

What Might Be in Store for Public Health:

Project 2025 Recommendations for the Department of Health and Human Services

“Under President Biden, the mission has shifted to ‘promoting equity in everything we do’ for the sake of ‘populations sharing a particular characteristic’ including race, sexuality, gender identification, ethnicity, and a host of other categories. As a result of HHS’s having lost its way, U.S. life expectancy, instead of returning to normal after the COVID-19 pandemic, continued to drop precipitously to levels not seen since 1996 with white populations alone losing 7 percent of their expected life span in just one year. Nothing less than America’s long-term survival is at stake.” (p. 449)

Content of this document is intended exclusively to provide a summary of the section of “Project 2025” related to HHS. Every effort has been made to present such a summary without commentary or analysis. No “fact checking” was conducted. Use of italics in quotations is verbatim from the recommendations.

Note: ATSDR, AHRQ, SAMHSA, and ARPA-H were not addressed; IHS was briefly addressed with broad comments regarding improving patient choice in healthcare

Overarching Goals:

- 1) “Protecting Life, Conscience, and Bodily Integrity”
“The Secretary should pursue a robust agenda to protect the fundamental right to life, protect conscious rights, and uphold bodily integrity rooted in biological reality, not ideology.” (p. 450)
- 2) “Empowering Patient Choices and Provider Autonomy”
“Health care reform should be patient-centered and market-based and should empower individuals to control their health care-related dollars and decisions.” (p. 450)
- 3) “Promoting Stable and Flourishing Married Families”
“Families comprised of a married mother, father, and their children are the foundation of well-ordered nation and healthy society.” (p. 451)
- 4) “Preparing for the Next Health Emergency”
“The federal government’s public health apparatus has lost the public’s trust. Before the next national public health emergency, this apparatus must be fundamentally restructured to ensure a transparent, scientifically grounded, and more nimble, efficient, transparent, and targeted response that respects the unique needs and input of patient populations and providers.” (p. 451)
- 5) “Instituting Greater Transparency, Accountability, and Oversight”
“The next Administration should guard against the regulatory capture of our public health agencies by pharmaceutical companies, insurers, hospital conglomerates, and related economic interests that these agencies are meant to regulate.” (9. 452)

Agency Recommendations

I. Public Health Agencies

Centers for Disease Control and Prevention (p. 452)

COVID and Structural Reforms

“...separated into two entirely separate agencies with a firewall between them. We need a national epidemiological agency responsible only for publishing data and required by law to publish all of the data gathered from states and other sources. A separate agency should be responsible for public health with a severely confined ability to make policy recommendations”

“The CDC can and should make assessments as to the *health* costs and benefits of health interventions, but it has limited to no capacity to measure the *social* costs or benefits they may entail”

Emphasize CDC’s role “to facilitate” rather than replace private, academic, and state entities for tasks such as development and production of tests and vaccinations

“The CDC is a public health institution, not a medical institution.”

“By statute or regulation, CDC guidance must be prohibited from taking on a prescriptive character.”

Conflicts of Interest

Eliminate the “stark conflict of interest” wherein CDC accepts pharma contributions via the CDC Foundation

Data Systems

“...CDC’s failure to follow multiple congressional mandates to modernize its data infrastructure”

“...develop a system that makes critical information available to health care workers and policymakers in real time.”

Transfer vaccine safety programs to the FDA “which is responsible for post-market surveillance and evaluation of all other drugs and biological products.”

Respect for Life and Conscience

“...ensure that it is not promoting abortion as health care.”

“...update its public messaging about the unsurpassed effectiveness of modern fertility awareness-based methods (FABMs) of family planning and stop publishing communications that conflate such methods with the long-eclipsed ‘rhythm’ or ‘calendar’ methods”

Data Collection

“Accurate and reliable statistical data about abortion, abortion survivors, and abortion-related maternal deaths are essential to timely, reliable public health and policy analysis”

“...statistics are separated by categories: spontaneous miscarriage; treatments that incidentally result in the death of a child (such as chemotherapy); stillbirths; and induced abortions”

“Miscarriage management or standard ectopic pregnancy treatments should never be conflated with abortion”

“The CDC should immediately end its collection of data on gender identity, which legitimizes the unscientific notion that men can become women (and vice versa) and encourages the phenomenon of ever-multiplying subjective identities”

Food and Drug Administration (p. 456)

Federal Laws That Shield Big Pharma from Competition

“prevent brand-name manufacturers from slowing down or impeding the entrance of generic products into the marketplace”

Approval Process for Laboratory-Developed or Modified Medical Tests

“To encourage interlaboratory collaboration and discourage duplicative test creation (and associated regulatory and logistical burdens), the FDA should introduce mechanism through which laboratory-developed tests can easily be shared with other laboratories without the current regulatory burdens”

“Congress, the FDA, and the CMS need to clarify and disentangle overlapping authorities over tests to eliminate regulatory confusion”

Drug Shortages

“The FDA should expand its current pass/fail approach to drug facility inspections into a graded system that recognized manufactures that exceed minimum standards by investing in improving production reliability”

“...exempt multi-source generic drugs from requirements to pay rebates to Medicaid and other federally funded health programs, as those provisions penalize new investments in expanding manufacturing capacity when supply is unable to meet demand”

Abortion Pills

Restrict mailing and interstate carriage of abortion drugs

Reinstate safety protocols for Mifeprex and apply those protocols to generic mifepristone

“The Administration and policy makers should ensure that health care workers, particularly those in hospital and emergency rooms, report abortion pill complications ... Submitting an adverse event to the database should be a quick and efficient process for busy health care practitioners”

Vaccine Importation

Reinstate waiver which allowed for the importation of vaccines not “derived [from] or tested on aborted fetal cells... for the obvious public health benefits of increased childhood vaccination”

Conflicts of Interest

“...Impose a lengthy cooling off period for reviewers, preventing them from working for the companies which they regulated”

“The FDA or Congress should regulated where and how paid advertising is used by pharmaceutical companies more stringently, especially on media outlets.” Notes concern for pharma being the largest advertisers on media platforms since relaxed regulation in 1997 and concern for influence on news outlets

National Institutes of Health (p. 460)

Bioethics Reform

Replace research utilizing “abortion derived fetal tissue” with “sources such as discarded surgical tissue and adult stem cells”

“... reconvene a new National Council on Bioethics (NCB) to discuss new and emerging areas of ethical concern” including use of fetal tissue, human cloning, human animal chimera experiments, and gain-of-function viral experiments

Conflicts of Interest

Elimination of the NIH Foundation as a recipient of industry funding and industry influence

“Term limits should be imposed on top career leaders at the NIH”

“Congress should consider block granting NIH’s grants budget to states to fund their own scientific research ... [which] does not preclude more modest federal funding through the National Institute of Health: The two models are not mutually exclusive”

Woke Policies

“... fund studies into the short-term and long-term negative effects of cross-sex interventions, including ‘affirmation,’ puberty blockers, cross-sex hormones and surgeries, and the likelihood of

desistence if young people are given counseling that does not include medical or social interventions”

Health Resources and Services Administration (p. 483)

Eliminate duplication of hospital data reporting to HRSA and CMS by sharing data

Define telehealth based on providers’ location, not the patients

Rescind the American College of Obstetricians and Gynecologists contract as the exclusive advisers to federal contraception guidance

Revise contraceptive guidance to include greater fertility awareness methods and eliminate abortifacients

Prohibit use of Ryan White HIV/AIDS funds for gender affirming care

Mandate any abortion education occur on an “opt-in rather than opt-out basis” in undergraduate and graduate medical education, nursing education, and allied health professional training

Introduce federal funding for doulas’ services to low-income mothers

Department of Health and Human Services Headquarters (p. 488)

Require justification to Congress on the extension of any declared public health emergency

“Investigate, expose, and remediate any instances in which HHS violated people’s rights by:

1. Colluding with Big Tech to censor dissenting opinions during COVID
2. Colluding with abortion advocates and LGBT advocates to violate conscience-protection laws and the Hyde Amendment.”

Consolidate the Assistant Secretary of Health role and its Principal Deputy into the roles of Surgeon General and Deputy Surgeon General respectively

Eliminate all recommendations concerning gender affirming care

Administration for Strategic Preparedness and Response (p. 491)

Develop a better interface between ASPR and FEMA

Reframe the Strategic National Stockpile as the resource of last resort and a resource intended to reinforce federal capabilities, not serve the public at large

Office of General Counsel (p. 492)

Numerous recensions of Biden era memos related to abortions and related care

Rescind analysis which authorized COVID eviction moratorium

Office of Global Affairs (p. 493)

Mandate training for health attaches and other representatives in the administration's "pro-life and pro-family priorities"

Office of Civil Rights (p. 493)

Numerous regulatory efforts centered on religious and conscience objections to abortion and its related care

Introduce a process for reviewing objections to vaccination based on religion, specifically including vaccines developed or tested with aborted fetal cell lines

Revert all language and guidance to "a binary biological conception of sex" and end all enforcement actions related to "sexual orientation and gender identity discrimination"

II. Centers for Medicare and Medicaid Services

Medicare (p. 463)

“Medicare should be reformed according to four goals and principles”

- 1) Increase Medicare beneficiaries’ control of their health care
- 2) Reduce regulatory burdens on doctors
- 3) Ensure sustainability and value for beneficiaries and taxpayers
- 4) Reduce waste, fraud, and abuse

Regulatory Reforms

Restore the Medicare Coverage of Innovative Technologies (MCIT) rule, the Risk Adjustment Data Validation (RADV) rule, the Medicare Advantage Qualifying Payment Arrangement Incentive (MAQI) demonstration, and the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) model

Legislative Proposals

Remove restrictions on physician-owned hospitals

Encourage more direct competition between Medicare Advantage and private plans

Legacy Medicare Reforms (i.e. non-Medicare Advantage Medicare)

Base payments on the health status of the patient or intensity of the service rather than location

Replace the fee-for-service system with value based payments

Codify price transparency regulations

Restructure 340B drug subsidies toward beneficiaries rather than hospitals

Repeal Biden policies such as the Medicare Shared Savings Program and Inflation Reduction Act

Medicare Part D Reform

Eliminate drug price negotiation program

Eliminate coverage gap

Medicaid (p. 462)

Extensive proposed reforms including:

Allow states to develop “more flexible, accountable, predictable, transparent, and efficient financing mechanisms” and allow program modifications by states without need for waivers in most circumstances

Broad calls to eliminate “gimmicks,” develop a more predictable budget, payment reforms to hospitals, efforts to target fraud, waste, and abuse, require more robust eligibility determinations by states, increase oversight of managed care

“Medicaid recipients, like the rest of Americans, should be given both the freedom to choose their health plans and the responsibility to contribute to their healthcare costs at a level that is appropriate to protect the taxpayer” as well as work requirements

Affordable Care Act and Private Health Insurance (p. 469)

Increase hospital price transparency requirements

Eliminate the mandatory dispute resolution process in the No Surprises Act

Separate the subsidized ACA market from non-subsidized insurance markets

Allow patient incentives for cost saving decisions

Emergency Preparedness

Make COVID era scope of practice extensions for clinical laboratories permanent

Create CLIA certification equivalency for non-clinical laboratories

Life, Conscience, and Bodily Integrity (p. 471)

Eliminate funding for abortion related travel

Allow states to defund abortion providers including Planned Parenthood specifically

Withdraw up to 10% of Medicaid funds from states based on abortion policies and requirements

Rescind Biden era guidance interpreting EMTALA to include abortions in the emergency room and call on Congress to specify care for infants who survive an abortion is subject to EMTALA requirements

Codify total prohibitions on taxpayer funding for abortion and “conscience protection”

Reverse Biden era definition of discrimination on the basis of sex

Pay damages to all medical professionals who were dismissed directly because of the CMS vaccine mandate

III. Human Services Agencies

Administration for Children and Families (p. 476)

Increase state reporting requirements for the Temporary Assistance for Needy Families program

Require goals and measurements related to marriage, healthy family formation, and delaying sex to prevent pregnancy

Require equal funding and emphasis for “Sexual Risk Avoidance”

Eliminate “approved curriculum or so called evidence-based lists”

Rescind regulations requiring adoption agencies to adopt sexual orientation and gender identity nondiscrimination policies

Eliminate HHS’s role in refugee resettlement

Encourage development of state child support apps for payment and tracking of informal contributions

Extensive shifting of resources to promote traditional mother father marriage in education, family support, family planning, and especially pro-fatherhood campaigns

Administration of Children, Youth, and Families (p. 482)

Incentivize the swift termination of parental rights in cases where parents do “not make a sincere or serious effort to be involved” in the upbringing of child in foster care

Office of Head Start (p. 482)

Eliminate Head Start citing “rampant abuse and lack of positive outcomes”

Administration for Community Living (p. 482)

Eliminate provisions for physician assisted suicide