



APAMSA

Policy Update
April 2025

NOTE: As of publication, over 110 executive orders have been issued by the Trump Administration since its inauguration on January 20, 2025. This policy update highlights some of the executive orders and other executive actions that impact the health and well-being of Asian American, Native Hawaiian, and Pacific Islander communities.

Department of Health and Human Services: Reorganization and Staff Terminations

<https://www.hhs.gov/about/news/hhs-restructuring-doge.html>

On March 27, the Department of Health and Human Services was re-organized from 28 operating and staff divisions to 15; and reduced its regional offices from 10 to 5. A new Administration for a Healthy America will consolidate the Office of the Assistant Secretary for Health, Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration, Agency for Toxic Substances and Disease Registry, and National Institute for Occupational Safety and Health. The Administration for Strategic Preparedness and Response will be consolidated with the Centers for Disease Control and Prevention. A new Assistant Secretary for Enforcement will consolidate the Departmental Appeals Board, Office of Medicare Hearings and Appeals, and Office for Civil Rights. An Office of Strategy will consolidate the Assistant Secretary for Planning and Evaluation and the Agency for Healthcare Research and Quality. Functions of the Administration for Community Living will be assumed by the Administration for Children and Families, Assistant Secretary for Planning and Evaluation, and the Centers for Medicare and Medicaid Services.

The Department also terminated an additional 10,000 staff, reducing the department workforce from 82,000 to 62,000. The 10,000 terminations will include 3,500 terminations at the Food and Drug Administration, 1,400 at the Centers for Disease Control and Prevention, 1,200 at the National Institutes of Health, and 300 at the Centers for Medicare and Medicaid Services.

Executive Order 14151: Ending Radical and Wasteful Government DEI Programs and Preferences

<https://www.govinfo.gov/content/pkg/FR-2025-01-29/pdf/2025-01953.pdf>

This executive order directs the Director of Office of Management and Budget to “coordinate the termination all discriminatory programs, including illegal DEI and ‘diversity, equity, inclusion, and accessibility’ (DEIA) mandates, policies, programs, preferences, and activities in the Federal Government, under whatever name they appear” including

“existing Federal employment practices, union contracts, and training policies or programs”.

Executive Order 14173: Ending Illegal Discrimination and Restoring Merit-Based Opportunity

<https://www.govinfo.gov/content/pkg/FR-2025-01-31/pdf/2025-02097.pdf>

This executive order terminates “all discriminatory and illegal preferences, mandates, policies, programs, activities, guidance, regulations, enforcement actions, consent orders, and requirements” and enforces longstanding civil rights laws against race discrimination but seeks to re-interpret those laws to prohibit any “DEI” activities.

The National Association of Diversity Officers in Higher Education, American Association of University Professors, Restaurant Opportunities Centers United, Baltimore Mayor and City Council, represented by Democracy Forward and Asian Americans Advancing Justice, filed a legal challenge in District Court in Maryland on February 3, and a preliminary injunction blocking implementation of these executive orders was issued on February 21. However, the preliminary injunction was stayed by the Fourth Circuit Court of Appeals, pending review of the Federal government’s appeal of the preliminary injunction. At least three other lawsuits have been filed challenging these executive orders.

<https://www.justsecurity.org/wp-content/uploads/2025/02/Preliminary-Injunction-Order-National-Association-of-Diversity-Officers-in-Higher-Education-v.-Trump-feb-21-2025-Order.pdf>

Departments of Health and Human Services, Education, and Justice: Investigations of Race Discrimination

<https://www.hhs.gov/about/news/2025/03/07/hhs-civil-rights-office-investigates-alleged-discrimination-health-care-workforce-training-restore-merit-based-opportunity.html>
<https://www.hhs.gov/about/news/ocr-investigates-medical-school-discriminatory-admissions.html>

<https://www.ed.gov/about/news/press-release/office-civil-rights-initiates-title-vi-investigations-institutions-of-higher-education-0>

<https://www.justice.gov/opa/pr/attorney-general-pamela-bondi-launches-compliance-review-investigation-admissions-policies>

The Department of Health and Human Services has opened investigations of 5 California medical schools for race discrimination; the Department of Education has opened investigations of 52 universities for race discrimination, and the Department of Justice has opened investigations of 4 California universities for race discrimination.

National Institutes of Health: Limits Indirect Costs on NIH Grants to 15 Percent

Supplemental Guidance to the 2024 NIH Grants Policy Statement: Indirect Cost Rates, Notice No. NOT-OD-25-068
<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-068.html>

Limits indirect costs on current and future National Institute of Health grants to 15 percent.

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The states of Massachusetts, Arizona, California, Colorado, Connecticut, Delaware, Hawai'i, Illinois, Maine, Maryland, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, North Carolina, Oregon, Rhode Island, Vermont, Washington, and Wisconsin filed a legal challenge to this limit on indirect costs in District Court in Massachusetts on February 10. Additional lawsuits were filed by the Association of American Medical Colleges, American Association of Colleges of Pharmacy, Association for Schools and Programs of Public Health, and Conference of Boston Teaching Hospitals, and Greater New York Hospital Association; and by the Association of American Universities, American Council on Education, Association of Public and Land-grant Universities, Brandeis University, Brown University, Regents of the University of California, Carnegie Mellon University, University of Chicago, Cornell University, George Washington University, John Hopkins University, Massachusetts Institute of Technology, University of Pennsylvania, University of Rochester, Tufts College, and California Institute of Technology. The cases were consolidated, with a preliminary injunction blocking implementation of the executive order issued on March 5.

https://storage.courtlistener.com/recap/gov.uscourts.mad.280590/gov.uscourts.mad.280590.105.0_2.pdf

Executive Order 14224: Designating English as the Official Language of the United States

<https://www.govinfo.gov/content/pkg/FR-2025-03-06/pdf/2025-03694.pdf>

Establishes English as the “official language of the U.S.” and revokes Executive Order 13166: Improving Access for Persons with Limited English Proficiency. However, Federal departments and agencies are “not required to amend, remove, or otherwise stop production of documents, products, or other services prepared or offered in languages other than English”. The executive order does not change long-standing administrative and judicial interpretation of Title VI of 1964 Civil Rights Act prohibiting discrimination based on language as discrimination based on national origin, nor Section 1557 of the Affordable Care Act prohibiting discrimination on the basis of language.



In 1974, in *Lau v. Nichols*, the U.S. Supreme ruled that Chinese American students in San Francisco, CA had a right to equal language access – and bilingual education – under the 1964 Civil Rights Act. Several state laws prohibiting discrimination also ensure language access for individuals who speak languages other than English.

Executive Order 14160: Protecting the Meaning and Value of American Citizenship

<https://www.govinfo.gov/content/pkg/FR-2025-01-29/pdf/2025-02007.pdf>

Seeks to re-interpret 14th Amendment and end the right to U.S. citizenship by birth. Ten legal challenges have been filed and five preliminary injunctions issued to date (four nationwide). After three Circuit Courts of Appeals denied requests to stay the preliminary injunctions pending appeals, the Trump Administration has requested the U.S. Supreme Court to limit the preliminary injunctions to the named individual and organizational plaintiffs, and to exclude state plaintiffs (and all their residents) from the protection of the preliminary injunctions.

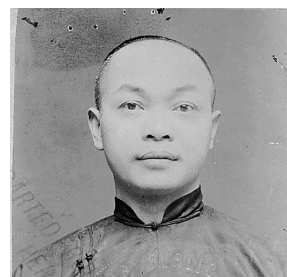
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<https://storage.courtlistener.com/recap/gov.uscourts.mad.279876/gov.uscourts.mad.279876.144.0.pdf>

<https://storage.courtlistener.com/recap/gov.uscourts.nhd.64907/gov.uscourts.nhd.64907.79.0.pdf>



In 1898, in *Wong Kim Ark v. U.S.*, the U.S. Supreme Court affirmed that a Chinese American born in San Francisco, CA was a U.S. citizen after his status was challenged when he returned from a visit to China.

Presidential Proclamation: Invocation of the Alien Enemies Act Regarding the Invasion of the United States by Tren de Aragua

<https://www.whitehouse.gov/presidential-actions/2025/03/invocation-of-the-alien-enemies-act-regarding-the-invasion-of-the-united-states-by-tren-de-aragua/>

The Alien Enemies Act of 1798 only applies in wartime, and the U.S. cannot be at war with a criminal gang. However, the Act was invoked and used to deport 137 Venezuelans to El Salvador as alleged members of the Tren de Aragua gang, who the Trump Administration finds controlled by the government of Venezuela. On March 15, the District Court in the District of Columbia issued a temporary restraining order blocking the use of the Act for future deportations. The temporary restraining order was converted to a preliminary injunction, and after the District of Columbia Court of Appeals

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denied a request to stay the preliminary injunction on March 26, the Trump Administration has requested the U.S. Supreme Court to stay to preliminary injunction.
https://storage.courtlistener.com/recap/gov.uscourts.dcd.278436/gov.uscourts.dcd.278436.20.0_4.pdf



The last time the Alien Enemies Act was invoked was during World War II, as part of the justification to incarcerate over 120,000 Japanese Americans without individual charges or trials (although the majority of those incarcerated were U.S. citizens). Gordon Hirabayashi, Minoru Yasui, and Fred Korematsu challenged their incarcerations but the U.S. Supreme Court upheld them; the cases were re-opened in the 1980s when evidence was discovered that the U.S. military falsified the national security threat that justified the invocation of the Alien Enemies Act.

Executive Order 14248: Preserving and Protecting the Integrity of American Elections

<https://www.govinfo.gov/content/pkg/FR-2025-03-28/pdf/2025-05523.pdf>

This executive order requires enforcement of the requirement of U.S. citizenship as eligibility for voting, adding specific documentation requirements, and directing the Department of Homeland Security and Department of Government Efficiency to examine state voter registration lists and other state records to identify potential violations. Three legal challenges have been filed in District Court in the District of Columbia seeking to block the implementation of the executive order.

<https://storage.courtlistener.com/recap/gov.uscourts.dcd.279032/gov.uscourts.dcd.279032.1.0.pdf>

<https://democrats.org/wp-content/uploads/2025/03/2025-03-31-DNC-v.-Trump-Complaint.pdf>

<https://storage.courtlistener.com/recap/gov.uscourts.dcd.279044/gov.uscourts.dcd.279044.1.0.pdf>

Executive Order 14187: Protecting Children from Chemical and Surgical Mutilation [sic]

<https://www.govinfo.gov/content/pkg/FR-2025-02-03/pdf/2025-02194.pdf>

This executive order directs the Secretary of Health and Human Services to review Medicare, Medicaid, Affordable Care Act, and other programs and regulations to end gender-affirming care, and to end research or education grants for gender-affirming care.

Transgender young adults and families, PFLAG National, and GLMA: Health Professionals Advancing LGBTQ+ Equality, represented by national ACLU, ACLU of Maryland, and Lambda Legal, filed a legal challenge in District Court in Maryland on February 4, and a temporary restraining order was issued on February 13, and a preliminary injunction was issued on March 4. The Trump Administration has appealed the preliminary injunction to the First Circuit Court of Appeals.
<https://assets.aclu.org/live/uploads/2025/03/093114694750.pdf>

The states of Washington, Minnesota, and Oregon, and physicians filed a legal challenge in District Court in Washington on February 7, and a preliminary injunction blocking implementation of the executive order was issued on February 28. The Trump Administration has appealed the preliminary injunction to the Ninth Circuit Court of Appeals.
https://storage.courtlistener.com/recap/gov.uscourts.wawd.344459/gov.uscourts.wawd.344459.233.0_3.pdf

Department of Health and Human Services Center for Medicare and Medicaid Services: Proposed Rescission of Eligibility of Deferred Action for Childhood Arrival Recipients for Affordable Care Act Marketplace Health Insurance Subsidies

<https://www.govinfo.gov/content/pkg/FR-2025-03-19/pdf/2025-04083.pdf>

This proposed regulation would rescind the May 2024 regulation recognizing DACA recipients as “lawfully present” and eligible for Affordable Care Act marketplace health insurance subsidies. The regulation is currently blocked from implementation in 19 states under a legal challenge. Public comments are due by April 11; NCAPIP has signed on to a comment opposing this change.

KFF: Key Data on Health and Health Care for Native Hawaiian or Pacific Islander People

<https://www.kff.org/racial-equity-and-health-policy/issue-brief/key-data-health-and-health-care-for-native-hawaiian-pacific-islander-people/>

This report is based on a series of focus groups with Native Hawaiian and Pacific Islander adults living in Hawaii and the continental U.S. It highlights some of the barriers NH/PI people face when accessing care, including geographic isolation, limited system capacity, and lack of language access for family members with limited English proficiency.

KFF: Health Care Experiences of Native Hawaiian or Pacific Islander Adults

<https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-care-experiences-of-native-hawaiian-or-pacific-islander-adults/>

An overview of Native Hawaiian and Pacific Islander people’s experiences across key measures of health, health access, and social and economic factors that influence health, based on analysis of federal data. NH/PI people tend to fare worse than White people across the majority of examined measures of health, health care, and social determinants of health.

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JAMA Internal Medicine: Leading Causes of Death Among Asian American Compared with Pacific Islander Individuals

Vo JB, Bess JL, Taparra K, et al. Leading causes of death among Asian American compared with Pacific Islander Individuals. *JAMA Intern Med.* 2025;185(3):335–338.

<https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2829158>

This study highlights significant mortality disparities between Asian American and Pacific Islander populations. Using National Center for Health Statistics death certificate data from 2018–2020, researchers found that Pacific Islanders had significantly higher all-cause mortality rates than Asian Americans, with particularly significant disparities in heart disease, diabetes, and COVID-19. These differences were most pronounced among younger adults and older women. The study underscores the necessity of disaggregating data to reveal and address health issues affecting Pacific Islander populations.

JAMA Psychiatry: Native Hawaiian and Pacific Islander Data in Overdose Research

Apana NK, Gimmen MY, Taparra K. Native Hawaiian and Pacific Islander data in overdose research. *JAMA Psychiatry.* Published online February 19, 2025.

doi:10.1001/jamapsychiatry.2024.4848

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2830145>

Even though federal guidelines require Native Hawaiians and Pacific Islanders to be recognized as a distinct racial group, national datasets such as the Centers for Disease Control Wide-Ranging Online Data for Epidemiological Research (WONDER) Multiple Causes of Death database continue to lump NHPs together with Asian Americans, masking the real impact of substance use disorders and overdose deaths among NHP individuals. In Hawaii, NHP communities have the highest substance use rates, yet aggregated data fail to reflect this disparity. The authors call for stricter adherence to federal race reporting standards to ensure more accurate data and better public health policies.

JAMA Internal Medicine: Racism and Ageism in Research

Li L, Chang A, Covinsky KE. Addressing both racism and ageism in research - an opportunity for MOSAAIC. *JAMA Intern Med.* Published online February 24, 2025.

doi:10.1001/jamainternmed.2024.8321

<https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2830178>

The Multi-ethnic Observational Study in American Asian and Pacific Islander Communities (MOSAAIC), launched in 2023 by the National Heart, Lung, and Blood Institute (NHLBI), aims to address health disparities among AANHPI populations. However, its decision to exclude individuals aged 65 and older has sparked controversy. This exclusion goes against the NIH Inclusion Across the Lifespan Policy and limits the study's ability to address aging-related health disparities in AANHPI seniors. Older adults in these communities face unique challenges, from immigration stress to racism. While MOSAAIC takes an important step by

disaggregating ethnic subgroups, leaving out older adults undermines its mission and impact.

Health Affairs: Asian American, Native Hawaiian, and Pacific Islander Population Group Representation in the US Health Workforce

Ha E, Dobkin F, Portela Martinez M, Herring J, Salsberg E. Asian American, Native Hawaiian, and Pacific Islander population group representation in the US health workforce. *Health Aff.* 2025;44(3):333-341

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2024.01069>

This study analyzes data from the 2018-2022 American Community Survey for 15 health care occupations, disaggregated by 12 AANHPI subgroups, and reports underrepresentation of Native Hawaiians and Pacific Islanders in medicine, dentistry, pharmacy, and nursing, of Vietnamese in nursing, and of Southeast Asians (other than Vietnamese) in medicine, dentistry, and nursing. Pakistani, South Asians (other than Pakistani and Asian Indian), Chinese and Taiwanese, and Multirace Asians also are underrepresented in nursing. All AANHPI subgroups were underrepresented in psychology, counseling, and social work except for Japanese and Koreans. Japanese, Chinese and Taiwanese, Asian Indians, and Koreans were underrepresented among medical assistants. These data demonstrate the importance of examining data by subgroup within the broad category of AANHPI.

Family Medicine: Reflection on the Model Minority Myth for Recruiting, Retaining, and Promoting Asian Americans in Family Medicine

Ho T, Ly J, Chen M, Ryuji D, Li M, Rodriguez J, Chow C. A collaborative reflection on the model minority myth: Considerations for recruiting, Retaining, and promoting Asian Americans in family medicine. *Fam Med.* 2025;57(3):153-158

<https://journals.stfm.org/familymedicine/2025/march/chow-0270/>

This paper examines how the model minority myth shapes the experiences of Asian Americans in academic medicine. The authors draw from their own experiences to explore how this myth distorts perceptions of success, hides disparities, and creates barriers to recruitment and career advancement. They examine the history of the model minority myth, showing how it overlooks the struggles of underrepresented Asian subgroups and has been used to pit communities of color against each other. The paper also addresses systemic barriers faced by AANHPI physicians, such as exclusion from DEI initiatives and leadership roles, and calls for dismantling the model minority myth to foster greater equity and inclusion in medicine.

Health Affairs: Asian American Invisibility in Public Health

Lee C. Asian American invisibility in public health. *Health Aff.* 2025;44(2):234-237

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2024.00219>

In this Narrative Matters perspective, the author reflects on her experience as community member and as a medical student during the COVID-19 pandemic, accompanied by an increase in anti-Asian hate.

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