WASHINGTON — President Trump’s selection of a secretary of health and human services could be a turning point in a health care debate that has polarized Washington, as he faces a choice of working with Democrats to fix the current system or continuing his so-far failed efforts to dismantle his predecessor’s program.

The resignation of Tom Price as secretary late Friday over his use of costly chartered jets capped a week of setbacks on health care for a president who made the issue a centerpiece of his campaign and his first eight months in office. Mr. Trump’s decision on a successor could be an opportunity to shift the debate, but he faces the prospect of an arduous confirmation battle.

The president has sent mixed signals since the latest effort to repeal and replace President Barack Obama’s Affordable Care Act collapsed in the Senate. He asserted that he had the votes to pass the repeal legislation in early 2018, while offering to negotiate with Democrats who are adamantly against it. One adviser said on Saturday that Mr. Trump was serious about compromising with Democrats and would pick a secretary who would help make that happen.

Democrats urged him to pursue such a course. “Let’s get a new H.H.S. secretary who’s finally devoted to improving health care, move past these debates and come to bipartisan agreement on how to stabilize markets and make health care cheaper,” said Senator Christopher S. Murphy of Connecticut.

Senator Ron Wyden of Oregon, the senior Democrat on the Senate Finance Committee, said the departure of Mr. Price could begin “a new chapter for the Trump administration’s health care agenda.”

The White House had no comment on Saturday, but two advisers who asked not to be identified discussing internal matters said two top candidates were Scott Gottlieb, the commissioner of the Food and Drug Administration, and Seema Verma, the administrator of the Centers for Medicare and Medicaid Services. Both have previously been vetted by the White House, nominated by the president and confirmed by the Senate to their current jobs within recent months, a significant selling point.

Other names have been floated as well, including David Shulkin, the secretary of veterans affairs and a favorite of the president’s. But he has been criticized for a European trip with his wife that mixed business and sightseeing and was partially financed by taxpayers, and Mr. Trump may be reluctant to move him because he has been critical to fixing veterans’ care.

Some reports floated former Gov. Bobby Jindal of Louisiana, an assistant secretary of health and human services under President George W. Bush. But he was a caustic critic of Mr. Trump
during his own brief campaign for the White House that ended in late 2015 after he called the future president a “narcissist” and “egomaniacal madman.”

Mr. Trump may not necessarily fill the post quickly. He has left the Department of Homeland Security in the hands of an acting secretary since John F. Kelly left in July to become White House chief of staff. The president appears to be in no rush to fill that post despite a series of hurricanes and a roiling immigration debate, issues managed by the Department of Homeland Security. He said on Friday that he would make a decision on that nomination “probably within a month.”

If Mr. Trump picks Ms. Verma to succeed Mr. Price at the Department of Health and Human Services, it would be taken as a sign among many that he wants to continue vigorous opposition to the Affordable Care Act, with the government doing the minimum required by the law to implement its provisions. Ms. Verma, an ally of Vice President Mike Pence, worked closely this year with Republicans in Congress on their proposals to undo the law and to cut Medicaid, the program for more than 70 million low-income people.

Still, some progressives have interpreted her work under the health care law in Indiana, where Mr. Pence was governor, to mean that while she opposed the Affordable Care Act, she was committed to finding ways to enforce it if it remained on the books.

Mr. Gottlieb has more experience in Washington and was seen at the time of his appointment as the more moderate of candidates being considered. In his first months at the F.D.A., he has deftly balanced the concerns of patients and pharmaceutical companies, while taking steps to combat the opioid epidemic and speed access to lower-cost generic drugs. His nomination would be seen as a signal that the president might want to take a different approach to the health care debate.

“We have the votes on the substance but not necessarily on the process, which is why we’re still confident that we can move health care forward and get it done in the spring,” Sarah Huckabee Sanders, the White House press secretary, said before Mr. Price’s resignation.

After the latest legislative failure, Mr. Trump said he would sign an executive order in the coming week intended to enable Americans to buy health insurance across state lines, a sign that he did not intend to wait for Congress. But it is not clear that he has the authority to do that on his own, and states often resist federal efforts to intrude on their regulation of insurers.

Senator Lamar Alexander of Tennessee, the Republican chairman of the Senate health committee, and Senator Patty Murray of Washington, the panel’s ranking Democrat, have resumed negotiations on bipartisan legislation intended to shore up the current insurance exchanges and prevent prices from shooting up.

The uncertainty comes at a crucial moment, just as federal and state officials are preparing for the fifth annual open enrollment period under the Affordable Care Act. The open season, when people can sign up for coverage, runs from Nov. 1 to Dec. 15. Critics say that the Trump administration has destabilized insurance markets, driving up premiums for 2018 and making it harder for people to enroll.
Mr. Price was confirmed in February by a party-line vote of 52 to 47 after giving vague, noncommittal answers about how he intended to carry out the Affordable Care Act. Confirmation of his successor could be an even sharper battle. Democrats may not have the votes to block confirmation, but they could drag out the process and make it excruciatingly difficult for the nominee and the White House.

Democrats expect to press the new nominee for more specific answers to questions like these: Will the administration support bipartisan efforts to continue critically important payments to insurance companies, payments that Mr. Trump has threatened to cut off? Why has the president slashed funds for advertising, outreach and education programs and assistance to consumers who want to sign up for health insurance this fall?

Neither Ms. Verma nor Mr. Gottlieb had easy confirmations to their current posts, but neither seems as strongly determined to undermine the Affordable Care Act as Mr. Price was.

Ms. Verma, who earned a bachelor’s degree in life sciences at the University of Maryland and a master’s degree in public health at Johns Hopkins University, founded her own health policy consulting firm, SVC, and worked with state agencies to carry out the Affordable Care Act. Working with Mr. Pence when he was governor, she was the architect of the Healthy Indiana Plan, which expanded Medicaid under the Obama-era law.

Rather than simply refusing to participate, as many Republican-led states did, Indiana under the program shaped by Ms. Verma expanded eligibility while emphasizing “personal responsibility” by requiring beneficiaries to pay premiums and contribute to health savings accounts, and giving them incentives for healthy behavior.

Republicans saw that as a model for conservative enactment of the program, while Democrats criticized what they saw as roadblocks for low-income Americans. She was confirmed to her current post in March on a largely party-line 55-to-43 vote.

Mr. Gottlieb, who received a bachelor’s degree in economics from Wesleyan University and a medical degree from Mount Sinai School of Medicine, served in several posts during President George W. Bush’s administration, including deputy commissioner of the F.D.A. While in the private sector, he worked as a fellow at the American Enterprise Institute in Washington and served as a consultant for pharmaceutical companies.

Republicans said that experience would make him a formidable commissioner because he would understand the business better, while Democrats said it made him too cozy with the industry he would regulate. While a physician, Mr. Gottlieb has also experienced the industry as a patient, having been successfully treated for Hodgkin’s lymphoma.

After promising to divest himself from several health care companies and recuse himself for one year from decisions involving those businesses, he was confirmed in May on a 57-to-42 vote.