

Three Minute Read™

Insights from the Healing American Healthcare Coalition™

Trump walls off HHS communications; exits WHO!

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From the Editor: Trump 2.0 is moving rapidly to implement Project 2025. RFK Jr.'s confirmation hearing for HHS secretary is today - more on that next issue. Click the headline for the full article; subscribe to TMR [here](#).



[HHS official halts CDC reports and health communications for Trump team review](#), by Erika Edwards and Berkeley Lovelace Jr., NBC News, 1/22/25

TMR Topline – Acting HHS Secretary Dr. Dorothy Fink has instructed heads of all federal health agencies to temporarily stop public messaging through Feb. 1, pending a review. The pause includes the CDC, FDA, NIH and CMS. An HHS official said the same pause occurred during Trump's first term.



[Donald Trump's Medicare Executive Order Explained](#), by Mami Rose McFall, Newsweek, 1/21/25

TMR Topline – President Trump rescinded President Biden's executive order 14087 whose key components were: 1. **Medicare \$2 drug list model**: This initiative sought to cap certain generic drug prices at \$2 for Medicare beneficiaries, enhancing affordability; 2. **Cell and gene therapy access model**: Designed to improve access to high-cost therapies for [Medicaid](#) recipients, this model aimed to negotiate pricing and facilitate coverage 3. **Accelerating clinical evidence model**: Focused on expediting the availability of effective treatments by streamlining the evidence-gathering process for new drugs. The move could slow or halt progress on initiatives that were designed to make prescription medications more affordable.



[US sets WHO exit date](#), by Madeline Ashley, Becker's Hospital Review, 1/23/25
TMR Topline – The US will exit the World Health Organization 1/22/26. President Trump's executive order cited *"the organization's mishandling of the Covid-19 pandemic that arose out of Wuhan, China, and other global health crises, its failure to adopt urgently needed reforms and its inability to demonstrate independence from the inappropriate political influence of WHO member state."*



[The next 15 drugs chosen for Medicare negotiation](#), by Joseph Choi, The HILL, 1/17/25

TMR Topline – CMS announced the next 15 drugs chosen for Medicare negotiation, including Ozempic and Wegovy. The 25 drugs now subject to price negotiation account for 1/3 of Medicare's Part D spending. The conditions treated by these 15 drugs include diabetes, cancer, COPD and schizophrenia.

TMR's Take: Its déjà vu all over again. Trump attempted to remove the US from WHO during his first term in office. Of the 38 members of the OECD, only seven former Soviet satellite states had higher fatality rates/100,000 than the US through 1/31/22. Fortunately for seniors, it will take an act of Congress to halt Medicare price negotiations. The \$2,000 cap on Medicare co-pays went into effect Jan. 1, and the negotiated lower prices on the first ten drugs go into effect in 2026 and are expected to save Medicare beneficiaries \$6 billion a year.



[Republicans outline trillions in healthcare cuts](#), by Michael McAuliff and Bridget Early, Modern Healthcare, 1/17/25

TMR Topline – Republicans in the new Congress are considering a long list of budgetary cuts to help fund extending the expiring tax cuts, including over \$3 trillion in

healthcare budget reductions. A 50-page document is being circulated among congressional committees whose proposals include eliminating nonprofit status for hospitals, banning hospital facility and telehealth fees, instituting "site-neutral" Medicare payments for outpatient services, boosting Medicare physician reimbursements, cutting graduate medical education funding, repealing a staffing mandate on nursing homes, tightening access to health insurance exchange subsidies, and slashing Medicaid by about \$1.4 trillion. House Speaker Johnson has directed committee leaders to assemble their aspects of this package by the end of February. He hopes to have the House vote on this expansive legislative package before the Easter recess that begins on April 10th.



[FDA bans red dye No. 3 from food, drinks and ingested drugs in the US](#), by Kristen

Rogers, CNN, 1/15/25

TMR Topline – The FDA has banned the use of [red dye No. 3](#) in food, beverages and ingested drugs more than 30 years after scientists discovered links to cancer in animals. Red dye No. 3 is found in at least dozens of food, candy and beverage products, but some of the most popular brands either never used, or already stopped using, the additive. The European Union banned the dye in 1994. Artificial food colorings are mostly found in ultra-processed foods and beverages. [Take this quiz](#) to find out how much ultraprocessed food you may be eating.



[UnitedHealth vows to ease prior authorization amid backlash](#), by

Lauren Berryman, Modern Healthcare, 1/16/25

TMR Topline – UnitedHealth Group

CEO Andrew Witty announced recently that United-Healthcare will ease prior authorization (PA) requirements for its Medicare Advantage (MA) plans. Witty said the healthcare conglomerate is looking for ways to simplify and accelerate its PA processes. "We're eager to work with policy leaders to use standardization and technology to speed up turnaround times for approval of procedures and services for Medicare Advantage patients, and to materially reduce the overall number of prior authorizations used for certain MA services," Witty said during a call with investor analysts. He did not offer specifics. KFF's research of CMS data shows that PA denials have been increasing. Providers submitted 46 million PA requests to MA plans in 2022, 24% more

than in 2019. Insurers rejected 7.4% of PAs in 2022, up from 5.7% in 2019. To address this issue, [Humana](#) and [CVS Health subsidiary Aetna](#) plan to automate more PA approvals. UnitedHealthcare also [launched a "gold card" program](#) in October to reduce the PA requirements for some providers and procedures. Providers have been [unimpressed](#) with the insurance sector's efforts thus far. AMA President Dr. Bruce Scott recently said "*Enough with promises that nibble around the edges of the problem and benefit few, if any. Our patients deserve broad and meaningful prior authorization reforms, and we urge health insurers to get on board with immediate actions.*"



[Big 3 PBMs reaped \\$7.3B from generic specialty drug markups: FTC](#), by Lauren Berryman, Modern Healthcare, 1/14/25

TMR Topline – The FTC has reported pharmacy benefit managers CVS Caremark, OptumRx and Express Scripts inflated costs for specialty generic drugs to treat diseases like cancer and HIV by as much as \$7.3 billion over a six-year period. The PBMs employed tactics like marking up prices, favoring more expensive medicines, paying affiliated pharmacies higher fees than other pharmacies and charging clients more than the PBMs paid for medications. *"The three major pharmacy benefit managers hiked costs for a wide range of lifesaving drugs, including medications to treat heart disease and cancer,"* FTC Chair Lina Khan said recently. For 51 specialty generic drugs dispensed from 2017-2022 for patients with commercial insurance or Medicare Part D plans, the three biggest PBMs increased their earnings while increasing costs for their plan sponsors, taxpayers and patients. For example, they reimbursed affiliated pharmacies \$3,930 on average for a 30-day supply of dimethyl fumarate to treat multiple sclerosis, over 22 times its \$177 price. According to National Community Pharmacists Association CEO Douglas Hoey, the biggest PBMs *"crush their competition"* by steering patients to affiliated pharmacies that are reimbursed at higher rates. The trade group representing 19,000 independent pharmacies also reiterated its call for PBM legislation.

TMR's Take: For those who don't remember the chaos of the Trump 1.0 response to the Covid-19 pandemic, Chapter 4 of Lessons from the Pandemic, *"With Science Side-lined, U.S. Deaths Surge,"* is a good refresher. It's available at Amazon in both soft-cover and eBook versions. Click [here](#) to buy it.