

TRACKER

THE PUBLIC HEALTH IMPACT OF THE 2025 FEDERAL EXECUTIVE ORDERS

INTRODUCTION

Federal policies shape the environments that determine whether people and communities can live healthy lives. Since Donald Trump took office for his second term as president on January 20, 2025, he has signed a series of Executive Orders (EOs), many of which impact public health. Public health has been described as “[the science of protecting and improving the health of people and their communities](#).” Public health practitioners do this through programs that monitor and prevent disease, promote wellness, and protect communities from environmental hazards, among other actions. The core functions of public health, as described by the [10 Essential Public Health Services](#) framework, are assessment, policy development, and assurance, with equity at the heart of each of these functions. Public health is a vital social practice, and, to effectively serve its purpose, it must be supported at every level of government. The EOs listed below target prescription drugs, gender identity, environmental conditions, COVID-19 safety measures, reproductive health, and more. These EOs often undermine evidence-based approaches and decades of hard-earned progress, and many are anticipated to be detrimental to the public’s health, particularly for historically marginalized communities and initiatives. Actions by the Trump administration, including those related to these EOs, have prompted [a multitude of legal challenges](#).

The Network has compiled the list below to identify the 2025 EO^s most relevant to the public health space through a lens of Health in All Policies (HiAP). HiAP is defined as [“a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.”](#) This approach acknowledges that many policies that impact the conditions in which we work, play, educate, worship, and live (also known as the [social determinants of health](#)) are implemented outside of public health agencies. HiAP makes clear that to advance the health of our communities and our nation, public health consequences must inform the development and implementation of all laws and policies, not just those that center on health. The list below summarizes each EO included and provides some information on how each may impact public health.

While the Network recognizes that all of the EO^s will have effects across numerous, intersecting areas, for ease of reference, each EO has been assigned one or more topics that capture its primary focus. An index at the end of this resource groups the EO^s by topic and lists page numbers so that readers can easily find summaries of interest. The topics aim not to diminish the EO^s’ import and reach but rather to support readers looking to learn more about the EO^s targeting a given area. EO^s are listed as “Multi-Topic” if they target a wide range of themes (e.g., by rescinding dozens of previous executive actions across a plethora of topics).

The list of 2025 Federal EO^s below is not exhaustive.

2025 FEDERAL EXECUTIVE ORDERS

DATE SIGNED	ORDER	TITLE	SUMMARY AND PUBLIC HEALTH IMPACT	TOPIC
1/20/2025	14148	Initial Rescissions of Harmful Executive Orders and Actions	<p>SUMMARY: This EO rescinds 78 executive orders and actions issued under the Biden administration. This single order revokes initiatives related to racial justice, COVID-19 protection measures, LGBTQ+ justice, climate and environmental protections, worker health and safety protections, and more.</p> <p>PUBLIC HEALTH IMPACT: The rollback of these initiatives is expected to negatively impact public health by curtailing efforts to address systemic inequities that widen health disparities for marginalized communities, exacerbating environmental health risks, and pushing back advances in pandemic preparedness.</p>	Multi-Topic
1/20/2025	14149	Restoring Freedom of Speech and Ending Federal Censorship	<p>SUMMARY: This EO was purportedly issued to ensure that taxpayer resources are not used for (and that actors of the federal government do not engage in or facilitate) conduct that abridges the free speech of American citizens. It further directs the U.S. Attorney General to investigate activities of the Biden administration, in relation to which federal officials were accused of colluding with private companies to censor speech.</p> <p>PUBLIC HEALTH IMPACT: During the Biden administration's tenure, White House officials, including then Surgeon General Vivek Murthy, and authorities at the Centers for Disease Control and Prevention (CDC), encouraged social media platforms and others to help prevent the spread of online misinformation, particularly related to the COVID-19 vaccines. In August 2025, after a shooting at the CDC headquarters in Atlanta, Georgia, a union representing CDC workers demanded that federal officials condemn vaccine misinformation, stating that it puts scientists at risk. Public health authorities strive to promote scientifically-</p>	Free Speech and Assembly

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1/20/2025	14151	Ending Radical and Wasteful Government DEI Programs and Preferencing	<p>sound information, and it is in the interest of public health that those authorities encourage the dissemination of such information to others.</p> <p>SUMMARY: In this EO, the Office of Management and Budget (OMB) and the Office of Personnel Management (OPM), with the assistance of the U.S. Attorney General, were directed to terminate all federal Diversity, Equity, Inclusion, and Accessibility (DEIA) activities, mandates, polices, programs, and preferences. The EO also mandates the elimination of DEI, DEIA, and environmental justice offices and positions, as allowed by law, as well as any equity-related actions, initiatives, programs, grants, or contracts and any DEI or DEIA performance requirements for employees, contractors, or grantees. It further requires an audit of past DEI-related spending and activities.</p> <p>PUBLIC HEALTH IMPACT: Government implemented DEIA initiatives are imperative to dismantling norms and practices that have long prevented better health outcomes for historically disenfranchised communities. Many jurisdictions across the country have recognized this need by, for example, declaring racism to be a public health crisis. The abandonment of such initiatives at the highest form of government is expected to hamper efforts for more equitable health outcomes.</p>	Climate Equity
1/20/2025	14153	Unleashing Alaska's Extraordinary Resource Potential	<p>SUMMARY: This EO directs federal agencies to expedite the development of Alaska's natural resources, with a large focus on oil and gas.</p> <p>PUBLIC HEALTH IMPACT: Rapid resource extraction has the potential to worsen environmental quality and pollute water, air, and food sources, all of which pose a risk to public health.</p>	Climate
1/20/2025	14154	Unleashing American Energy	<p>SUMMARY: The purpose of this EO is to expand energy exploration across the country. It directs heads of all agencies to review existing agency actions for potential suspension, revision, or rescission of those that impose an "undue burden on the identification, development, or use of domestic energy resources..." It further rescinds energy-related regulations implemented by the previous administration and terminates the electric vehicle (EV) mandate, the Green New</p>	Climate

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			<p>Deal, and all activities, programs, and operations related to the American Climate Corps.</p> <p>PUBLIC HEALTH IMPACT: Rolling back progress in climate protection policy is likely to increase pollution and greenhouse gas emissions, leading to poorer air and water quality, which is linked to respiratory, cardiovascular, and other illnesses.</p>	
1/20/2025	14155	Withdrawing the United States from the World Health Organization	<p>SUMMARY: This EO announces the intentions of the United States to withdraw from the World Health Organization (WHO) due to, as stated in the EO, the mishandling of the COVID-19 pandemic and failure to adopt needed reforms, among other purported reasons. The EO provides for a cessation in funding, support, and resources to WHO and further calls for review, rescission, and replacement of the 2024 U.S. Global Health Security Strategy.</p> <p>PUBLIC HEALTH IMPACT: Withdrawal from WHO, the body responsible for international and global disease response, can hinder the U.S.'s ability to prepare for and respond to emerging health threats and disease outbreaks, and will reduce access to critical global health data, as well as limit coordination on public health threats.</p>	Global Health
1/20/2025	14156	Declaring a National Energy Emergency	<p>SUMMARY: Among other items, this broad declaration directs federal agency heads to identify and use all available authorities, including emergency authorities, to facilitate domestic energy resource development, including on federal lands.</p> <p>PUBLIC HEALTH IMPACT: Like other EO^s listed above related to expedited development of energy resources, this EO is expected to have multiple public health impacts, including increasing pollution and climate-related health risks.</p>	Climate Emergency Preparedness

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1/20/2025	14158	Establishing and Implementing the President's "Department of Government Efficiency"	<p>SUMMARY: This EO establishes the Department of Government Efficiency (DOGE) as a "federal agency" to modernize technology and streamline government operations. It establishes a temporary office within the U.S. DOGE Service (USDS), formerly the U.S. Digital Service office, to be known as the U.S. DOGE Service Temporary Organization to advance an 18-month agenda. Under this EO, each agency head is directed to establish a DOGE team and provide USDS access to all agency records that are unclassified as well as agency software and IT systems.</p> <p>PUBLIC HEALTH IMPACT: An array of concerns have arisen about the DOGE agenda and the administration's overall approach to data modernization and waste prevention, including concerns regarding unfettered information access and that such information may be weaponized, especially in relation to sensitive labor information and the safety of immigrants. More information regarding expected public health impacts of these actions may be found in the list entries for EOs 14173, 14210, 14243, and others.</p>	DOGE
1/20/2025	14159	Protecting the American People Against Invasion	<p>SUMMARY: This EO directs federal agencies to enforce U.S. immigration laws, particularly by prioritizing the removal of undocumented individuals and restricting their access to public benefits.</p> <p>PUBLIC HEALTH IMPACT: The EO is expected to negatively impact public health by restricting access to ongoing health benefits and medical services for undocumented immigrants and by hindering public health outreach, as vaccination drives, testing, or health education may experience a decrease in participation due to heightened anxieties from communities affected by this EO. This EO and other actions have been criticized as fanning the flames of discrimination across the country. Further, increased immigration enforcement and detention have been linked to worse health outcomes due to the mental health burdens that they impose, the unsafe conditions of detention facilities, and other health-harming effects.</p>	Immigration

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1/20/2025	14160	Protecting the Meaning and Value of American Citizenship	<p>SUMMARY: This EO attempts to end birthright citizenship for those born to undocumented immigrants and people with temporary status in the United States, in opposition to the longstanding precedent of unrestricted birthplace-based citizenship in the country. The order instructs federal agencies to refrain from issuing or accepting documents recognizing citizenship for persons falling within these categories, but this applies “only to persons who are born within the United States after 30 days from the date of this order.”</p> <p>PUBLIC HEALTH IMPACT: Restricting access to citizenship documents will obstruct access to essential services, such as health insurance, vaccination records, and emergency care. Children denied such documents will face obstacles enrolling in school health programs, pediatric services, and more. In addition, the denial of citizenship to such children has the potential to create a stateless population.</p>	Birthright Citizenship
1/20/2025	14162	Putting America First in International Environmental Agreements	<p>SUMMARY: This EO withdraws the United States from the Paris Agreement and all related international climate accords under the UN Framework Convention on Climate Change. It further calls for the cessation or revocation of any financial commitments made under the Convention and revokes and rescinds the US International Climate Finance Plan, directing that guidance be issued to rescind all frozen funds.</p> <p>PUBLIC HEALTH IMPACT: Though the EO claims to boost national energy and economic priorities, the rollback of international climate commitments poses serious public health risks through pollution, climate impacts, and widening health inequities. Also, prioritizing economic efficiency and consumer choice could lead to policy decisions that favor industries with high emissions or slower transition to clean energy, potentially delaying health benefits of cleaner air.</p>	Climate
1/20/2025	14163	Realigning the United States Refugee Admissions Program	<p>SUMMARY: Under this EO, the U.S. Refugee Admissions Program (USRAP), a program that is designed to identify and resettle refugees from around the world into the United States, is indefinitely suspended, with some exceptions. In FY 2024, the United States was expected to reach a historic milestone by resettling 100,000</p>	Immigration

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1/20/2025	14165	Securing Our Borders	<p>refugees. The EO directs the Secretary of Homeland Security to halt decisions on refugee applications, while still allowing for case-by-case admissions if approved.</p> <p>PUBLIC HEALTH IMPACT: As a result of this EO, federal funding for USRAP-related activities was paused, which created difficulty for organizations providing food, housing, and other assistance to refugees, worsening community health integration. This halt in funding will increase the likelihood of comparatively poorer health outcomes for these community members.</p>	
1/20/2025	14168	Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government	<p>SUMMARY: This EO directs the construction of physical barriers at the southern border, increased enforcement personnel, expanded detention and removal of undocumented individuals, and the termination of categorical parole programs.</p> <p>PUBLIC HEALTH IMPACT: These policies are likely to compromise public health in many ways. In particular, expanding detention under high-capacity conditions is likely to elevate risks of communicable disease outbreaks, decrease access to preventative care, and increase mental health strain, among other conditions.</p>	Immigration
			<p>SUMMARY: This broad EO states that there are only two sexes — male and female — that the United States will recognize. Among other directives, it mandates that federal agencies take the steps needed, and as permitted by law, to eliminate any federal funding that promotes “gender ideology.” It further instructs agencies and federal employees to “enforce laws governing sex-based rights, protections, opportunities, and accommodations to protect men and women as biologically distinct sexes.” Agencies are directed to update documents, including regulations, guidance, forms and communications to be in compliance with the EO. And it extends, through agencies, requirements under the EO to federally funded entities, including contractors. The EO also bars issuing accurate passports for transgender people as well denies incarcerated trans people healthcare and suitable housing.</p> <p>PUBLIC HEALTH IMPACT: This sweeping mandate erodes access to affirming healthcare, accurate data collection, legal documents, and protections for LGBTQ+ communities. These actions are expected to lead to worsened mental health outcomes, increased healthcare disparities, and reduced trust in public health institutions among affected populations.</p>	LGBTQ+

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1/20/2025	14169	Reevaluating and Realigning United States Foreign Aid	<p>SUMMARY: This EO imposed a 90-day pause on all U.S foreign development assistance to evaluate whether each program aligns with the administration's foreign policy goals.</p> <p>PUBLIC HEALTH IMPACT: This freeze impacts life-saving programs that deliver HIV treatment, vaccines, TB prevention, maternal/child healthcare, and emergency services, leading to long term effects in the global public health space as well as international education and research.</p>	Global Health
1/20/2025	14171	Restoring Accountability to Policy-Influencing Positions Within the Federal Workforce	<p>SUMMARY: This EO reinstates the 2020 EO 13957 "Creating Schedule F in the Excepted Service" and creates changes in human resources polices to make it easier to terminate federal employees, with a particular focus on "policy-influencing positions."</p> <p>PUBLIC HEALTH IMPACT: This EO has allowed for easier termination of federal employees, including specialized and long-standing employees. The "purge of federal workers will leave the U.S. unprepared to face public health threats such as infectious disease, foodborne illness, energy security, and more, health experts warn." Further, some federal employees who are terminated may be replaced with those who align with the current administration's agenda, which has been at odds with evidence-based public health recommendations and guidelines as well as practices and policies that promote health equity.</p>	Federal Workforce
1/21/2025	14173	Ending Illegal Discrimination and Restoring Merit-Based Opportunity	<p>SUMMARY: This EO revokes several prior EOs, including EO 11246 "Equal Employment Opportunity", as amended, issued in 1965, that prohibited employment discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity, or national origin by federal contractors and required that they take affirmative action to provide equal opportunity in employment. This EO also instructs federal agencies to "terminate all discriminatory and illegal preferences, mandates, policies, programs, activities, guidance, regulations, enforcement actions, consent orders, and requirements." Additionally, it directs the termination of DEIA-related contracts.</p> <p>PUBLIC HEALTH IMPACT: EO 11246 and Title VII of the Civil Rights Act of 1964, which prohibits employers outside of federal contractors from engaging in</p>	Equity

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			<p>discrimination, are products of the Civil Rights Movement, “a nationwide movement for equal rights for African Americans and for an end to racial segregation and exclusion...” Though Title VII is still in effect, this EO works to undermine the legacy of initiatives that have helped to advance health equity. “After all, it’s hard to be healthy without access to good jobs and schools and, safe, affordable homes.” The impacts from this EO are anticipated to be far-reaching and to include the defunding of programs and research relating to sexual and reproductive health. Moreover, in addition to eliminating both government DEIA programs and targeting related contracts, the ripple effects of this EO and related efforts under the current administration have led to several companies ending their own DEIA initiatives.</p>	
1/21/2025	14174	Revocation of Certain Executive Orders	<p>SUMMARY: This EO revokes EO 14042 “Ensuring Adequate COVID Safety Protocols for Federal Contractors” and EO 14043 “Requiring Coronavirus Disease 2019 Vaccination for Federal Employees.”</p> <p>PUBLIC HEALTH IMPACT: Revoking federal vaccine requirements will result in fewer federal employees and contractors being vaccinated, thus increasing their vulnerability to infectious disease.</p>	Vaccination
1/24/2025	14180	Council to Assess the Federal Emergency Management Agency	<p>SUMMARY: This EO establishes a Federal Emergency Management Agency (FEMA) Review Council to evaluate FEMA’s disaster response over the past four years and provide recommendations.</p> <p>PUBLIC HEALTH IMPACT: The council and the broader process appear largely driven by an agenda to significantly reshape or even eliminate FEMA as currently structured. While changes could potentially improve preparedness, equity, and responsiveness, critics warn that this initiative is more likely a precursor to dismantling the agency rather than a genuine attempt to improve public-health related functions of disaster response. Furthermore, this EO contemplates placing the bulk of emergency preparedness on state and local governments, which could lead to a reduction in the nation’s ability to respond effectively to disasters and leave vulnerable communities at greater risk.</p>	Emergency Preparedness

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1/24/2025	14182	Enforcing the Hyde Amendment	<p>SUMMARY: This EO reinforces the Hyde Amendment, which prohibits federal funds from being used for abortions. The EO also revokes related Biden-era EO^s meant to widen reproductive healthcare access.</p> <p>PUBLIC HEALTH IMPACT: These actions are expected to result in reduced access to safe and legal abortion services, increased mental and physical health risks due to delayed or unsafe care, and wider disparities in service availability across communities.</p>	Reproductive Health
1/27/2025	14185	Restoring America's Fighting Force	<p>SUMMARY: This EO directs the Departments of Defense and Homeland Security to eliminate all DEI offices and initiatives solely focusing on race and sex neutral policies. It further requires that military educational institutions maintain curricula aligned with these anti-DEI principles.</p> <p>PUBLIC HEALTH IMPACT: This EO and other anti-DEI policies advanced by the Trump administration reflect the “myth of meritocracy,” the idea that fairness can be achieved by evaluating individuals solely on merit while ignoring structural factors such as race and wealth. This belief undermines the recognition of systemic inequities including family background and social class, which cannot be meaningfully excluded when assessing an individual’s qualifications, and devalues the accomplishments of historically disenfranchised groups who have rightfully earned prominent positions of power. By curtailing DEI education and programming, among other issues, this EO is expected to lead to reduced training on systemic health disparities and culturally responsive care, limiting the military’s ability to meet diverse health needs effectively.</p>	Equity
1/28/2025	14187	Protecting Children from Chemical and Surgical Mutilation	<p>SUMMARY: This EO outlines the administration’s commitment to withhold federal support and efforts to fund, promote, sponsor, or assist a minor’s transition from one sex to another. It directs federal agencies to withdraw or amend policies relying on World Professional Association for Transgender Health (WPATH) guidance to modify insurance coverage under Medicare, Medicaid, TRICARE, and federal employee plans.</p> <p>PUBLIC HEALTH IMPACT: This mandate affects the health and well-being of transgender youth by obstructing gender-affirming care, risking mental health</p>	LGBTQ+

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1/29/2025	14190	Ending Radical Indoctrination in K-12 Schooling	<p>harms, undermining medical ethics, and imposing new social and legal burdens. Access to and continuation of care will be limited, leading to delays, reduced options, or termination of critical medical services. In the wake of this EO, many hospitals have ended or restricted gender-affirming care.</p> <p>SUMMARY: This EO instructs federal agencies to identify and withdraw support from K-12 educational programs that include curricula or training that promote “gender ideology” or “discriminatory equity ideology.” This EO further seeks to reestablish the “1776 Commission” to promote what is described as “patriotic education.”</p> <p>PUBLIC HEALTH IMPACT: Schools serve as venues for community-based public health interventions. Reducing inclusive education may impair trust and engagement, especially when addressing sensitive health topics or public health initiatives involving marginalized populations. Additionally, limiting or removing content around topics like systemic racism, implicit bias, or equity may reduce opportunities for students, especially from historically marginalized groups, and may undermine support for initiatives that address historic and ongoing oppression.</p>	Equity
1/31/2025	14192	Unleashing Prosperity Through Deregulation	<p>SUMMARY: This EO directs agencies to identify at least 10 existing regulations for repeal upon proposing a new regulation. The EO also instructs the Director of the Office of Management and Budget to revoke OMB Circular No. A-4, which was updated in 2023 and provides guidance on analyzing regulatory proposals, including through a cost-benefit analysis.</p> <p>PUBLIC HEALTH IMPACT: This EO has faced criticism similar to that expressed in response to the first Trump administration’s EO 13771 “Reducing Regulation and Controlling Regulatory Costs” which required that two regulatory rules be identified for elimination for every new one proposed. This 2017 policy was criticized as one that would “strangle even the most beneficial rules under the guise of cutting red tape.” While regulations that promote and protect public health can carry costs, they are adopted based on careful determinations that the benefits they bring to the public outweigh those costs.</p>	Deregulation DOGE

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2/5/2025	14201	Keeping Men Out of Women's Sports	<p>SUMMARY: This EO threatens to withdraw federal funding from educational programs that do not limit participation in girls' and women's sports to individuals assigned female at birth. Under the guise of adherence to Title IX, it effectively excludes transgender women and girls from women's athletics. The EO instructs agencies to review and potentially rescind funding to educational programs that fail to comply with the EO's policy and directs the Department of Justice to provide resources to relevant agencies to enforce the EO.</p> <p>PUBLIC HEALTH IMPACT: This EO and related actions are expected to lead to increased health risks for transgender youth and to an increase in discrimination faced by all transgender individuals. Being excluded from school-based activities can reduce feelings of belonging and community factors strongly linked to mental health outcomes. Additionally, linking federal funding to inclusion policies is likely to compel educational institutions to enforce restrictive participation rules, undermining equitable access to health-promoting extracurricular resources for transgender students.</p>	LGBTQ+
2/7/2025	14206	Protecting Second Amendment Rights	<p>SUMMARY: This EO directs the Attorney General to "examine all orders, regulations, guidance, plans, international agreements, and other actions of executive departments and agencies" to determine whether any infringe on rights interpreted under the Second Amendment and to propose a plan of action to address any purported infringement.</p> <p>PUBLIC HEALTH IMPACT: A 2022 report found that firearms were responsible for more deaths in children and teens than any other cause. In 2023, 46,728 people died from gun-related violence. These and other alarming statistics prompted former U.S. Surgeon General Vivek Murthy to declare gun violence a public health crisis in 2024. However, this 2025 EO now seeks to strengthen gun ownership and erode safety policies while ignoring the prevalence of gun violence and the profound threats it poses for health and safety.</p>	Gun Violence

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2/10/2025	14208	Ending Procurement and Forced Use of Paper Straws	<p>SUMMARY: This EO directs federal agencies to stop providing paper straws within federal facilities and to eliminate prior policies that discourage the use of plastic straws.</p> <p>PUBLIC HEALTH IMPACT: Plastic waste poses a public health threat to the environment, including to water, plants, and animals. Microplastics pose an even more immediate harm to humans. They are linked to serious health issues such as cancer, heart attacks, and poor reproductive health outcomes. This EO is expected to lead to an increase in plastic waste.</p>	Climate
2/11/2025	14210	Implementing the President's "Department of Government Efficiency" Workforce Optimization Initiative	<p>SUMMARY: This EO directs federal agencies to reduce the size of the federal workforce, setting a hiring ratio that limits each agency to hiring no more than one new employee for every four that leave, with exemptions for public safety, law enforcement, immigration, and national security functions. It further instructs agencies to identify offices that perform functions not mandated by statute or law, including DEI initiatives, to prioritize for reduction.</p> <p>PUBLIC HEALTH IMPACT: Reducing personnel fulfilling essential public health functions at Centers for Disease Control and Prevention (CDC), the National Institute of Health (NIH), and the Food and Drug Administration (FDA), for example, endangers public health and makes those in the United States more vulnerable to disease, illness, and injury. This policy is likely to lead to the loss of subject matter experts and to greatly weaken institutional knowledge.</p>	DOGE Federal Workforce
2/13/2025	14212	Establishing the President's Make America Healthy Again Commission	<p>SUMMARY: This EO establishes the Make America Healthy Again (MAHA) Commission and charges MAHA with the initial mission of advising and assisting the president on how to exercise authority to address childhood chronic disease. The Commission focuses heavily on lifestyle factors such as diet and physical activity.</p> <p>PUBLIC HEALTH IMPACT: MAHA has faced much criticism since the Commission's launch, both in terms of focus and leadership. The emphasis on individual choice, as stated in the EO, downplays the role played by structural and systemic factors in chronic disease, like housing, poverty, and access to care. The appointment of Robert F. Kennedy Jr. as chair raises questions about the</p>	MAHA

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			Commission's alignment with established public health science. Several controversial statements have been issued since the MAHA Commission was established, including a September 2025 statement suggesting acetaminophen use in pregnancy causes autism , a statement that the American College of Obstetricians & Gynecologists stated is not " backed by the full body of scientific evidence and dangerously simplifies the many and complex causes of neurologic challenges in children. "	
2/14/2025	14213	Establishing the National Energy Dominance Council	<p>SUMMARY: This EO establishes the National Energy Dominance Council and directs the Council to, among other items, advise on how to exercise executive authority to "produce more energy to make America energy dominant."</p> <p>PUBLIC HEALTH IMPACT: As with other related executive actions, including EO 14154, this EO has prompted concerns for public health over air and water pollution that often accompanies expanding energy infrastructure and fossil fuel extraction. Environmental pollution is linked to several health problems, including respiratory and heart disease as well as some types of cancer. Additionally, prioritizing rapid energy production and reducing regulatory oversight could worsen climate-related risks, particularly for vulnerable populations and frontline communities already burdened by pollution.</p>	Climate
2/14/2025	14214	Keeping Education Accessible and Ending COVID-19 Vaccine Mandates in Schools	<p>SUMMARY: This EO prohibits the use of discretionary federal funds to support any state or local educational agency that requires students to receive a COVID-19 vaccination to participate in in-person learning programs.</p> <p>PUBLIC HEALTH IMPACT: Tying federal funding to COVID-19 vaccine mandates in schools is expected to fuel vaccine skepticism, reduce vaccination rates, and lead to an increase in transmission as vaccination mandates are abandoned.</p>	Vaccination
2/18/2025	14216	Expanding Access to In Vitro Fertilization	<p>SUMMARY: This EO directs the Assistant to the President for Domestic Policy to provide policy recommendations to protect IVF access and reduce associated costs.</p> <p>PUBLIC HEALTH IMPACT: This EO is expected to lead to reduced costs and expanded access for those seeking IVF. Still, the EO has faced criticism from those</p>	Reproductive Health

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			concerned that, with the context of other actions of the administration, it was motivated by the desire to prioritize a cisgender woman's supposed ultimate role as a mother along with the notion of a nuclear family that consists of an adult cis male and an adult cis female with dependent children.	
2/19/2025	14219	Ensuring Lawful Governance and Implementing the President's "Department of Government Efficiency" Deregulatory Initiative	<p>SUMMARY: This EO instructs agency heads to review all regulations subject to their jurisdiction within 60 days to identify those that may be unconstitutional or that "raise serious constitutional difficulties," those that are purportedly unlawfully authorized, those deemed to "impose significant costs upon private parties that are not outweighed by public benefits," and those considered overly burdensome to national interests or economically damaging to private parties and small businesses, among others.</p> <p>PUBLIC HEALTH IMPACT: This EO is expected to reduce agency enforcement power and weaken regulatory safeguards, including those relating to public health. Moreover, this and similar actions by the administration may lead to the curtailing of public health advancements under the guise of reviewing for illegality. Underscoring these concerns is a Presidential Memorandum issued in April of the same year that promotes the use of the "good cause" exception under the Administrative Procedure Act to allow agencies to dispense with the otherwise required notice-and-comment rulemaking stage that allows public participation before repealing regulations. Public health regulations permeate modern life and have played a vital role in preventing the spread of disease, improving sanitation, and combating pollution, for example.</p>	Deregulation DOGE
2/25/2025	14221	Making America Healthy Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information	<p>SUMMARY: This EO introduces changes to reporting requirements and instructs the Secretaries of Treasury, Labor, and Health and Human Services to implement and enforce transparency price regulations. Hospitals are required to provide the disclosure of actual prices for healthcare services and prescription drugs as opposed to estimates and to standardize pricing information so that costs are easily comparable across hospitals and health plans.</p> <p>PUBLIC HEALTH IMPACT: Price transparency allows people to better select affordable care options, which can reduce costly treatment. However, many face limited provider options to begin with, and many patients are also uncertain of the</p>	MAHA

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2/26/2025	14222	Implementing the President's "Department of Government Efficiency" Cost Efficiency Initiative	<p>treatment they will need to meet their health needs and so will be unable to accurately predict those costs regardless. These measures also place an administrative burden on hospitals and health plans, particularly in emergencies and rural areas. In addition, providing price disclosures could create confusion if patients still lack clear information on their actual out-of-pocket expenses after insurance and deductibles.</p> <p>SUMMARY: Among other items, this EO mandates both a centralized system to record every payment issued by each agency, pursuant to their "covered contracts and grants," as well as a central travel approval system. It further directs agency heads, in consultation with their respective DOGE Team Lead, to review all existing covered contracts and grants to consider termination or modification to reduce or reallocate spending. The provided definition of "covered contracts and grants" does not include "direct assistance to individuals, expenditures related to immigration enforcement, law enforcement, the military, public safety, and the intelligence community; and other critical, acute, or emergency spending..."</p> <p>PUBLIC HEALTH IMPACT: The devastating impacts of DOGE activities have been felt across the federal government, including at all levels of public health. For example, DOGE actions have resulted in attempts to claw back \$11.4 billion in COVID-19 pandemic funds sent from the CDC to state and local health department and a cut of \$2.1 billion in grants intended for state and local immunization and vaccines for children. Some of these funding cuts have been blocked in federal court based on preliminary findings that they may be unlawful. Funds that are cut or clawed back not only result in the denial of basic public health services, but they also leave state and local public health departments underfunded and understaffed and leave the nation as a whole more vulnerable. DOGE has also been criticized as operating unchecked and without transparency.</p>	DOGE

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3/1/2025	14224	Designating English as the Official Language of the United States	<p>SUMMARY: This EO formally designates English as the official language of the United States and revokes EO 13166 “Improving Access to Services for Persons with Limited English Proficiency” issued in 2000. EO 13166 directed federal agencies and recipients of federal funds to implement plans for those with limited English proficiency to better access services.</p> <p>PUBLIC HEALTH IMPACT: The United States, famously a country of immigrants and home to Tribal Communities and others who speak languages other than English, has never before declared an official language at the federal level. Attempts to erode the ability of those who have limited English proficiency to access services and materials in languages they can understand may have a profound impact on general health and safety. These actions also add to concerns that the administration is stoking xenophobic bias around the country.</p>	Official Language
3/1/2025	14225	Immediate Expansion of American Timber Production	<p>SUMMARY: This EO directs the Secretary of the Interior and Agriculture to update guidance to boost timber output by, among other actions, accelerating the approval of forestry projects, reducing processes and costs related to approvals, and suspending, revising, or rescinding existing regulations, orders, policies and other agency actions that stall timber production.</p> <p>PUBLIC HEALTH IMPACT: As with other actions that seek to expedite increased extraction of environmental resources, including related actions by the current Trump administration, this EO’s directives have the potential to harm the environment. Moreover, increased timber production leads to habitat disruption and other long-term ecological consequences that can negatively impact public health.</p>	Climate
3/7/2025	14235	Restoring Public Service Loan Forgiveness	<p>SUMMARY: This EO Directs the secretary of education to propose revisions to the Public Service Loan Forgiveness (PSLF) program to exclude otherwise eligible organizations that “engage in activities that have a substantial illegal purpose” including organizations that the administration characterizes as “aiding or abetting violations” of federal immigration laws, engaging in “child abuse,” and those organizations that purportedly engage “in a pattern of aiding and abetting illegal discrimination,” among others.</p>	Student Loans

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			<p>PUBLIC HEALTH IMPACT: Created as an incentive for students to seek public service employment, the PSLF program forgives the federal loan balances of those, such as teachers, nurses, and police officers, who have spent a decade working for a qualifying public service employer. The controversial restrictions on PSLF under this EO threaten the financial security of millions of borrowers across the country who currently work for qualifying employers. Student loan debt, which disproportionately impacts low-income communities and communities of color, subjects borrowers to a range of negative health conditions including poor mental health and financial hardships that make it difficult for individuals to meet their basic needs. Student loan debt is also related to financial hardships in health care utilization. Further, by suggesting that it will target organizations that support undocumented immigrants, gender-affirming care, and DEI, the EO may deter health-promoting work in these areas. In response to these restrictions, lawsuits have been filed by several state attorneys and by a coalition of cities, labor unions, and nonprofits.</p>	
3/14/2025	14236	Additional Rescissions of Harmful Executive Orders and Actions	<p>SUMMARY: This EO revokes several actions issued by the prior administration, including EO 13994 “Ensuring a Data-Driven Response to Covid-19 and Future High-Consequence Public Health Threats”; Presidential Memorandum of February 4, 2021, “Advancing the Human Rights of Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Persons Around the World.”; and Presidential Memorandum of November 16, 2023 “Advancing Worker Empowerment, Rights, and High Labor Standards Globally.”</p> <p>PUBLIC HEALTH IMPACT: Revocations of the prior administration’s actions in this broad EO will have several impacts on public health, including undermining public health infrastructure by revoking the COVID-19-related EO that helped centralize disease surveillance and establish protocols to bolster future pandemic preparedness while mandating coordination between executive departments and agencies.</p>	Multi-Topic

DATE SIGNED	ORDER	TITLE	SUMMARY AND PUBLIC HEALTH IMPACT	TOPIC
3/18/2025	14239	Achieving Efficiency Through State and Local Preparedness	<p>SUMMARY: This EO calls on state and local governments to take on more responsibility for emergency preparedness. It further calls for a review of infrastructure policies and all national preparedness and response policies for recommendations on revisions, rescissions, and replacements and to “move away from an all-hazards approach...”</p> <p>PUBLIC HEALTH IMPACT: Concerns regarding this EO are compounded by other administration actions that signal the withdrawal of federal resources and funding that states rely on. One estimate found that proposed changes to the Federal Emergency Management Agency (FEMA) disaster declaration process would have disqualified approximately 71% of disasters supported through roughly \$41 billion in federal funds in the years 2008-2024, meaning these costs would have been borne by state and local governments. Loss of this support may greatly hamper disaster recovery efforts to restore vital local networks, including public health and health care, especially in economically depressed areas.</p>	Emergency Preparedness
3/20/2025	14242	Improving Education Outcomes by Empowering Parents, States, and Communities	<p>SUMMARY: This EO directs the Secretary of Education “to facilitate the closure of the Department of Education and return authority over education to the States and local communities...” The EO also directs the Secretary of Education to ensure that federal funds are not supporting educational programs supporting DEI or promoting “gender ideology.”</p> <p>PUBLIC HEALTH IMPACT: Though fully closing the Department of Education would require Congressional approval, the actions taken by the administration to abolish the Department can impact millions of students and communities across the country. The Department of Education currently administers keys programs such as FAFSA, Pell Grants, and the Individuals with Disabilities Education Act (IDEA). These services are crucial for children with special needs and low-income families. Disrupting these programs will result in delayed or inequitable access to educational support. Education access and quality is a social determinant of health, and any actions to decrease educational opportunities and quality are expected to negatively impact health outcomes.</p>	Education Equity

DATE SIGNED	ORDER	TITLE	SUMMARY AND PUBLIC HEALTH IMPACT	TOPIC
3/20/2025	14243	Stopping Waste, Fraud, and Abuse by Eliminating Information Silos	<p>SUMMARY: This EO directs agency heads to facilitate the elimination of information silos by providing full access to all unclassified agency records, data, software systems, and information technology systems. It further directs that they work to dismantle barriers preventing inter- or intra-agency sharing of such information and provide “unfettered access to comprehensive data from all State programs that receive Federal funding, including, as appropriate, data generated by those programs but maintained in third-party databases.”</p> <p>PUBLIC HEALTH IMPACT: Although data sharing can bring benefits, eliminating information silos comes with a multitude of significant risks including expanded surveillance capacity, data misuse, and cyber security breaches. This EO also raises concerns in relation to compliance with existing legal restrictions on both state and federal data, including the Health Insurance Portability and Accountability Act (HIPAA) which established federal standards to safeguard personal health information from disclosure absent a patient’s authorization.</p>	Data Privacy
3/25/2025	14248	Preserving and Protecting the Integrity of American Elections	<p>SUMMARY: Among other items, this EO directs the Election Assistance Commission (EAC), an independent agency, to update the national mail voter registration form to require documentary proof of U.S. citizenship, such as a passport or REAL ID. It further mandates that a state or local official record identifying information for verification and requires data-sharing between federal agencies and state authorities to verify voter citizenship status.</p> <p>PUBLIC HEALTH IMPACT: Ongoing litigation in response to this EO argues that the directive exceeds the President’s authority by controlling the activity of an independent agency and that it violates the separation of powers doctrine because only Congress and the states have the power to set election laws. In addition to violations of the U.S. Constitution, plaintiffs also argue that the EO further violates the Administrative Procedure Act and the National Voter Registration Act, among other federal laws. Critics of the EO are concerned that it will disenfranchise millions of voters. Requiring extra documentation to prove citizenship creates barriers for eligible voters, particularly low-income, elderly, rural, and/or transgender populations who may have difficulty obtaining such documents. Civic engagement, including voter participation, is linked to public health.</p>	Voting Rights

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3/27/2025	14251	Exclusions from Federal Labor-Management Relations Programs	<p>SUMMARY: This EO classifies more than 40 federal agencies and subdivisions, including the CDC, FDA, other components of HHS, and certain components of DHS, as having primary national security, intelligence, or investigative functions. Such classifications end collective bargaining rights for these employees by exempting them from USC Chapter 71 of title 5 and USC Subchapter X of Chapter 52 of title 22.</p> <p>PUBLIC HEALTH IMPACT: This EO effectively precludes employees such as VA nurses, IRS customer service representatives, and others from participating in collective bargaining under the guise of protecting national security. However, neither the EO nor the accompanying Fact Sheet make a clear connection between the stated concerns and these actions. Instead, the actions appear to be motivated by unions “widely filing grievances” that frustrate the administration’s agenda, such as VA unions that “have filed 70 national and local grievances over President Trump’s policies since the inauguration – an average of over one a day.” Economic stability is a social determinant of health and labor unions have historically played a vital role in creating working conditions that promote public health by creating higher wages and benefit standards. EO 14343 “Further Exclusions from the Federal Labor-Management Relations Program,” signed in August 2025, added employees of the International Trade Administration, the Office of the Commissioner for Patents and subordinate units, Patent and Trademark Office, and certain subdivisions of the National Oceanic and Atmospheric Administration, including the National Weather Service, to the list of those designated as having primary national security, intelligence or investigative functions. Stifling union activity impedes the ability of federal employees to do their jobs effectively, many of which are central to protecting and improving the public’s health.</p>	Federal Workforce
3/27/2025	14253	Restoring Truth and Sanity to American History	<p>SUMMARY: Calling out the Smithsonian Institution as recently coming under the influence of “divisive, race-centered ideology,” this EO directs federal officials to revise how history is presented at cultural sites, such as the Smithsonian museums and national monuments. Among other items, expenditures on “exhibits or programs that...divide Americans based on race, or promote programs or ideologies inconsistent with federal law and policy” are prohibited. The EO also</p>	Equity

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			<p>calls for the review and potential restoration of exhibits or monuments altered or removed since 2020.</p> <p>PUBLIC HEALTH IMPACT: Cultural and historical institutions play a role in shaping how communities view government credibility. When historical narrative lacks inclusivity, it can undermine trust, which is important for advancing health equity. Inclusive historical narratives also provide context for understanding health inequities, such as segregation's effect on access to care or environmental injustice, and helps inform strategies to address the root causes of these disparities.</p>	
4/8/2025	14260	Protecting American Energy from State Overreach	<p>SUMMARY: This EO directs the U.S. Attorney General to review and challenge state and local climate-protection laws. It specifically targets policies in states like New York, Vermont, and California as impediments to “American energy dominance.” It further asserts federal authority over energy regulations, seeking to remove perceived interstate inequities and to bolster energy affordability.</p> <p>PUBLIC HEALTH IMPACT: By targeting state and local climate policies, this order seeks to roll back existing protections to assert federal authority over state climate and energy initiatives, raising legal questions concerning the doctrine of preemption and the balance between federal and state roles in regulating markets and addressing climate-related impacts. Law and policy that address the increasing threat of climate change are linked to a myriad of public health concerns.</p>	Climate
4/8/2025	14261	Reinvigorating America’s Beautiful Clean Coal Industry and Amending Executive Order 14241	<p>SUMMARY: Among other items, this EO designates coal as a “critical mineral”, as defined under section 2 of EO 14241 “Immediate measures to Increase American Mineral Production.” It directs multiple federal agencies to submit reports identifying coal resources and reserves on federal lands and to assess any impediments to mining in these areas along with proposals to overcome such impediments. Where coal resources are identified, coal leasing and related activities are to be prioritized as the primary use for those public lands with the expedition of coal leasing in these areas. The EO also directs multiple federal agencies to identify and remove internal policies that restrict coal production and coal-fired power generation.</p>	Climate

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			<p>PUBLIC HEALTH IMPACT: This EO is intended to increase coal production despite the rise in the implementation of clean energy solutions. Increased coal production is linked to an increase in harmful emissions. A 2023 study found that air pollution from coal-fired power plants (coal PM2.5), previously thought to have the same toxicity as PM2.5 from other sources, is actually associated with a mortality risk of more than double that of exposure to PM2.5 from other sources. In addition, expanding coal activity will degrade air and water quality and contribute to health concerns like respiratory illnesses and fetal development damage.</p>	
4/9/2025	14270	Zero-Based Regulatory Budgeting to Unleash American Energy	<p>SUMMARY: This EO requires federal energy agencies to implement a zero-based regulatory budgeting system by assigning sunset dates to certain energy-related regulations, automatically terminating rules unless actively reviewed and renewed. To extend a sunset date, agencies must seek public comments to determine the costs and benefits of each regulation and, if an extension is found to be justified, it can only be five years in duration, though extensions may be sought indefinitely.</p> <p>PUBLIC HEALTH IMPACT: This EO seeks to sunset a large swath of regulations in a short amount of time, an unprecedented move facing sharp criticism. Efforts to alter regulations are generally done incrementally after lengthy analysis to determine whether a change is appropriate. Terminating rules by default will result in the inappropriate and untimely elimination of protections. Regulations that stand to be impacted by this EO include those related to protection for wildlife and the environment. Sunsetting such protections is expected to lead to unregulated development that often occurs in areas where historically disenfranchised communities are located. Such sudden lapses in environmental protection pose long-term setbacks for health equity.</p>	Climate Deregulation
4/15/2025	14273	Lowering Drug Prices by Once Again Putting Americans First	<p>SUMMARY: This lengthy EO is focused on lowering pharmaceutical drug prices. It aims to change Medicare's drug price negotiation program, instructs the FDA to provide recommendations to accelerate approval of low-cost generic medications, and expands access to lower-cost prescription drugs imported from abroad, among other items.</p>	Pharmaceuticals

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			PUBLIC HEALTH IMPACT: Making prescription drugs more affordable and accessible is linked to better health outcomes, especially for low-income and uninsured populations.	
4/23/2025	14279	Reforming Accreditation to Strengthen Higher Education	<p>SUMMARY: This EO aims to transform the system of accreditation for higher education. It targets DEI initiatives and requirements in educational institutions and threatens actions related to accreditation, including termination. It calls out the American Bar Association's Section of Legal Education and Admissions to the Bar, which requires that law schools demonstrate a commitment to diversity and inclusion, directing the Secretary of Education to assess whether to suspend its status as an accrediting agency. A similar directive is included for medical schools. The EO also lays out "new principles of student-oriented accreditation."</p> <p>PUBLIC HEALTH IMPACT: Prohibition of DEI requirements and initiatives in educational institutions is expected to diminish the representation of diverse groups in legal and health professions, among others, lessening the cultural competence of graduates as well as trust in these professions by communities of color and other structurally marginalized communities. Reversing progress on initiatives that promote higher education in historically disenfranchised communities will also stall progress towards health equity. A key component in advancing health equity is higher education, which is linked to increased earning power. Economic stability, a social determinant of health, provides a higher likelihood of obtaining affordable housing, accessing quality education, and securing reliable healthcare.</p>	Education Equity
4/23/2025	14280	Reinstating Commonsense School Discipline Policies	<p>SUMMARY: This EO reverses 2014 guidance that encouraged schools to consider racial disparity data when shaping disciplinary policies. Citing a 2018 report from the Federal Commission on School Safety, the EO states that because of the 2014 guidance, "schools ignored or covered up – rather than disciplined – student misconduct in order to avoid any purported racial disparity in discipline numbers that might catch the eye of the federal government." Among other items, it directs the Secretary of Education, in consultation with the Attorney General, to issue new guidance to state and local educational agencies "regarding school discipline and</p>	Education Equity

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			<p>their obligations not to engage in racial discrimination under Title VI [of the Civil Rights Act of 1964] in all contexts, including school discipline.”</p> <p>PUBLIC HEALTH IMPACT: Title VI bars discrimination based on race, color, and national origin in programs and activities that receive funds from the federal government. The 2014 guidance referenced in the EO encouraged the promotion of “safe, inclusive, and positive educational environments” and “nondiscriminatory, fair, and age-appropriate discipline policies.” It also emphasized the obligation of schools to create and implement disciplinary policies that avoid and redress racial discrimination. These actions were taken in response to publicly available data that contrasts with claims made in the EO. For example, the U.S. Government Accountability Office (GAO) published a report that found that Black girls receive more frequent and more severe discipline in school than other girls, and another showed discipline disparities for Black students, boys, and students with disabilities. The National Center for Learning Disabilities condemned this EO stating, “It fails to recognize our country’s history of systemic racism and ableism, attempting to reverse decades of progress addressing disparities that students of color and students with disabilities face.” School discipline policies that fail to address these disparities are unable to provide quality education, a social determinant of health, to students in historically marginalized groups. Further, exclusionary school discipline harms mental health and denies youth critical protective factors that support wellbeing.</p>	
4/23/2025	14281	Restoring Equality of Opportunity and Meritocracy	<p>SUMMARY: This EO’s stated purpose is to eliminate “the use of disparate-impact liability in all contexts to the maximum degree possible” and directs agencies to deprioritize disparate-impact enforcement, among other actions.</p> <p>PUBLIC HEALTH IMPACT: The disparate impact framework "can be used to address policies and practices that appear neutral but nevertheless result in discrimination." Disparate impact analysis is a key tool used to identify and address systemic patterns embedded within institutional practices. Weakening this framework makes it more difficult to hold entities accountable for patterns of discrimination that persist through facially neutral policies. Obstructing efforts to block discriminatory policies will curb progress towards health equity.</p>	Equity

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4/23/2025	14283	White House Initiative to Promote Excellence and Innovation at Historically Black Colleges and Universities	<p>SUMMARY: This EO creates a White House initiative within the President's Executive Office to promote the role of Historically Black Colleges and Universities (HBCUs). The initiative aims to enhance HBCU capacity through federal agencies and private sector partnerships. It also establishes a board of advisors on HBCUs within the U.S. Department of Education.</p> <p>PUBLIC HEALTH IMPACT: Taken together with the Trump administration's efforts to dismantle DEI initiatives around the country, for example through EO 14281 "Restoring Equality of Opportunity and Meritocracy" and EO 14279 "Reforming Accreditation to Strengthen Higher Education", this EO has faced stark criticism. A statement from the NAACP reads, in part, "This seemingly favorable title hides an empty gesture in the guise of a well-meaning policy initiative. The truth is: this administration is dismantling diversity, equity, and inclusion initiatives across the country, and the federal funding that HBCUs rely on for growth, innovation, and sustainability has been systematically eliminated."</p>	Equity
4/28/2025	14288	Strengthening and Unleashing America's Law Enforcement to Pursue Criminals and Protect Innocent Citizens	<p>SUMMARY: This EO directs federal officials to bolster state and local law enforcement by reallocating resources to help enhance training, improve pay and benefits, expand legal protections and indemnification for law enforcement officers, and increase access to national security assets. It mandates that the Attorney General review and potentially modify or rescind consent decrees and agreements with police departments. It additionally promotes legal action against officials who unlawfully obstruct law enforcement or implement DEI policies.</p> <p>PUBLIC HEALTH IMPACT: Structural racism and policing function as critical social determinants of health. In the wake of the 2020 killing of George Floyd, jurisdictions</p>	Equity Policing

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			have increasingly declared racism to be a public health crisis , with some including language directed at public safety and policing reforms. This EO is expected to increase over-policing in Black communities and the militarization of local law enforcement agents generally. It also acts to further shield law enforcement officers from facing accountability for criminal acts.	
5/5/2025	14292	Improving the Safety and Security of Biological Research	<p>SUMMARY: This EO and an accompanying factsheet aim to strengthen protections against dangerous biological threats. It seeks to reverse support for gain-of-function research on biological agents and pathogens. It also requires research contracts and grants to include terms certifying compliance, allowing the current administration to revoke funding for violations.</p> <p>PUBLIC HEALTH IMPACT: Federal oversight that seeks to ensure that pathogen research is done in a secure and safe manner while encouraging scientific innovation is critical to protecting public health. Though this EO purportedly aims to advance such protection, it does so while pausing existing research to develop new policies without regard to the serious consequences of doing so. Moreover, the Trump administration has made, and continues to propose, significant cuts to agencies like the National Institutes of Health and the Centers for Disease Control and Prevention, making it difficult for strong safety measures to be implemented in the absence of adequate resources and skilled staff.</p>	Biological Research
5/5/2025	14293	Regulatory Relief to Promote Domestic Production of Critical Medicines	<p>SUMMARY: This EO looks to streamline existing regulations for the manufacturing of pharmaceutical products in the U.S. and emphasizes the restoration of domestic production capacity while removing regulatory barriers that may slow development.</p> <p>PUBLIC HEALTH IMPACT: An affordable and domestic pharmaceutical supply chain stands to advance public health, as health outcomes have been negatively affected by the high price or shortage of needed medications. However, concerns</p>	Pharmaceuticals

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5/12/2025	14297	Delivering Most-Favored-Nation Prescription Drug Pricing to American Patients	<p>remain regarding feasibility of these aims as well as the removal of existing safeguards originally designed to prevent the use of unsafe or ineffective drug therapies.</p> <p>SUMMARY: This EO directs federal agencies to ensure that U.S. consumers receive the “Most Favored Nation (MFN) price for prescription drugs.” It seeks to reduce drug prices by aligning them with other comparably developed nations.</p> <p>PUBLIC HEALTH IMPACT: There is no doubt that the cost of pharmaceuticals is significantly higher in the U.S. compared to Canada, many European countries, and other developed nations and that these high costs negatively impact public health. However, the reasons behind these high costs are complex and many legal and regulatory obstacles stand in the way of the goals of this EO.</p>	Pharmaceuticals
6/12/2025	14308	Empowering Commonsense Wildfire Prevention and Response	<p>SUMMARY: This EO directs federal agencies to consolidate and revise their wildfire programs and regulations and eliminate bureaucratic barriers that hinder effective land management and emergency response. It also mandates the use of advanced technologies like artificial intelligence (AI).</p> <p>PUBLIC HEALTH IMPACT: Promoting faster wildfire detection and more effective response would positively impact public health by reducing exposure to hazardous wildfire smoke and lowering rates of related respiratory and cardiovascular illnesses. Though organizations, like the Federation of American Scientists, have applauded elements of this EO that address the devastating wildfire crisis, there remain concerns, including that the EO “also contains elements that do not seem feasible against a backdrop of enacted and proposed cuts to federal wildfire staff, programs, and funding.”</p>	Climate
7/23/2025	14318	Accelerating Federal Permitting of Data Center Infrastructure	<p>SUMMARY: This EO’s purpose is to fast-track the construction of large-scale AI artificial intelligence (AI) data centers and supporting infrastructure by providing financial support, streamlining environmental reviews, and expanding access to federal land.</p> <p>PUBLIC HEALTH IMPACT: The use of AI has generated a plethora of concerns, ranging from diminished workers’ rights to a reduction in critical thinking skills.</p>	AI

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7/23/2025	14319	Preventing Woke AI in the Federal Government	<p>Though many AI-related concerns have the potential to impact public health, the most pressing public health concern relates to the potential for environmental harm and the need for more robust consideration of the negative consequences of implementing this technology. "This incomplete cost calculation promotes unchecked growth and a risk of unjustified techno-optimism with potential environmental consequences, including expanding demand for computing power, larger carbon footprints, shifts in patterns of electricity demand, and an accelerated depletion of natural resources."</p>	
7/24/2025	14321	Ending Crime and Disorder on America's Streets	<p>SUMMARY: This EO seeks to shape the behavior of AI by directing federal agencies to procure only large language models (LLMs) developed in accordance with so-called “Unbiased AI Principles” which include “Truth-seeking” and “Ideological Neutrality.” These principles state, in part, that “LLMs shall be neutral, nonpartisan tools that do not manipulate responses in favor of ideological dogmas such as DEI.”</p> <p>PUBLIC HEALTH IMPACT: This EO purports, vaguely, to safeguard truth and impartiality but, taken together with other actions by the Trump administration, such as those related to the recognition of transgender people and those that undermine the reality of climate change, there are significant questions surrounding what version of the “truth” will be considered acceptable in these systems. Moreover, the EO makes an assumption that AI is able to act neutral when in reality these systems reflect biases embedded in society and so are poised to create further harm to historically disenfranchised communities if an equity lens is not actively applied. "To maximize the benefits and minimize the harms of biases in AI, it is imperative to identify and mitigate existing biases and remain transparent about the consequences of those we cannot eliminate." This EO and related actions under the Trump administration are expected to hamper efforts being made to identify and mitigate existing biases in AI.</p>	AI Equity
			SUMMARY: This EO directs federal and state authorities to restore and expand civil commitment for individuals experiencing homelessness and mental illnesses. It also seeks to encourage cities and states to enforce restrictions on public drug use, encampments, loitering, and squatting and prioritizes federal funding for those who comply. It urges state and local authorities to abide by the requirements of the Sex	Multi-Topic

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			<p>Offender Registry and Notification Act especially for those who have no fixed address. And it directs that steps be taken to curb funds for “harm reduction” or “safe consumption” efforts, among other actions.</p> <p>PUBLIC HEALTH IMPACT: The reasons behind homelessness, as well as the methods used to address the root causes of this public health issue, are varied and complex. This EO strips down this complexity to paint a picture that equates mental illness and homelessness with crime. The primary cause of homelessness is lack of affordable housing. Many across the country do not have savings to weather events like an eviction, job loss, car repair, or serious illness, and these events may trigger homelessness. The approaches endorsed by this EO may increase stigma around mental health disorders, frustrate the interventions of skilled harm reductionists, and raise serious legal concerns related to disability rights. Furthermore, encampment sweeps forcibly remove unhoused people from the places where they live, often forcing them into unsafe areas and potentially reducing access to health and social services like street medicine teams. Sweeps are also associated with other negative public health outcomes, such as increased risk of overdose and loss of medication and other essential possessions.</p>	
7/31/2025	14327	President's Council on Sports, Fitness, and Nutrition, and the Reestablishment of the Presidential Fitness Test	<p>SUMMARY: This EO reinstates the Presidential Fitness Test. It highlights the increased rates of obesity, chronic disease, and poor nutrition among the country's youth. The EO seeks to enhance youth participation in sports, promote physical activity, improve mental health, and encourage healthy nutrition.</p> <p>PUBLIC HEALTH IMPACT: Promoting better health in youth through preventative measures such as physical activity and nutritional awareness is vital, though how it is done is key to advancing public health. This EO works to reinstate a program that was replaced in 2012 by the “Presidential Youth Fitness Program” which included changes that were developed with experts in various institutions including the American Alliance for Health and the CDC. The Presidential Youth Fitness Program was designed to “minimize comparisons between children and emphasizes personal fitness for health and well-being.” This EO brings back a test that encourages competition and comparisons between children.</p>	MAHA

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8/7/2025	14332	Improving Oversight of Federal Grantmaking	<p>SUMMARY: This EO directs each federal agency to designate a senior appointee to implement a review process for new funding announcements and discretionary grants for consistency with agency priorities and the national interest. Among other principles to be considered in scoring rubrics used to assess grant proposals, are racial preferences, denial of “sex binary in humans,” illegal immigration, and “other initiatives that compromise public safety or promote anti-American values.” In addition, the awards “must, where applicable, demonstrably advance the President’s policy priorities.” Preference is to be given to institutions with lower indirect cost rates. The EO also includes a revision of Uniform Guidance as well as other guidance to streamline application requirements, provide clarification, and permit termination for convenience as well as limit the use of funds for costs related to facilities and administration.</p> <p>PUBLIC HEALTH IMPACT: This sweeping EO directs federal agencies to align grant funding with expressed ideologies of the Trump administration. Among other impacts, it bars funding for programs that include racial preferences and provide services to immigrants and may further bar programs based on whatever the administration deems to be “anti-American values.” As a result of this EO, programs have already been canceled, and innovation is being chilled as scientific independence is threatened. One report estimates more than 700 multiyear grants changed their titles from 2024 to 2025, with a bulk of those changed to remove words like “equity” and “disparities” as well as references to racial groups or gender minorities.</p>	Federal Funding
8/13/2025	14336	Ensuring American Pharmaceutical Supply Chain Resilience by Filling the Strategic Active Pharmaceutical Ingredients Reserve	<p>SUMMARY: This EO focuses on improving the nation’s pharmaceutical supply chain by facilitating a stockpile of Active Pharmaceutical Ingredients (APIs) for a Strategic Active Pharmaceutical Ingredients Reserve (SAPIR) with a focus on “drugs that are especially critical to the health and security interests of the nation.” The EO also encourages API procurement from domestic manufacturers.</p> <p>PUBLIC HEALTH IMPACT: An API is the “main ingredient in a medicine that causes the desired effect of the medicine.” A SAPIR can help safeguard Americans from drug shortages and promote public health preparedness as well as increase national security protection.</p>	Pharmaceuticals

DATE SIGNED	ORDER	TITLE	SUMMARY AND PUBLIC HEALTH IMPACT	TOPIC
9/22/2025	<u>No Number Assigne d</u>	Designating Antifa as a Domestic Terrorist Organization	<p>SUMMARY: This EO designates “Antifa” as a “domestic terrorist organization” stating that the purported group “explicitly calls for the overthrow of the United States Government, law enforcement authorities, and our system of law.” It directs relevant federal agencies to investigate, disrupt, and dismantle illegal operations conducted by, on behalf of, or for “Antifa.” The EO was also accompanied by the memo “Countering Domestic Terrorism and Organized Political Violence.”</p> <p>PUBLIC HEALTH IMPACT: “Antifa” is short for anti-fascist, or someone who opposes fascism, “an ultranationalist, authoritarian political philosophy.” Because antifascism is primarily an ideology, this EO has led to much confusion. That confusion has added to a growing culture of fear and concern around exercising First Amendment rights for both individuals and organizations, including nonprofit organizations. Nonprofit organizations across the country provide an array of public health and quality of life services. The President and CEO of the National Council of Nonprofits (NCN) responded to the EO and memo stating, “This action...is a blatant attack on one of the core principles of our democracy, the freedom of speech. This rhetoric and action undermines the lifesaving work of millions of nonprofit staff and volunteers and puts them at risk.” This EO leaves these, mostly small-budget, organizations to scramble to decipher what the administration defines as domestic terrorism or political violence. These actions have also “caused people to hesitate to engage in activities related to civic participation, which is a social determinant of health.”</p>	Free Speech and Assembly
9/30/2025	14355	Unlocking Cures for Pediatric Cancer with Artificial Intelligence	<p>SUMMARY: This EO directs the Make America Healthy Again (MAHA) Commission to develop methods to use AI and other technologies to “unlock improved diagnoses, treatments, cures, and prevention strategies for pediatric cancer.” It further prioritizes identifying and implementing strategies to increase funding in this area from both the public and the private sectors.</p> <p>PUBLIC HEALTH IMPACT: This EO has the potential to open doors for childhood cancer treatment with AI and other technological support. This may lead to faster and more accurate diagnosis as well as analysis. Concerns do remain, however, regarding privacy, equity, and maintaining a child’s oncological team as the primary source of care.</p>	AI MAHA

DATE SIGNED	ORDER	TITLE	SUMMARY AND PUBLIC HEALTH IMPACT	TOPIC
11/13/2025	14359	Fostering the Future for American Children and Families	<p>SUMMARY: This EO seeks to improve the nation's foster care system by taking steps to modernize the system by updating regulations, policies, and practices, improving data collection systems, and expanding the use of technological solutions "including predictive analytics and tools powered by artificial intelligence..." The EO provides for the "Fostering the Future" initiative to, among other activities, coordinate collaboration between private sector entities, academic institutions, and non-profit organizations to create educational and employment opportunities for children transitioning out of foster care.</p> <p>PUBLIC HEALTH IMPACT: Though this EO focuses on the needs of children in foster care, it does not acknowledge or address the root causes that lead to child welfare system involvement. Reducing system involvement requires a focus on upstream drivers, such as lack of resources, the conflation of poverty and neglect, criminalization of drug use, and racialized/biased family policing systems. Particularly when taken in the context of other actions by the administration to erode work addressing these upstream drivers, this EO's focus seems inappropriately narrow. In addition, though modernizing child welfare data systems may help to promote important goals, equitable and effective data use requires careful consideration of privacy and confidentiality issues and the potential for biased data to produce biased results.</p>	Child Welfare
12/11/2025	14365	Ensuring a National Policy Framework for Artificial Intelligence	<p>SUMMARY: This EO directs the attorney general to establish an Artificial Intelligence (AI) Task Force to challenge state laws inconsistent with the EO, including the policy "to sustain and enhance the United States' global AI dominance through a minimally burdensome national policy framework for AI." The EO includes language to restrict funding eligibility in relation to state AI laws and directs the Chairman of the Federal Communications Commission to make a determination as to whether to adopt a federal reporting and disclosure standard for AI models.</p> <p>PUBLIC HEALTH IMPACT: This EO looks to limit state regulation of AI. Thus far, "in the absence of any meaningful guardrails from Congress, many U.S. states have been moving on their own to manage the many challenges posed by AI models, in healthcare and beyond." Limiting the ability of states to regulate usage of AI by</p>	AI

DATE SIGNED	ORDER	TITLE	SUMMARY AND PUBLIC HEALTH IMPACT	TOPIC
12/18/2025	14370	Increasing Medical Marijuana and Cannabidiol Research	<p>governmental agencies and others may impede important efforts to promote responsible use of AI that is less likely to create or exacerbate health disparities. Further, though a unified federal approach to generative AI may be welcome on many grounds, including to help address emerging legal risks and considerations, there are well-founded concerns about the motives for and outcomes of this undertaking, especially when taken together with other actions by this administration, such as EO 14319 "Preventing Woke AI in the Federal Government" and EO 14318 "Accelerating Federal Permitting of Data Center Infrastructure."</p> <p>SUMMARY: This EO directs the attorney general to complete the rulemaking process to allow for the rescheduling of marijuana to Schedule III of the Controlled Substances Act. A proposed rescheduling of marijuana to Schedule III was issued in May 2024 and received tens of thousands of reactions during the public comment period. It is now awaiting an administrative law hearing. Among other items, the EO also calls for expanded research and access to "hemp-derived cannabinoid products" which includes substances like CBD oils.</p> <p>PUBLIC HEALTH IMPACT: This EO may help speed up the review process for rescheduling marijuana, however, "[e]ven if cannabis is changed to a Schedule III substance, it won't become legal in the colloquial sense." Most states across the country have already legalized marijuana for adult recreational and/or medical use. A myriad of public health issues are related to the legalization of marijuana, including concerns for the health of children, consumer protections that accompany increased regulation and oversight, and the history of racism and unequal enforcement of marijuana prohibition.</p>	Controlled Substances

Conclusion

A hallmark of executive orders (EOs) issued by the Trump administration is that they are highly unpredictable and often create swift and wide-reaching policy shifts. The long-term ripple effects of these actions threaten to reshape public health by influencing the priorities and decision-making of public health agencies and others, impairing the public's ability to navigate essential services, and ultimately destabilizing the public health system. Furthermore, some EOs link funding to alignment with federal priorities, which may differ from scientific consensus or community needs. This approach reshapes program delivery and shifts decision-making away from public health expertise.

These executive actions are occurring alongside substantial reductions in the federal public health workforce and programmatic funding, and the dismantling of long-standing advisory structures, including the [CDC's Advisory Committee on Immunization Practices \(ACIP\)](#). Together, these developments reallocate decision-making authority away from scientific and public health professionals to political appointees and administrators who lack subject-matter expertise. As institutional knowledge is eroded or rejected, policymaking becomes increasingly disconnected from evidence-based practice.

Many of the EOs listed above also target historically disenfranchised communities, creating further instability among these populations while seeking to diminish or eliminate hard-earned legal protections. These actions are expected to lead to a widening of disparities in health outcomes across the social determinants of health (SDOH). For example, a number of these EOs dismantle crucial efforts to reduce racial health disparities, deny the very existence of trans people and their need for lifesaving health care, and deter access to critical support and services for immigrant communities. Moreover, several of the EOs fly in the face of [declarations of racism as a public health crisis](#), made in jurisdictions across the country to acknowledge that racism has perpetuated health disparities. Law and policy have long been used to create and drive disparities in the SDOH, but these tools have increasingly been used to advance health equity. The impact of many of the EOs listed above is to force a step, if not several steps, back in the progress that has been made.

Contrary to the ethos of these EOs, advancing the health and wellbeing of marginalized communities benefits us all—a phenomenon often referred to as the “curb cut effect.” Curb-cuts, the ramp-like cuts that connect streets and sidewalks, were installed to address the needs of those with limited mobility, but the introduction of curb-cuts brought benefits to those of us who use bikes, make deliveries, use strollers, and so on. In this same way, improving health outcomes among historically disenfranchised communities strengthens the health and prosperity of society as a whole. As a prime example, improving employment opportunities, [a well-documented SDOH](#), for historically underserved communities not only supports better health outcomes but [has also been proven to lead to a more innovative and competitive workforce](#), which we all benefit from. Indeed, as a nation of immigrants, it is diversity that has proven to be our strength. Our communities act as organisms, and we have found, time after time, the more opportunities that the most disenfranchised groups in our community have to become healthier, the healthier the community becomes as a whole.

As these executive actions continue to unfold, ongoing analysis and monitoring are essential to protect the integrity of public health infrastructure and support the ability of agencies to carry out their core functions and address the disproportionate impacts on communities that already experience structural inequities. The Network for Public Health Law provides essential support in this work by offering legal technical assistance, strategic consultation, research and analysis, training, and accessible tools that help public health agencies, practitioners, and community partners understand and apply law and policy to improve health and advance health equity. In leveraging this legal expertise, the Network can support those in public health to better navigate challenging legal environments, uphold equity principles, and ensure that laws and policies promote the conditions necessary for all people and communities to thrive.

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