Trump's second presidency begins: evaluating effects on the US health system

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Summary

The first hundred days of the second Trump administration was unprecedented, with the administration taking remarkably aggressive, often questionably legal actions across health policy. This article uses the Health Systems Performance Assessment Framework to identify key policies regarding resources, financing, governance, and service delivery and their impact on the cost, quality, access, and equity of the US health system. The evaluation is largely negative. The administration, in its very energetic first hundred days, has already undermined resources, financing, and in particular governance in areas as diverse as oversight of long-term care, scientific research, and vaccination policy. Administration rhetoric and budget proposals called for severe reductions in health care access and actions to terminate services for particular groups, such as immigrants or gender minorities. Many of the particular actions, such as mass layoffs of specialist scientific and regulatory staff, will be difficult to reverse.

Keywords: United States; Health systems; Donald Trump; Public health; Health equity; Cost; Quality; Access

Introduction

The first hundred days of Donald J. Trump's second presidential administration stand out for extremely aggressive executive actions, limited engagement with legislation and budgeting, and heavy use of symbolic, rhetorical advancement of policy positions. It created uncertainty for both policymakers and the public.

Trump has issued far more executive orders (EOs) than his predecessors: 156 in the first hundred days. EOs give presidential guidance on how specific agencies should use discretion allowed to them by legislation and budgets. Trump's EOs often claimed power far beyond what is clearly within executive branch prerogatives. The result was hundreds of court challenges, over a hundred government losses in court in the first hundred days, and confusion. Republican congressional majorities have insulated the executive from resistance and initiated a budget process that suggests deep cuts to health programs.[1] This aggressive approach culminated in the unprecedented creation of the Department of Government Efficiency (DOGE). DOGE caused mass layoffs at agencies in quick succession, changed important systems and computer codes in unclear ways, used and removed personal data, and authorized and impounded expenditures without any legal basis.

Trump's first hundred days presented a picture unlike any modern presidency: aggressive executive actions, legislative inactivity, and enormous changes in government actions and staffing that judges frequently ruled illegal. Understanding this picture requires understanding policy changes in a conventional sense (e.g., redirecting grant priorities), destruction (e.g., the elimination of the entire international development agency U.S. Agency for International Development (USAID) by firing of nearly all of its 10,000 employees), and disruption (the problems that come from sudden layoffs, impoundments, and stop-work orders that agencies find difficult to understand and implement).

Data collection

We constructed a timeline of actions taken on health topics during the first hundred days of the Trump administration using news reports from Associated Press, combined with a dataset of EOs and legal actions and cross-checking with government websites and other press sources.

Data analysis

We used the Health Systems Performance Assessment (HSPA) framework to evaluate key actions with an impact on the US healthcare and public health sectors.[2] HSPA identifies three upstream components of a health system-financing, resources, and governance-and then three key areas of service delivery-public health, primary care, and specialized care. HSPA is one of the established frameworks for understanding the components of health systems. We chose it because, as the name suggests, its structure and categories are

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particularly focused on performance assessment and evaluation. We evaluate impacts in each area across cost, quality, access, and equity. We define equity as impacts to efforts addressing the health needs of specific populations that would otherwise receive fewer or less appropriate services.

Impact of Trump administration policies

Trump's first hundred days, while likely overstepping the constitutional bounds of the US executive, had dramatic effects on the US health system's resource generation, financing, governance, and service delivery. Table 1 summarizes the evaluations.

Resource generation

Resource generation is the creation and maintenance of the capacity needed to promote and protect health. It happens through activities including research and data analysis, workforce management, education and training, and the acquisition of medicines and equipment.

Research

Universities, which conduct a large share of biomedical research in the US, are the focus of many attacks, including attempts to withhold billions of dollars in exchange for compliance with administration views on race and gender, and to drastically and unilaterally reduce indirect costs paid on research grants (overheads).[3–5] These actions, which put universities under severe financial pressure and cause a great deal of administrative disruption, have damaged research productivity, scientific recruitment, and educational outcomes for research trainees, and have already led to layoffs.[6,7]

The National Institutes of Health (NIH) saw large DOGE-related layoffs and a reorganization, and the administration's budget proposes a potential 44 percent budget reduction.[8] The Agency for Healthcare Research and Quality (AHRQ), which plays an important role in data collection and research to improve healthcare cost and quality, has been threatened with 80–90 percent cuts and lost over half its staff.[9] Destruction of research capacity affects health system cost by reducing access to new technologies, which might actually reduce costs, but also by reducing AHRQ's health services research, which often promotes cost containment.

The administration has reversed desegregation and gender equality regulations, taking special aim at transgender people. Researchers whose work is defined as addressing "diversity, equity and inclusion," including descriptors like "Black," "disability," "transgender," or "women,"[10] have had funding cut[11] and publications censored.[12] Experts removed from NIH panels have been disproportionately people of color and women.[13] NIH announced it would not fund research at universities operating "any programs that advance or promote [Diversity, Equity, Inclusion and Accessibility] or discriminatory equity ideology," replacing older civil rights rules focused on avoiding racial discrimination.[11] The Women's Health Initiative, an enormous, vital study conducted over more than thirty years, was abruptly terminated only to have its restoration announced after public opposition; as with so much, its actual status remains unclear.[14]

America's inclusion in global health research networks has been damaged, with funding drastically reduced,[15] international researchers and students threatened, and visiting scholars cancelling trips to the US citing fear of harassment.[16] The administration has strategically employed the goal of "battling antisemitism" to block research grants to universities "refusing to deal, cutting commercial relations, or otherwise limiting commercial relations specifically with Israeli companies."[11]

Shocks to specialist research communities cause rapid attrition, with scientists exiting the workforce and even the country after as little as a month of disrupted funding, and resources diverted from high-quality basic research to privately assigned, less-impactful work.[17,18] They may also increase hesitancy around research participation, particularly for groups that are already under-represented in health research. One estimate suggests that the administration's proposed NIH cuts, over 25 years, will save $500bn and cost the country $8.2 trillion in lost health-a cost more than 16 times greater than the savings, even excluding lost economic benefits from health research.[19]

Healthcare workforce

Most of the US healthcare workforce is not employed by the federal government. Nevertheless, uncertainty around immigration and the economy affect healthcare workers. Over 1 million non-citizens are employed in healthcare, many of whom are undocumented and working in essential, hard to fill occupations in hospitals, outpatient settings and nursing homes.[20] The administration's push to deport and/or imprison people it falsely defines as criminals and gang members,[21] attempts to eliminate birthright citizenship (*jus soli*),[22] and rescission of guidance restricting ICE actions in or near sensitive locations including hospitals,[23] are causing concern among them.[20]

Cuts to occupational health, including plans to end almost all activity and lay off staff of the National Institute for Occupational Safety and Health (NIOSH), endanger protection of frontline workers including first responders.[24] Efforts to undermine universities and teaching hospitals impact training. If Medicaid cuts materialize (see below), they would have major implications for hospitals that train many healthcare workers. The Health Resources and Services Administration (HRSA), responsible for training and

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Category	Issue	Cost	Quality	Access	Equity
Resources					
	Research				
	Healthcare workforce				
	Supply chains				
	Vaccine availability				
Financing					
	Medicare				
	Medicaid				
	Affordable Care Act				
	Revenue raising				
Governance					
	Regulatory integrity				
	Data integrity				
	Scientific integrity				
	Policy capacity				
Service delivery					
	Public health				
	Emergency management and public health emergencies				
	Gender affirming and reproductive healthcare				
	Health and social services				

Table 1: Summary evaluation of the likely impact of early Trump administration policies.

incentivizing healthcare workers for rural and underserved areas, is already being cut and reorganized.[25]

These actions could reduce the healthcare workforce. The loss of health care workers is likely to increase costs, given that reduced supply would increase salaries. Increased costs and reduced supply will likely come with reduced access, because it will be harder to access scarcer professionals; quality, due to higher workloads; and equity, because organizations serving poorer or minoritized populations are less likely to be able to attract and retain scarce workers and because cuts to HRSA will remove the principle federal policy to support healthcare access for rural and underserved areas.

Supply chains

Product supply chains have been impacted by Trump's focus on tariffs. Under Section 232 of the Trade Expansion Act of 1962, the administration is investigating pharmaceuticals and pharmaceutical ingredients imported into the US, intending to impose tariffs. Existing economy-wide tariffs exclude pharmaceutical imports, but impact pharmaceutical and medical device manufacturers in other ways: tariffs are estimated to raise disruptions related to the pharmaceutical supply chain and exacerbate shortages, e.g., for generic sterile injectable drugs such as IV saline bags or chemotherapy drugs.[26,27]

Supply chain disruptions may affect the cost of some devices and medicines by reducing supply, while tariffs would directly add costs. Scarcity and higher costs will likely reduce access and equity because poorer people and the organizations that serve them are less likely to be able to afford scarce, high-priced products or workarounds such as employing compounding pharmacies to replace medicines in costly, small batches.

Vaccine availability

Vaccine availability (and public trust in vaccination, see below) has been challenged by the appointment of Robert F. Kennedy Jr., a longstanding anti-vaccine advocate, as Secretary of Health and Human Services. This anti-vaccine stance impacts access. Manufacturers require a predictable approval process to invest in new vaccines. Insurers rely on government recommendations to determine vaccine coverage. The Secretary's office, and the FDA Commissioner, have already interfered in vaccine approvals, schedules and research.[28]

The impact of increased vaccine-preventable disease rates on costs might be unimaginably high due to the economic and healthcare costs of morbidity and mortality for diseases such as measles or influenza. Policies to undermine trust in vaccines and outreach campaigns will likely reduce access and vaccination rates overall and especially for more vulnerable populations while potentially making investment in vaccines and mRNA technology less attractive.

Financing

Financing is raising and spending money on healthcare. In the complex US system, spending is primarily through Medicare, healthcare social insurance for those over-65 and Medicaid, a state-federal program providing healthcare for lower-income people and certain other categories such as pregnancy and birth. Both programmes are managed by the Centers for Medicare and Medicaid Services (CMS).

Medicare

The majority of Medicare is now privatized through Medicare Advantage, which allows Medicare beneficiaries to receive coverage through private insurance plans. Though Medicare Advantage plans are more integrated (e.g., containing prescription drug coverage), they cost the federal government more to administer, in part due to overpayments to insurers.[29] Trump's support for Medicare Advantage aligns with broader Republican priorities regarding reliance on the private sector, with Project 2025 proposing to make it "the default enrollment option."[30] Increased use of Medicare Advantage might improve quality at the expense of higher costs, because the government pays for more services as well as the intermediary health insurers.

Despite promising during the campaign that he would not cut Medicare, the Trump Administration has proposed blocking the implementation of a rule aimed at helping low-income Medicare beneficiaries to enroll in Medicare Savings Accounts, which help them to afford their health plan premiums and out-of-pocket medical costs.[31,32]

Medicaid

Medicaid is a joint federal-state program that finances health care for a variety of populations including children, pregnant people, and those under an income threshold. The FY 2025 budget resolution adopted by the House of Representatives in April includes massive spending cuts, implying reduction of $880 billion toward Medicaid over 10 years, or 29 percent of state-financed Medicaid spending per resident.[33]

CMS also plans to restrict federal funds for state-based, health-related social needs programs such as rural broadband investments and funds toward non-emergency care for individuals who do not meet citizenship or immigration status requirements for Medicaid eligibility.[34]

The proposed Medicaid cuts in the administration's budget included a reduction of the federal medical assistance percentage (FMAP), or the percent of Medicaid costs paid for by the federal government as opposed to the states. 12 states have Medicaid trigger

laws, automatically either losing Medicaid expansion through the Affordable Care Act (ACA) or experiencing substantial disruptions to Medicaid in the event of an FMAP reduction. This would dramatically reduce enrollment and insurance coverage in these states, where 4.3 million expansion enrollees reside, probably damaging health outcomes.[35]

National legislation under consideration would require able-bodied adults without dependents who receive Medicaid benefits to work or volunteer for at least 20 h per week and to submit documentation of employment or approved exemptions. Implementing a national Medicaid work requirement could put the coverage of 36 million Americans at risk.[36] The proposal is estimated to save more than $100 billion over 10 years,[37] although work requirements can result in unjustified coverage losses due to new administrative burdens.[38] In addition to national efforts, waivers allow the administration to collaborate with state governments to reshape Medicaid. Arkansas, Ohio, and Iowa have requested waivers to implement state Medicaid work requirements (what are known as Section 1115 waivers to change the way the policy works in a state). Idaho implemented a Medicaid work requirement as part of a broader package of Medicaid reforms.

Proposed cuts to Medicaid payments and work requirements endanger quality, equity, and access in one of the most important federal health care programs. It is likely that cuts to a program that assists poorer, pregnant, and elderly people are cost-reducing only in a very narrow accounting framework. Health care providers dependent on Medicaid (and Medicare), especially rural ones or Medicaid-focused service lines such as obstetrics and labor and delivery, might be forced to close if there is a serious reduction in Medicaid coverage or payment rates.[39]

Affordable Care Act

Alleging "waste, fraud and abuse" in the Affordable Care Act (ACA) marketplace, where people can purchase subsidized health insurance, a CMS proposed rule would narrow the enrollment period for marketplace plans, eliminate the special enrollment period for lower-income enrollees, revise standards for past-due premium payments, exclude Deferred Action for Childhood Arrivals (DACA) recipients from the definition of "lawfully present" individuals eligible to purchase coverage, and eliminate coverage for gender-affirming care.[40] CMS estimates it could result in up to two million losing health insurance coverage. Millions more would pay higher premiums, deductibles, and other health costs.[41]

The Department of Health and Human Services (HHS) appears to be assuming the expiration of Biden Administration enhanced subsidies for ACA marketplace enrollees, which may lead to a 75 percent increase on average in marketplace premiums, and doubling of premiums in some states.[42] Those enrolling in marketplace plans may also encounter unexpected new difficulties, as the administration has eliminated the CMS "fixers," or caseworkers who help enrollees with application errors and coverage challenges.[43]

The proposed cuts to the ACA would have major effects on access and equity. Reducing the range of available services could also undermine quality of care, e.g., for patients in need of gender-affirming or reproductive treatments that are no longer provided.

Revenue raising

The Trump administration has taken actions that should impair revenue collection and diminish the tax base by damaging the economy. The Internal Revenue Service (IRS), which collects taxes, has been a particular target of cuts. It is estimated the US will collect at least *half a trillion dollars* less than anticipated in 2024 due to cessation of tax enforcement activities and degradation of collections, cancelling out the claimed savings of DOGE.[44–46]

Tax collections will also be reduced if the economy shrinks under the influence of erratic tariffs announced by Trump and cuts to Federal jobs and investments.[47] The case for optimism is that deregulation and lax enforcement of existing regulations might enable growth, but it is not clear that this will happen or be reflected in tax revenue given economic disruption and destruction of tax collection capability.

Governance

Governance is the process of "how societies make and implement decisions."[48] Health governance in the US is strongly shaped by the structures of different government agencies and their ability to make reasoned, evidence-based decisions together with other parts of government.

Regulatory integrity

DOGE has attempted to fire thousands of federal government employees, twenty thousand in HHS alone, and pushed for the retirement of thousands more. DOGE announced the elimination of departments and programs and defied Congressional authority to direct agency spending.[49,50] The federal employees and programs targeted by DOGE are essential for health regulation. FDA staff responsible for food and tobacco regulation have been cut, as well as employees at the National Center for Environmental Health, Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Center for Immunization and Respiratory Diseases.

Agencies have begun to roll back regulations and withdraw proposed rules. FDA, for example, withdrew a proposed rule prohibiting menthol as a characterizing flavor in cigarettes and all characterizing flavors in cigars,[51] which is concerning given tobacco industry

funding for Trump's campaign. Businesses seeking exemptions to clean air regulations were told by EPA staff to email to have exemptions granted.[52]

Further politicization of the bureaucracy is likely. An EO attempts to bring back "Schedule F," a questionably legal plan from the first Trump administration to remove civil service protections from around 50,000 Federal employees, effectively turning them into political appointees who serve at the will of the President.[53] Politically-neutral, mid-level bureaucrats who are the targets of this policy translate Congressional intent enshrined in legislation into regulatory practice, including in matters concerning health regulation, service provision and evidence. Making them subject to politically motivated termination transfers their accountability from the law to the executive.

Weakening regulatory agencies will stop new regulations from being considered but also prevent existing regulations from being enforced. It is likely that food safety will be more at risk, tobacco and consumer products will experience less regulatory oversight, and environmental health will be compromised by weak enforcement of legislation. It is unclear whether this will actually help business, which will experience a rise in uncertainty over legal compliance, poorer technical assistance, and for some firms, competition from less ethical competitors.

Data integrity

Trump administration actions have disrupted routine public health communications, reduced public health surveillance, removed infrastructure necessary for future data collection, and disseminated anti-science misinformation.[54] An EO directing agencies to "remove all statements [...] that promote or otherwise inculcate gender ideology" dramatically hampered the ability of HHS agencies to communicate public health data on topics related to gender and health.[55] Another measure directed agencies to remove content from web sites and change all agency forms to ask about sex and not gender.[56] Numerous CDC datasets were taken offline, including, briefly, the entire data directory landing page.[57]

On February 11th, a federal judge issued a temporary restraining order, requiring agencies to restore access to health data that had been removed. Despite this, longer term erosion of data collection capacity is ongoing. For example, every staff member working on the Pregnancy Risk Assessment Monitoring System (PRAMS), which provides essential data on maternal morbidity and mortality, was laid off on April 1st as part of HHS job cuts, and future data collection and funding for PRAMS is unknown.[58]

Destruction and disruption of data collection and dissemination capacity influences health system costs, quality, and equity by reducing the ability of policymakers and others to identify and respond to emerging health challenges.

Scientific integrity

Attempts to hobble science communication, data collection, and dissemination are a part of a broader pattern of anti-science misinformation and disinformation. The most prominent example is Kennedy's anti-vaccination messaging. During a serious outbreak involving the first deaths from measles in the US in ten years, Kennedy spread false information, claiming MMR vaccines have caused "deaths every year" when there are no documented deaths caused by MMR vaccines administered to healthy people.[59–61] HHS plans to the change its website to promote vaccination as a personal decision, stating that individuals should be educated about the "potential adverse events associated with vaccination."[62] CDC will conduct a study on the (thoroughly debunked) link between the MMR vaccine and autism, led by a prominent anti-vaccine advocate.[63] The Make America Healthy Again commission will investigate the routine childhood vaccination schedule.[64] HHS has additionally directed CDC to make new recommendations around the fluoridation of water, a well-proven public health intervention that Kennedy has opposed.[65]

Lack of integrity in official government science advice influences health system cost, access, quality, and equity as it can lead to poor decisions in research, policy, and practice.

Policy capacity

Policy capacity is the ability of government agencies to inform, implement, evaluate and monitor policy decisions taken by the executive or legislature. Many HHS staff are involved in policymaking, program funding, regulatory oversight, and specific agency functions such as food and medicines regulation.

Large, sudden funding and staff cuts are causing significant loss of policy capacity, from expertise in how payment systems operate to evaluation of clinical trials to fraud investigation and disease surveillance.[66] For example, CMS was asked by DOGE to immediately cut 35% of its total staff spending, endangering provider payment systems,[67] and Trump fired the Inspector-General of HHS, the official responsible for ethics and anti-fraud work.[68] It is unclear how large sums of money allocated in many areas will be spent in the absence of the staff who would normally manage the programs; this creates a risk of political influence or corruption.

Policy capacity is what government programs require if they are to be designed, operated, and evaluated effectively, so harm to policy capacity should be expected to negatively affect cost, quality, access and equity.

Service delivery

Service delivery is the process of combining inputs in an organizational setting leading to the delivery of a series of interventions. The HSPA framework divides it into public health, primary care, and specialist (secondary and tertiary, broadly hospital) care. We separate out emergency management from public health because of its importance and institutional distinctiveness.

Public health

The CDC and HHS agencies that support public health have been badly hit by DOGE cuts.[9,24,66,69] For example, at CDC, a team of 25 people supervised three million lead poisoning tests per year at trivial cost until they were suddenly laid off by DOGE.[66] In his first term Trump committed to end HIV by 2019, but has now abandoned that goal,[29] with Kennedy questioning whether HIV is the "sole cause" of AIDS.[70] The CDC's laboratory dedicated to studying sexually transmitted diseases and hepatitis shuttered in April 2025.[71] This lab was formerly a key actor monitoring STDs and drug resistance in bacteria causing them, as well as developing recommendations for treatment.

Local health departments (LHDs) rely heavily on federal funding, receiving over half from the federal government, often in grant form. Rural LHDs offer more clinical services than average to fill in service gaps, and rely more heavily on state and federal money, especially from CMS.[72] In 2021, over 90% of LHDs administered COVID-19 vaccines, over 85% provided routine childhood and adult vaccines, and 64% delivered WIC (nutrition for Women, Infants and Children) services, with the proportion being higher in rural areas.[73]

The administration announced cuts of over $11 billion in grants to state and local health departments related to the COVID-19 pandemic including those addressing epidemiology and laboratory capacity, COVID-19 vaccinations, and COVID-19 health disparities.[74] In the largest LHDs (New York City, Chicago), grant terminations represent 5–15 percent of the annual budget and help pay the salaries of up to 17% of staff. In Riverside County, CA, population 2.5 million, the LHD lost $145 million dollars, 64% of their annual budget.[75,76]

State and local jurisdictions have filed two lawsuits requesting grant terminations be rescinded.[77] As of April, a judge did block termination. It remains unclear if funds will be delivered. Routine public health operations have been thoroughly disrupted; staff are unable to do their normal jobs as they spend time navigating the changes and preparing for long term impacts.[78]

Disruption to and destruction of public health capacity have negative effects across cost, access, quality, and equity. Grant terminations may save money in the short term, but disruption to public health departments will decrease access to and quality of the direct services they provide, increasing costs in the long term. As health departments provide these services to low-income individuals who are disproportionately people of color, this disruption will also damage equity.

Emergency management and public health emergencies

The United States had 28 disasters in 2023 that caused more $1bn in damage each ($92 billion total). Traditionally, US emergency response was divided between the emergency management system, organized by the Federal Emergency Management Agency (FEMA) since 1979, and a public health response led by CDC and later formalized around the Administration for Strategic Preparedness and Response (ASPR). While asymmetry and coordination difficulties between public health and emergency management had long posed challenges, second Trump administration policy is to essentially eliminate both.[79–81]

In March, Homeland Security Secretary Kristi Noem told the Cabinet she was moving to eliminate FEMA entirely by October 1, shifting responsibility for disaster preparedness and management to state and local governments per Trump's EO.[82,83] Over February, FEMA lost approximately 1000 employees through firings and attrition, including more than a dozen senior leaders, raising concerns management ranks were thinning just weeks before hurricane season.[84] In April, FEMA cut nearly $300 million to protect against flooding in Florida[85] and denied North Carolina's request to extend the full reimbursement period for Hurricane Helene recovery efforts.[86] FEMA's Building Resilient Infrastructure and Communities (BRIC) program was eliminated, cutting $185 million to Louisiana for raising homes, building levees, and preventing flooding.[87]

Amid large cuts at HHS, ASPR was to be split, with around 1000 staff moved into CDC and others combined with the Biomedical Advanced Research and Development Authority into a new "Office of Healthy Futures,"[88,89] led by a former Los Angeles firefighter whose political career was launched when he was disciplined for refusing COVID-19 vaccination.[90] The administration also attempted to shut down the Countering Weapons of Mass Destruction Office in the Department of Homeland Security, a decision with potential health consequences that might simply reflect the fact that it is not specified in authorizing legislation and is therefore easier to remove.[91]

US emergency response will likely be devastated by the combination of reducing infrastructure, preparedness investment, and emergency and public health response expertise. To some extent state governments may compensate, but they have very different, variable finances, resources, and governance and have collectively always depended on federal support to manage disaster preparedness, response and recovery. What

disaster response expenditures continue will be disbursed on the orders of the President's office, which means political rather than technical or legal criteria may guide important decisions. It remains to be seen whether devolving responsibility for states will lead them to better prepare, regulate development, or build resilience, but there is no obvious reason to expect they all can or will.

Gender affirming and reproductive healthcare

Republican policymakers have long supported limits on reproductive and gender-affirming care. In reproductive health, the administration froze $27.5 million for the Public Health Service Act's Title X family planning program –around ten percent of the annual budget.[92] Nine state Planned Parenthood affiliates will lose millions in funding earmarked for contraception, cancer screenings and STI testing and treatment. An additional seven providers in the federal family planning program received notices in March that Title X (family planning services) funding was being reduced or even eliminated, despite Title X being characterized as a cornerstone of safety-net healthcare that also extends to LGBTQ+ health services.[93] Some Planned Parenthood clinics have already announced closures as a direct result of these cuts.[94] The National Family Planning and Reproductive Health Association estimates that 846,000 patients will lose access to critical health services if funding is not restored.[93]

Gender minorities are disproportionately likely to experience poverty and have greater health needs.[95,96] Trump EOs banned Federal funding and support for gender-affirming care for minors and some adults, including members of the military and their families (the latter was successfully challenged in court but remains subject to appeal).[55] The administration threatened to deny Medicare and Medicaid payments to healthcare organizations providing gender affirming care, an order of questionable legality that some high-profile healthcare systems nevertheless initially implemented, a decision some reversed after public outcry.[97] A CMS proposed rule would exclude gender-affirming care from the essential benefits provided under ACA marketplace plans, which would increase uncertainty for enrollees of those plans, may raise costs for transgender patients relative to cisgender patients receiving the same services, and could impact access to and cost of gender-affirming care across all insurance, even in states that prohibit transgender exclusions in health insurance.[98]

Health and social services

The federal government operates specific programs on topics including HIV/AIDS, STIs, behavioral and mental healthcare including substance abuse, disability, community living, and elderly services, providing support including suicide prevention hotlines, organ transplant networks, tobacco sales monitoring, or oversight of group homes for people with disabilities. They primarily work through a combination of grants, technical support, and oversight of service delivery rather than direct service provision.

SAMHSA leads public health efforts to advance the nation's behavioral health. It has already had around ten percent of its employees fired,[69] including staff supporting the 988 suicide and crisis hotline number. In March, Kennedy announced that SAMHSA would effectively cease to exist as part of his plan for "operational efficiency."[25] The administration's order requiring staff providing telehealth services to cease working from home should require significant expansion of appropriate office spaces in which confidential conversations can be carried out, though such accommodation is unlikely to be available immediately.[99]

Trump has moved to dismantle the Agency for Community Living (ACL), which oversees "Protection and Advocacy" programs protecting vulnerable people against abuse in group homes and finances research on disability. The proposed budget would eliminate the ACL, the Administration on Aging and the Administration on Disability, cutting programs they finance and oversight they provide in an often under-funded and fragmented sector with a history of poor-quality care.

The Veterans Administration directly provides health care to veterans. In March, its leadership proposed laying off about 80,000 staff to return to 2019 staffing levels (17% of the VA workforce).[100,101] Employees of the Veterans Crisis Line, which provides support to suicidal veterans, were fired.[102]

A draft budget plan from the administration would, if adopted, see the HHS budget cut by $40 billion. Key health agencies would be eliminated or folded into the new Administration for a Healthy America, including HRSA, SAMHSA, AHRQ and the Administration for Strategic Preparedness and Response.[60,61] Proposed cuts cover prevention (including major reductions in funding for the Prevention and Public Health Fund and single issue programs such as those addressing youth violence, elderly falls, or childhood lead exposure), health equity, minority health, primary care, Head Start, low-income energy assistance, occupational safety and health, sexual behavior and education programs including HIV/AIDS programs, and workforce delivery and training.

Policy implications

There are actions that medical practitioners, healthcare system leaders and policymakers can take. Consider just a few: medical providers should prepare for new food-born outbreaks in a weakened food safety system as well as a resurgence of HIV, other STIs, and vaccine-preventable diseases such as measles.[103] Providers in many or all states should

anticipate serious cuts to Medicaid and other programs that might endanger their overall sustainability. Hospitals should anticipate increased casualties, reduced federal support, and more politicization of aid decisions in disaster situations. Those situations will be exacerbated by reduced federal support for climate-resilient infrastructure and weather prediction. Pediatricians and others should anticipate increased vaccination hesitancy and an increase in vaccine-preventable diseases as federal anti-vaccination campaigns start to work, with global ramifications. Americans as a whole can expect to live in a less healthy country, with less regulated food and medicine, reduced healthcare access and equity, and less resilient emergency response.

The aggressiveness of Trump's agenda raises questions about its sustainability. The Trump administration has barely tried to legislate and paid scant attention to administrative or constitutional law, opting instead to implement policies by freezing payments and laying off staff. Trump and his government lost over 100 court cases in the first hundred days, including six federal court injunctions against his policies in one day (24 April).

On the one hand, this strategy of rapid destruction has been successful. Federal agencies might return at the level of skill and competency we knew in January 2025, but that will require a conscious act of rebuilding after skilled staff and tacit knowledge are gone. The instability and destruction of administrative procedures has made government far less sufficient and effective.[66] Norms of bureaucratic impartiality and expertise have been abandoned and it is unlikely that Republican appointees and hires will respect them, so administrative law and norms will also have to be rebuilt and trustworthy staff hired to replace partisan appointees. Developing ways to rebuild programs and policy capacity should not be neglected.

On the other hand, the durability and long term impact of Trump health policies depends on the durability and long term impact of Trump's autocratic agenda. The public response to the health policies advanced by the Trump Administration can affect not only policy adoption, but also the likelihood that Trump can consolidate power. By mid-March, substantial numbers of voters were aware of the attacks on federal science and health policies and their workforce (before the big HHS cuts of April) and largely disapproved.[104] 71% told a different survey that they were concerned cuts would have a negative impact on healthcare including medical research.[105] By mid-April, 82% of respondents said they worried a "great deal" (59%) or a "fair amount" (23%) about the availability and affordability of healthcare.[106] Alerting voters to the administration's health policy actions can affect political support for its actions, in health policy and beyond.

Limitations

Disruption is not just a major feature of the second Trump term, but also a methodological problem. It makes accurate assessment of the state of health programs and systems very difficult. Important facts such as the numbers of Federal employees that have been definitively fired, or the overall status of research grants, are extremely difficult for journalists to report on and for researchers to verify at this time. We excluded impacts on health and health systems in other countries.[15,107] Our health systems focus means we also excluded major policy changes on broader determinants of health such as environmental regulation, labor law, and consumer protection.

Conclusions

Across Table 1, the second Trump administration's record is one of unprecedented damage. Budget proposals that were not enacted but started in the first hundred days would exacerbate the damage through enormous cuts to Medicaid, supplemental nutrition, HHS and NIH. Decentralizing responsibilities to the states will produce less efficiency (due to loss of economies of scale and specialist resources such as laboratories), more variation in state politics, resources, and risks, and more inequality between states.[108] Trump is the least popular president in US polling history.[109] It remains to be seen whether the majority of Americans will stand up and successfully demand that he change course to reflect their views.

Contributors

Scott Greer: Conceptualization, research, analysis, writing for all sections. Holly Jarman: Conceptualization, research, analysis, writing for all sections. Rachel Kulikoff: Conceptualization, research, analysis, writing for all sections. Miranda Yaver: Researched and wrote sections related to health insurance (Medicare, Medicaid, Affordable Care Act), family planning, mental health, STIs and HIV, and part of the section on FEMA.

Declaration of interests

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