

Health Care on the Ballot

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The Path Forward: What Patient Advocates Should Know About Health Policy in 2025-2026

Since November 5th, patient advocacy groups, scholars, medical practitioners, and lawyers have been carefully watching to see what the second Trump Administration might focus on. The second Trump Administration will not simply be a replay of the first, as President Trump's unusual Cabinet appointments, such as the selection of Robert F. Kennedy Jr. as Secretary of Health and Human Services (HHS), make clear. During 2017, the Trump Administration came into power focused on a clear goal: gutting the Affordable Care Act (ACA). This time, the Administration's healthcare agenda is widely varied, including sweeping changes to public health focused agencies such as the CDC and FDA, significant changes to Medicaid funding structures, changes to the Inflation Reduction Act, bans on gender affirming and reproductive care, and more. These changes could have a detrimental impact on marginalized communities, including people with chronic illnesses and disabilities, low-income communities, and communities of color.

This issue of Health Care in Motion is forecasting a few (but not all) of the top health policy priorities to follow during 2025-2026. Some of the analysis was drawn from a joint CHLPI-[Petrie Flom Center for Health Law Policy, Biotechnology, and Bioethics](#) event which brought patient advocates and health law scholars together to discuss the potential threat the Administration poses to access to care, opportunities for innovation, and strategies to protect healthcare.

Anti-Expertise, Agency Restructuring, and Misinformation: The Example of the FDA

The Trump Administration promises to shake things up in Washington by increasing government efficiency, slashing the civil service, and restructuring agencies. The administration has mentioned ["taking a break from infectious diseases for 8 years"](#) and [firing NIH workers](#), [weakening the CDC](#) by taking away its influence over prevention, and, letting [RFK Jr. "go wild" on health at the FDA](#). The Trump campaign also showed a willingness to promote misinformation. Groups like the Kaiser Family Foundation are responding to this threat by launching efforts like the [Misinformation and Trust Initiative](#) and have pointed to opportunities to use healthcare providers as trusted messengers to reach Americans who are vulnerable to misinformation.

The Trump Administration's plans for the FDA exemplifies its approach. At our event, experts raised four main issues the Administration may tackle:

- **The FDA’s relationships:** FDA staff include world experts in science, but Republicans have suggested staff are corrupt and beholden to industry. One solution is to use executive orders like Schedule F to remove career civil servants. [Hollowing out the FDA’s expertise](#) would be catastrophic for public health. However, there is bipartisan support for making the FDA less dependent on industry by increasing public funding.
- **Eliminating core components of the FDA:** Trump’s proposed Department of Government Efficiency might try to eliminate the FDA’s efficacy requirements. The administration is also considering a “[Yelp for drugs](#),” an ideal long advocated by [Peter Thiel and his allies](#). Undermining the FDA’s gatekeeping abilities is concerning since patients aren’t equipped to determine which drugs are safe and which are not.
- **Embrace of questionable drugs and medical interventions:** RFK Jr. and Dr. Mehmet Oz, the potential CMS Administrator, have both espoused holistic and alternative treatments, including concerning ones such as ivermectin and [hydroxychloroquine](#). RFK Jr. has raised the possibility that [poppers](#), not HIV, is the cause of AIDS. Some of [RFK Jr.’s agenda](#) dovetails with evidence-based best practices, such as promoting nutritious food. But much of it runs counter to best practices.
- **Limiting the FDA’s integrity:** [Project 2025](#), long touted as a potential roadmap for Trump, recommends that the FDA change course on certain decisions, such as removing approval for mifepristone. This may reduce trust in the FDA.

There may be some opportunities to improve public health, in part due to RFK Jr.’s heterodoxy on health policy issues. If he emphasizes his less controversial ideas – e.g., decreasing processed sugar in snacks – there may be some opportunity to build in those spaces.

Medicaid Cuts Are Back on the Table

Many Republicans are in favor of [reducing Medicaid spending](#), either because they are focused on pay for upcoming tax cuts or because they want to reshape Medicaid from an entitlement program to a welfare one. Unfortunately, these proposed fiscal changes would likely limit access for beneficiaries. Potential changes include implementing work requirements, converting Medicaid into a block grant or creating “per capita caps” in federal funding per enrollee, and lowering FMAP rates. These proposals and others are designed to cut federal funding for the Medicaid program ([perhaps by \\$4.5 trillion over 10 years](#)). This would mean that state Medicaid programs would struggle to meet enrollment and coverage needs. While supporters of work requirements claim they want to encourage employment, Republican leaders such as House Budget Committee Chair Jodey Arrington are acutely aware of the expected [\\$10 billion in savings per year](#) that work requirements could bring. These savings are realized when people fail to qualify for Medicaid due to heightened procedural requirements.

Previous issues of health care in motion offer deeper dives into Medicaid [work requirements](#), [block grants](#), and [per capita caps](#), and the dangers each of these proposals pose to access to care.

Some advocates expect Medicaid financing changes to be proposed during reconciliation within the opening weeks of the second Trump Administration. Advocates should understand the risks of per capita caps, block grants, and work requirements now and begin or prepare to educate their members of Congress and state political leaders about these harms. One key point to raise is that federal cuts would mean increased costs and a significant loss of funding for states, a challenge during an era when many states are already tightening their

budgets. Getting district level data and creating public awareness that [two-thirds of adult Americans have some connection to Medicaid](#) may be particularly important to help state leaders understand what is at stake.

Reproductive Rights: The Battle Over Abortion Access Goes On

Abortion has been a key topic during this election cycle. During his campaign, Trump promised to veto any federal abortion ban, but there are still ways his Administration could limit access to reproductive care even in states where it is legal. The Trump Administration may use executive orders and the budget reconciliation processes to enact these changes. It also may argue that under the Comstock Act, mailing abortion-related items is impermissible. This would limit access to telemedicine abortions and possibly procedural abortions (if mailing basic obstetric tools is banned). Republicans also may stop enforcing EMTALA, preventing women from getting emergency care.

Advocates anticipate that the Trump Administration will primarily target mifepristone and misoprostol. As discussed above, Project 2025 hints that President Trump's FDA may reverse approval of mifepristone or reverse recent rules that make it more accessible via telemedicine. Even without access to mifepristone, however, medication abortion is still possible with misoprostol. Thus, reclassification of misoprostol as a controlled substance is also a possibility. Attacking misoprostol would be particularly damaging to reproductive health as it is used for miscarriage management and conditions unrelated to pregnancy. Further, reversing longstanding FDA decisions may undercut trust in its role and undermine the pharmaceutical markets.

Advocates believe there are some safeguards. Providers and states dedicated to protecting abortion access can stockpile medications and supplies now so that later changes are less harmful in the short term. The Biden Administration's DOJ published an opinion on the Comstock Act, interpreting it to not apply to lawful abortions. Rescinding the opinion likely will take time. The public can offer comments on agency regulations and hold the Trump Administration to its promise to leave abortion to the states. States can enforce ballot initiatives and pass shield laws to protect providers. Finally, unusual allies like industry may push back against rollbacks to access.

Threats to Behavioral Health and Anti-Discrimination Law

It's not clear yet how behavioral health will be impacted by the new Administration, but experts anticipate the following threats may emerge:

- Under-funding of state and county mental health centers
- Challenges to anti-discrimination laws (e.g., rescinding recent Section 1557 regulations; creating constitutional challenges to Section 504 of the Rehabilitation Act)
- Insufficient funding for home and community-based services
- Overreliance on criminal legal system
- Cuts to Medicaid that both harm this population and prevent positive innovations such as removing the exclusion preventing Medicaid from paying for care in "institutions for mental disease" (IMDs)

However, there is also the possibility of positive, bipartisan action. The previous Trump Administration enacted 988 legislation to provide a suicide and crisis lifeline, and previous Republican administrations have

enacted positive laws such as the Americans with Disabilities Act. Since the Trump Administration has focused on the opioid epidemic, it might take steps to help people with substance abuse disorders.

What's Next?

An important theme from our discussion with advocates and experts was the interconnectedness of each of these issues. Medicaid cuts could weaken access for behavioral health services. Undermining the FDA's ability to block ineffective drugs from entering the market could place more pressure on Medicaid formularies. Limiting access to abortion by removing access to mifepristone and misoprostol could have the result of undermining the broader pharmaceutical landscape. Those involved in the 2017 fight to protect the ACA noted that part of the success came from the unified front of disability, low-income, and chronic disease groups.

Today, more health policies are at risk, and statutes in healthcare are so similar that a threat to any one law – say, Title VI – can have ramifications for Section 1557, Section 504, Title IX, EMTALA, and beyond. Thus, there is an even stronger need to build relationships among health policy players that traditionally haven't collaborated with another – linking together medical school professors, abortion advocates, healthcare industry leaders, state government workers, lawyers, and behavioral health policy researchers. With unified, consistent action and public attention, it is possible to prevent significant rollbacks to health access.

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