

APCO Analysis on Trump 2.0 Nominees

Following the U.S. elections, President-elect Donald Trump is consolidating power with Republican control of both branches of the U.S. Congress. Trump is swiftly naming his cabinet nominees, while Congress is orienting new members and electing its leadership. The following insights were informed by leading APCO advisors with experience in previous administrations and Congress. APCO Health leaders also developed a formal [U.S. Election implications for Health](#) including the 2025 agenda focus.

This memo provides analysis on health-specific nominees within the Trump administration for Department of Health and Human Services (HHS), Food and Drug Administration (FDA), Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH).

Robert F. Kennedy, Jr. (HHS)

- **Unconventional nomination:** RFK Jr.'s nomination as HHS Secretary is unconventional and could cause disruption and confusion across the health sector. However, given HHS's size, its status as the largest federal agency by spending, and its strong constituencies in Congress and nationwide, the extent of change he can implement is uncertain.
- **Confirmation battle:** Within past weeks, there have been other unconventional nominations— Representative Matt Gaetz and former Representative Tulsi Gabbard and like those, RFK, Jr.'s nomination is likely to face significant opposition. Reportedly, some of this is to test loyalty in the Senate and Trump is also floating the idea of recess appointments to circumvent the Senate. It is unclear how much support RFK Jr., has within the Republican Caucus, but all Democrats will oppose him. Many public health groups and organizations will vocally oppose his nomination while some like anti-vaccine groups will support him.
- **MAHA agenda and skepticism:** RFK Jr., a known skeptic of science, medicine, and vaccines, supports the “Make America Healthy Again” agenda, which Trump has recently endorsed. He attributes many of the nation’s health issues to pharmaceutical and food companies, alleging collusion with HHS and the Agriculture Departments. He has proposed overhauling the health system, including firing employees, eliminating certain FDA centers and shifting NIH research focus from infectious diseases to chronic diseases.
- **State-based limitation:** While the HHS secretary has significant influence on vaccine policies, it’s not unilateral and states play a significant role in determining vaccine mandates.

Dr. Marty Makary (FDA)

- **Disrupter in medical establishment:** An underlying theme to his public positions, and in his recent book, “Blind Spots: When Medicine Gets it Wrong, and What it Means” he argues that medical and health policy decisions often rely on tradition rather than science, saying “[groupthink](#)” is at play. He believes the medical system needs disruption to improve care, emphasizing prevention, reducing over-medication, and using alternative medicines. His nomination is met with [cautious optimism](#) by biotech and pharmaceutical companies, especially compared to other possible contenders for FDA, and his disrupter views could be beneficial to innovation and regulatory processes.
- **Effective communicator:** Dr. Makary is a strong communicator with articulate views on numerous health and medicine topics. He fits the new Administration’s model for effective and outspoken leaders. He may be a contrarian on the system, but he is also known for validating his arguments through science and peer-

reviewed studies, with more than 250 peer-reviewed articles of his own. In 2018, he was elected to the National Academy of Medicine.

- **FDA leadership:** Dr. Makary has not taken strong public views on the FDA's operations but has [criticized](#) the broader medical establishment on issues like estrogens, opioids, antibiotics, and peanut allergies. He has not expressed views on FDA staff competence or the drug testing and approval system, so radical reform is not necessarily expected. He will need to collaborate with Dr. Mehmet Oz on establishing the right incentives in the medical system under the FDA's remit.
- **Vocal during COVID-19:** During the pandemic, he supported masking to control COVID-19 spread but opposed vaccine mandates. While not anti-vaccine like RFK Jr., he opposed booster shots, suggesting natural immunity was sufficient and underrated.
- **Focus on food:** The FDA oversees food additives and cosmetic colors but cannot dictate food ingredients. He is expected to focus on chemicals in the nation's food supply and has called for greater oversight of these areas to restore public trust. Like RFK, Jr., he is also focused on childhood chronic disease and believes improving the quality of food and reducing exposure to certain substances and play a key role in mitigating health issues.
- **On the FDA docket:** Dr. Makary's agenda will align with RFK Jr.'s priorities, focusing on antibiotic overuse, alternative treatments, AI regulation, and strengthening staff capabilities in assessing cell and gene therapy. He will also need to manage Supreme Court decisions affecting FDA, the FDA budget with a focus on user fees, and facilitate the approval of more generic drugs and biosimilars to reduce drug prices.

Dr. Mehmet Oz (CMS)

- **Mixed reaction:** Reactions to Dr. Mehmet Oz's nomination to be CMS Administrator is mixed, but generally better received than HHS nominee Robert F. Kennedy, Jr. Those in favor include moderate Sen. Susan Collins (R-ME) and Sen. Bill Cassidy (R-LA), among other Republicans who are citing Dr. Oz's biography as a physician. Dr. Oz's former senate opponent, Sen. John Fetterman (D-PA) has said he may potentially support the TV celebrity doctor, which is a sign that confirmation is likely. Those who oppose Dr. Oz see this as part of a pattern of ill-fitting nominees that are chosen less for their specific knowledge of the issues and more about their public profile.
- **On the CMS docket:** Beyond the noise, CMS is the largest federal agency by outlays, just over \$1.5 trillion dollars. It is a complex, legislation- and regulatory-driven agency that must pump out dozens of annual rules every year because these regulations govern Medicare, Medicaid, the Affordable Care Act (ACA), State Children's Health Insurance Program (SCHIP) and more. Dr. Oz will primarily be responsible for these programs running smoothly, but opponents are concerned about his personal record of recommending debunked alternative medicine and his willingness alongside Republicans in Congress to make cuts or policy changes to the ACA and Medicaid programs. These changes by CMS, as well as other initiatives through policy and rulemaking threaten to increase the number of people uninsured in the U.S., meaning fewer people have access to care and medicine.
- **Focus relationship mapping on deputies:** Given Dr. Oz's profile, he will likely be a spokesperson for the Administration and there to implement the Trump political agenda, with a less hands-on approach to the must-do work of CMS. The people who come with Dr. Oz to CMS will be highly important to the functioning of the largest health care payer in the country. Generally steeped in the issues of the department or agency with executive experience, there is a profile for these positions – former Governors, industry executives, policy experts, etc. CMS has only a small handful of political appointments, so deputies will become the key relationships to track for advancing policy and running the departments. Staying close to these individuals will be important as they will be providing direction to the staff on policy and regulations.

Dr. Dave Weldon (CDC)

- **Critic of the CDC:** Dr. Weldon, a former Congressman from Florida (1995-2009) and a medical doctor, has been a vocal critic of the CDC. He has championed the debunked idea that thimerosal in vaccines causes autism. In 2007, he introduced a bill to transfer vaccine safety responsibilities from the CDC to an independent agency within HHS, citing conflicts of interest within the CDC. His nomination aligns with RFK Jr.'s vaccine skepticism and could lead to significant changes in the CDC's approach to vaccine safety.
- **New CDC priorities:** Given his previous role in Congress overseeing the budget for HHS, Dr. Weldon is expected to have thoughts on how to hold CDC accountable to its mission. For years, conservatives have accused CDC from straying from its mission so Dr. Weldon will find allies in Congress for new priorities that focus most on disease prevention and possibly cut other programs within the agency.
- **Look to ACIP:** Weldon may have the biggest influence on the future make up of the Advisory Committee on Immunization Practices, or ACIP. The Committee, whose 19 members are nominated by the CDC and approved by the HHS Secretary, recommends who should get the vaccine, how many doses and how often. Its recommendations must be approved by the CDC Director to become policy and determine whether the vaccines are covered at no cost for children and adults.
- **On the CDC docket:** If confirmed, Dr. Weldon will be the first CDC Director to face Senate confirmation, given new changes in the appointment process. He will need to address ongoing public health threats, such as the H5N1 avian flu outbreak and the spread of a more deadly version of mpox. His leadership will be crucial in navigating these challenges and restoring public trust in the CDC.

Dr. Jay Bhattacharya (NIH)

- **Another disrupter:** Dr. Bhattacharya, a Stanford physician and economist, gained notoriety with the Great Barrington Declaration in October 2020, which argued against COVID-19 lockdowns and promoted natural immunity for young, healthy individuals. Despite backlash, he continued to testify against mask mandates and joined a lawsuit against the Biden administration for suppressing COVID-19 misinformation on social media.
- **Confirmation Expectations:** As with nominees for HHS Secretary and the heads of FDA, CMS and CDC, the NIH director is subject to Senate confirmation. Given NIH's importance and the interests of many stakeholders (like hospitals and academic institutions that receive grants from NIH), Dr. Bhattacharya will face extensive questioning about his proposed changes from Senators who want to protect their constituents.
- **NIH changes coming:** Dr. Bhattacharya's broader plans for the NIH, which has a \$48 billion annual budget and 27 institutes and centers, are uncertain but promise change. He has called for an overhaul of "the rot" within NIH and limiting the power of its civil servants. During Trump's first term, proposed NIH cuts were largely protected by bipartisan support. Post-pandemic, NIH funding faces greater scrutiny from Congress, and Dr. Bhattacharya will need to clarify how he intends to maintain NIH's reputation while implementing changes.
- **Impact on research:** Most NIH funding goes to multi-year research grants for academia and hospitals. It takes several years for an NIH director to significantly impact research direction. Grant decisions are primarily made by the directors of various NIH entities and their advisers. Dr. Bhattacharya will need to collaborate with them to influence research direction.
- **COVID funding:** The NIH currently funds numerous COVID-19 projects, including those on long COVID, neurological effects, health disparities, and testing. Given his past conflicts with NIH experts over COVID, Dr. Bhattacharya may call for reprioritizing some of these funds to other priorities like chronic diseases.

However, the process to redirect funding already approved is challenging and a lengthy process so he may only be able to direct future funding away from this area of research.

- **On the NIH docket:** Key areas for the new NIH director include the Cancer Moonshot initiative, started by Biden, continued mental health and women's health research and the use of AI to drive new research discoveries.

What organizations should do

1. **Legislative / Policy roadmaps:** Create clear roadmaps for potential legislative or policy changes in areas critical to business across federal and state levels and prepare to activate advocacy strategies.
2. **Relationship mapping:** Map relationships with new officials in the Administration, Congress and the state-level and maintain connections with career staff or returning officials.
3. **Guardrails for leaders:** Establish guidelines for senior leaders if asked about specific nominations and avoid comment. Instead, align the business around public positions on key issues and policies.
4. **New partnerships:** Consider forming new partnerships beyond health care to advocate on issues relating to science, health, the value of innovation and countering misinformation or politicization of health care.