

HLB's Health Equity Essentials Blog

Insights

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On behalf of the Hooper, Lundy & Bookman, P.C. Health Equity Task Force, here is our most recent HLB Health Equity Essentials Update.

ONLINE RESOURCE TRACKS LEGAL CHALLENGES TO TRUMP ADMINISTRATION ACTIONS

President Trump has issued an unprecedented number of executive orders so early in his presidency, many of which have health equity implications, such as those impacting transgender care. While a president may issue executive orders to direct federal agencies to take steps within the scope of the president's constitutional authority or as delegated by Congress, executive orders may not exceed that authority or otherwise override federal laws and statutes. Many of President Trump's administrative actions are being challenged in court as exceeding that authority. Just Security, an online platform affiliated with NYU School of Law, has established a webpage that tracks litigation in response to executive orders, memoranda, proclamations, and other actions taken by the Trump Administration. With the rapidly evolving legal challenges to President Trump's actions, Just Security's well-organized website provides a handy tool to stay abreast of the latest developments.

MATERNAL DEATH RATE FALLS AS RACIAL GAPS WIDEN

The <u>latest report</u> from the Centers for Disease Control and Prevention (CDC) on maternal mortality rates in the United States reveals a concerning statistic. In 2023, the maternal death rate overall, as well as among specific races, fell below prior year levels, with one notable exception – Black women. The maternal death rate among Black women in 2023 remained essentially the same as 2022, at a rate of approximately 50 per 100,000 births. White women, on the other hand, saw a significant decrease, dropping from a rate of 19 to 14.5 per 100,000 births. Hispanic and Asian women also experienced a significant decrease in maternal mortalities in 2023.

CHARTIS REPORT SOUNDS ALARM ON RURAL HEALTH CARE

The 2025 Rural Health State of the State report issued by the Chartis Center for Rural Health exposes the dire circumstances facing sustained access to care in rural areas of the United States. "Care deserts" continue to proliferate at a time when the population health status of the more than 46 million residents living in these rural areas is already on a downward spiral. The Chartis report also opines that nearly half of all rural hospitals in the United States are operating in the red, and 432 rural hospitals are vulnerable to permanently closing their doors. In the past year alone, 18 rural hospitals have already either ceased operations or discontinued inpatient services.

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UNCERTAINTY LOOMS FOR GENDER-AFFIRMING CARE IN RECONCILING CONFLICTING FEDERAL AND STATE LAWS

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In treating patients seeking gender-affirming care, the <u>California AG</u> has reminded health care providers of their responsibility under the state's anti-discrimination laws, despite President Trump's <u>Executive Order</u> that restricts federal funding for such treatments. California, along with 22 other states, successfully obtained a Temporary Restraining Order (<u>TRO</u>) on January 31 that temporarily prohibits the federal government from taking any actions that would impede this funding.

On February 13, in response to a similar suit filed by several private parties, another federal judge granted a <u>second TRO</u>, which applies nationwide. The very next day, a federal judge in Washington issued <u>a third TRO</u> in response to a lawsuit filed by that state's AG, along with Minnesota and Oregon. Adding to the uncertainty of gender-affirming care's future viability has been the <u>DOJ's reversal</u> of its position in a case pending before the U.S. Supreme Court: under the Biden Administration, the DOJ previously challenged Tennessee's ban on gender-affirming care.

NEW YORK PHYSICIAN FACING FINES AND CRIMINAL CHARGES FOR PRESCRIBING ABORTION PILLS TO OUT-OF-STATE PATIENTS

In the aftermath of *Dobbs v. Jackson Women's Health Organization* in 2022, New York became one of eight states that subsequently enacted a "telemedicine abortion shield law" intended to protect abortion providers who prescribe abortion pills – such as mifepristone – to patients in other states. Testing the shield law's legalities, in January, <u>Louisiana indicted a New York physician</u> for prescribing abortion pills to one of its residents. Earlier this month, the same physician was <u>civilly fined \$100,000</u> by the Texas Attorney General under similar circumstances involving a patient residing within its jurisdiction. Both Texas and Louisiana enforce strict near-total bans on abortion. These cases highlight the deep political divide that exists among the states with regard to abortion and at least one of these cases is expected to make its way to the U.S. Supreme Court.

hooperlundy.com 2