

100 Days of Disruption: Health Policy Under Trump 2.0

Overview

President Trump has sought to remake America at breakneck speed over the first 100 days of his second term, issuing more than 140 [executive orders](#) (EOs) since returning to office, dismantling government agencies, and testing the limits of his power. Elevating government critics like Elon Musk and science skeptics like Robert F. Kennedy Jr. to key positions within the administration has created widespread disruption within the Department of Health and Human Services (HHS) and rocked the health policy community as the two have worked to cut a quarter of the department's workforce, reorganize or remove entire agencies, and reduce contract spending by 35% ([Impact summary](#)). Many of these actions have faced [legal challenges](#) which are still playing out in court.

Also pivotal to these efforts is Director of the Office of Management and Budget (OMB) Russell Vought, who orchestrated the administration's funding freeze ([Impact summary](#)) and is now leading an aggressive campaign to deregulate the federal government. With Vought's help, Trump has [committed](#) to rescinding at least 10 rules for every new regulation issued, a significant escalation from the first Trump administration's two-for-one policy. In alignment with the EO, the [OMB](#) and the [Centers for Medicare & Medicaid Services](#) (CMS) have issued requests for information (RFI) seeking input about which federal regulations to eliminate or revise. President Trump also [directed](#) departments to repeal "unlawful" regulations without notice-and-comment rulemaking.

The Trump administration intends to focus what remains of the federal bureaucracy on executing [priorities](#) consistent with RFK Jr.'s Make America Healthy Again (MAHA) movement, such as policies to improve nutrition and wellness and reduce chronic disease. Other priorities include pivoting away from health equity, increasing transparency, and reducing fraud, waste, and abuse, though many of these aims will likely be harder to achieve with less resources and some seem at odds with how HHS has been operating under Secretary Kennedy so far.

Despite the upheaval, and a number of challenging positions Trump has staked out on issues such as tariffs, congressional Republicans have continued to support the President and his agenda. This solidarity has further emboldened Trump over the first 100 days, but Republicans may begin to pushback if his [approval ratings](#) (and the [economy](#)) continue to decline.

Congressional Landscape

Extending the expiring [Tax Cuts and Jobs Act](#) and increasing spending on [defense, energy, and immigration](#) through budget reconciliation is the top priority for President Trump and congressional Republicans. They intend to cut Medicaid funding to help pay for the package, though the extent of the reductions remain to be seen. The House aims to pass its legislation by Memorial Day, with markups beginning this week. The Senate is expected to move more slowly, initially targeting a final package by the August recess. However, Treasury Secretary Scott Bessent recently suggested a deadline of July 4th given the need to address the debt limit before the X date, the date in which the federal government will reach its borrowing limit. The Congressional Budget Office had previously estimated the X date would fall between August and September, but the Treasury Department is expected to issue a projection soon which will account for recent tax filings. Each with narrow margins, the House (220-213) and Senate (53-47) will need to resolve any differences between the two bills while securing enough Republican votes.

The other time-sensitive priority is funding the federal government for fiscal year 2026 by September 30, 2025. Given the time constraints, we may again see a continuing resolution (CR). Lawmakers will also have to address the package of expiring health care extenders, which includes funding for community health centers and other health programs, as well as COVID-19 telehealth flexibilities. Democrats may also push for the inclusion of the health care package – with proposals addressing a range of issues, including Medicaid, Medicare, prescription drug prices, substance use prevention and treatment, pandemic preparedness – that was excluded from the end of the year CR in 2024 and introduced as a standalone bill ([S. 891](#)). Some Republicans have expressed interest in extending the enhancements to premium tax credits set to expire at the end of the year – a top Democratic priority.

Trump Administration Actions

The following table describes actions the Trump Administration has taken on key health policy issues over the first 100 days of President Trump's second term, and what we know or anticipate the administration will do next.

Health Policies Pursued by the Trump Administration		
Issue	Actions-To-Date	What's Next?
Medicaid	<ul style="list-style-type: none"> The White House played a key role in the passage of a budget resolution framework that could lead to up to \$880 billion in Medicaid cuts, however, the President has said he does not support cutting Medicaid HHS cut 300 CMS employees (4% of workforce) plus cut other areas 	<ul style="list-style-type: none"> OMB is currently reviewing a draft Medicaid rule that could impact provider taxes by updating “existing regulations that govern the process for States to obtain a waiver of the statutory requirements that health care-related taxes are broad based and uniform to ensure that taxes passing

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	<p>that will impact Medicaid such as the Medicare-Medicaid Coordination Office</p> <ul style="list-style-type: none"> • Approved 149 state plan amendments • Requested input on plan to closely examine section 1115 demonstration projects • Told State Medicaid Directors CMS will no longer approve or extend 1115 demonstration waivers that include federal match for non-health related Medicaid expenditures 	<p>the statistical test are generally redistributive”</p>
Medicare Advantage (MA)	<ul style="list-style-type: none"> • CY 2026 MA and Part D Rate Announcement provided a 5.06 percent increase in payment and the final rule did not finalize provisions related to beneficiary protections, AI guardrails, or internal coverage criteria 	<ul style="list-style-type: none"> • In his confirmation hearing, CMS Administrator Oz expressed interest in addressing upcoding. The agency could address the use of health-risk assessments and chart reviews for capturing diagnoses or make further changes to the risk adjustment model • Project 2025 also explored the option of making MA the default enrollment option for Medicare, but this would likely require Congressional action
Affordable Care Act (ACA)	<ul style="list-style-type: none"> • Rescinded Biden-era EO to strengthen Medicaid and ACA • Reduced funding for the Navigator program by 90 percent • Issued a proposed rule intended to address improper enrollments in Marketplace coverage and reduce improper federal spending on advanced premium tax credits • Defended ACA's preventive services requirement before the Supreme Court, with focus on HHS Secretary's supervisor power 	<ul style="list-style-type: none"> • If finalized as proposed, the Marketplace Integrity and Affordability Proposed Rule could result in 750,000 to 2 million people losing Marketplace coverage in 2026 • A Supreme Court ruling in favor of the federal government could give the HHS Secretary more power to interfere with USPSTF's recommendations • It remains to be seen whether Republicans will agree to extending enhancements to premium tax credits, which expire at the end of 2025
Drug Pricing & Coverage	<ul style="list-style-type: none"> • President trump issued an EO on drug pricing, which includes improving the Medicare Drug Price Negotiation Program and Part D 	<ul style="list-style-type: none"> • President Trump has indicated that tariffs on pharmaceutical products are forthcoming and he seeks to incentivize domestic production

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	<p>premiums, supporting-value-based approaches in Medicare and Medicaid, PBM transparency, generic and biosimilar competition, and reestablishing regulations on 340B from Trump's first term</p> <ul style="list-style-type: none"> • CMS did not <u>finalize</u> the coverage of anti-obesity medications in Medicare and Medicaid or pharmacy network transparency requirements 	<p>Pursuant to the EO, we can expect the following:</p> <ul style="list-style-type: none"> • By June 14: The Initial Price Applicability Year (IPAY) 2028 guidance for the Medicare Drug Price Negotiations Program and effectuation of the maximum fair price (MFP) for IPAYs 2026-2028 • By July 14: <ul style="list-style-type: none"> ○ HHS action to ensure the FQHC grants are conditioned upon health centers establishing practices to make insulin and injectable epinephrine available at or below the discounted price paid under the 340B program; ○ Recommendations to the President on how to best to promote a more competitive, efficient, transparent, and resilient pharmaceutical value chain, including PBMs; and ○ FDA steps to improve the approval process for state importation programs • By October 12: <ul style="list-style-type: none"> ○ Policy recommendations to stabilize and reduce Part D premiums; ○ HHS's plan to conduct a survey of hospital acquisition cost of covered outpatient drugs; ○ Recommendations to ensure that manufacturers pay accurate Medicaid drug rebates, promote innovation in Medicaid drug payment methodologies, link payments for drugs to the value obtained, and support States in managing drug spending;

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		<ul style="list-style-type: none"> ○ A report with administrative and legislative recommendations to accelerate generic and biosimilar competition; ○ Potential regulatory action to ensure that Medicare payments are not encouraging a shift in drug administration volume from physician offices to hospital outpatient departments; ○ Regulations to improve employer health plan fiduciary transparency into the direct and indirect compensation received by PBMs; and ○ A report with recommendations to reduce anti-competitive behavior from pharmaceutical manufacturers. • By April 15, 2026: A CMMI model to improve the ability of the Medicare program to obtain better value for high-cost prescription drugs.
Payment & Delivery Reform	<ul style="list-style-type: none"> • CMMI announced it is ending several models at the end of 2025, terminating two models that had not launched, and considering reducing the size of the Integrated Care for Kids (InCK) Model • CMS proposed changes to the Transforming Episode Accountability Model (TEAM) as part of FY 2026 rulemaking 	<ul style="list-style-type: none"> • Terminate ESRD Treatment Choices Model via rulemaking, end Making Care Primary and Primary Care First, and scale back InCK • Launch upcoming models, including the Increasing Organ Transplant Access Model (July 2025) and TEAM (January 2026) • Bolster primary care through “permanent programs” (i.e., MSSP and the Physician Fee Schedule) • Release new CMMI strategic vision and develop new models • Project 2025 suggested reviving the MA Qualifying Payment Arrangement Incentive demonstration to exempt eligible clinicians participating in certain

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		payment arrangements with MAOs from MIPS reporting requirements and payment adjustments
Competition & Transparency	<ul style="list-style-type: none"> • Launched DOJ Anticompetitive Regulations Taskforce and solicited feedback due May 26 • Issued EO to strengthen price transparency requirements for hospitals and health plans; action due May 26 • Issued FTC request for information on reducing anticompetitive regulatory barriers due May 27 	<ul style="list-style-type: none"> • Potential revision or elimination of regulations determined to raise barriers to competition • Guidance or proposed rule to ensure pricing information is standardized and comparable and to update enforcement
Artificial Intelligence (AI)	<ul style="list-style-type: none"> • Rescinded President Biden's EO on AI and issued a new EO requiring the development of an AI Action Plan • Pursuant to the EO, OMB modified guidance around the government's use and acquisition of AI systems, and the Office of Science and Technology Policy issued a Request for Information (RFI) seeking public input on the development of the AI Action Plan • CMS did not finalize guardrails on the use of AI to ensure equitable access to MA services 	<ul style="list-style-type: none"> • Pursuant to the EO, we can expect the AI Action Plan to be developed by July 22, 2025 <p>Pursuant to the OMB guidance, we can expect:</p> <ul style="list-style-type: none"> • By July 16, 2025: The General Services Administration will release public AI procurement guides • By October 4, 2025: Agencies will develop strategic AI plans that prioritize domestic adoption and innovation • By April 3, 2026: Agencies will discontinue the use of high-impact AI that is not compliant with minimum security practices
Mental/Behavioral Health	<ul style="list-style-type: none"> • The Office of National Drug Control Policy released a statement outlining a policy vision and six administration priorities in addressing addiction and overdose deaths • Revoked over \$11 billion in COVID-era grant funding to states that supported addiction and mental health programs • Secretary Kennedy renewed the public health emergency for the opioid crisis 	<ul style="list-style-type: none"> • As part of the HHS reorganization and reduction-in-force, the Substance Abuse and Mental Health Services Administration will move to the HHS Administration for a Healthier America (AHA)

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	<ul style="list-style-type: none"> Closed the Office on Smoking and Health at the CDC 	
Maternal & Reproductive Health	<ul style="list-style-type: none"> <u>Suspended</u> 2025 data collection for <u>Pregnancy Risk Assessment Monitoring System</u> (PRAMS); 2023 PRAMS data was not released in March as planned AHA will include a <u>Maternal and Child Health Division</u> CMMI is continuing the <u>Transforming Maternal Health (TMaH) Model</u> <u>Advisory Committee on Immunization Practices</u> met in April after being postponed. Decisions inform access to and coverage of vaccines <u>Issued</u> EO to enforce the Hyde Amendment <u>Froze</u> Title X grants for all 9 Planned Parenthood grantees and 7 other nonprofit grantees <u>Dismissed</u> lawsuit on abortion and EMTALA, signaling the administration will not enforce EMTALA protections for emergency abortion care 	<ul style="list-style-type: none"> The administration's approach to maternal health will become clearer as HHS' reorganization takes form and we see which teams move to AHA and which are eliminated entirely The administration will have to decide whether or not to defend the <u>Pregnant Worker Fairness Act</u> in litigation President likely to support funding for Maternal Mortality Review Committees, which he previously supported with the <u>Preventing Maternal Deaths Act of 2018</u>. Legislation is pending in Congress PRAMS data collection may resume and changes to data metrics will determine future ability to understand factors shaping maternal mortality and morbidity, including inequities Applications for multiple maternal health related grants were recently due. Executive branch plans to award them are unknown Continued implementation of, or choice not to implement measures in, the <u>White House Blueprint for Addressing the Maternal Health Crisis</u> Potential rollback of <u>FDA policies</u> that have expanded access to medication abortion (e.g., telehealth) Potential reversal of <u>Biden-era rule</u> establishing privacy protections for reproductive health information Potential reinstatement of the Title X <u>"domestic gag rule"</u>
Gender-Affirming Care	<ul style="list-style-type: none"> <u>Issued</u> EO asserting U.S. policy recognizes two sexes, male and female 	<ul style="list-style-type: none"> Potential changes to <u>CMS-regulated provider requirements and agreements</u> to prohibit gender-affirming care for minors

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	<ul style="list-style-type: none"> • Issued EO to limit youth access to gender-affirming care • Rescinded Biden-era guidance that affirmed nondiscrimination and privacy protections for gender-affirming care • Launched portal for whistleblowers • Proposed to prohibit gender-affirming care as an essential health benefit • Urged states to not use Medicaid funding for gender-affirming care for minors • Canceled grant funding that supported research, education, and clinical programs advancing transgender health • DOJ is drafting legislation that would create a private right of action allowing individuals to sue health care providers who offer gender-affirming care to minors • DOJ directed attorneys to prosecute gender-affirming care for transgender youth under laws designed to prevent female genital mutilation 	
Health Equity	<p>As part of Trump's initial rescission of Biden EOs, the administration reversed several policies impacting diversity, equity, inclusion, and accessibility (DEIA), including:</p> <ul style="list-style-type: none"> • A whole-of-government agenda to advance racial equity, entailing "Equity Action Plans" across federal agencies • Policies to prevent and combat discrimination on the basis of gender identity or sexual orientation, and policies to advance gender equity and equality 	<ul style="list-style-type: none"> • The administration's deregulatory efforts could include revising anti-discrimination regulations to weaken protections against disparate impact, effectively limiting remedies for systemic inequities

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	<ul style="list-style-type: none"> A government-wide diversity, equity, inclusion, and accessibility initiative <p>Separately, Trump issued an EO directing the termination of all policies, programs, offices, and positions that promote DEIA. Other actions include:</p> <ul style="list-style-type: none"> An EO on deregulation and federal government downsizing, eliminating advisory committees on Long COVID and health equity Efforts to undermine LGBTQI+ rights, particularly those of transgender people 	
Nutrition	<ul style="list-style-type: none"> The fiscal year payment rules each included an RFI seeking input on nutrition-related quality measures USDA ended the Local Foods for Schools and Local Food Purchase Assistance cooperative agreement programs Secretary Kennedy and the FDA announced a new infant formula agenda FDA announced a new Chemical Contaminants Transparency Tool database to provide a consolidated list of contaminant levels, tolerances, action levels, and guidance levels in human foods USDA announced a set of steps it will take to bring states into compliance with SNAP application processing requirements 	<ul style="list-style-type: none"> The administration intends to work with states to approve waivers to restrict SNAP purchases of junk food Kennedy has said the USDA, under Brooke Rollins, will approve waivers banning food dyes or making other nutrition improvements to school meals Regulations or guidance to implement food dye bans USDA Secretary Brooke Rollins shared her principles for USDA nutrition programs and encouraged states to act as policy incubators The MAHA Commission plans to improve food safety and lower rates of obesity
Immigration	<p>On inauguration day, the President signed multiple executive orders, which:</p> <ul style="list-style-type: none"> Terminated the CBP One program, canceling immigration appointments for migrants Blocked asylum seekers from entering the U.S. and declared a 	<p>The Trump administration is expected to pursue policies recommended in Project 2025:</p> <ul style="list-style-type: none"> Conduct rulemaking to withdraw the Biden Administration's public charge regulations and reissue the Trump Administration's public charge rule, potentially including provisions omitted

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	<p>national emergency at the southern border, citing public health risks</p> <ul style="list-style-type: none"> • Ended birthright citizenship for children of unauthorized immigrants and certain temporary legal residents, though this has been challenged in court and blocked by preliminary injunctions • Directed the Attorney General and Secretary of Homeland Security to ensure that sanctuary jurisdictions—cities and counties that limit cooperation with federal immigration enforcement—do not receive federal funding <p>Pursuant to the EOs:</p> <ul style="list-style-type: none"> • DOJ initiated lawsuits against states and cities with sanctuary policies, accusing them of obstructing federal immigration enforcement • DOJ launched a sweeping immigration enforcement initiative “Operation Take Back America” • The Department of Housing and Urban Development (HUD) and the Department of Homeland Security signed a memorandum of understanding to prevent undocumented noncitizens from accessing federal housing assistance programs • The Small Business Administration issued a notice proposing to require all small business loan applicants to disclose their immigration status, and ordered regional offices to exit from cities with immigrant-friendly policies 	<p>from the final rule that make it harder for low-income immigrants to obtain legal status if they have used or are deemed likely to use public benefits</p> <ul style="list-style-type: none"> • Eliminate protections for Dreamers (DACA recipients), Temporary Protected Status holders, and other humanitarian programs, putting hundreds of thousands at risk of deportation
Economic Opportunity	<ul style="list-style-type: none"> • The Department of Education announced it would resume collections on defaulted federal student loans starting May 5, 2025, 	<ul style="list-style-type: none"> • The Trump Administration intends to drive Economic Opportunity through the renewal and expansion of the 2017 Tax Cuts and Jobs Act via budget

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	<p>affecting approximately 5 million borrowers</p> <ul style="list-style-type: none"> • EO to dismantle the Department of Education, transferring the management of federal student loans to the Treasury Department • The Consumer Financial Protection Bureau's (CFPB's) medical debt final rule is on hold. A Texas district court granted a stay on the final rule, delaying the rule's effective date until June 15, 2025, while CFPB evaluates its position • EO on federal agency reductions targeting lending programs including the Community Development Financial Institutions Fund 	<p>reconciliation. The Council of Economic Advisers reports that TCJA extension will result in \$150 billion in economic growth from permanent extension of the 20 percent small business deduction and facilitate \$100 billion of investment in distressed communities through Opportunity Zones. Passage of the reconciliation package to extend the TCJA is expected around August.</p> <ul style="list-style-type: none"> • It remains to be seen how the deregulatory activity and agency reorganizations efforts underway will impact agencies such as the SBA and the CFPB, but the Administration's policy is "to significantly reduce the private expenditures required to comply with Federal regulations to secure America's economic prosperity and national security and the highest possible quality of life for each citizen"
Housing	<ul style="list-style-type: none"> • Rescinded \$30 million in grants, impacting at least 66 fair housing groups • HUD announced undocumented immigrants and non-permanent residents are no longer eligible for Federal Housing Administration mortgages • Eliminated "non-statutory" components and functions of the U.S. Treasury's Community Development Financial Institutions Fund • HUD repealed the AFFH rule, which aimed to address racial bias in housing and promote equitable development • Removed 14 board members at Fannie Mae and Freddie Mac 	<ul style="list-style-type: none"> • May eliminate at least 50% of HUD staff, including personnel in the Offices of Fair Housing and Equal Opportunity, Policy Development and Research, and Community Planning and Development • Expected to propose significant spending cuts to HUD's affordable housing and homelessness assistance programs in the FY26 budget
Gun Violence Prevention	<ul style="list-style-type: none"> • Issued EO Protecting Second Amendment Rights 	<ul style="list-style-type: none"> • Likely roll back of "gun show loophole" and "stabilizing braces" final rules that

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	<ul style="list-style-type: none"> • Eliminated the White House Office of Gun Violence Prevention • Removed the Surgeon General's 2024 advisory declaring gun violence a public health crisis • Eliminated Biden's Zero Tolerance Policy which revoked gun dealer licenses if firearms were sold without background checks and other protections • Announced review of the "gun show loophole" final rule • Announced reconsideration of final rule regulating stabilizing braces, which make smaller concealable weapons more deadly • Created 2nd Amendment Taskforce at the DOJ to protect gun owners • Eliminated funding for CDC's Firearm Injury and Mortality Prevention Research in leaked OMB passback • President Trump responded to the Florida State University April 2025 shooting stating it was a "shame" but that he's unlikely to support new gun control measures because he "has an obligation to protect the Second Amendment" 	<ul style="list-style-type: none"> • ATF/DOJ are currently reviewing and subsequent legal challenges • Potential roll back of additional gun violence prevention efforts such as limitations on unserialized or undetectable 3D printed guns and Biden's efforts to improve school safety • Elimination of federal funding for gun violence prevention research at CDC and/or via CDC and NIH grants • Administration could choose not to defend previous gun violence prevention regulations in litigation
Climate	<ul style="list-style-type: none"> • Froze all pending climate, clean air, and consumer protection rules, and authorized fast-tracking fossil fuel, infrastructure, and mining projects • Withdrew from the Paris Climate Agreement and revoked all Biden-era EOs on the climate crisis and environmental justice • EPA Administrator froze \$20 billion from the Greenhouse Gas Reduction Fund, citing alleged fraud, and 	<ul style="list-style-type: none"> • EPA is targeting the rollback of 31 pollution regulations, including those addressing soot, mercury, and coal ash, which could adversely affect air quality and public health • Plans to cancel the U.S. Global Change Research Program and defund federal science advisory committees, weakening the evidence base linking climate change to health outcomes

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	<p>halted \$7 billion in Solar for All grants</p> <ul style="list-style-type: none"> • Eliminated the Council on Environmental Quality's (CEQ) role in environmental review, revoking all CEQ guidance since 1977 under NEPA • Directed DOJ to identify and stop enforcement of state-level climate laws deemed "burdensome and ideologically motivated" • EPA cancelled 400 environmental justice grants, violating a court order that barred freezing equity-based funding 	

Relevant Appointments

President Trump moved quickly to appoint and confirm his nominees for key cabinet positions. Across the Administration, President Trump chose individuals with backgrounds in the private sector over individuals with regulatory and government experience. This approach is aligned with the President's suspicion of federal bureaucracy and his efforts to reduce the size and impact of the federal government. Most of the major nominees were approved by the Senate along party lines.

HHS Secretary Kennedy

Robert F. Kennedy Jr., now Secretary of HHS, is one of the most controversial and consequential appointees. Secretary Kennedy's "Make America Healthy Again" agenda focused on chronic disease, nutrition, and preventive care is a driving force behind the actions of the Administration during the first 100 days, including the reorganization of HHS. Secretary Kennedy's first action was to establish the [MAHA Commission](#) focused on childhood chronic diseases. During his [confirmation hearings](#), Secretary Kennedy was questioned on vaccines, reproductive health, Medicaid, and Medicare. Democrats opposed his nomination due to his views about vaccine safety and his lack of knowledge about the Medicare and Medicaid programs. Sen. Bill Cassidy (R-LA) was considered a swing vote due to his background as a doctor and strong support for vaccines, but he ultimately voted to confirm Secretary Kennedy.

OMB Director Vought

The Senate confirmed Russell Vought as Director of the Office of Management and Budget (OMB), which develops budget and policy priorities and oversees agency rulemaking for the Administration.

Vought also served as OMB Director during the first Trump Administration. Vought is one of the most controversial cabinet picks because of his leadership in the development of Project 2025 and support for drastic cuts of government spending and regulation. Vought was also questioned by Democrats during his [confirmation](#) for supporting the use of impoundment to decide not to spend appropriated funds. Vought is now in a critical role overseeing the mass reductions in staff and funding within the Administration, including the HHS reorganization.

CMS Administrator Oz

Dr. Mehmet Oz was confirmed as the Administrator of CMS following [hearings](#) focused on Medicaid, pharmaceutical prices, Medicare Advantage, and technology. Dr. Oz released his [vision](#) for CMS in April, with an emphasis on modernizing the health care programs, increasing cost transparency, and reducing administrative burden while also eliminating fraud, waste, and abuse. Dr. Oz has also indicated his support for using AI to solve many of these issues, including by involving AI in direct patient care.

FDA Commissioner Makary

Dr. Marty Makary was chosen to lead the FDA and is considered one of President Trump's more conventional nominees. During his [confirmation hearing](#), Dr. Makary was questioned about vaccines and medication abortion, although he refused to take a stance on either issue. Democrats expressed concern about his support for "herd immunity" over vaccines during the COVID-19 pandemic.

NIH Director Bhattacharya

Dr. Jayanta Bhattacharya was confirmed as the Director of NIH amid Republican efforts to restructure and reduce funding for the NIH. Dr. Bhattacharya's nomination was controversial due to his support for herd immunity during COVID-19 and his continued skepticism of the safety of vaccines. During his [confirmation hearing](#), Dr. Bhattacharya advocated for more research into the link between vaccines and autism while sidestepping questions about the impact of mass firings and funding cuts.

CDC Director Monarez

President Trump pulled the nomination of Dr. David Weldon to lead the Centers for Disease Control and Prevention (CDC) over his anti-vaccine views and instead nominated the current Acting Director, Susan Monarez. Monarez is a supporter of vaccines and has more federal experience than most Trump appointees. Her nomination hearing has not yet been held.

HHS Deputy Secretary O'Neill

On Tuesday April 29th the Senate Finance Committee (SFC) will hold the nomination for Jim O'Neill to be HHS Deputy Secretary. As Deputy Secretary, O'Neill would be Secretary Kennedy's second in command in implementing the MAHA agenda. O'Neill previously served as a principal associate during the George W. Bush administration and has experience investing in science and technology.

HHS Assistant Secretary for Legislation Andres

Also on the 29th, the SFC will hold the confirmation hearing for Gary Andres as the HHS Assistant Secretary for Legislation. Andres is currently the Staff Director for Republicans on the House Budget committee, and has previously worked for the Ways & Means Committee, Energy & Commerce Committee, and both Bush administrations. His background is in biotechnology.

Key appointees who did not have to go through Senate confirmation include:

- Stephanie Carlton – Deputy Administrator and Chief of Staff of CMS
- Kimberly Brandt – Deputy Administrator and Chief Operating Officer of CMS
- Andrea Fletcher – Director of DOGE at CMS
- Drew Snyder – Deputy Administrator and Director of the Center for Medicaid and CHIP Services
- Chris Klomp – Deputy Administrator and Director of the Center for Medicare
- John Brooks – Deputy Administrator and Chief Policy and Regulatory Officer of the Center for Medicare
- Alec Aramanda – Principal Deputy Director of the Center for Medicare
- Joe Albanese – Policy Advisor of the Center for Medicare
- Abe Sutton – Deputy Administrator and Director of the Center for Medicare and Medicaid Innovation (CMMI)
- Heather Flick – HHS Chief of Staff
- Don Dempsey – OMB Program Associate Director for Health Care Programs
- Theo Merkel – Special Assistant to the President for Domestic Policy