

Health Care in Motion

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Day One Executive Orders: How Will They Impact Health Care Access?

On January 20, just hours after the inauguration, President Trump fulfilled a campaign promise to begin issuing a barrage of Executive Orders on day one of his second presidency. He signed 26 Executive Orders that touch on a wide range of topics, from immigration policy to federal pardons. Though health care was not as prominent as it was during the early days of the first Trump Administration, several of the Executive Orders President Trump signed have big implications for health access, particularly for marginalized communities.

How Do Executive Orders Work?

An Executive Order is a directive issued by the President of the United States. Typically, an Executive Order directs a federal agency to take action, for instance, through rulemaking or agency guidance. This means Executive Orders can take time to go into effect because they are rarely self-executing.

Executive Orders are often used as messaging platforms, telegraphing the priorities of the Administration. This is why it is critical to separate the rhetoric used in Executive Orders from what a President legally has authority to do unilaterally. An Executive Order, for instance, cannot be used to make policy changes that can only be made by Congress or through a formal rulemaking process.

Limits of Executive Order Authority

An Executive Order has several important limits and checks.

- A President cannot use an Executive Order to make changes to federal statutes (which requires action by Congress), adopt binding regulations (which requires a formal agency process known as notice and comment), or change rights guaranteed by the U.S. Constitution.
- Executive Orders are subject to legal review and can be overturned if they go beyond the authority of the President to act unilaterally.

Trump's Day One Executive Orders and Potential Impact on Health Care

Though health care was not the primary focus for the Executive Orders issued on the first day of his Administration, several actions could have significant implications for health care access.

Attacks on Marginalized Communities

A common and alarming theme across the Day One Executive Orders was the cruel precision with which they singled out marginalized communities, including the following:

- **Erasing the identity of transgender individuals:** President Trump announced that [federal policy would only recognize two sexes](#), male and female, based on sex at birth alone. The Executive Order takes particular aim at health care provided to transgender individuals who are incarcerated, announcing that gender affirming care and other discrimination protections would no longer be available in federal prisons and directing the federal Bureau of Prisons to implement this change. The Executive Order also directs the Department of Housing and Urban Development to issue new rulemaking rescinding a previous rule that had prohibited discrimination in federal housing programs based on gender identity. Finally, the Executive Order rescinds policies that protected transgender students from discrimination. These actions are all likely to be challenged in court, and there are [growing legal precedents](#) that recognize discrimination based on gender identity as impermissible under longstanding civil rights laws prohibiting discrimination based on sex. But the impact the Executive Order will have on stigma and discrimination, as well as access to care for people confined to federal institutions and/or who rely on certain federal agency supports, will likely be profound.
- **Attacking noncitizens:** Several Executive Orders announced sweeping immigration and border policies that could result in widespread deportations and restrictions on immigration, especially near the southern border. A summary of these Executive Orders is available here from the [American Immigration Lawyers Association](#). Many of the policies announced in these Executive Orders will take time to come to fruition and will face numerous legal challenges (particularly the announced changes to [“birthright citizenship,”](#) which is a constitutional protection not easily overturned by executive action). However, there will undoubtedly be a chilling effect on immigrant access to health care and other services.
- **Eliminating Diversity Equity and Inclusion (DEI) programs:** President Trump also announced an [end to federal DEI programs](#), including rescinding the detailed equity plans each federal agency was required to develop under the Biden Administration. The Executive Order requires agency heads to enumerate all DEI focused positions and any contractors used for DEI training. This Executive Order may signal an end to federal grant funding focused on equity initiatives (including for HIV and other public health efforts), making it more difficult to develop focused programs and interventions to address health disparities.

Destabilizing Governmental Public Health Efforts

Several Executive Orders took particular aim at federal policies that became political lightning rods during the Covid-19 response. These actions could have far-reaching consequences for future public health and pandemic responses and include:

- **Directing the U.S. to withdraw from the World Health Organization (WHO):** President Trump has directed the U.S. to [withdraw from the WHO](#), a global institution the U.S. has been a member of since 1948. [Public health experts are concerned](#) that this move will leave the U.S. (and the rest of the world) more vulnerable

to infectious disease outbreaks. The U.S. is the largest donor to the WHO and through its participation is able to access important data to enable quick responses to emerging public health threats. The withdrawal will take time, as leaving the WHO necessitates a 12-month notice period. There may also be [legal challenges](#) to the move.

- **Rescinding Executive Orders related to COVID-19 pandemic response:** In a sweeping Executive Order, President Trump [rescinded a total of 78 Biden-era Executive Orders and memoranda](#). A number of these federal actions included COVID-19 initiatives, including setting up work forces and task forces to implement and evaluate federal pandemic response. Dismantling COVID-19 infrastructure may be a dangerous proposition, leaving the U.S. more likely repeat failures in any future pandemic response.
- **Pausing health-related communications from federal agencies:** While not the subject of a formal Executive Order, it has been [widely reported](#) that the new Administration has advised federal health agencies to pause any communications (including public health advisories from the Centers for Disease Control and Prevention, health notices, and social media posts). The communications pause is already sowing some confusion across federal grantees, with reports of a canceled federal training on 340B and hold-ups of scheduled resource releases. It is unclear how long communications will be delayed or whether the format of these notices will be changed, but if the delay is long-lasting, it could impact the ability of federal agencies to communicate important health information to the public.

Responding to High Costs for Healthcare

The 2024 election cycle highlighted consumer fears about rising costs throughout the economy, and healthcare costs are no exception. President Trump briefly acknowledged this issue in a [broad Executive Order](#) to address the American “cost-of-living crisis” that included—tucked among many provisions promising to lower prices of housing and consumer goods—a directive to federal agencies to “eliminate unnecessary administrative expenses and rent-seeking practices that increase healthcare costs.” It is hard to predict exactly what policies will follow from this language, but they may include regulations aimed at the health care middlemen (such as [pharmacy benefits managers](#)) who are profiting even as consumer drug prices increase.

At the same time, President Trump rescinded a [Biden Administration Executive Order](#) directing the Center for Medicare and Medicaid Innovation to explore new health care payment and delivery models intended to lower prescription drug costs, including a model to increase access to cell and gene therapies and a model to lower Medicare copayments for certain commonly used drugs. Moreover, President Trump will be under substantial pressure from the pharmaceutical industry to [undermine the Inflation Reduction Act](#) and not vigorously negotiate the next round of 15 drugs as required under the Act’s landmark prescription drug provisions. The next few months, as the next round of negotiations are slated to unfold, will give a clearer picture of President Trump’s priorities with respect to healthcare costs.

What’s Next?

Many of the Executive Orders require action from federal agencies to effectuate, which will take time, and, in some cases, require a formal rulemaking process with a notice and comment period. Legal advocates are also gearing up for court challenges, which could also slow down implementation. Over the coming weeks and months, the impact of the Executive Orders will become clearer as agencies begin to attempt to implement them. Follow this space for updates.

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