

Trump Administration initiatives and their potential impact on health care and health systems.

With many Executive Orders already signed and other actions to implement them underway, President Trump – as expected – has shaken up the status quo. This is a list of actions that will or may impact health care and, more specifically, health systems. We did not include some actions, like withdrawing from the World Health Organization or the Paris Climate Accord, that will have limited or no impact on U.S. health systems.

We are expecting more actions from the Administration that will impact health systems and will update this list accordingly.

Updated 3-17-2025, updates in red.

<i>Action</i>	<i>Description</i>	<i>Status</i>
<u>Executive Order to Enforce Health Care Price Transparency Regulations</u>	<p>This could be achieved either through the regulation process with notice and comment or through guidance which would be simply released with new requirements. Once the new CMS Administrator is approved by the Senate, the changes could be put into place.</p> <p>Directs HHS, and the Labor and Treasury departments to "rapidly implement and enforce" healthcare price transparency enforcement regulations that President Trump introduced during his first term.</p> <p>EO directs departments to require hospitals and payers to disclose actual prices, not estimates and take action to "make prices comparable across hospitals and insurers, including prescription drug prices." Departments will also update their enforcement policies to ensure hospitals and insurers are in compliance with requirements to make prices transparent. Click <u>here</u> for the White House fact sheet.</p>	Current, new regulations or guidance required
CMS Proposes Policy to Roll Back ACA Enrollments and Promote Healthier Risk Pools	In an effort to cut back on enrollments to HealthCare.gov with information that failed to match federal data sources, CMS announced policy changes within the 2025 Marketplace Integrity and Affordability Proposed Rule. The proposed rule would change the income verification processes, modify eligibility redetermination procedures, and adopt pre-enrollment verification for special	Current

	enrollment periods. According to CMS, these changes will help to keep people from being enrolled without their knowledge as well as protecting the risk pools by not allowing people to sign up during special enrollment periods for when they fall ill. Click here for the rule, and here for the fact sheet.	
CMMI Ending Certain Demonstration Models	CMS Innovation Center announced plans to end demonstration models affecting primary care, kidney care and healthcare payments in the state of Maryland at the end of the calendar year. The agency will also make changes to other projects, including dropping a planned initiative that would offer certain generic drugs to Medicare enrollees for \$2 and will look to reduce the size of the Integrated Care for Kids. CMS said its planned terminations would save nearly \$750 million. Click here for the CMS fact sheet.	Current
FDA to Review Food Content Rule	The FDA will explore rulemaking to eliminate the self-affirmed Generally Recognized as Safe (GRAS) pathway, aiming to enhance the FDA's oversight of ingredients considered to be GRAS. Currently, the FDA strongly encourages manufacturers to submit GRAS notices through the agency's GRAS Notification Program, but industry can self-affirm that the use of a substance is GRAS without notifying the FDA. The FDA has completed and published more than 1,000 GRAS notices and evaluates an average of 75 notices per year. The agency maintains a public inventory where all GRAS notices that have been filed by the agency, along with the supporting data, and FDA's final agency response letters are available for review and download by the public. Eliminating the self-affirmation process would require companies seeking to introduce new ingredients in foods to publicly notify the FDA of their intended use of such ingredients, along with underlying safety data, before they are introduced in the food supply. Click here for the HHS notice.	Current
DOGE to Assume Control of CMS System Update	A pair of posts on X announced that CMS contracts to overhaul and update several data systems have been canceled and DOGE officials will be taking over the projects, click here and here .	Current
CMS Issues Hospital Alert for Protecting Children from 'Chemical and Surgical Mutilation'	CMS has issued a new alert to hospitals stating their responsibility to protect children from potentially harmful medical interventions related to gender dysphoria, such as puberty blockers and cross-sex hormones, which can have irreversible effects, including sterilization. CMS shared in its brief that recent studies revealed between 2017 and 2021, over 17,000 children aged 6 to 17	Current

	<p>began such treatments, despite evidence showing their potential long-term harm, particularly on growth, bone density, and fertility, pointing out that the U.S. is becoming an outlier in this regard, as countries like the UK, Sweden, and Finland have restricted such interventions. The agency emphasized that providers must uphold the highest medical standards, especially when treating children, to ensure "do no harm" principles are followed. Similar alerts are also being sent by other HHS agencies to grantees. To view the CMS alert, click here.</p>	
<p>CMS Rescinds Medicaid Health-Related Social Needs Guidance Documents</p>	<p>A CMS bulletin announced last week that Medicaid is rescinding two previous guidance memos on Medicaid health-related social needs, titled "Coverage of Services and Supports to Address Health-Related Social Needs in Medicaid and the Children's Health Insurance Program." The document was first released in November of 2023 and discusses opportunities available under Medicaid and CHIP to cover certain services and supports that aim to address HRSN. The second, released in December of 2024, provided updates and clarifications to the document. CMS states that the agency will still consider states' applications to cover these services but will do so on a case-by-case basis. Click here for the bulletin.</p>	<p>Current</p>
<p>Executive Order Prohibiting Illegal Immigrants from Receiving "Taxpayer-Funded Benefits"</p>	<p>Executive Order will prohibit US taxpayer money from being spent to support undocumented migrants or encourage illegal immigration. The order directs federal departments and agencies to identify federally funded programs providing financial benefits to migrants in the country illegally. The order also prohibits cities and states from using federal money for programs that could assist migrants. Undocumented individuals are already broadly ineligible for most government programs, including federal food assistance payments and welfare benefits.</p> <p>The potential impact on health care providers would be on Medicaid as some states provide Medicaid benefits to undocumented migrants. Click here for the White House fact sheet.</p>	<p>Current</p>
<p>Executive Order Creating the Make America Healthy Again Commission</p>	<p>The "Commission is tasked with investigating and addressing the root causes of America's escalating health crisis, with an initial focus on childhood chronic diseases."</p>	<p>Current</p>

	<p>As part of its initial tasks, the Make America Healthy Again Commission will probe the potential over-utilization of certain medications, food ingredients and chemicals, with a focus on their potential links to chronic disease rates in children. As it relates to medications, the commission will "assess the prevalence and threat posed by the prescription of selective serotonin reuptake inhibitors, antipsychotics, mood stabilizers, stimulants and weight-loss drugs," according to the White House. Click here for the White House fact sheet.</p>	
<p>OMB Freeze on Agency Grants, Loans, and Other Financial Assistance Programs</p>	<p>As the Administration rescinds and halts a variety of funding streams and grants, the Courts are reviewing the validity of the orders. Most recently, United States Court of Appeals for the First Circuit sent the case back to the Lower Court on procedural grounds. This will probably be seen by the Appellate Court in the near future once the Lower Court has a decision. Click here for the opinion.</p> <p>Despite the pause on a federal grant funding freeze, many community health centers and Federally Qualified Health Centers are not able to access their funds (click here).</p> <p>A memo sent by Matthew J. Vaeth at the Office of Management and Budget addressed to the heads of executive departments and agencies, says that the memorandum is no longer in effect. Click here for the OMB memo.</p> <p>On January 28, all federal agencies were ordered to temporarily block disbursement of grants and loans — other than for Social Security, Medicare, Medicaid and other programs providing direct aid to individuals. The memo said the temporary pause was intended to ensure agencies are complying with Trump's executive orders to root out "Marxist equity, transgenderism, and green new deal social engineering policies" from programs within their purview.</p> <p>Click here for a list of programs from OMB that would have been impacted. There are programs impacting numerous health care and related funding streams.</p> <p>Click here for a copy of the judge's order to pause the freeze.</p>	<p>Rescinded</p> <p>Currently under review in the Courts</p>

<p><u>EO Regulatory Freeze</u></p>	<ul style="list-style-type: none"> • Prohibits an agency from issuing any rule until a department or agency head appointed by Trump reviews and approves the rule; • Withdraws any rule that has not yet been published in the Federal Register until it undergoes a review by a Trump agency chief; and • Postpones (with some exceptions) for 60 days any final rule published in the Federal Register that is not yet effective until it is reviewed. Agencies may open another 60-day comment period. • Among the health care rules impacted by this order is the new DEA telehealth prescribing rules for controlled substances proposed last week are also all likely impacted by this EO: <ul style="list-style-type: none"> ○ One proposed rule (RIN 1117-AB40) would introduce a new licensure program allowing vetted practitioners to prescribe controlled substances online without an in-person evaluation. ○ The DEA and HHS also issued a final rule (RIN 1117-AB78) that will allow audio-only telehealth practitioners to prescribe up to a six-month supply of buprenorphine before conducting an in-person evaluation. <p>The third regulation (RIN 1117-AB40) is a proposed rule that would allow practitioners working for the Department of Veterans Affairs to prescribe controlled substances via telemedicine to a VA patient without an in-person evaluation.</p>	<p>Active</p>
<p><u>EO Creating DOGE</u></p>	<p>Establishes new Department of Government Efficiency. The new entity is charged with reviewing all agencies, services, and policies within the Federal government.</p> <p>Among programs and issues that outside groups are suggesting be reviewed are the 340B program, site neutral payments and other health care programs.</p>	<p>Active</p>

	<ul style="list-style-type: none"> ○ GOP House leaders created a DOGE subcommittee to assist the Administration's DOGE. Rep. Marjorie Taylor Greene will chair the subcommittee. 	
<u>NIH Cuts Funding for "Indirect" Costs Related to Research</u>	The Administration is cutting about \$4 billion in biomedical research funding. The move, announced Friday night by the National Institutes of Health, cuts its funding for "indirect" costs related to research. These are the administrative requirements, facilities and other operations.	Active
<u>EO on Stating there are Two Biological Sexes</u>	<p>Prohibits federal funds from being used to promote gender ideology and requires each agency to assess grant conditions to ensure grantees do not promote gender ideology. Prohibits use of federal funds for any medical procedure, treatment, or drug that intends to conform a federal inmate's appearance to that of the opposite sex.</p> <p>While many hospitals do not offer gender surgeries or provide hormonal services related to this, if a person, adult or minor, were to present at a facility in need or care, emergency or otherwise, it is uncertain whether this EO would also cover those circumstances.</p>	Active
<u>HHS Freeze on External Communications</u>	<p>While some publications have resumed such as the MMWR, others are still being held back. In fact, the CDC has instructed its scientists to retract or pause the publication of any research manuscript being considered by any medical or scientific journal, not merely its own internal periodicals. The move aims to ensure that no "forbidden terms" appear in the work. Click <u>here</u> for details.</p> <p>A memo released by the Acting HHS Secretary declared that all public, external communications be temporarily halted. This included advisories, scientific reports, website updates, and social media posts. This also included any meetings with people outside the government.</p> <p>This was concerning to many in the health care and scientific communities because it included the CDC's Morbidity and Mortality Weekly Report (MMWR) that provides information on the overall activity of respiratory viruses</p>	Active – Slowly being lifted

	<p>across the nation and another that specifies how widely COVID-19, RSV and the flu are spreading. The pause is currently expected to last at least through February 1.</p>	
<p>Restrictions lifted on immigration enforcement at hospitals</p>	<p>The Department of Homeland Security lifted restrictions on Immigration and Customs Enforcement and Customs and Border Protection officers on previously protected "sensitive" areas like hospitals to allow enforcement actions, including arrests, to take place. DHS states that the previous rules hindered law enforcement efforts by creating zones where undocumented individuals could evade capture, this new policy allows ICE and CBP officers to act with fewer restrictions.</p> <p>Hospitals are also governed under federal law by EMTALA and HIPAA that may impact hospital decisions regarding undocumented persons.</p> <p>At this time, undocumented immigrants that are being targeted are those with deportation orders and/or known criminal activities or convictions.</p>	Active
<p>Ending DEI Programs and Preferencing</p>	<p>Hospital DEI programs from human resources to community initiatives have the potential of being impacted by this EO, click here for more from <i>Axios</i>.</p> <p>Directs the OMB to terminate federal diversity, equity and inclusion (DEI) programs, training, grant funding, and other programs to the extent allowed by law.</p> <p>Included in the EO are “Federal grantees who received Federal funding to provide or advance DEI, DEIA, or “environmental justice” programs, services, or activities since January 20, 2021.”</p>	Active
<p>America First Trade Policy</p>	<p>Directs Treasury, Commerce and U.S. Trade representative to investigate causes of trade deficits, as well as security concerns from such deficits. Mandates U.S. trade Representative to review unfair trade policies and assess impact of the United States-Mexico-Canada Agreement. Also requires U.S. Trade Representative to identify countries which can negotiate sector specific agreements. Specifically identifies review of Economic Trade agreement with China, and assessment of modifying tariffs.</p>	Active

	This could impact imported medical supplies and equipment. Basic supplies – PPE, gauze, bandages, alcohol swabs, etc. – up to more intricate tools for surgical procedures may be impacted, leading to rising prices and/or shortages.	
--	--	--