The Executive Orders That May Impact Emergency Medicine

New Executive Orders

* [Restoring Public Service Loan Forgiveness](https://www.whitehouse.gov/presidential-actions/2025/03/restoring-public-service-loan-forgiveness/): This order revises the Public Service Loan Forgiveness Program to ensure the definition of “public service” excludes organizations that engage in activities that have a substantial illegal purpose. Illegal purposes include violating immigration laws, supporting terrorism, supporting child abuse, engaging in a pattern of aiding and abetting illegal discrimination, or engaging in a pattern of violating State tort laws.
  + One possible reading of this EO would mean that healthcare providers working for a non-profit hospital that providers gender-affirming care would not be eligible for Public Service Loan Forgiveness (PSLF). However, this would have to go through the rulemaking process.
* [Designating English as the Official Language of the United States](https://www.whitehouse.gov/presidential-actions/2025/03/designating-english-as-the-official-language-of-the-united-states/): This order designates English as the official language of the United States. The order specifies that “nothing in this order, however, requires or directs any change in the services provided by any agency,” but allows for agency heads to “make decisions as they deem necessary to fulfill their respective agencies’ mission and efficiently provide Government services to the American people.”
  + Though the order does not direct any changes, it is possible that this EO could be used as justification to amend, remove, or otherwise stop production of documents, products, or other services prepared or offered in languages other than English.
* [Implementing the President’s Department of Government Efficiency Cost Efficiency Initiative](https://www.whitehouse.gov/presidential-actions/2025/02/implementing-the-presidents-department-of-government-efficiency-cost-efficiency-initiative/): This EO requires agencies to build a centralized technological system to record every payment issued by the agency pursuant to each contract and grant, along with a written justification for each payment. The EO requires all agencies, in consultation with DOGE, to review existing contracts and grants and terminate or modify them to "promote efficiency and advance the policies of the current Administration" within 30 days. Agencies must also review contracting policies, procedures, and personnel and issue guidance on signing new contracts or modifying existing contracts to promote efficiency and the policies of the current administration.
* [Making America Healthy Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information:](https://www.whitehouse.gov/presidential-actions/2025/02/making-america-healthy-again-by-empowering-patients-with-clear-accurate-and-actionable-healthcare-pricing-information/) This EO states that the Federal Government will promote universal access to clear and accurate healthcare prices. The Secretaries of the Treasury, Labor, and HHS are directed to take all necessary and appropriate action to rapidly implement and enforce the healthcare price transparency regulations issued pursuant to Executive Order 13877 (June 24, 2019, Improving Price and Quality Transparency in American Healthcare to Put Patients First) to require the disclosure of the actual prices of items and services, issue updated guidance or proposed regulatory action ensuring pricing information is standardized and easily comparable across hospitals and health plans, and issue guidance or proposed regulatory action updating enforcement policies designed to ensure compliance with the transparent reporting of complete, accurate, and meaningful data within 90 days.
* [Establishing the President's Make America Healthy Again Commission](https://www.whitehouse.gov/presidential-actions/2025/02/establishing-the-presidents-make-america-healthy-again-commission/): The EO states that agencies that address health must focus on reversing chronic diseases, including mental health disorders, obesity, diabetes, and other chronic diseases. The EO directs the NIH to prioritize research on why Americans are getting sick and directs agencies to ensure expanded treatment options are available, including with flexible health insurance coverage.
  + The EO establishes the President’s Make America Healthy Again Commission, which will be chaired by RFK Jr. The first mission of the Commission will be to address childhood chronic diseases, with actions including studying contributing causes, assisting the President with public education, and providing government-wide recommendations on how to address childhood chronic diseases.
  + Within 180 days, the Commission must submit a strategy on how to restructure the government’s response to childhood chronic diseases.
* [Implementing The President’s “Department of Government Efficiency” Workforce Optimization Initiative](https://www.whitehouse.gov/presidential-actions/2025/02/implementing-the-presidents-department-of-government-efficiency-workforce-optimization-initiative/): This EO requires agencies to implement a workforce optimization initiative, stating each agency can hire no more than one employee for every four employees that depart. Agency heads should prepare for large-scale reductions in force (RIFs), particularly in offices that perform functions not mandated by statute and including employees working in DEI initiatives.
* [Unleashing Prosperity Through Deregulation](https://www.whitehouse.gov/presidential-actions/2025/01/unleashing-prosperity-through-deregulation/): This EO requires that whenever an agency promulgates a new rule, regulation, or guidance, it must identify at least 10 existing rules, regulations, or guidance documents to be repealed. It requires that for fiscal year 2025, the total incremental cost of all new regulations, including repealed regulations, be significantly less than zero.
  + It is unclear what this 10-to-1 ratio means in practice. A rule, regulation, or a guidance document could be one thousand pages, or it could be one paragraph. It could represent a significant policy, or it could be a minor, technical requirement.
* [Withdrawing the United States from the World Health Organization:](https://www.whitehouse.gov/presidential-actions/2025/01/withdrawing-the-united-states-from-the-worldhealth-organization/) This EO provides notice of intent to withdraw from the World Health Organization (WHO), citing mishandling of the COVID- 19 pandemic and an inability to demonstrate independence from the political influence of WHO member states. It directs the State Department and Office of Management and Budget to pause transfer of funds to the WHO and recall any personnel working in any capacity at the WHO.
* [Protecting the Meaning and Value of American Citizenship](https://www.whitehouse.gov/presidential-actions/2025/01/protecting-the-meaning-and-value-of-american-citizenship/)\*\*\*: This EO redefines birthright citizenship to exclude individuals born in the US to parents who are unlawfully present or temporarily residing in the US.
  + Adults and children who would have their citizenship revoked under this order could find it more difficult to obtain insurance from public programs, likely leading to greater levels of uninsurance and unintended consequences on the healthcare system,
  + \*\*\* U.S. District Judge John Coughenour issued a temporary block of this EO on January 23, which prevents the Administration from taking steps to implement the EO for 14 days.
  + \*\*\* A second U.S. District Court Judge has ordered an injunction, pausing this EO indefinitely.
* [Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal](https://www.whitehouse.gov/presidential-actions/2025/01/protecting-the-meaning-and-value-of-american-citizenship/) [Government:](https://www.whitehouse.gov/presidential-actions/2025/01/protecting-the-meaning-and-value-of-american-citizenship/) Defines 'sex' strictly as biological male or female and directs HHS to provide to the U.S. Government, external partners, and the public clear guidance expanding on the sex-based definitions set forth in this order. Directs agencies to remove all statements, policies, regulations, forms, communications, or other internal and external messages that promote or otherwise inculcate gender ideology, and shall cease issuing such statements, policies, regulations, forms, communications or other messages. Agency forms that require an individual’s sex shall list male or female and shall not request gender identity.
* [Ending Radical And Wasteful Government DEI Programs And Preferencing:](https://www.whitehouse.gov/presidential-actions/2025/01/ending-radical-and-wasteful-government-dei-programs-and-preferencing/) The Director of the Office of Management and Budget (OMB), assisted by the Attorney General and the Director of the Office of Personnel Management (OPM), shall coordinate the termination of all discriminatory programs, including illegal DEI and “diversity, equity, inclusion, and accessibility” (DEIA) mandates, policies, programs, preferences, and activities in the Federal Government, under whatever name they appear.
  + This EO may potentially interfere with CMS and HHS health equity programs including equity-informed CMS measures, stratification and benchmarking, value-based payment models, and guidance.
  + As well, aspects of the EO apply to federal grant recipients, broadening its impact to the private sector including nonprofits, associations, and some corporations.
* [Restoring Freedom of Speech and Ending Federal Censorship:](https://www.whitehouse.gov/presidential-actions/2025/01/restoring-freedom-of-speech-and-ending-federal-censorship/) This order limits the federal government’s ability to abridge free speech of American citizens and to take action to correct prior incidents of suppression. It also directs investigation into the activities of the prior administration with regard to suppression or control of free speech.
  + This will potentially lead to the revocation of the previous Surgeon General’s advisory on health misinformation and impact other HHS resources surrounding health misinformation.
  + ACEP is further examining this issue for further implications on hospitals and emergency departments to inform members of potential actions.

Revocations and Recissions of Previously-Existing Executive Orders, Memoranda, and Guidance

* [Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats](https://www.federalregister.gov/documents/2021/01/26/2021-01849/ensuring-a-data-driven-response-to-covid-19-and-future-high-consequence-public-health-threats): This rescinded EO directed agencies including HHS to designate a senior official to serve as their agency's lead to work on COVID-19- and pandemic-related data issues. This official, in consultation with the COVID-19 Response Coordinator, was directed to take steps to make data relevant to high-consequence public health threats, such as the COVID-19 pandemic, publicly available and accessible. It also directed HHS to review the effectiveness, interoperability, and connectivity of public health data systems supporting the detection of and response to high-consequence public health threats, such as the COVID-19 pandemic; review the collection of morbidity and mortality data by State, local, Tribal, and territorial governments during high-consequence public health threats, such as the COVID-19 pandemic; and issue a report summarizing the findings of these reviews and any recommendations for addressing areas for improvement identified in the reviews.
* [HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy (issued March 2, 2022)](https://www.hhs.gov/sites/default/files/ocr-rescission-february-20-2025-notice-guidance.pdf): The rescinded guidance stated that Section 1557 of the Affordable Care Act prohibits discrimination based on gender identity in federally-funded healthcare settings. The 2022 OCR Notice and Guidance also emphasized that healthcare providers and other covered entities cannot disclose protected health information about gender-affirming care without patient authorization, except in limited circumstances where explicitly required by law, i.e., “limited to ‘a mandate contained in law that compels an entity to make a use or disclosure of PHI and that is enforceable in a court of law.’”
  + The recission notice calls the legal basis of the rescinded guidance into question, states that “gender dysphoria likely does not meet the definition of a disability under Section 504 of the Rehabilitation Ac,” and asserts that the Notice and Guidance lacks adequate legal basis under federal privacy laws, including the HIPAA Privacy, Security and Breach Notification Rules. The rescission notice directs HHS to issue new guidance for compliance with the rescission order.
* [Advancing Racial Equity and Support for Underserved Communities Through the Federal](https://www.federalregister.gov/documents/2021/01/25/2021-01753/advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government) [Government:](https://www.federalregister.gov/documents/2021/01/25/2021-01753/advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government) This EO directs all agencies to conduct an equity assessment to assess whether underserved communities and their members face systemic barriers in accessing benefits and opportunities and to reflect on whether new policies, regulations, or guidance documents may be necessary to advance equity.
* [Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation:](https://www.federalregister.gov/documents/2021/01/25/2021-01761/preventing-and-combating-discrimination-on-the-basis-of-gender-identity-or-sexual-orientation) This EO directs all federal agencies to review all agency actions and consider whether to revise, suspend, or rescind such agency actions, or promulgate new agency actions, as necessary to fully implement statutes that prohibit sex discrimination.
* [Enforcement Actions in or Near Protected Areas:](https://drive.google.com/file/d/1neBpx3bFMhtN4lbn7YzKKhNQuCk3zIFX/view) Revokes the [2011](https://www.ice.gov/doclib/ero-outreach/pdf/10029.2-policy.pdf) and 2021 “sensitive locations” policy from the Department of Homeland Security’s Immigration and Customs Enforcement (ICE) policy, which prevents immigration enforcement actions in or around locations like hospitals, schools, or places of worship. ACEP is examining this change further and will follow up with additional information for members.
* [Strengthening Medicaid and the Affordable Care Act:](https://www.federalregister.gov/documents/2021/02/02/2021-02252/strengthening-medicaid-and-the-affordable-care-act) This EO directs HHS, Labor, and Treasury to examine and consider suspending or rescinding policies or practices that may undermine protections for people with pre-existing conditions, including complications related to COVID-19, under the ACA; demonstrations and waivers, as well as demonstration and waiver policies, that may reduce coverage under or otherwise undermine Medicaid or the ACA; policies or practices that may undermine the Health Insurance Marketplace or the individual, small group, or large group markets for health insurance in the United States; policies or practices that may present unnecessary barriers to individuals and families attempting to access Medicaid or ACA coverage, including for mid-year enrollment; and policies or practices that may reduce the affordability of coverage or financial assistance for coverage, including for dependents.
* [Continuing To Strengthen Americans’ Access to Affordable, Quality Health Coverage:](https://www.federalregister.gov/documents/2022/04/08/2022-07716/continuing-to-strengthen-americans-access-to-affordable-quality-health-coverage) This EO directs agencies to identify ways to continue to expand the availability of affordable health coverage, to improve the quality of coverage, to strengthen benefits, and to help more Americans enroll in quality health coverage. It encourages agencies to review: policies or practices that make it easier for all consumers to enroll in and retain coverage, understand their coverage options, and protect consumers from low-quality coverage.
* [Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals:](https://www.federalregister.gov/documents/2022/06/21/2022-13391/advancing-equality-for-lesbian-gay-bisexual-transgender-queer-and-intersex-individuals) This EO directs HHS to protect LGBTQI+ individuals' access to medically necessary care from State and local laws and practices and to develop and release sample policies for States to safeguard and expand access to healthcare for LGBTQI+ individuals and their families, including mental health services. It directs HHS to establish an initiative to address the health disparities facing LGBTQI+ youth and adults, take steps to prevent LGBTQI+ suicide, and address the barriers that LGBTQI+ individuals and families face in accessing healthcare.
* [Further Advancing Racial Equity and Support for Underserved Communities Through the Federal](https://www.federalregister.gov/documents/2023/02/22/2023-03779/further-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal) [Government:](https://www.federalregister.gov/documents/2023/02/22/2023-03779/further-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal) This EO directs agencies, including HHS, to ensure they have in place an Agency Equity Team to coordinate the implementation of equity initiatives and ensure that their respective

agencies are delivering equitable outcomes for the American people. It establishes the White House Steering Committee on Equity and requires agencies to submit an Equity Action Plan annually to the Steering Committee, detailing progress they have made, potential barriers underserved communities may face, strategies to address those barriers, and how the agency will meaningfully engage with underserved communities. It directs agencies to promote equity in science and root out bias in the design and use of new technologies, such as artiﬁcial intelligence, advance equity in health, including mental and behavioral health and well-being, and deliver an equitable response to the COVID-19 pandemic.

* [Safe, Secure, and Trustworthy Development and Use of Artiﬁcial Intelligence:](https://www.federalregister.gov/documents/2023/11/01/2023-24283/safe-secure-and-trustworthy-development-and-use-of-artificial-intelligence) This EO sets forth principles that executive agencies shall follow: AI must be safe and secure, AI innovation, competition, and collaboration are responsible, AI development supports American workers, AI policies advance equity and civil rights, Americans' interests are protected, privacy and civil liberties are protected, the risks of the federal government's use of AI are managed, and the US leads the way for global societal, economic, and technological progress.
* [Ensuring an Equitable Pandemic Response and Recovery:](https://www.federalregister.gov/documents/2021/01/26/2021-01852/ensuring-an-equitable-pandemic-response-and-recovery) This EO creates the COVID-19 Health Equity Task Force within HHS. It also directs agencies including HHS to modify pandemic response plans and policies to advance equity.
* [Establishing the COVID-19 Pandemic Testing Board and Ensuring a Sustainable Public Health](https://www.federalregister.gov/documents/2021/01/26/2021-01854/establishing-the-covid-19-pandemic-testing-board-and-ensuring-a-sustainable-public-health-workforce) [Workforce for COVID-19 and Other Biological Threats:](https://www.federalregister.gov/documents/2021/01/26/2021-01854/establishing-the-covid-19-pandemic-testing-board-and-ensuring-a-sustainable-public-health-workforce) This EO establishes a COVID-19 Pandemic Testing Board to promote COVID-19 diagnostic, screening, and surveillance testing; expand testing and reduce disparities in access to testing; and identify barriers to access and use of testing in, and coordinate Federal Government efforts to increase testing for priority populations, communities with testing shortages, individuals in at-risk settings, and high-risk groups. It also directs HHS, Labor, and Treasury to facilitate the provision of COVID-19 testing free of charge to those who lack comprehensive health insurance and clarify group health plans' and health insurance issuers' obligations to provide coverage for COVID-19 testing.
* [Improving and Expanding Access to Care and Treatments for COVID-19:](https://www.federalregister.gov/documents/2021/01/26/2021-01858/improving-and-expanding-access-to-care-and-treatments-for-covid-19) This EO directs HHS and NIH to accelerate the development of novel therapies and to enhance the nation's ability to quickly develop the most promising COVID-19 interventions. It also directs agencies including HHS to bolster the capacity of the Nation's healthcare systems to support healthcare workers and patients by issuing recommendations on how states and providers can increase the capacity of their healthcare workforces to address the pandemic and expand access to programs and services designed to meet the long-term health needs of patients recovering from COVID-19. Lastly, it directs agencies including HHS to establish targets for the production, allocation, and distribution of COVID-19 treatments; facilitate utilization of existing COVID-19 treatments, and evaluate insurance programs to address the affordability of treatments and care.