

Publications

The Trump Administration Explores Deregulation of Medicare

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On April 11, 2025, the Centers for Medicare & Medicaid Services (“CMS”) published a Request for Information (“RFI”) requesting the public provide feedback on how to streamline regulations and reduce administrative burdens on Medicare program stakeholders. The RFI comes on the heels of multiple executive orders released by President Trump calling for the elimination of administrative waste and the promotion of agency efficiency. Comments are due by June 10, 2025. Interested stakeholders should be aware that CMS issued this RFI on CMS’s website, rather than the Federal Register, and commenters must submit any feedback via the website.^{[\[1\]](#)}

Background

CMS explained that it issued the RFI in response to Executive Order 14192, Unleashing Prosperity Through Deregulation, released on January 31, 2025. President Trump called on federal agencies to reduce private compliance expenditures while also promoting the highest quality of life for Americans. Specifically, President Trump explained, “it is important that for each new regulation issued [by a federal agency], at least 10 prior regulations [should] be identified for elimination.”

The RFI is intended to aid CMS’s exploration of opportunities for deregulation while also ensuring Medicare beneficiaries continue to receive high-quality healthcare. CMS appears to be particularly concerned with the regulatory burdens impacting healthcare providers serving Medicare beneficiaries. Nonetheless, CMS also seeks feedback on burdens facing other stakeholders, such as suppliers, beneficiaries, and Medicare Advantage and Part D plans.

The RFI

CMS’s inquiry is limited to evaluating reform of the Medicare program only. CMS’s questions fall within three categories: (1) streamlining existing regulatory requirements; (2) regulatory regimes to evaluate for reduction of reporting and

documentation burdens; and (3) identification of duplicative requirements. Specifically, CMS asked for feedback on the following.

Streamlining Regulatory Requirements

- Are there existing regulatory requirements that could be waived or modified to reduce administrative burdens without compromising patient safety or the Medicare program's integrity?
- What Medicare administrative processes or reporting requirements are most burdensome for providers?
- What Medicare program administrative processes or reporting requirements could be automated or simplified to reduce burdens on providers?

Opportunities to Reduce Administrative Burden of Reporting and Documentation

- What changes can be made to simplify Medicare reporting and documentation requirements without affecting program integrity?
- Are there opportunities to reduce the frequency or complexity of reporting for Medicare providers?
- Identify particular Medicare program documentation or reporting requirements that are overly complex or redundant.

Identification of Duplicative Requirements

- Identify the Medicare program requirements or processes that are duplicative (including in consideration of requirements promulgated externally to CMS, such as state law).
- Provide feedback on enhancing cross-agency collaboration to reduce duplicative efforts in auditing, reporting, or compliance monitoring.
- Provide feedback on Medicare harmonization with industry best practices and standards, particularly in areas such as telemedicine, transparency, digital health, and integrated care systems.