and reproductive health throughout development and humanitarian programs. |
| 10. | Protecting the privacy of abortion providers and patients. |
| 11. | Limiting states' ability to utilize federal resources to criminalize anyone seeking or providing an abortion and anyone assisting or supporting them. |
| 12. | Treating the abortion access crisis like the public health emergency that it is, and utilize all emergency and disaster relief that authorities have to support states, providers, and abortion funds. |
| 13. | Continuing to protect and defend the Title X program and people's access to comprehensive information about their health care options, in the face of ongoing legal attacks. |
| 14. | Ensuring that people with Hyde-eligible abortions have access to abortion covered by Medicaid in their own communities. |
| 15. | Working with states to develop and quickly approve Medicaid 1115 Waivers to support abortion providers, patients, and assisters. |
| 16. | Supporting efforts to permanently end the global gag rule and rebuild communities and partnerships that have been harmed by the policy. |
| 17. | Integrating voter registration opportunities into healthcare.gov, the federal ACA marketplace, and other federal programs. |
| 18. | Advancing comprehensive and enforceable anticoercion protections and reporting across the full range of sexual and reproductive health and rights issues throughout U.S. foreign assistance programs. |
| 19. | Continuing to meet and stand with reproductive health care providers across the country and around the world. |
| 20. | Focusing on equity and the communities most affected by restrictions on sexual and reproductive health care in domestic and international SRHR programs and policies. |