

Deadlines in Health-Related Executive Orders and Presidential Memoranda

Overview

Since the second inauguration of President Trump on January 20, 2025, the Administration has released numerous Executive Orders (EOs) and Presidential Memoranda affecting health care. An EO is a formal directive issued by the President to shape the priorities of the Executive Branch and direct agencies to take specific actions. EOs, which are often used to advance messaging on specific policies, frequently establish deadlines for federal agencies to take specific actions. EOs cannot change existing laws but can guide how agencies interpret laws. EOs are also subject to judicial review and can be overturned if deemed unconstitutional or beyond the scope of presidential authority. While there is not an opportunity for public comment on EOs, some of the actions stemming from them may include engagement opportunities. The Federal Register maintains an [up-to-date list](#) of every Executive Order; it includes 166 EOs signed by President Trump as of July 2, 2025. This document focuses on those most relevant to health funders.

The first part of this document highlights the upcoming deadlines for actions that federal agencies are required to conduct under health-related EOs. The second portion of the document describes policy changes and previous directives for Federal agencies within health-related EOs.

Upcoming Deadlines in Executive Orders

Below is information on the upcoming deadlines outlined in health-related EOs. Stakeholders should be aware of the upcoming deadlines in order to engage with the Administration ahead of relevant policy announcements and actions. Additionally, understanding the upcoming deadlines can help stakeholders anticipate future announcements. The EO deadlines for agencies to take action could be delayed, and in some cases, agencies may take action prior to the deadline stated in the EO.

Deadlines in August 2025		
August 3	<u>Regulatory Relief to Promote Domestic Production of Critical Medicines</u>	"[T]he FDA Commissioner shall develop and advance improvements to the risk-based inspection regime that ensures routine reviews of overseas manufacturing facilities involved in the supply of United States medicines, which shall be funded by increased fees on foreign manufacturing facilities to the extent consistent with applicable law. Additionally, the FDA Commissioner shall publicly disclose the annual number of inspections that the FDA conducts on such foreign facilities, with specific detail by country and by manufacturer."
August 3	<u>Improving the Safety and Security of Biological Research</u>	The Director of the White House Office of Science and Technology Policy (OSTP), in coordination with the Assistant to the President for National Security Affairs (APNSA) and other relevant agency heads, "shall revise or replace the 2024 'Framework for Nucleic Acid Synthesis Screening'" with the updated Framework to be reviewed and revised as appropriate, at least every four years.
August 12	<u>Establishing the President's Make America Health Again Commission</u>	The Make America Healthy Again (MAHA) Commission "shall submit to the President" a Make Our Children Healthy Again Strategy based on the findings of the Make Our Children Healthy Again <u>Assessment</u> .
Deadlines in September 2025		
September 2	<u>Improving the Safety and Security of Biological Research</u>	The Director of OSTP, in coordination with the APNSA and other relevant agency heads, "shall revise or replace the 2024 'United States Government Policy for Oversight of Dual Use Research of Concern and Pathogens with Enhanced Pandemic Potential,' to strengthen top-down independent oversight" and provide for review and revision as appropriate, at least every four years.
September 6	<u>Keeping Promises to Veterans and Establishing a National Center for Warrior</u>	The VA Secretary, through the Assistant to the President for Domestic Policy, is directed to present an action plan to the President regarding the establishment of a National Center for Warrior Independence, to be based on the West Los Angeles VA Campus, with the goal of "ensur[ing] that homeless veterans can access housing, receive substance abuse or addiction treatment, and return to productive work and community engagement." In the course of developing and acting on this plan, the VA Secretary is tasked with coordinating and consulting with HHS, the Department of Housing and Urban

	<u>Independence</u>	Development (HUD), and other relevant federal departments and agencies. Per the EO, the plan must align with the goal of shoring up the National Center's capacity to serve at least 6,000 homeless veterans by January 1, 2028.
Deadlines in October 2025		
October 9	<u>Implementing the President's Department of Government Efficiency Workforce Optimization Initiative</u>	Requires the U.S. DOGE Services (USDS) Administrator to submit a comprehensive progress report to the President with details on the implementation of this order, including recommendations on which provisions should be extended, modified, or terminated. The underlying order required OMB and agency planning to reduce the size of the federal workforce through approved agency hiring plans, agency reorganization plans, and reductions in force (RIFs).
October 12	<u>Lowering Drug Prices by Once Again Putting Americans First</u>	<p>By this date:</p> <ul style="list-style-type: none"> • The Assistant to the President for Domestic Policy, along with other relevant agency heads, "shall provide recommendations to the President on how best to stabilize and reduce Medicare Part D premiums." • The HHS Secretary shall publish "a plan to conduct a survey...to determine the hospital acquisition cost for covered outpatient drugs at hospital outpatient departments." After which the EO directs HHS to "consider and propose" modifications to the payment methodologies for said drugs under the Medicare Hospital Outpatient Prospective Payment System (OPPS) to "align Medicare payment with the cost of acquisition." • "[T]he OMB Director, the Assistant to the President for Domestic Policy, and the Assistant to the President for Economic Policy...shall jointly provide recommendations to the President on how best to ensure that manufacturers pay accurate Medicaid drug rebates,...promote innovation in Medicaid drug payment methodologies, link payments for drugs to the value obtained, and support States in managing drug spending." • The HHS Secretary, through the FDA Commissioner, "shall issue a report providing administrative and legislative recommendations to: (a) accelerate approval of generics, biosimilars, combination products, and second-in-class brand name medications; and (b) improve the process through which prescription drugs can be reclassified as over-the-counter medications, including recommendations to optimally identify

		<p>prescription drugs that can be safely provided to patients over the counter.”</p> <ul style="list-style-type: none"> • The HHS Secretary shall evaluate and, to the extent “appropriate and consistent” with current law, “propose regulations to ensure that payment within the Medicare program is not encouraging a shift in drug administration volume away from...physician office settings to...hospital outpatient departments.” • “[T]he Secretary of Labor shall propose regulations...to improve employer health plan fiduciary transparency into the direct and indirect compensation received by pharmacy benefit managers.” • The HHS Secretary “shall conduct joint public listening sessions with the appropriate personnel from the Department of Justice (DOJ), the Department of Commerce, and the Federal Trade Commission and issue a report with recommendations to reduce anti-competitive behavior from pharmaceutical manufacturers.”
October 12	<u>Restoring Common Sense to Federal Procurement</u>	The Administrator of the Office of Federal Public Procurement Policy “shall take appropriate actions to amend the Federal Acquisition Regulation (FAR) to ensure that it contains only provisions that are required by statute or that are otherwise necessary to support simplicity and usability, strengthen the efficacy of the procurement system, or protect economic or national security interests.”
October 15	<u>Extension of Hiring Freeze</u>	This marks the new date for the freeze on the hiring of Federal civilian employees within the executive branch, as initially directed in the January 20 memorandum. This memorandum also states that all hiring must be consistent with the merit hiring plan developed pursuant to the “Reforming the Federal Hiring Process and Restoring Merit to Government Service” EO.
Deadlines in November 2025		
November 1	<u>Regulatory Relief to Promote Domestic Production of Critical Medicines</u>	The Environmental Protection Agency (EPA) Administrator is instructed to “take action to update regulations and guidance that apply to the inspection and approval of new and expanded manufacturing capacity of pharmaceutical products, active pharmaceutical ingredients, key starting materials, and associated raw materials in the United States to eliminate any duplicative or unnecessary requirements and maximize the timeliness and predictability of agency review.” Additionally, by this date, the HHS Secretary, through FDA, shall “take steps to eliminate any duplicative or unnecessary requirements” relevant to domestic pharmaceutical manufacturing.
November 1	<u>Improving the Safety and Security of</u>	The Director of OSTP, in coordination with the OMB, the APNSA, the Assistant to the Secretary for Domestic Policy, and other relevant agency heads, “shall develop and implement a strategy to govern, limit, and track dangerous gain-

	<u>Biological Research</u>	of-function research across the United States that occurs without Federal funding and other life-science research that could cause significant societal consequences.” By this date, the EO also directs OSTP and APNSA to submit a legislative proposal to the President addressing “[any] gaps in authorities necessary to achieve the goals of this strategy.”
November 5	<u>Keeping Promises to Veterans and Establishing a National Center for Warrior Independence</u>	The VA Secretary is instructed to “submit to the President, through the Assistant to the President for Domestic Policy, an action plan to expand services to support a full-service medical center in New Hampshire so that it is no longer the only State in the contiguous United States without such a center.”

Health Related Executive Orders

The remainder of this issue brief provides information on the key changes made by President Trump’s EOs in 2025, categorized by topic. This document does not discuss Executive Actions related to tariffs that impact health and health care stakeholders.

Behavioral Health

- The “**Ending Crime and Disorder on America’s Streets**” EO, signed on July 24, requires the Secretary of Health and Human Services and the Attorney General:
 - To enforce prohibitions on open illicit drug use, urban camping and loitering, urban squatting;
 - To utilize assisted outpatient treatment, civil commitments, and other available means for moving individuals to treatment centers;
 - To utilize funding to support drug courts and mental health courts; and
 - Prevent funding programs that include “harm reduction” or “safe consumption.”

Medicaid

- The “**Eliminating Waste, Fraud, and Abuse in Medicaid**” EO, signed on June 6, requires the Secretary of Health and Human Services to ensure, where legally permissible, that Medicaid reimbursement rates do not exceed those of Medicare.

Prescription Drugs

- The “**Lowering Drug Prices by Once Again Putting Americans First**” EO, issued on April 15, directs the Secretary of HHS to work with Congress to address the difference



between the timelines under which small molecule prescription drugs and large molecule biologics may be eligible for the Medicare Drug Price Negotiation Program (MDPNP), in addition to several other measures intended to lower drugs prices and increase transparency, including those targeting the role of Pharmacy Benefit Managers (PBMs). Additionally, the EO directs the HHS Secretary to ensure that health center grantees and subgrantees make insulin and injectable epinephrine (EpiPens) available at or below the cost paid by the health center under the 340B Prescription Drug Program (plus a minimal administration fee) for those who have high cost-sharing requirements, high unmet deductibles, or do not have insurance.

- On May 12, the Center for Medicare and Medicaid Services (CMS) issued draft guidance along these lines, soliciting feedback on all sections within its purview.
 - Additionally, on June 24, the Health Resources and Services Administration (HRSA) announced new requirements for HRSA-funded health centers to provide insulin and injectable epinephrine at lower costs through the 340B Drug Pricing Program. The announcement states that HRSA-funded health centers are encouraged to begin implementing these terms immediately “to ensure full compliance and maximize patient benefit.”
- The “**Delivering Most-Favored-Nation Prescription Drug Pricing To American Patients**” EO, issued on May 12, directs implementation of a “most-favored-nation” policy for prescription drugs in the United States. The EO is intended to address drug prices in the United States that are higher relative to drug prices of other nations by implementing voluntary price-cutting actions by drug manufacturers in the short term, with the cautionary note that “should drug manufacturers fail to offer American consumers the most-favored-nation lowest price, [the] Administration will take additional aggressive action.”
 - On May 20, HHS and CMS announced they had set most-favored-nation pricing targets that pharmaceutical manufacturers will be expected to meet in accordance with this Executive Order.
- The “**Regulatory Relief to Promote Domestic Production of Critical Medicines**” EO, issued on May 5, directs federal agencies to eliminate regulatory barriers that hinder the expansion of U.S.-based pharmaceutical manufacturing.

Make America Healthy Again

- The “**Establishing the President's Make America Healthy Again Commission**” EO, issued in February, established an interagency commission to be chaired by the HHS Secretary, to “advise and assist the President on how best to exercise his authority to address the childhood chronic disease crisis,” with an initial assessment, titled the “Make our Children Healthy Again Assessment,” required within 100 days of the EO. The MAHA Commission was also directed to develop a strategy by August 2025 for improving the health of children.
 - On May 22, HHS released an initial report from the Make America Healthy Again Commission which asserts that key drivers of chronic diseases in children are poor diet, environmental chemicals, lack of physical activity and chronic stress, and overprescription of medications. The report also raises concerns about ultra-processed foods and food additives; a loneliness epidemic among adolescents and the negative impact of social media on mental health; overuse of prescription stimulants, antidepressants, antipsychotics, asthma medications, antibiotics, and GLP-1s among children; and the influence of industry on nutrition research, childhood vaccine recommendations, and clinical practice. The report concludes with recommendations for HHS agencies to expand an autism data initiative to study childhood chronic diseases, use AI to detect trends related to harmful exposures and disease trends, and fund nutrition research.
- On February 25, President Trump signed the “**Making America Healthy Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information**” EO. This EO directs the Secretaries of the Treasury, Labor, and HHS to “take all necessary and appropriate action to rapidly implement and enforce the health care price transparency regulations.” Specifically, the EO directs them to “require the disclosure of the actual prices of items and services, not estimates; 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.”
 - On May 22, CMS announced a Request for Information (RFI) for Hospital Price Transparency Accuracy and Completeness, along with an RFI regarding prescription drug price transparency requirements (issued by the Departments of Labor, Treasury, and HHS), pursuant to this executive order. Comments on the RFI were due July 21. The departments and CMS also released updated guidance

regarding compliance with the Transparency in Coverage and Hospital Price Transparency regulations.

Federal Workforce and Management

- The “**Strengthening Probationary Periods in the Federal Service**,” EO established a new Civil Service Rule XI, replacing subpart H. Under this new rule, agencies must make an affirmative determination that an individual’s continued employment during the probationary or trial period will benefit the federal service before granting them a permanent appointment.
- President Trump’s February EO, “**Implementing the President’s Department of Government Efficiency Workforce Optimization Initiative**,” required agencies to develop reorganization plans and submit them to the Director of OMB within 30 days, as well as “promptly undertake preparations to initiate large-scale reductions in force.”
 - On June 3, the Office of Personnel Management (OPM) published a proposed rule in the Federal Register proposing amendments to the Federal Government personnel vetting adjudicative processes for determining suitability and taking suitability actions.
- On February 26, OMB and OPM issued a memo to heads of departments and agencies with “**Guidance on Agency RIF and Reorganization Plans**.” To meet the requirements of President Trump’s EO on “Implementing the President’s ‘Department of Government Efficiency’ Workforce Optimization Initiative,” agencies are instructed to seek consolidation of agency organization charts, consolidate management layers where unnecessary layers exist, implement technological solutions that automate tasks, reduce the use of outside consultants and contractors, and eliminate functions that are not statutorily mandated. The guidance also notes that “agencies or components that provide direct services to citizens (such as Social Security, Medicare, and veterans’ health care) shall not implement any proposed [agency RIF and reorganization plans] until OMB and OPM certify that the plans will have a positive effect on the delivery of such services.”
 - In response, HHS commenced a reduction-in-force (RIF) of nearly 10,000 federal employees, intended to bring the overall HHS staffing levels down from 82,000 to 62,000, in combination with other efforts. A March 27 HHS announcement said the RIF would impact 18 percent of the Centers for Disease Control and Prevention (CDC), 15 percent of FDA, 6 percent of the National Institutes of Health (NIH), and 4 percent of CMS.
 - Additionally, on May 30, the White House released the FY 2026 President’s Budget for HHS, which proposes the reorganization of several offices and

agencies within the department. The budget proposes to establish an Administration for a Healthy America, which will combine HRSA, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Office of the Assistant Secretary for Health (OASH), the National Institute for Environmental Health Sciences (NIEHS), and some programs from the CDC. Additionally, the budget consolidates the Administration for Community Living (ACL) into the Administration for Children and Families (ACF) under a new operating division, the Administration for Children, Families, and Communities (ACFC).

- The Supreme Court lifted a May 22 injunction blocking implementation of the RIFs, noting that the actions were likely lawful without further substantive review on the merits of agency plans. This ruling effectively allows the RIFs to continue while the lawsuit is ongoing. As of July 2025, a decision on the merits is pending at the Ninth Circuit Court of Appeals, and could eventually make its way back to the Supreme Court. On April 17 and July 7, the White House issued [extensions](#) of the hiring freeze of federal employees, which is currently set to extend through October 15, 2025. Exemptions to the hiring freeze include military personnel, positions related to immigration enforcement, national security, public safety, positions with the Executive Office of the President, and positions requiring Presidential appointment or Senate confirmation. OPM may also grant exemptions from the hiring freeze where necessary.
- A separate class-action lawsuit brought by employees removed from various agencies [challenging](#) HHS's firings is ongoing.
 - On May 29, OPM released its [Merit Hiring Plan](#), with agencies required to submit monthly progress reports on plan implementation beginning on June 30.
- The “**Restoring Common Sense to Federal Procurement**” EO, issued in April, directs the Office of Federal Procurement Policy (OFPP) to conduct a review of and revise of the Federal Acquisition Regulation (FAR). Updates to the FAR could impact medical products and other goods or services procured by the federal government, such as the VA and Administration for Strategic Preparedness and Response.
 - On May 2, OMB Director Russell Vought issued a [memorandum](#) regarding implementation of the executive order
- The “**Eliminating Waste and Saving Taxpayer Dollars by Consolidating Procurement**” EO mandated the consolidation of federal procurement for common goods and services under the General Services Administration (GSA). The order also designates the GSA as the executive agent for government-wide IT procurement.
- A Presidential memorandum issued on March 20, titled “**Strengthening the Suitability and Fitness of the Federal Workforce**,” granted OPM authority to make final suitability determinations for executive branch employees based on post-appointment conduct.

- The “**Implementing the President’s ‘Department of Government Efficiency’ Cost Efficiency Initiative**” EO, issued on February 26, instructed agency heads to implement centralized technological systems to record and justify all payments for federal contracts, grants, and loans, with these justifications to be posted publicly when legally permissible. Agencies were given 30 days to review existing contracts and grants for potential termination or modification in order to reduce overall Federal spending or reallocate spending to promote efficiency and advance the policy priorities of the Trump Administration. The initiative also froze government credit cards for 30 days (with exceptions for disaster response and other critical services), required written justification for non-essential travel, and mandated a comprehensive evaluation of government-owned real property for potential disposition.
- On February 19, President Trump signed an EO on “**Commencing the Reduction of the Federal Bureaucracy**,” to “dramatically reduce the size of the Federal Government.” The Executive Order required the Presidio Trust, Inter-American Foundation (IAF), U.S. African Development Foundation, and U.S. Institute of Peace to eliminate non-statutory components and reduce the performance of statutory components. Additionally, the Director of OPM was directed to initiate processes to eliminate the Federal Executive Boards and the Presidential Management Fellows program. Further, the EO called on certain agencies to take particular terminating actions within 14 days of the order, including 1) the U.S. Agency for International Development (USAID) Administrator must terminate the Advisory Committee on Voluntary Foreign Aid, 2) the HHS Secretary must terminate the Secretary’s Advisory Committee on Long COVID, and 3) the CMS Administrator must terminate the Health Equity Advisory Committee. Within 30 days of the EO, agency heads were also required to submit a list of additional government entities and advisory committees deemed unnecessary.
 - There are [several ongoing lawsuits](#) related to this executive order and actions taken as a result, as well as [challenges](#) to related executive orders authorizing DOGE activities and mass firings at federal agencies. The president CEO of IAF challenged her removal, resulting in a preliminary injunction blocking her removal that was upheld by the D.C. Circuit in June. Three humanities organizations challenged changes made to the National Endowment for the Humanities (NEH). A district court judge granted an injunction blocking mass termination for several classes of plaintiffs in July.
- On February 19, President Trump also signed an Executive Order titled, “**Ensuring Lawful Governance and Implementing the President’s ‘Department of Government Efficiency Regulatory Initiative**,” which required agency heads, in coordination with the Department of Government Efficiency (DOGE) and OMB, to review all regulations in their jurisdictions for consistency with law and Trump Administration policy, prioritizing review

of rules that significantly affect the economy. The EO instructed the Administrator of the Office of Information and Regulatory Affairs (OIRA) to develop a Unified Regulatory Agenda to rescind or modify these regulations and required agency heads to consult with their DOGE team leads and OIRA on potential new regulations.

- On February 21, President Trump issued a memo titled, “**America First Investment Policy**,” aimed at increasing foreign investment in the United States. The memo states that the U.S. will create an expedited “fast-track” process for foreign investments subject to national security measures, including requiring specified foreign investors to avoid partnering with foreign adversaries, and expediting environmental reviews for any investment over \$1 billion in the U.S. The memo also noted that resources will be directed toward restricting investments from foreign adversaries in strategic sectors including health care and technology, and toward the consideration of new or expanded restrictions on U.S. outbound investment to China in sensitive technologies, including biotechnology.

Diversity Equity and Inclusion (DEI)

- The “**Ending Illegal Discrimination and Restoring Merit-Based Opportunity**” EO, issued on January 21, instructs federal agencies to combat private sector DEI preferences. Specifically, the EO directs the Attorney General to make recommendations to the White House “to encourage the private sector to end illegal discrimination and preferences, including DEI,” which must include recommendations on litigation, regulatory actions, and civil compliance investigations of foundations with assets of \$500 million or more, among others. Additionally, the EO mandates that agencies and federal contractors certify compliance with anti-discrimination laws and prohibits the use of DEI-related criteria in hiring, promotions, grants, and procurement.
- On April 23, President Trump issued an EO titled “**Reforming Accreditation to Strengthen Higher Education**,” which requires the Attorney General and Secretaries of Education and HHS to investigate and take action to “terminate unlawful discrimination by American medical schools and graduate medical education entities.”
- The “**Additional Measures to Combat Anti-Semitism**” EO, issued on January 29, states that GSA, HHS, and the Department of Education will issue stop-work orders on grants and contracts that Columbia University holds with the agencies, freezing access to funds immediately.
 - On March 7, several federal departments announced the immediate cancellation of approximately \$400 million in federal grants and contracts to Columbia University.

- Additionally, on May 22, HHS' Office for Civil Rights determined that Columbia University violated civil rights laws by "acting with deliberate indifference towards student-on-student harassment of Jewish students from October 7, 2023, through the present."
- The "**Ending Radical and Wasteful Government DEI Programs and Preferencing**" EO, issued on January 20, directs Federal agencies to "terminate, to the maximum extent allowed by law, all DEI, DEIA, and 'environmental justice' offices and positions (including but not limited to "Chief Diversity Officer" positions); all 'equity action plans,' 'equity' actions, initiatives, or programs, 'equity-related' grants or contracts; and all DEI or DEIA performance requirements for employees, contractors, or grantees."

Gender Affirming Care

- On January 28, President Trump issued an EO titled "**Protecting Children from Chemical and Surgical Mutilation**," which prohibits federal funding for certain medical procedures for minors.
 - On April 28, the White House released a report describing steps that have been taken to implement this EO. Specifically, HHS removed a document titled, "Gender-affirming Care and Young People" created during the Biden Administration that utilized standards developed by the World Professional Association for Transgender Health (WPATH); HHS terminated approximately 200 grants (totaling \$477 million); multiple federal health agencies, including CMS, SAMHSA, HRSA, and OASH, issued quality and safety alerts to providers; and DOJ prepared guidance regarding enforcement of existing law regarding female genital mutilation and initiated investigations of multiple entities that have "misled the public about the long-term side effects of chemical and surgical mutilation."
 - Two federal lawsuits were filed to challenge this executive order. The plaintiffs argued that the executive order withholds lawfully appropriated funds and violates the right of youth by depriving them of medical care solely on the basis of their sex and transgender status. In March 2025, a District Judge issued a preliminary injunction in one of the cases, halting enforcement of the executive order. The injunction remains, but the case is ongoing. Of note, the Fourth Circuit did not find the Trump administration in violation of the injunction when it sent notices to providers noting upcoming enforcement of the order. In the other case, a preliminary injunction prevents application of the order in the plaintiff states. This case is also ongoing.
 - Of note, the Supreme Court in *U.S. v. Skrametti*, recently upheld two state laws prohibiting providers from furnishing certain treatments to transgender youth.

The case, while focused on state law rather than federal regulatory action, clears the way for additional restrictions on this type of medical care.

- The “**Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government**” EO, issued on January 20, directs all federal agencies to adopt a binary, biological definition of sex and to eliminate the use of gender identity in official policies, documents, and programs. The EO also directs agencies to take “steps, as permitted by law, to end the Federal funding of gender ideology” and “assess grant conditions and grantee preferences and ensure grant funds do not promote gender ideology.”

Other Health- and Philanthropy-Related EOs

- The “**White House Initiative To Promote Excellence and Innovation at Historically Black Colleges and Universities (HBCUs)**” EO, issued on April 23, creates a White House Initiative to “to increase the capacity of HBCUs to provide the highest-quality education to an increasing number of students.” The initiative is directed to expand the private sector role and the role of private foundations in strengthening HBCUs, including “fostering private-sector initiatives and public-private and philanthropic partnerships to promote centers of academic research and program excellence at HBCUs.”
- The “**Unleashing Prosperity Through Deregulation**” EO, issued on January 31, requires federal agencies to identify for elimination at least 10 existing regulations, guidance documents, or policy statements for every new one proposed. The EO also directs agencies to ensure that the total cost of all new regulations, including repealed regulations, being finalized in fiscal year 2025, are “significantly less than zero.” These changes have a significant impact on regulatory agencies, such as CMS and FDA.
- The “**Achieving Efficiency Through State and Local Preparedness**” EO, issued on March 19, required the Assistant to the President for National Security Affairs (APNSA), in coordination with the Assistant to the President for Economic Policy, and the heads of relevant executive departments and agencies to:
 - Within 90 days, publish a National Resilience Strategy to articulate the priorities and ways to advance resilience.
 - Within 180 days, review and recommend changes to all critical infrastructure policies, including several named memoranda and EOs, to achieve a resilient posture, shift from an all-hazards approach to a risk-informed approach, and implement the National Resilience Strategy.
 - Within 240 days, review national preparedness and response policies, including several specific EOs and presidential policy directives, and recommended changes

- to update the process and metrics for Federal responsibility, shift away from an all-hazards approach, and implement the National Resilience Strategy.
- Within 240 days, develop a National Risk Register to identify, articulate, and quantify “natural and malign risks to our national infrastructure, related systems, and their users” to inform the intelligence community, private sector investments, state investments, and federal budget priorities.
 - Within one year, propose changes to Federal National Functions and the national preparedness construct to ensure that States and local governments have improved communications with federal officials and clarification of the federal role.
- On February 18, President Trump signed an EO titled, “**Expanding Access to In Vitro Fertilization**,” which directed the Assistant to the President for Domestic Policy to submit to the President a list of policy recommendations on “protecting IVF access and aggressively reducing out-of-pocket and health plan costs for IVF treatment.”
 - According to White House officials, the President received the report on May 19 and is currently reviewing its recommendations.
 - The “**Improving the Safety and Security of Biological Research**” EO, issued on May 5, restricts federal funding for gain-of-function research. Specifically, the EO terminates current and future federal funding of gain-of-function research in countries of concern and those designated as having insufficient oversight, and authorizes research agencies to identify and end federal funding of biological research potentially threatening to public health, safety, or national security.
 - The “**Enforcing the Hyde Amendment**” EO, issued on January 24, established a policy to prevent Federal funding from being used to “fund or promote elective abortion.” The EO also required the Director of OMB to promulgate guidance to the heads of executive departments and agencies to implement the EO.
 - The “**Keeping Promises to Veterans and Establishing a National Center for Warrior Independence**” EO, issued on May 9, requires the Administration to develop a plan for reducing wait times for Veterans Health Administration appointments through options like expanding office hours, offering weekend appointments, and increasing the use of virtual health care options. The EO also directs the VA to develop a plan “to house up to 6,000 homeless veterans at the National Center for Warrior Independence by January 1, 2028.”