



Impact of the 2024 Election on the HCH Community

November 2024

The election of Donald Trump as the 47th President will bring a significant shift in many areas of federal policy. Many of the policy positions and intentions are outlined in [Project 2025, Trump's Policy Platform](#), the [FY2025 Republican Study Committee budget plan](#), the [FY2025 House budget resolution](#), as well as in numerous public statements made during the campaign and since the election. For simplicity, we refer mostly to where the policies are found in Project 2025, with the understanding that many of the proposals occur in multiple public documents or other statements. Currently, Cabinet-level positions and other White House policy advisors are being nominated with the intent of fulfilling campaign promises. Both the Senate and the House now have Republican majorities, making it easier for funding and legislative changes to advance through Congress.

Many of the proposed policy changes will significantly disadvantage unhoused people and the health care providers who serve them. This

fact sheet focuses on those policies most impactful to the HCH Community, outlines the implications of these changes, and offers initial action steps to consider in anticipation of an Administration that has promised rapid, substantial policy change.

Medicaid

Medicaid covers [about half](#) of all patients receiving care at HCH programs nationally (55%), with an additional 5% being dually eligible for Medicare (this varies widely by state). Not only does Medicaid provide comprehensive health insurance coverage for individuals and families, it also is a key funding source for health centers to maintain staff and operations and is the basis for broader 1115 waiver services such as tenancy supports in housing and medical respite care. At this time, [Dr. Mehmet Oz](#) has been nominated to lead the Centers for Medicare and Medicaid Services (CMS). To date, he has not shared his views on Medicaid.

Many of the stated policy intentions regarding Medicaid are outlined in Chapter 14 of Project 2025 and include the following:

- Change Medicaid into a block grant, or other capped program
- Add work requirements to the Medicaid program (either national rule, or at state option)
- Reduce Medicaid reimbursement match rates to states
- Add barriers to Medicaid eligibility determination
- Add time limits to Medicaid "to disincentivize permanent dependence"
- Allow states to privatize Medicaid plans and avoid comprehensive care requirements
- Withhold Medicaid funding from states that require abortion-coverage in private insurance plans

Areas of Focus

- Medicaid
- Public health
- Substance use & harm reduction
- Abortion care
- Gender-affirming care
- Conscience objection
- Immigration
- Housing
- Homelessness
- Diversity & equity
- Budget & bureaucracy
- SNAP/food assistance

Implications: Reducing the federal share of Medicaid financing will hurt states' ability to operate the program as it currently exists, and likely mean reductions in either services or eligibility. This also means that demonstration programs currently authorized under 1115 waivers will be more difficult for states to maintain (this may mean ending payments for medical respite care and/or supportive services in housing). Imposing work requirements adds significant administrative burden for both beneficiaries and state Medicaid programs, essentially cutting off access to coverage for vulnerable people (even if they technically qualify for an exemption, these still require proving one is exempt). Any reductions in eligibility—or other provisions that compromise/limit Medicaid coverage—will likely mean many more unhoused people become uninsured.

Other Health Care Provisions

President-elect Trump nominated [Robert F. Kennedy, Jr.](#) as HHS Secretary, having [previously said](#) *"I'm going to let him go wild on health. I'm going to let him go wild on the food. I'm going to let him go wild on the medicines."* Kennedy is widely known as a [vaccine skeptic](#) and has been highly critical of the Centers for Disease Control and Prevention (CDC) and mainstream medicine, but at the same time, is interested in improving food safety, focusing on chronic illnesses, and reducing ultra-processed foods.

Health care-related items contained in Project 2025/Chapter 14 and in other policy documents include the following:

- **CDC/public health:** Repeal or weaken vaccine mandates (especially those related to COVID-19), restructure the CDC and sharply limit its ability to make policy recommendations, increase data collection on abortion-related care, and immediately end its collection of data on gender identity.
- **Substance use and harm reduction:** Proposals include increased drug testing requirements for public assistance, a reduction in support for medications for opioid use disorder (MOUD) or harm reduction approaches to care, a greater focus on law-enforcement responses, and increases in compelled treatment (or incarceration).
- **Abortion care:** Numerous policy proposals call for further restricting abortion-related care, to include a ban on funding for abortion travel, changes in federal approval for/availability of mifepristone (the drug used to induce abortions), reducing emergency care requirements, and removing HIPAA/privacy protections for abortion care. Congress may advance legislation to ban abortion nationally (overriding state-level protections).
- **Gender-affirming care:** Many proposals call for a decrease in access to care, prohibitions on insurance coverage, an end to CDC data collection on gender identity, removal of funds from the Ryan White program that encourage gender-affirming care, and a call to overturn/stop enforcing rules on non-discrimination based on gender identity.
- **Conscience objection/workforce:** Restore a [prior rule](#) that broadened "conscience objection" laws that allow health care providers to refuse to provide health care services to patients if they have deeply held personal objections.

Implications: Reduced vaccine access/take-up could lead to larger and/or more frequent infectious disease outbreaks (e.g., flu/COVID-19, measles, hepatitis A, mpox etc.) especially among people experiencing homelessness who have weaker immune systems and may stay in

congregate settings. Planned budget cuts (see “other items” below) will likely reduce the capacity of public health authorities to respond to incidents. [Syringe services programs](#) and other harm reduction services may experience funding restrictions. Health centers should be prepared for an increase in unplanned pregnancies and consider bolstering both voluntary family planning and obstetrics care services. Additionally, health centers may be prohibited from providing gender-affirming care (or may lose reimbursements for these services), as well as an increase in patient trauma and anxiety. Finally, a wider range of staff may raise objections to providing routine care (especially for HIV/AIDS, family planning, vaccines, or other commonly stigmatized services).

Immigration

President-election Trump has nominated South Dakota governor [Kristi Noem](#) as Secretary for the Department of Homeland Security, which oversees Immigration and Customs Enforcement (ICE) and the Office of Refugee Resettlement (ORR). [Tom Homan](#), who was acting ICE director under the prior Trump Administration and championed deportations and family separation policies, has been named as the lead for border enforcement.

Many of the stated policy intentions regarding immigration are outlined in Chapter 5 of Project 2025, Trump's Policy Platform, and many public comments that have promised “[mass deportations on Day 1](#)”.

The policy provisions include the following:

- Rescind federal guidance that prohibits immigration enforcement in “[protected areas](#)” such as health care settings
- Prioritize border security and immigration enforcement, including detention and deportation
- Expand use of “expedited removal” of undocumented people anywhere in the country
- Allow ICE officials to arrest individuals without a warrant
- Repeal [Temporary Protected Status](#) designations for those who would be unsafe should they be deported to their home country, as well as eliminate [T visas](#) for those involved in human trafficking and [U visas](#) for those who are victims of crime and suffered mental or physical abuse
- Require state and local law enforcement to participate in immigration and border security actions, and penalize those who do not comply
- Add more restrictions to public benefits for immigrants and mixed-status families, such as Medicaid, SNAP/food assistance, and housing assistance

Implications: The HCH Community should anticipate these policies (or even the threat of these policies) to lower access to care and the willingness (or eligibility) to apply for public benefits. Additionally, anticipate greater anxiety and trauma from immigrant patients and staff. If protected areas rules are revoked, health care settings could become immigration enforcement locations. Increases in immigration enforcement and/or revoking visas likely will mean the sudden loss of patients and staff.

Housing

Many of the stated policy intentions regarding housing are outlined in Chapter 15 of Project 2025 and include the following:

- Strengthen work requirements, implement time limits, and increase rent payments for those receiving housing assistance/Section 8
- Re-establish regulations to prohibit noncitizens and all mixed-status families from living in any federally assisted housing
- End Housing First policies and require treatment before housing interventions are provided (note: no expansion of health care services have yet been proposed)
- Prioritize single-family home development and oppose any efforts to weaken single-family zoning
- Reverse all actions taken by the Biden Administration to “advance progressive ideology” (which would include upholding fair housing laws, enforcing non-discrimination requirements, etc.)

Implications: Adding barriers to housing assistance programs will mean far fewer individuals qualify for housing—or will lose existing housing—thus adding to the [12 million households](#) who already spend more than half their income on rent. Ending Housing First policies may mean those living in supportive housing lose their housing assistance and become unhoused once again. The U.S. currently needs [7.3 million](#) affordable housing units, yet a return to single family housing policies likely will slow the development of higher density, multi-family units that can serve a greater number of people at lower cost. Planned budget cuts (see “other items” below) would reduce the overall available funding for housing assistance and development. Finally, the HCH Community would likely experience a surge in demand for health care as more people become homeless.

Homelessness

While housing-related policy intentions are outlined above, President-elect Trump shared [his view on homelessness](#) in an April 2023 Truth Social video that calls to:

- Ban urban camping and arrest those who violate that ban
- Open federal land to create tent cities where the homeless will be relocated
- Institutionalize those with serious mental illness

Implications: The recent Supreme Court decision in [Johnson v. Grants Pass](#) allows local jurisdictions to punish unsheltered people with fines or arrest, even if there are no shelter beds available. In response, local communities have been [increasing encampment sweeps](#) and other measures that criminalize unhoused people. These practices are likely to escalate, [causing harm](#) to unhoused people. Likewise, an intention to create compulsory “tent cities” is deeply concerning and clearly a violation of civil rights.

Other Items

Significant policy changes have also been proposed in the following areas:

- **DEI:** Stated intentions to eliminate diversity, equity, and inclusion (DEI) offices and staff across federal government, as well as delete many common terms from every federal rule, regulation, contract, and grant. These terms include sexual orientation and gender identity (“SOGI”); diversity, equity, and inclusion (“DEI”); gender, gender equality, gender equity, gender awareness, gender-sensitive, abortion, reproductive health, reproductive rights
- **Bureaucracy and budget:** The second Trump Administration plans to re-instate [Schedule F](#), a plan to reduce the size of the federal government, eliminate numerous agencies, and reclassify

many career civil servants as political appointees. There is also a stated intent to drastically cut the federal budget by \$2 trillion, and the creation of a new (albeit informal) [Department of Government Efficiency](#) to recommend budget cuts.

- **SNAP/Food assistance:** Project 2025 calls for expanded work requirements for adults receiving SNAP, specifically able-bodied individuals between age 18-50 without dependents, make it more difficult for states to waive work requirements, and increase the threshold level for receiving SNAP benefits. It also intends to reexamine the current [Thrifty Food Plan](#) (on which SNAP benefit levels are based) and limit the plans increases, the last of which increased food stamp benefits by at least 23%.

Implications: HCH programs must be prepared to remove or revise any language related to DEI (or other newly banned terms) and seek alternative funding for staff and activities through private dollars. The reclassification of career civil servants would lead to much greater political influence within federal agencies and the loss of experienced professionals who have long understood the importance of the HCH Community. While health centers have long received bipartisan support, significant budget cuts will clearly impede the ability to meet basic human needs across numerous federal programs. Proposed changes to SNAP/food assistance eligibility would reduce access to food for many individuals, increasing hunger/food insecurity and rates of chronic illness.

Actions for the HCH Community to Consider

1. **Identify values:** Develop guiding principles rooted in your vision, mission, values, and strategic plan to help manage risk and navigate uncertain environments.
2. **Create contingency budget plans:** Consider how your program will respond to lower patient visits, lost Medicaid revenue, and other changes in programs/services. Evaluate the availability of other funding sources that may offset the impact of state/federal budget reductions. Run table-top scenarios with leadership and management teams to determine the implications of these policy changes on clinical operations, medical/behavioral health services, financial outlook, community relations, human resources, etc.
3. **Communicate with staff and clients:** Talk with patients and staff about any policy changes happening at the state or federal level, and what impact those have on your program. Hold space for clients and staff to talk about how they are being impacted and anticipate greater anxiety (especially among BIPOC, LGBTQ+, and undocumented people/mixed status families).
4. **Communicate with elected officials and policymakers:** Reaffirm (or newly forge) relationships with your local, state and federal policymakers. Invite officials to visit your program, see your work firsthand, and engage in discussions with staff and clients. Ask them to advance/advocate for constructive solutions.
5. **Strengthen your program data:** Ensure your health center and/or medical respite care data demonstrates the quality of care and cost-effectiveness of services. This will be vital to both federal and state advocacy to retain program funding, Medicaid eligibility, and coverage of 1115 waiver services. [Resources: [HITEQ ROI methodology tool](#) and [Using Data to Promote Health Equity](#)]
6. **Collect stories:** Ask patients and staff to share their perspective on why Medicaid and health center or medical respite care services are vital to maintain. This is especially important for “extra” services such as tenancy supports in housing and medical respite care, or optional

populations like non-citizens. Sharing narratives about the importance of Medicaid for patients and for health centers/MRC programs shows the human face behind the program and can be used for state and federal advocacy. [Resource: [NHCHC Storytelling Guide](#)]

7. **Plan your advocacy:** Determine which issues are most important for you and plan how you will advocate for them. This may also mean anticipating what issues you are unable to respond to (either due to limited capacity or the political dynamics of your community) if there are many changes being proposed at once.
8. **Identify strategic allies and partners:** Stay up to date on federal policy changes that impact the HCH Community through NHCHC's monthly newsletter, *The Mobilizer* (sign up [here](#)). To bolster collective action and local impact (especially on issues you are unable to advocate on directly), strengthen or newly engage with advocacy groups, coalition allies, and other community partners that share common goals. These will provide platforms for engagement beyond your individual efforts and offer a space to be in community with others.

Conclusion

The policy changes outlined above would have serious impacts to the health and housing status of unhoused people and the health care providers who serve them. However, it is still unclear how these policy changes will move forward in the Trump Administration and the role Congress will play in advancing those proposals requiring legislative authority. The Administration may issue a series of Executive Orders and rules changes in quick succession, while at the same time advancing legislation in Congress. It's natural to get distracted by sensational headlines and the nomination of cabinet leaders who lack the usual experience to lead federal Departments, but the real danger lies in the policy and budgetary changes being proposed to stigmatize vulnerable people and erode the programs that most benefit the HCH Community.

As these policies take shape, there will likely be ripple effects on budgets, staffing levels, and the overall ability to provide care. Changes in funding conditions – such as restrictions on DEI, Housing First, or harm reduction services – will raise ethical concerns and may further complicate the delivery of services. It is crucial to proactively prepare for the potential implementation of the most likely policy changes described in this fact sheet and their related consequences, especially those that would reduce Medicaid coverage and funding, restrict care, and limit access to food and housing assistance. It is also important to engage with your staff, board, community partners, and policymakers to assess what specific actions would be most effective for your community. While it isn't possible to prepare for every scenario, mapping organizational responses to the most likely policy changes will help the HCH Community navigate other, unforeseen challenges.

In the face of these threats, we must act with urgency, compassion, and solidarity. The National Health Care for the Homeless Council remains resolute in its unwavering commitment to advocating for the health, well-being, and human rights of people experiencing homelessness.