

AACOM Post-Election Update

Overview of Health Policy Players in the 119th Congress and Incoming Trump Administration

Over the past several weeks, President-Elect Trump has named nominees for several health leadership positions within the Department of Health and Human Services (HHS). Public and Congressional response to the nominees has been mixed, with most Congressional Republicans expressing support for the nominees and many Democrats indicating concerns and / or opposition regarding specific individuals. Generally, President-Elect Trump has selected individuals who are Washington outsiders and who have been vocal in their criticism of federal health agencies. The following table provides a roster of the current nominees for key HHS positions:

Position	Nominee
Secretary HHS	Robert F. Kennedy, Jr.
Deputy Secretary HHS	Jim O’Neill (<i>Served as HHS Principal Associate Deputy Secretary in the George W. Bush Administration</i>)
Director, Centers for Disease Control and Prevention (CDC)	Former Congressman Dave Weldon, MD (R-FL)
Administrator, Centers for Medicare and Medicaid Services (CMS)	Mehmet Oz, MD
Commissioner Food and Drug Administration (FDA)	Marty Makary, MD, MPH
Director, National Institutes of Health	Jayanta (Jay) Bhattacharya, MD, PhD
U.S. Surgeon General	Janette Nesheiwat, MD

Other significant HHS political positions still to be named include: Director of the Center for Medicare and Medicaid Innovation, Director of the Center for Medicare, Director of the Center for Medicaid and Assistant Secretary for Planning and Evaluation.

Of note, many of the chairmen and ranking members of key healthcare committees and House and Senate Republican leadership come from rural states and have an interest in access to care for those communities:

House Leadership and Committee Positions

Leadership / Committee	Republican (Majority)	Democrat (Minority)
House Speaker/Minority Leader	Mike Johnson (R-LA)	Hakeem Jeffries (D-NY)
House Majority Leader	Steve Scalise (R-LA)	
House Majority/Minority Whip	Tom Emmer (R-MN)	Katherine Clark (D-MA)
Appropriations	Tom Cole (R-OK)	Rosa DeLauro (D-CT)
Education and Workforce	<i>Tim Walberg (R-MI)</i>	Bobby Scott (D-VA)
Energy and Commerce	<i>Brett Guthrie (R-KY)</i>	Frank Pallone (D-NJ)
Ways and Means	Jason Smith (R-MO)	Richard Neal (D-MA)

Senate Leadership and Committee Positions

Leadership / Committee	Republican (Majority)	Democrat (Minority)
Senate Majority/Minority Leader	<i>John Thune (R-SD)</i>	Chuck Schumer (D-NY)
Senate Majority/Minority Whip	John Barrasso (R-WY)	Dick Durbin (D-IL)
Appropriations	Susan Collins (R-ME)	Patty Murray (D-WA)
Health, Education, Labor and Pensions	Bill Cassidy, MD (R-LA)	Bernie Sanders (I-VT)
Finance	Mike Crapo (R-ID)	Ron Wyden (D-OR)

bold = represents COM, *italics* = new in position

Incoming Trump Administration Priorities

- **Deregulating and Reducing the Administrative State**
 - A key priority of the first Trump Administration was deregulation – the elimination of burdensome regulations and requirements. It is anticipated that the second Trump Administration will again focus on deregulatory efforts, starting with a slew of Executive Orders on January 20th, following President Trump’s inauguration. The Trump Administration likely will focus on undoing much of what the Biden Administration promulgated over the past four years, as well as reverting to previous Trump-era policies, which were undone, reversed or overridden by President Biden.
 - The SUNSET (Securing Updated and Necessary Statutory Evaluations Timely) Rule, established in the waning days of the first Trump Administration, would have required HHS to review its existing regulations (at the time an estimated 18,000) within several years to ensure that HHS rules were “having appropriate impacts and have not become outdated.” If any regulation was not reviewed under the specified period, it would have expired automatically. While the rule was overturned by the Biden Administration, it could be reinstated under the second Trump Administration.

- **Disrupting the Status Quo and Questioning the “Old Guard”**
 - A key philosophical approach to policy and governing under the second Trump Administration will be questioning and disrupting the status quo. As part of this, political appointees are expected to scrutinize existing programs for their value and investigate the role and contributions of career agency staff. How this will be operationalized is already evident in President Trump’s nominees for key political positions within HHS, most who are Washington outsiders and have never served in government (see roster above).

- **Reforming Federal Science, Research, and Public Health Agencies**
 - A major refrain within President Trump’s criticism of the Biden Administration over the past four years has been taking down its approach to the COVID-19 pandemic and the perceived poor performance of the federal medical and public health agencies. His selection of nominees for the top positions within HHS share his views; it is likely that many of these individuals were selected because of their vocal critiques of the federal government’s response to the pandemic. It is clear agencies such as the CDC, FDA and NIH are in the crosshairs and their research portfolios, career staff, operations, budgets and programmatic endeavors will be put under the microscope by incoming agency leaders, as well as Congress. Many of the HHS nominees have

indicated they think less federal funding and focus should be allocated to infectious diseases and more to chronic diseases, such as diabetes and hypertension.

- **Improving Access to Primary and Behavioral Healthcare for Rural Communities and Supporting Patient Choice**

- President Trump and Congressional Republicans have expressed an interest in ensuring that their constituents have improved access to healthcare, with a particular focus on primary care, behavioral health, substance use disorder services and mental healthcare. President Trump and his colleagues in the House and Senate maintain that too much focus has been on expanding access to health insurance rather than empowering individuals and families to make the best choices for themselves, including which provider they see and having information to compare costs of treatment.

Congressional Republican Priorities

The 119th Congress will be governed by Republicans in both chambers, with the House having a very narrow majority, which will make governing difficult. While in the Senate Republicans do not have 60 votes, they have enough of a margin so that most of President Trump's nominees should be approved, particularly with Vice President Vance as the 51st vote, as needed. The incoming Republican controlled Congress has many of the same priorities as President Trump and are expected to follow his lead on what policies to prioritize for Congressional time and action. General areas of agreement include:

- Reforming Federal Science, Research and Public Health Agencies
- Ensuring Access to Care in Rural Communities
- Expanding Access to Substance Use Disorder Treatment and/or Mental Health Services
- Providing Consumers with Choice and Information to Make Better Healthcare Decisions

- **Budget Reconciliation and Federal Funding**

Congressional Republicans and President Trump have made clear they are focused on utilizing their trifecta to enact a significant tax package, ideally within the first 100 days of the new Congress. Much of what they seek to achieve vis-à-vis health policy likely can be done via budget reconciliation, including changes to Medicare and Medicaid. Many of the programmatic changes they wish to enact (e.g., reforms to NIH, CDC), may not be considered germane by the Senate parliamentarian, but it is expected that they will try to achieve as much policy and programmatic change as possible using budget reconciliation since it only requires a simple majority to pass.

- **Higher Education**

Both the Republican-controlled Congress and the Administration, across multiple departments, plan to take action in the higher education space. COMs should expect policy, funding and enforcement proposals and changes in a number of areas including, but not limited to Title IV, Title VI, Title IX, tax and accreditation. President Trump campaigned on higher education reform and will likely take executive action on Title IX, particularly on transgender issues, antisemitism and loan forgiveness early on. Congress could also act by attaching policy riders to funding bills, blocking the implementation of Biden administration Title IX regulations, and buying time for those regulations to be rewritten. Schools should also expect the Office of Civil Rights at the Department of Education to use their enforcement capabilities to effect changes at the way schools handle antisemitism, transgender students, gender- or race-based scholarships and the like. These administrative tools can be utilized much more quickly than the lawmaking process and these actions reflect a broader alignment with conservative views on gender and campus policies. Legislation is already being

considered that would limit Title IV lending, including caps on the total amount borrowed and the elimination or limitation of Grad PLUS and Parent PLUS loans, and make changes to the tax treatment of nonprofit IHEs. It's also anticipated that the administration and congress continue to tackle issues such as the cost of higher education, completion, Title IV default rates and repayment, among others.

Summary / Top-Takeaways

- Much of what will be discussed / addressed as part of budget reconciliation in healthcare will be outside of COMs' areas of interest and priority (e.g., Medicaid cuts, changes to the Affordable Care Act, telehealth extenders, etc.), but there could be an opportunity to attach AACOM policy proposals if they are ruled germane by the Senate parliamentarian.
- AACOM, COMs and osteopathic medicine are in a strong position to be viewed as a part of the healthcare solution. Osteopathic medicine's deep expertise and track record in rural access to care, behavioral health, and primary care will likely present increased opportunities in the new Administration and Congress.
- AACOM and individual COMs can provide lived experience and illustrations of where the agencies have been inflexible and nonresponsive and how career staff have been intransigent, which could lead to positive changes for COMs vis-à-vis NIH grant funding.
- Cuts to federal funding are likely. The OME community will need to increase advocacy efforts to ensure that priority programs are adequately funded.
- AACOM has always worked in a bipartisan manner to promote osteopathic priorities and will continue to align its policy agenda to maintain bipartisan support. Bipartisanship over the next two years will still be needed to advance priorities given the slim margin in the House and the 60-vote threshold for most policymaking in the Senate.