



Trump Unveils “Digital Health Ecosystem” Built by Corporate and Federal Power

At a White House event branded “Make Health Tech Great Again,” the Trump administration unveiled a sweeping new vision for American healthcare. Dubbed the “Digital Health Ecosystem,” the plan aims to digitize the nation’s health infrastructure from top to bottom.

NOW - Trump launches "Digital Health Tech Ecosystem" to "bring healthcare into the digital age," with trusted partners like OpenAI, Amazon, Anthropic, Apple, Microsoft AI, and Google. pic.twitter.com/AqzMG1upR4

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On paper, the goals sound noble: improve access, give patients more control, reduce friction between systems. But behind the slogans lies a deeper reality — one in which data centralization, corporate gatekeeping, and AI-driven decision-making begin to reshape the very meaning of care.

What Is the “Digital Health Ecosystem”?

At its core, the ecosystem is an interconnected web of apps, application programming interfaces (APIs), cloud platforms, and ID systems linking patients, doctors, insurers, hospitals, and tech companies under a unified federal framework. The [Centers for Medicare & Medicaid Services](#) (CMS) will certify “aligned networks” that meet federal interoperability standards and allow seamless data sharing across the system.

The promises include digital IDs for all patients, real-time access to records and insurance data, conversational AI guides to help make decisions, and an end to paper-based check-ins and forms.

But while convenience is the headline, power is the subtext. The entities tasked with building and maintaining this infrastructure are not public health agencies, but private corporations with long-standing commercial ambitions. These companies are not merely supporting the ecosystem — they *are* the ecosystem.

Who’s Powering the Digital Health Overhaul?

The administration revealed a coalition of 60 “[early adopters](#)” across six sectors, each taking on a distinct piece of the digital puzzle.

**Data Networks: Infrastructure**

Companies like Epic Systems, Oracle Health (formerly Cerner), and athenahealth — already dominant players in electronic health records — have pledged to adopt the CMS Interoperability Framework. This will allow them to connect hospital systems, third-party apps, and federal data feeds into a single, cohesive data pipeline.

Also involved are powerful data exchanges like CommonWell Health Alliance and Datavant. These firms present themselves as neutral intermediaries, but they control the pathways through which health information moves. With deep ties to both public payers and private providers, their backend infrastructure will quietly dictate how — and whether — data reaches the right place at the right time.

Providers: Data Input at Scale

Hospitals and large provider networks, including Cleveland Clinic and Providence, are pledging to plug directly into this new framework. Patients will no longer fill out forms or repeat their medical history at every visit. Instead, digital identity apps will verify who you are and pull your data from the cloud — before you ever enter the room.

While this may reduce friction, it also locks patients and doctors into a system built and governed by third-party platforms. The infrastructure is centralized. The control is remote.

AI Chatbots: The New Front Line of Care?

Companies like OpenAI, Microsoft AI, and Anthropic are entering healthcare not as providers, but as mediators between patient data and patient action. Their chatbots will access real-time medical records (allegedly with patients' consent) and provide “personalized support” for navigating care.

While these tools promise to guide users toward doctors when “appropriate,” they occupy a legal and ethical gray zone. They're not regulated like physicians, but they increasingly shape how people interpret symptoms, assess risk, and make treatment decisions. The line between “support” and “advice” grows thinner by the day.

Behavior-shaping Apps

Several companies have pledged to develop apps that connect to CMS-aligned health networks and retrieve patient data, such as medical history, prescriptions, and lab results. Their stated goal: deliver personalized guidance for managing diabetes, obesity, and related conditions.

These apps promise to offer “tailored guidance” or refer users to care “when appropriate.” But while they are framed as empowering tools, they operate largely through automated prompts designed to modify behavior. This raises key questions. Who defines the terms of the “appropriateness” of care? And to what extent are these tools built to serve patients versus satisfying payers' goals of reducing costs through data-driven risk management?

Intake Apps: “Killing the Clipboard”

Companies like b.well Connected Health and Zocdoc are pledging to eliminate paper check-ins. Instead of via pens and clipboards, providers will likely receive your profile, insurance, and history through QR code or digital card.

The effect is speed. The consequence is dependence. Patients become inseparable from their cloud identity, and healthcare delivery becomes inseparable from infrastructure run by third-party vendors.



Written by [Veronika Kyrylenko](#) on July 31, 2025

Payers: The Real Winners

Aside from public programs like Medicare, major insurers have signed on. These include Aetna, Humana, UnitedHealth Group, and Elevance Health. As both financiers and gatekeepers, they will shape which apps succeed, which treatments get approved, and which patient behaviors are incentivized.

This is no longer just about coverage. It's about programming incentives into the system itself. Digital health becomes a lever for behavioral compliance.

From Bureaucracy to Technocracy

To support this new system, CMS is launching a [suite of tools](#):

- An App Library on Medicare.gov to promote “trusted” third-party tools;
- A National Provider Directory API for system-wide compatibility;
- Fast Healthcare Interoperability Resources (FHIR)-based digital insurance cards for real-time eligibility checks;
- Enhanced Blue Button APIs to deliver Medicare claims to developers; and
- Federated digital identity logins for unified user access.

Patients may no longer need to remember multiple usernames or portals. But they will be traceable across the system — from check-in to discharge, from symptom to claim. Every interaction becomes another entry in a behavioral profile.

A Global Blueprint in National Clothing

Though branded as a domestic initiative integral to the mission of “Making America Healthy Again (MAHA), the U.S. Digital Health Ecosystem mirrors plans already circulating on the world stage.

The UN's [Global Strategy on Digital Health](#) (2020-2025) promotes universal digital IDs, biometric records, and interoperable networks as the foundation of resilient healthcare. It ties this architecture to the Sustainable Development Goals and World Health Organization objectives.

The World Economic Forum's [Digital Healthcare Transformation](#) framework similarly promotes AI diagnostics, centralized data exchanges, and cross-border sharing of health records — managed by public-private consortia.

The “trusted partners” of the Trump administration — Microsoft, Oracle, Salesforce and many others — are also WEF partners, shaping similar frameworks worldwide. What appears to be national modernization may in fact be one node in a globally harmonized health grid.

From Empowerment to Enclosure

America's healthcare system may be overdue for reform, but this is something else entirely. Beneath the promises of ease and efficiency lies a quiet consolidation of control.

Once your records are digitized, once AI begins to steer your care, and once insurers, providers, and apps speak the same digital language, the system no longer serves you. It governs you.

This isn't modernization. It's enclosure — a seamless, invisible grid that watches, nudges, and adapts. Not built by your doctor, but by private code you can't inspect and federal agencies with no constitutional authority to manage your health.



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The threat is even greater now, since earlier this year the administration [enlisted Palantir](#) to build the central data infrastructure linking all federal datasets. This move paves the way for healthcare records to be fused with other government data, creating detailed, unified profiles on every American — profiles that can be monitored, scored, or weaponized.

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[HHS Assembles National Health Data Platform and Autism Registry](#)

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