

ADVANCING HEALTH EQUITY

MYTHS VS FACTS

What Local and National Health-Equity Professionals Should Know about President Trump's Anti-Equity and Anti-Gender Executive Orders¹

Everyone deserves equal access to high-quality healthcare and supportive resources so that they can lead full and productive lives, support their families, and contribute to their communities. To achieve this goal, programs designed to address disparities in health and healthcare are essential. America's troubling history of exclusionary and/or discriminatory policies has led to significant disparities in health outcomes and access to healthcare today. These disparities exist across multiple factors, such as race and ethnicity, socioeconomic status, language, disability status, citizenship status, gender, gender identity, and sexual orientation. People of color experience far worse health outcomes than their white counterparts, including with respect to infant mortality and mortality related to pregnancy, diabetes, and

cancer.² Moreover, people of color face disproportionate barriers to accessing a wide range of medical care, including mental health care³ and reproductive health care,⁴ which has become particularly less accessible in the wake of the *Dobbs v. Jackson Women's Health Organization* decision.⁵ Given these persistent and longstanding disparities, it is critical to have programs that recognize the impact of systemic racism and other biases in access to health care and provide solutions to these inequities, such as educational and training programs that are designed to advance culturally competent care. This is especially true for Black and Indigenous communities who, because of structural racism, experience the worst health outcomes and the most barriers to care.⁶

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² Nambi Ndugga, et al., *Disparities in Health and Health Care: 5 Key Questions and Answers*, KFF (August 14, 2024), <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>.

³ Nirmita Panchal et al., *The Implications of COVID-19 for Mental Health and Substance Abuse*, KFF (March 20, 2023), <https://www.kff.org/mental-health/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

⁴ Latoya Hill et al., *Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Redress Them*, KFF (October 25, 2024), <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>.

⁵ Latoya Hill et al., *What are the Implications of the Dobbs Ruling for Racial Disparities?*, KFF (April 24, 2024), <https://www.kff.org/womens-health-policy/issue-brief/what-are-the-implications-of-the-dobbs-ruling-for-racial-disparities/>.

⁶ Wendy L. Macias-Konstantopoulos et al., *Race, Healthcare, and Health Disparities: A Critical Review and Recommendations for Advancing Health Equity*, 24 W. J. Emergency Med. 906 (2023), <https://pmc.ncbi.nlm.nih.gov/articles/PMC10527840/>.



Yet, since taking office, President Trump has issued dozens of executive orders (“EOs”) and directives that exceed the bounds of executive power and seek to chill efforts to combat disparities in health outcomes and ensure equal access to healthcare. These executive actions misstate the law to create chaos, spread fear, and chill lawful activity. The Trump administration is using these EOs to weaponize federal agencies and sidestep the democratic process to pressure both the private and public sectors to comply with the President’s harmful policy agenda. Many of these executive orders have serious implications for the health of Black and Brown people, transgender people, and other marginalized communities.

This document provides a primer on how two of President Trump’s EOs targeting diversity, equity, inclusion, and accessibility efforts in the federal government and among private organizations (“Anti-Equity EOs”) and one EO rejecting the existence of transgender people (“Anti-Gender EO”) impact various aspects of health equity work.

The EOs are:

- 1. Anti-Equity EOs:** The first two executive orders are EO 14151, *Ending Radical and Wasteful DEI Programs and Preferencing* (January 20, 2025), and EO 14173, *Ending Illegal Discrimination and Restoring Merit-Based Opportunity* (January 21, 2025). Among other things, the Anti-Equity EOs direct federal agencies to cancel equity-related grants and contracts and prohibit federal contractors and grantees from operating “programs that promote diversity, equity, inclusion, and accessibility that violate any applicable Federal anti-discrimination laws.” Federal agencies have begun requiring contractors to certify compliance with these conditions. For example, the National Institutes of Health (NIH) now requires grant recipients to certify that they “do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.”⁷ These certifications may provide grounds for the government or a private third party to sue grant recipients under the False Claims Act.

⁷ Nat’l Inst. of Health, Notice of Civil Rights Terms and Condition of Award (Apr. 21, 2025), <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-090.html>.



2. Anti-Gender EO: The third executive order is EO 14168, *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government* (January 20, 2025). The Anti-Gender EO rejects the existence of transgender people and prohibits recipients of federal contracts and grants from promoting the concept that a person's sex or gender assigned at birth may differ from their actual sex or gender.

Despite President Trump's attempts to reverse progress, efforts to advance health equity remain essential in our healthcare systems, locally and nationally. With that in mind, this document rebuts harmful myths about diversity, equity, inclusion, and accessibility efforts and provides accurate facts about what health organizations and professionals can still do to address health disparities and advance their missions in today's changing landscape.

MYTH: All executive orders are valid and lawful.

FACT: Executive orders are invalid if they violate constitutional or federal law.

The President's authority to issue an executive order is not unlimited. An executive order must be issued pursuant to an existing presidential power under a federal statute or the U.S. Constitution. This means that the President cannot use an executive order to unilaterally rewrite a law passed by Congress or change how laws are interpreted by the U.S. Supreme Court. The U.S. Constitution established a system of checks and balances through three branches of the federal government: (1) the Legislative Branch (Congress), which makes the law; (2) the Executive Branch (the President), which executes the law; and (3) the Judicial

Branch (ultimately the U.S. Supreme Court), which interprets the law. When an executive order goes beyond the President's power, it encroaches upon Congress's constitutional authority as the Legislative Branch to make the law or the U.S. Supreme Court's constitutional authority as the Judicial Branch to interpret the law. Such an executive order would be unlawful and unconstitutional because the President lacked constitutional authority to issue it. Additionally, an executive order that violates the U.S. Constitution by, for example, infringing on free speech rights under the First Amendment or equal protection rights under the Fifth Amendment, would also be unlawful.

Over 120 lawsuits have challenged many of President Trump's executive orders, as well as other actions by his administration, as unlawful and unconstitutional. Several of these lawsuits have been successful, and some are referenced below.

MYTH: Legal protections against discrimination in health care services no longer exist.

FACT: Health professionals, and the individuals they serve, have a right to be free from race, sex, and other forms of discrimination that are prohibited under the U.S. Constitution and federal anti-discrimination laws.

The Trump administration is currently trying to subvert and weaken civil rights statutes so that people subject to discrimination based on their race, sex, or other protected characteristics would have fewer legal recourses. But these civil rights protections still exist in federal law, and no executive order or agency action can unilaterally modify or eliminate them. The following are important legal protections against discrimination:

■ **The Equal Protection Clause of the Fourteenth Amendment (made applicable to the federal government via the Fifth Amendment)**⁸

guarantees states the constitutional right to race and sex equality. The Fourteenth Amendment applies to actions by state and local governments, meaning that a state or local government program cannot discriminate on the basis of race or sex. Even though the Fourteenth Amendment does not apply to the federal government, the same equal protection rights are recognized in the Fifth Amendment's due process provisions, which do apply to the federal government.

■ **Title VI of the Civil Rights Act of 1964**⁹ prohibits the exclusion of any person from a program or activity receiving federal financial assistance, including health care, because of race, color, ethnicity, or national origin. The U.S. Supreme Court recently held that a claim of intentional discrimination under Title VI is subject to the same legal analysis as a similar claim under the Fourteenth Amendment.¹⁰ Since the U.S. health care system is largely privately owned and operated, it may be difficult to bring claims of discrimination under the Fourteenth Amendment. Nevertheless, many health care facilities are covered by Title VI because they receive federal financial assistance—for example, by participating in Medicaid or receiving federal research grants. As a result, Title VI may cover private hospitals, mental health centers, clinics, treatment centers, and other health care providers.

■ **Title VII of the Civil Rights Act of 1964**¹¹ prohibits public and private employers—including health care organizations—from discriminating on the basis of race, color, religion, sex (which includes gender, gender identity, pregnancy, and sexual orientation), and national origin in employment decisions. Under Title VII, employers have a duty to prevent their policies and practices from disparately harming people with protected characteristics, even if those policies and practices are facially neutral, unless there is sufficient justification.



■ **Title I of the Americans with Disabilities Act**¹² prohibits discrimination on the basis of disability in employment. For example, it prohibits discrimination on the basis of disability status in recruitment, hiring, promotions, training, pay, social activities, and other privileges of employment.

■ **Title IX of the Education Amendments of 1972**¹³ prohibits sex discrimination in education programs and activities that receive federal financial assistance. All federal agencies that provide financial assistance are required to enforce Title IX's nondiscrimination mandate.

■ **Section 1981 of the Civil Rights Act of 1866**¹⁴ prohibits racial discrimination in the making and enforcing of contracts. The U.S. Supreme Court has held that it prohibits racial discrimination against all groups, which means, people of any race can bring discrimination claims under Section 1981. Like Title VII, Section 1981 applies to issues of workplace discrimination.

⁸ U.S. Const. amend. XIV §1.

⁹ 42 U.S.C. § 2000d *et seq.*

¹⁰ *Students for Fair Admissions, Inc. v. President & Fellows of Harvard Coll.*, 600 U.S. 181, 214-215 (2023) (hereinafter “SFFA”).

¹¹ 42 U.S.C. § 2000e *et seq.*

¹² U.S. House of Representatives, U.S. Code, 42 U.S.C.A. Ch. 126: Equal Opportunity for Individuals with Disabilities, <https://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter126&edition=prelim>.

¹³ U.S. Dep’t Just., C.R. Div., Title IX of the Education Amendments of 1972, <https://www.justice.gov/crt/title-ix-education-amendments-1972>.

¹⁴ Cornell L. Sch., Legal Info. Inst., 42 U.S.C. § 1981 Equal Rights Under the Law, <https://www.law.cornell.edu/uscode/text/42/1981>.

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CHICAGO WOMEN IN TRADES,
Plaintiff,
vs.
PRESIDENT DONALD J. TRUMP,
DEPARTMENT OF LABOR, ACTING
SECRETARY OF LABOR VINCENT
MICONE, OFFICE OF MANAGEMENT
AND BUDGET, DIRECTOR OF THE
OFFICE OF MANAGEMENT AND
BUDGET, RUSSELL YOUNG, U.S.
DEPARTMENT OF JUSTICE, ATTORNEY
GENERAL OF THE U.S. DEPARTMENT
OF JUSTICE PAMELA BOND,
Defendants.

MEMORANDUM OPINION AND ORDER

MATTHEW F. KENNELLY, District Judge:

In this order, the Court considers plaintiff Chicago Women in Trades' motion for a preliminary injunction. The order describes the lawsuit, the basis for the Court's ruling.

The Court concludes that a preliminary injunction is warranted. The Department of Labor (DOL) from requiring any grantee or contractor to certify pursuant to section 3(b)(iv) of Executive Order 14173. This enjoins DOL from applying section 2(b)(i) of Executive Order 14151 to prevent termination of its Women in Apprenticeship and Nontraditional

grant. The Court otherwise denies CWIT's motion for a preliminary injunction. **Background**

A. Chicago Women in Trades

Chicago Women in Trades is a non-profit organization dedicated to diversity, equity, and inclusion within the skilled trades industry. "Comp provides programming 'centered on equity,' including 'training program guides, employer resources, and advocacy to attract and retain women in trades.'" *Id.* § 35; Men. In Supp. of Prelim. Inj. at 2. These programs are "preparing women across the country to enter and remain in high-wage, including carpentry, electrical work, welding, plumbing, and others." *Cf.* Although primarily based in Illinois, CWIT "has provided technical assistance gender equity training to industry stakeholders in all 50 states." *Veiling* also Compl. ¶ 38.

Federal funding accounts for roughly forty percent of CWIT's annual remainder of CWIT's budget is funded by private donors and non-federal particular, CWIT highlights five federal funding sources.

First, CWIT receives a Women in Apprenticeship and Nontraditional (WANTO) grant from the DOL Women's Bureau. Under the Women in and Nontraditional Occupations Act, DOL must "make grants to community organizations to provide technical assistance to employers and labor under 29 U.S.C. § 2503(a). The Act's provided examples of these "technical grants all involve supporting women in the skilled trades. See *id.* § 2503; grant funds CWIT's "Transforming the Workforce System to Ensure Gender Equity in

Infrastructure" program, under which CWIT provides technical apprenticeship, and workforce equity plans for women in the

In 2024, Congress enacted the Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-47, 138 Stat. 461. The Further Consolidated Appropriations Act of 2024 "appropriates money in the Treasury not otherwise appropriated, for the fiscal year 2024." *Id.* 138 Stat. 460, 461. On September 26, 2024, Continuing Appropriations and Extensions Act of 2025, which

"[s]uch amounts as may be necessary, at a rate for each fiscal year in the applicable appropriations Act for fiscal year 2024, for projects or activities . . . that are not otherwise specifically provided for, and for which appropriations, funds, or other authority were made available in the following appropriations Acts: . . . (8) The Department of Labor, Health and Human Services, and Related Agencies Appropriations Act, 2024 (division D of Public Law 118-47).

Continuing Appropriations and Extensions Act, 2025, Pub. L. No. 118-47, 138 Stat. 1524, 1524-25. This Act stated that "[a]ppropriations shall be available to the extent and in the manner that would pertain to the appropriations Act" and that "appropriations and funds authority granted pursuant to this Act shall be available until . . . Div. A, §§ 103, 106, 138 Stat. 1524, 1526. The Act does the Further Consolidated Appropriations Act of 2024's provisions

\$5 million to be allocated to grants under the WANTO Act, indicating that those grants are to continue to be funded "as provided in the applicable appropriations Act for fiscal year 2024." *Id.* Div. A, § 101, 138 Stat. 1524, 1524.

On March 15, 2025, Congress enacted the Full-Year Continuing Appropriations and Extensions Act of 2025, again appropriating

"[s]uch amounts as may be necessary, at the level specified in subsection (c) and under the authority and conditions provided in applicable appropriations Acts for fiscal year 2025, for projects or activities . . . that are not otherwise specifically provided for, and for which appropriations, funds, or other authority were made available in the following appropriations Acts: . . . (8) The Department of Labor, Health and Human Services, and Related Agencies Appropriations Act, 2024 (division D of Public Law 118-47).

Full-Year Continuing Appropriations and Extensions Act, 2025, Pub. L. No. 119-4, Div.

A, Title I, § 1101, 139 Stat. 9, 10. Subsection (c) states that "[t]he level referred to in subsection (a) shall be the amounts appropriated in the appropriations Act referred to in such subsection, including transfers and obligation limitations." *Id.* Div. A, Title I, § 1101(c), 139 Stat. 9, 12. The Act again does not otherwise reference the Further Consolidated Appropriations Act of 2024's provision that not less than \$5 million be allocated to grants under the WANTO Act, again indicating that those grants should continue to be funded "as provided in the applicable appropriations Act for fiscal year 2024." *Id.* Div. A, Title I, § 1101, 139 Stat. 9, 10.

Second, CWIT receives an Apprenticeship Building America (ABA) grant from DOL. Two acts authorize the ABA grant: the National Apprenticeship Act and the American Competitiveness and Workforce Improvement Act. These Acts authorize DOL to "bring together employers and labor for the formulation of programs of apprenticeship" and "award grants" to "establish demonstration programs or projects to

■ **Section 504 of the Rehabilitation Act of 1973**¹⁵ protects individuals from discrimination based on their disability. Section 504 specifically applies to organizations and employers receiving financial assistance from the federal government. Under Section 504, employers and organizations, including hospitals, nursing homes, mental health centers, and direct services organizations, are prohibited from excluding and/or denying individuals with disabilities from equal access to benefits and services because of their disability status.

■ **Section 1557 of the Affordable Care Act**¹⁶ prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in any health program or activity receiving federal financial assistance. It incorporates the protections of Title VI of the Civil Rights Act, Title IX of the Education Amendments, and other federal civil rights laws. In March 2022, the Biden administration issued critical guidance for Section 1557, affirming that there are civil rights protections for gender-affirming care and patient privacy. However, on February 20, 2025, the Trump administration withdrew the Biden administration's guidance. In its withdrawal of the Biden era guidance, the Trump administration expressly stated its position that Section 1557 does not prohibit discrimination based on gender identity. It further asserted that gender dysphoria likely does not qualify as a disability under Section 504 of the Rehabilitation Act. As a result, under the current Administration's interpretation, Section 1557 cannot reliably be invoked to challenge discrimination against transgender individuals in health care settings. However, civil rights groups continue to maintain that Section 1557 prohibits discrimination on the basis of gender identity, and the Trump administration's contrary interpretation is both harmful and legally incorrect. Numerous cases have successfully litigated claims in which courts have affirmed that Section 1557 protects transgender individuals from discrimination in health care.

The Trump administration is using these EOs to weaponize federal agencies and sidestep the democratic process to pressure both the private and public sectors to comply with the President's harmful policy agenda.

¹⁵ U.S. Dep't Health Hum. Servs., Off. C.R., Fact Sheet, Your Rights Under Section 504 of the Rehabilitation Act, (revised June 2006), <https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf>.

¹⁶ U.S. House of Representatives, U.S. Code, 42 U.S.C. § 18116 Nondiscrimination, [https://uscode.house.gov/view.xhtml?req=\(title:42%20section:18116%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:42%20section:18116%20edition:prelim)).

MYTH: It is now unlawful for healthcare organizations to address health disparities and protect health equity.

FACT: Health equity organizations and programs can lawfully address barriers to equal access to health care.

Despite the Trump administration's suggestion otherwise, efforts designed to increase diversity, equity, inclusion, and accessibility and address discrimination are not illegal. Health care providers still have many lawful tools at their disposal to address health care disparities and ensure equal access to care.

When evaluating whether a program designed to promote diversity, equity, inclusion or accessibility may be at legal risk, one important consideration is whether a program is "race-conscious" or "race-neutral." A "race-conscious" program is one that explicitly considers race as a factor in a decision. For example, if healthcare services are exclusively available to Black patients but not white patients, then it would be a race-conscious program. In contrast, a "race-neutral" program is one that does not explicitly consider race as a factor in a decision. For example, a program designed to address gaps in maternal health care may be in a majority-Black neighborhood but open to all mothers. That program would be race-neutral because it does not limit or preference the individuals it serves based on race.

Race-neutral programs remain lawful, and indeed, courts have explicitly upheld race-neutral programs that create more equitable outcomes.¹⁷ Programs that consider race as a factor in a decision may be more vulnerable to legal challenge and may be subjected to greater scrutiny in court. However, the fact that a program considers race does not automatically make the program illegal. The U.S. Supreme Court has long held that the government can make decisions based on race or sex in some circumstances, such as to remedy "specific, identified instances of past discrimination."¹⁸ For example, the U.S. Supreme Court previously approved of a program aimed at remedying

discrimination against business owners of color and women business owners when there was evidence of "pervasive, systematic, and obstinate discriminatory conduct."¹⁹

It is important for organizations to evaluate their individual programs and practices, including seeking legal advice where appropriate, to determine their legal risk and steps to remediate. Legal counsel should carefully assess programs for compliance with existing laws and be able to explain, with supporting evidence, the need for those programs.

MYTH: Organizations are prohibited from promoting diversity, equity, inclusion, and accessibility and to advocate for transgender rights.

FACT: Organizations have free speech rights to promote diversity, equity, inclusion, and accessibility and to advocate on behalf of transgender people.

Organizations have a First Amendment right to promote diversity, equity, inclusion, and accessibility and to recognize the existence of transgender people and advocate for their rights. While the Trump administration has chosen to dismantle diversity, equity, inclusion, and accessibility programs and to recognize only two sexes (male and female), it cannot prohibit private organizations from promoting these concepts or from advocating for the rights of transgender people outside of federally funded activities.²⁰

¹⁷ See *Coal. for T.J. v. Fairfax Cnty. Sch. Bd.*, 68 F.4th 864 (4th Cir. 2023), cert. denied, 218 L. Ed. 2d 71 (2024) (upholding race-neutral high school admissions policy that produced more equitable admissions outcomes); *Parents Involved in Cmty. Sch. v. Seattle Sch. Dist. No. 1*, 551 U.S. 701, 788-89 (2007) (Kennedy, J., concurring) (programs that are designed to promote diversity and equity may consider race without raising any concern about running afoul of civil rights laws so long as they either: (a) don't allocate specific seats/jobs, etc., based on an individual's race, or (b) allocate specific seats/jobs by taking an individual's race into account as needed to remedy discrimination or achieve some other compelling interest.)

¹⁸ *SFFA*, 600 U.S. at 207.

¹⁹ *Adarand Constructors, Inc. v. Peña*, 515 U.S. 200, 237 (1995).

²⁰ *Agency for Int'l Dev. v. All. for Open Soc'y Int'l, Inc.*, 591 U.S. 430, 444 (2020).

The president's power to issue executive orders must be exercised within the limits of the U.S. Constitution, including the speech protections under the First Amendment. The First Amendment prevents the government from impermissibly chilling an organization from exercising their constitutionally-protected speech based on the content and viewpoint of their speech.²¹ The U.S. Supreme Court has long recognized that government attempts to control the topics people discuss are presumptively unconstitutional.²² This means that the government cannot impose a condition on federal funding that affects the organization or individual's conduct outside the scope of that federally-funded program if that condition violates the First Amendment.²³

Several of President Trump's recent executive orders, including the Anti-Equity EOs and the Anti-Gender EO, seek to chill the constitutionally protected speech of private organizations that promote diversity, equity, inclusion, and accessibility, and recognize the existence of transgender people and their civil rights by threatening to withhold federal funding from such organizations, including health organizations and educational institutions that promote viewpoints the administration disfavors. The Anti-Equity EOs, the Anti-Gender EO, and several other EOs with similar chilling effects are currently being challenged in federal court on First Amendment grounds. In fact, on April 14, 2025, a federal judge in Illinois issued a [partial preliminary injunction](#) barring the Department of Labor from enforcing several provisions of the Anti-Equity EOs on First Amendment grounds.²⁴ On June 9, 2025, a federal judge in California similarly issued a [partial preliminary injunction](#) barring implementation of the Anti-Equity EOs and the Anti-Gender EO against nine organizations providing vital health services and supportive resources to LGBTQ people, including those living with or at risk of HIV.²⁵ The federal judge in that case made clear that plaintiffs were likely to succeed in showing that multiple provisions of the Anti-Equity EOs and Anti-Gender EO are unconstitutional.²⁶

MYTH: It is now unlawful for medical providers to provide gender-affirming care.

FACT: In many states, medical providers can still provide life-sustaining and necessary gender-affirming care to patients, including minors.

Gender-affirming care is still lawful and available, including for people under the age of 19, in over half the country.²⁷ Although the government can choose not to pay for gender-affirming care, it cannot prohibit medical providers from offering such care outside of federally funded activities.²⁸ Further, the American Medical Association (AMA) has said that decisions about medical care, including gender-affirming care, belong within the sanctity of the patient-physician relationship, and as with all medical interventions, medical providers must adhere to their ethical duty to act in the best interest of their patients.²⁹ The AMA's Code of Medical Ethics expressly states that providers have an ethical responsibility to promote equitable care and to address barriers to equitable care that arise in their interactions with patients and staff.³⁰ For example, the AMA counsels that physicians use social history "to capture information about non-medical factors that affect a patient's health status and access to care to inform their relationships with patients."³¹

²¹ *Santa Cruz Lesbian & Gay Cmty. Ctr. v. Trump*, 508 F. Supp. 3d 521, 543 (N.D. Cal. 2020).

²² *See Reed v. Town of Gilbert*, 576 U.S. 155, 163 (2015); *see also Rosenberger v. Rector & Visitors of Univ. Va.*, 515 U.S. 819, 828 (1995) ("It is axiomatic that the government may not regulate speech based on its substantive content or the message it conveys.")

²³ *All. for Open Soc'y Int'l, Inc.*, 591 U.S. at 444.

²⁴ *See Chi. Women in Trades v. Trump*, No. 1:25-cv-02005, 2025 WL 1114466 (N.D. Ill. Apr. 14, 2025).

²⁵ *San Francisco A.I.D.S. Found. v. Trump*, No. 25-CV-01824-JST, 2025 WL 1621636 (N.D. Cal. June 9, 2025).

²⁶ *Id.*

²⁷ The reason care is not available in some states at this time is because it has been banned by state legislatures, not because it is inherently unlawful.

²⁸ *Agency for Int'l Dev. v. All. for Open Soc'y Int'l, Inc.*, 570 U.S. 205, 218 (2013).

²⁹ Am. Med. Ass'n, Press Release, *AMA to States: Stop Interfering in Health Care of Transgender Children* (April 16, 2021), <https://www.ama-assn.org/press-center/press-releases/ama-states-stop-interfering-health-care-transgender-children>.

³⁰ Am. Med. Ass'n Code of Med. Ethics, Opinion 11.2.7, *Responsibilities to Promote Equitable Care*, <https://code-medical-ethics.ama-assn.org/ethics-opinions/responsibilities-promote-equitable-care>.

³¹ *Id.*

Moreover, the president cannot direct federal agencies to act contrary to law. The U.S. Supreme Court's decision in [Bostock v. Clayton County](#) remains the law of the land, holding that discrimination based on sexual orientation or gender identity constitutes unlawful discrimination. Several federal courts have extended the reasoning of *Bostock* to the health care context. For example, a federal appellate court acknowledged that *Bostock*'s reasoning requires that federal law prohibiting sex discrimination in federally-funded health care necessarily prohibits unequal treatment of transgender patients.³² Several state courts have previously upheld the right of transgender people to receive gender-affirming care.³³ Recently, however, the U.S. Supreme Court issued its decision in [U.S. v. Skrametti](#), a case challenging a Tennessee law banning gender-affirming hormone therapies for transgender people under the age of 18. In *Skrametti*, the Supreme Court upheld the Tennessee law, so it remains in effect. Although this is a devastating result, Supreme Court and lower court precedent establishing that discrimination against transgender people is unlawful in other contexts remains undisturbed. The Supreme Court's decision is based on the facts of the Tennessee case and does not extend to other cases concerning discrimination based on transgender status.

President Trump's executive actions discriminating against transgender people also violate the constitutional guarantees of equal protection and due process by discriminating based on sex and transgender status and violating the fundamental rights of parents and families, including those seeking gender-affirming healthcare. In fact, on March 4, 2025, a federal judge in Maryland issued a nationwide [preliminary injunction](#) barring the federal government from withdrawing federal funding to coerce hospitals into stopping gender-affirming medical care for people under the age of 19.³⁴

Conclusion

In conclusion, despite the Trump administration's attempts to slow progress, health workers and advocates for health equity can lawfully continue to combat disparities in health outcomes and access to health care.

ADDITIONAL RESOURCES

- LDF and the Health Equity Community Collaborative's [webinar](#), "Understanding the Legal Attacks on Racial Health Equity Programs"
- ACLU's ["What Is an Executive Order and How Does It Work?"](#)
- LDF's [Equal Protection Initiative website](#)
- LDF's [Setting the Record Straight Regarding the February 14, 2025 "Dear Colleague Letter"](#)
- LDF's [Five Rights and Protections All Federal Workers Have](#)
- National Council of Nonprofits: [Executive Orders Affecting Charitable Nonprofits](#)
- [Explaining Diversity, Equity, Inclusion and Accessibility \(DEIA\), The Trump Administration's Recent Actions on DEIA, and the Impact on Disabled Americans](#) by the American Association of People with Disabilities
- [Immigration Executive Orders and Public Health Factsheet](#) from the Network for Public Health
- [Overview of President Trump's Executive Actions Impacting LGBTQ+ Health](#) from KFF
- [Elimination of Federal Diversity Initiatives: Implications for Racial Health Equity](#) from KFF
- [Health Equity Policy Hub](#) from HealthBegins

³² *Doe v. Snyder*, 28 F.4th 103, 114 (9th Cir. 2022).

³³ For example, recently, a court in Ohio overturned an Ohio House Bill banning gender-affirming medical care for transgender youth. *Moe v. Yost*, 2025-Ohio-914, ¶ 3.

³⁴ See *PFLAG, Inc. v. Trump*, 769 F. Supp. 3d 405 (D. Md. 2025).