



Determining the Effect of a Second Trump Term on Healthcare

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Abstract: As in his first administration Donald Trump has revealed no plan for healthcare in his second. The purpose of this paper is to determine what effect a second Trump Administration will have on American healthcare. Determining what can be expected from Trump is challenging, but important for healthcare administrators, planners, and consumers. Documents, campaign promises, rhetoric, and results of the first term are analyzed to forecast expectations. Trump will use executive orders and agency rules, not legislation, to effect disruptions and changes in healthcare. Some changes seem intended to remove Biden legacies. Special interests promote others. Results will be fewer Americans with healthcare insurance through the Affordable Care Act, less care from Medicaid, higher costs and drug prices, and limited access to abortions. Confusion around vaccines and roles of scientific agencies like the Center for Disease Control will lead to outbreaks of disease, now controlled

Keywords: Healthcare, Trump Administration, Affordable Care Act, Vaccines

1. INTRODUCTION AND BACKGROUND

The purpose of this paper is to determine the effect a second Trump Administration will have on American healthcare. The analysis to achieve this will include examining documents and analyzing statements, campaign promises, and rhetoric. Trump's first term will also be assessed to help forecast what can be expected in the second term. Healthcare administrators, strategic planners, and other decision makers can benefit from this effort in order to have a better idea as to how to accommodate or adjust their operations in both for-profit and not-for-profit organizations.

The determination process raises the question as to whether the effects will be characterized as positive or negative. While the primary purpose of the paper is to identify what will occur and the effect on healthcare without judging the measures, the reader should know that for purposes here, positive effects would mean more Americans are insured, healthcare costs are lowered for consumers, and there would be improved patient access making care more affordable resulting in quality patient outcomes. A positive effect could also mean implementing efficiencies like reducing taxpayer financial support, but maintaining the same or increasing the level of care or number of insureds. Positive can also mean increasing the quality and quantity of care at an efficient cost.

Negative effects would increase individual costs of care, reduce the number insured, and reduce patient access, affordability, and quality outcomes. A negative effect would reduce taxpayer financing but does so by reducing quality and quantity of care or number of insureds. A negative effect would also mean adding care or improving quality, but at an inefficient, extravagant or unnecessary cost to taxpayers. Our first step is to identify what changes will likely occur. After summarizing these changes, we will conclude with a determination the effect these changes will have on healthcare.

2. METHOD: CHALLENGES IN FORECASTING TRUMP BEHAVIOUR

Several challenges confront any attempt to determine what a future Trump administration might do in healthcare. Lueck and Orris (2024) remind us that Trump clearly stated during his campaign in September 2024 that he had no plan to improve healthcare, but had "concepts" of a plan that would "differ from current policy." No plan was revealed for the first term and so far, none for the second term. The historical record of his first term offers evidence of his unpredictability and lack of any ideology or even political philosophy on which to base expectations. The intent of the first term was

not so much to improve healthcare as it was to repeal the Affordable Care Act as revenge against former President Obama (Moore, 2020). Some suggested Trump's actions were only intended to be disruptive and malicious (Dickinson, 2017). For example in the first term, while Republican Senator Lamar Alexander was attempting to find funding for Affordable Care Act Marketplace subsidies with Democrat Senator Patty Murray, Trump abruptly ended the subsidies, prompting a frustrated Alexander to ask, "What is conservative about creating chaos so millions can't buy health insurance?" (Holland, 2017).

Even examining documents for this second term is a challenge. Huberfeld et al. (2024) in JAMA note that the Republican Party Platform has only a few sentences on healthcare, but another "playbook" called Project 2025 has 900 detailed pages. Huberfeld et al. conclude that Project 2025 does not support the prioritization of the health and well-being of all Americans, but presents an anti-science, anti-data, and anti-medicine agenda. Can we count on seeing the healthcare section of Project 2025 implemented? Reuters' Slattery (2024) reports Trump's transition team says that Project 2025 was created without Trump's involvement. Yet Slattery found Trump has endorsed some of Project 2025's proposals and some of his nominees for cabinet positions were heavily involved in Project 2025. Trump's view of Project 2025 remains unclear.

Trump's recent selection of designees for cabinet positions adds to the challenge of finding any Trump consistency in content or approach to healthcare. The nominees' qualifications seem more suited to be loyal to Trump than be experts in the area or have relevant experience or views consistent with identified administration goals. If this is the case, determining what would happen should be focused more on Trump's views, not theirs. For example, anti-vaccine advocate Robert Kennedy Jr., Trump's pick for Secretary of Health and Human Services, will not likely be able to step outside Trump's tolerance on limiting or allowing vaccinations, but Trump's limit or allowance is unclear.

3. FINDINGS

3.1. How Trump Will Make Changes

A more useful and less challenging aspect of determining Trump's plans is in examining the history of his previous term. Moore (2020) and Lueck and Orris (2024) observe that in Trump's first term few changes were made with legislation. When unable to repeal the Affordable Care Act, Trump resorted to administrative means like executive orders or rules made by administrative agencies to rescind or change practices and policies to undermine the Affordable Care Act. The only legislation related to healthcare enacted during the Trump first term was eliminating the Affordable Care Act tax on those without health insurance, which was done as a part of a law to reduce income taxes. (Moore, 2020).

Samuels (2024) notes that Trump's second term campaign rhetoric on promises to reduce prices, end wars in one day, and impose tariffs has been toned down and less certain since his election. Samuels reminds us Trump in his first term did not build the wall nor replace or repeal the Affordable Care Act as promised. Trump and lawmakers did get rid of a portion of the ACA, namely the tax if no insurance, but failed to get rid of the law or pass a healthcare plan of their own (Samuels, 2024). This suggests the idea that administrative steps, not legislation, will be the preferred method to make changes and some promises may not be executed.

While Trump's second term begins with control of both houses of Congress, Republicans have only a slight majority in the House of Representatives but a more significant majority in the Senate. However, the recent failure of Trump to garner support from over 30 Republicans in the House to remove the debt ceiling before Trump takes office indicates a lack of legislative control and likelihood administrative actions will again be the preferred means to make changes in the second term.

3.2. Where Will Be the Focus of the Changes?

3.2.1. Rollback and Impairment of the Affordable Care Act

CNN's Blackburn et al. (2025) researched and summarized all that Trump says he plans to do in a second term. They quote Trump on healthcare, "It is not a matter of cost. It is a matter of health. America will have one of the best Healthcare Plans anywhere in the world. Right now it has one of the WORST." But when asked during the debate with Vice President and Democratic Presidential Nominee Harris about whether he has a plan to replace Obamacare, he replied, "I have concepts of a plan." Chen (2024) and Pifer (2024) both conclude no serious repeal and replacement of the Affordable Care Act is likely.

However, there will be serious efforts to roll back the range of Biden's executive orders and legislative enactments (Lueck & Orris, 2024). The efforts may not have the intensity Trump had with rolling back Obama's achievements, but there will be an effort. The Trump administration will attempt to restrict enrollment, eligibility, subsidies, and funding for the Affordable Care Act (ACA). (Cox, 2024; KFF, 2024; Lueck & Orris, 2024; Nova & Iacurci, 2024; Rollins, 2024). Waivers to the ACA will allow states to offer non-ACA compliant insurance plans. (Cox, 2024; KFF, 2024; Nova & Iacurci, 2024). The Trump administration will likely reinstate short term, limited duration healthcare insurance and association plans relaxing federal standards that Biden rescinded after Trump's first term (KFF, 2024).

The Trump administration will remove sections of the Inflation Reduction Act that enhanced ACA Market subsidies, capped insulin prices, and capped Medicare out of pocket costs (Cox, 2024; Chen, 2024; Lueck & Orris, 2024; Nova & Iacurci, 2024; Rollins, 2024). These efforts may seem contrary to good healthcare, but the motive will be to remove any legacies from former President Obama and President Biden.

3.2.2. Reduction in Medicaid Funding and Limiting Access to Care

The Trump Administration will cut Medicaid funding (Cox, 2024; Lueck & Orris, 2024; Nova & Iacurci, 2024). Work requirements for Medicaid recipients will be added in the second term, as done in the first term (KFF, 2024; Nova & Iacurci, 2024; Pifer, 2024). States will be allowed to restrict Medicaid eligibility (Cox, 2024; KFF, 2024; Lueck & Orris, 2024). The Trump administration will approve waivers to exclude Planned Parenthood from providing Medicaid (KFF, 2024).

3.2.3. Public Health Measures and Global Health

The Trump administration will make changes in vaccines and the vaccination process (Ducharme, 2024; KFF, 2024; Zwarenstein, 2024). Dr. Jerome Adams, former Surgeon General from Trump's first term, observes in an interview with Salon that baseline health in the U.S. is not as good as that in Europe. He adds that Americans have less scientific literacy, less statistical understanding, and less confidence in our leaders than in Europe. Public health officials begin their work facing this problem. Dr. Adams expressed his concern that Trump's nominee for the Secretary of Health and Human Services Robert F. Kennedy represents concerns for public health given the campaign rhetoric on vaccines, tearing down the Center for Disease Control (CDC), and deregulating the Food and Drug Administration (FDA). (Zwarenstein, 2024).

Both KFF (2024) and Ducharme (2024) acknowledge Trump and Kennedy's claims they do not plan to take vaccines off the market, but both KFF and Ducharme suggest the federal government in the new administration will stop recommending vaccines to the states as it does now. Ducharme explains that although states mandate vaccines, they rely on guidance from the Center for Disease Control (CDC). Project 2025, a plan purported to be the incoming administration's agenda, but disavowed by Trump during the campaign, documents changing the CDC's role so it can no longer recommend vaccines nor offer guidance to the states. (Ducharme, 2024; Huberfeld et al, 2024; Slattery, 2024).

Similarly, the Trump administration can revoke the FDA approval of vaccines. States could see a rise in vaccine preventable illnesses like measles, chicken pox, and mumps. If asked to intervene the courts could overrule the Trump administration if the administration acts outside the legal mandate for the FDA to use scientific processes and data. (Ducharme, 2024) The Trump administration will allow states and cities to remove fluoride from drinking water (Pifer, 2024). Trump's administration will relax regulations made by the Biden administration to inspect nursing facilities more frequently (KFF, 2024). Trump will again withdraw the U.S. from the World Health Organization and cease arrangements to pandemic treaty negotiations. (KFF, 2024)

3.2.4. Drug Prices

Trump vowed in a June, 2023 campaign video to reinstate a previous executive order so the U.S. government would pay the same price for pharmaceutical as other developed countries (Blackburn et al, 2025). On the other hand, Trump will prohibit Medicare from negotiating drug prices with the pharmaceuticals (AFSCME, 2024; Nova & Iacurci, 2024). The Trump administration may take steps to enhance healthcare price transparency (KFF, 2024).

3.2.5. Abortion Related Efforts

Trump has said he would not sign a federal abortion ban, leaving that to the states. He also said he does not support banning birth control. He also announced plans to make the government or insurance

companies pay for in vitro fertilization treatment, but offered no specifics. Yet AFSCME (2024) and KFF (2024) suggest the Trump administration will revoke approval of mifepristone. Additionally, KFF says the Trump administration will rescind HIPAA regulations and privacy protections regarding abortions.

The Trump administration will end the practice of the military offering deployed active duty personnel travel and support for access to fertility care and legal abortions in their home states. The Trump administration will stop enforcing EMTALA emergency abortion care. The Trump administration will attempt to apply the Comstock Act to eliminate mailing abortion drugs. The Center for American Progress argues “Far right extremists are focused on misapplying Comstock to halt medication abortion by mail, acting as a de facto ban on abortion.” (KFF, 2024).

3.2.6. Other Targeted Efforts

The Trump administration will rollback regulations and protections for gender affirming care and protections of LGBTQ on pre-existing conditions (KFF, 2024; Pifer, 2024). Trump announced plans to issue an executive order to cut programs that promote gender transitions (Blackburn et al.) The Trump administration will end Deferred Action for Childhood Arrivals (DACA) and their eligibility to the ACA Marketplace for health insurance (KFF, 2024).

4. SUMMARY

Before analyzing the effect of the Trump administration’s collective plans, let’s summarize what the Trump administration will do in its second term. The Trump administration will undermine and restrict access to the Affordable Care Act as it did in the first administration. (Cox, 2024; KFF, 2024; Lueck & Orris, 2024; Nova & Iacurci, 2024; Rollins, 2024) Protections for the LGBTQ in the ACA will be removed (KFF, 2024; Lueck & Orris, 2024; Pifer, 2024) States will be allowed to offer non-ACA compliant insurance plans and plans that do not offer protections regarding pre-existing conditions (Cox, 2024; KFF, 2024; Nova & Iacurci, 2024)

The second term Trump administration will reduce funding for Medicaid (Cox, 2024; Lueck & Orris, 2024; Nova & Iacurci, 2024) and restrict enrollment in the program (Cox, 2024; KFF, 2024; Lueck & Orris, 2024). The Trump administration will reintroduce work requirements for Medicaid beneficiaries (KFF, 2024; Nova & Iacurci, 2024; Pifer, 2024). Trump will approve waivers to exclude Planned Parenthood from providing Medicaid (KFF, 2024). The new administration will not allow Medicare to negotiate prices directly with the pharmacies, nor will it cap insulin prices or out of pocket Medicare expenses (AFSCME, 2024; Nova & Iacurci, 2024)

The Trump administration will limit the roles the CDC and FDA have in recommending and approving vaccinations (Ducharme, 2024; KFF, 2024). Trump will withdraw the U.S. from the World Health Organization (WHO) (KFF, 2024). The Trump administration will not enforce EMTALA requiring emergency abortion care. Attempts to restrict mifepristone will accompany ending policies by the military supporting active duty personnel having access to legal abortions, gender affirming, or fertility care (KFF, 2024). The Trump administration will make some effort to increase price transparency in healthcare (KFF) and wants the government to pay the same price for pharmaceuticals that other developed nations pay (Blackburn, 2025). Cities and states will be allowed to remove fluoride from the drinking water (Pifer, 2024). Nursing facilities will be inspected less frequently (KFF).

5. ANALYSIS AND CONCLUSION

Some actions in the new administration may affect fewer numbers, like LGBTQ and those needing gender affirming care, but that does not minimize the negative consequences on those losing care. Other actions like allowing the removal of fluoride from drinking water and removing insurance coverage in the ACA and Medicaid can affect millions. Administrators and organizational planners may find it useful to examine each expected change one by one to assess the need to adjust plans regarding their organization. However, when assessing the effect on the total healthcare system, the totality of the changes should be considered.

If most or all these changes materialize during the second Trump term, the number of Americans now insured and receiving healthcare dramatically falls. Nova and Iacurci (2024) report that 8% of Americans do not have insurance, the lowest percentage it has ever been. When the Affordable Care Act (ACA) was enacted in 2010 the uninsured rate was 17%. Michael Sparer, professor at Columbia

University, says the 8% uninsured rate will rise under Trump. About 3.8 million Americans will lose their health insurance if the ACA subsidies are eliminated or allowed to expire by the Trump administration. When combined with the Medicaid cuts in spending and restrictions to enrollment, the American uninsured rate will again reach pre-ACA levels. (Nova & Iacurci) Millions of Americans will face bankruptcy and loss of care which can lead to death.

Some organizations with strong interests in healthcare have reached their conclusions by examining the effect on their interests. AFSCME staff (2024) conclude the Trump administration changes will have “disastrous deadly consequences on our country’s healthcare system.” AFSCME forecasts that rather than lowering medical costs, the new administration would cut back medical care, increase prescription costs and leave more people without health insurance. The Center for American Progress warns that “Far Right extremists will effectively ban medication for abortions.” (AFSCME, 2024)

The changes in the CDC and FDA vaccination protocols can cause confusion leading to serious disruptions in current school vaccinations or interfere with the ability to manage another pandemic. States could see a rise in vaccine preventable illnesses like measles, chicken pox, and mumps (Ducharme, 2024). The extent of the harm done by increasing the chance of outbreaks in disease now controlled by vaccinations is difficult to estimate, but will be greater than what presently occurs. Along with illness and possible death, this can damage the creditability of public health institutions, impairing their effectiveness in promoting health by lowering public confidence.

It is understandable how the expectations from this administration can be deemed mostly negative. Using the criteria established earlier in this paper, the Trump administration has said it will do and has a record of acting in only drug pricing. It plans to increase transparency in healthcare pricing (KFF, 2024) and see that the U.S. government only pays the same price for pharmaceuticals paid by other developed nations (Blackburn et al, 2025). All but one of the expected changes will have a negative effect on quality and quantity of care using the earlier stated criteria. Undermining the ACA and reducing funding and restricting enrollment in Medicaid compounds the problem for those losing health insurance and access to care.

Huberfeld et al. describe Project 2025 as anti-science, anti-data, and anti-medicine. Slattery discusses the uncertainty in determining how Trump will view Project 2025. This might leave some healthcare administrators and planners looking to the future to rely on the saying “plan for the worst and hope for the best.” While there are apparent negatives and uncertainties in expectations, some realities may minimize the negative impact. One is that Trump will by choice or necessity rely more on administrative actions like executive orders and administrative agency rulings than legislative enactments. Unlike laws, executive orders can be overturned by the next administration and are limited in scope. Executive orders cannot authorize new financing. Administrative agency rules take time to establish and opponents to these can use the courts to delay or overturn unwanted changes. Although Trump is not constitutionally eligible to run again, and less likely to be concerned about public backlash when changes are perceived as negative, those around him like Representatives and Senators seeking re-election may be more responsive when some measures cause a public outcry.

Regardless the legal barriers faced by the Trump administration to making changes in healthcare, Americans can expect the uninsured rate to climb from 8% toward 17%. With no enforcement of EMTALA regarding abortions, misapplication of the Comstock Act to limit use of mifepristone, and denying military personnel legal support to access abortions and fertility care, this type care will be disrupted and likely inaccessible. Similarly, there will be an end to or limited access to gender affirming care, and safety net care from Planned Parenthood. Access to vaccinations and related information will be confusing, distorted, and disrupted. Ill-defined efforts to ensure the U.S. pays only a price for pharmaceuticals as other developed nations and promoting price transparency would have a questionable and minimal, effect on prices. With no proactive effort to control prices, undermining cost control provisions in the ACA, prohibiting Medicare from negotiating prices with pharmaceuticals, and not capping insulin prices, healthcare costs will rise. Administrators and the American public can plan for these consequences in our healthcare system for at least the next four years.

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