

HLB's Health Equity Essentials Blog

Insights

03.18.26

On behalf of the Hooper, Lundy & Bookman, PC Health Equity Task Force, [here is our most recent HLB Health Equity Essentials.](#)

Physician Organizations File First Amendment Lawsuits Against FTC Over Gender Affirming Care Statements

On February 17, the American Academy of Pediatrics (AAP) and The Endocrine Society each filed separate lawsuits (available [here](#) and [here](#)) in the U.S. District Court for the District of Columbia against the Federal Trade Commission (FTC). Both suits assert First Amendment claims, alleging retaliation and viewpoint discrimination stemming from the FTC's issuance of Civil Investigative Demands targeting the organizations' noncommercial scientific and policy speech regarding gender-affirming care. The AAP's complaint further alleges the FTC "is acting in furtherance of the stated goal to 'end' access to and support of evidence-based treatments for gender dysphoria that the Administration and the FTC disagree with."

U.S. House Committee Expands Investigation into Alleged Medicaid Fraud

On March 3, Republican members of the U.S. House Committee on Energy and Commerce ("E&C") expanded their ongoing [investigation](#) into alleged Medicaid fraud in 10 states by sending letters requesting the production of records and communications, with responses due March 17. The expanded inquiry follows reports of various forms of Medicaid fraud in these states.

Study Suggests Wide Variation in Access to Primary Care Among Medicare Beneficiaries Living in Urban Locations

A recent [study](#) in *Health Affairs Scholar* found substantial variation in appointment availability and wait times for Medicare beneficiaries seeking primary care services across four U.S. urban areas surveyed. The findings underscore the need for continued evaluation of access to primary care for Medicare beneficiaries to ensure more consistency across the country's metropolitan areas.

One Big Beautiful Bill Could Disproportionately Affect Medi Cal Coverage for Individuals Experiencing Homelessness

The [One Big Beautiful Bill Act](#) (OBBBA), establishes work and community engagement requirements for most Medicaid beneficiaries, requiring participation in work, volunteer service, or other work-related activities for a minimum of 80 hours per month, subject to certain exceptions. California [estimates](#) that about 1 to 2 million of its 14 million Medi-Cal recipients will lose coverage, either because they will fail to meet the work requirements or due to challenges associated with navigating the administrative process to comply. Individuals experiencing homelessness may be particularly affected, given the practical difficulties associated with meeting work verification, documentation, and periodic eligibility confirmation requirements.

PROFESSIONAL



MARTHA P. CRAMER
Associate
Washington, D.C.



SANDI KRUL
Partner
Los Angeles



ALICIA MACKLIN
Partner
Los Angeles



MONICA MASSARO
Principal, Government
Relations & Public Policy
Washington, D.C.



KERRY K. SAKIMOTO
Associate
Los Angeles

Rural Hospitals Fret Over Possibly Missing Out on Federal Rural Health Funds

The [Rural Health Transformation Program](#) (RHTP), administered by the Centers for Medicare & Medicaid Services (CMS), is a \$50 billion 5-year program (2026-2030) that aims to strengthen, modernize, and improve healthcare access and outcomes in rural U.S. communities. In December 2025, [CMS awarded](#) each state an average of \$200 million. However, before rural hospitals can apply for funding, states must open applications, which many have failed to do, condensing the timeline for organizations to submit applications by the [September 2026 deadline](#). Additionally, rural hospitals, many of which do not have experience in grant writing or have limited administrative resources, are [reportedly](#) concerned they will miss this significant funding opportunity.

Drug Manufacturers Impose New 340B Data-Reporting Requirements, Prompting Objections

Hospitals and community health centers participating in the [340B Drug Pricing Program](#) (also known as covered entities) are objecting to new data reporting requirements imposed by several drug manufacturers. On March 6, Novo Nordisk issued a [notice](#) that, effective April 1, covered entities must submit comprehensive claims-level data in order to continue receiving 340B discounts. Eli Lilly issued a similar [notice](#) in January 2026. Although these drug manufacturers claim their objective is to ensure appropriate discounts go to the correct providers and are not duplicated, covered entities contend that that the requirements are unlawful and will [limit access](#) to lower-priced drugs. In response to Eli Lilly's actions, the American Hospital Association (AHA) sent a [letter](#) to the Health Resources Services Administration (HRSA), which oversees this 340B program, urging HRSA to take action to halt the new reporting mandates, which they consider to be onerous administrative burdens.

One-Third of U.S. Citizens Making Tough Choices to Afford Necessary Health Care

A [study](#) by the West Health-Gallup Center on Healthcare in America released on March 12 found that as many as one-third of U.S. citizens – including many with six-figure incomes – are facing growing financial challenges with continuing to afford vital health care services. Rapid inflation in recent years, as well as looming loss of coverage due to Affordable Care Act (ACA) subsidies sunseting and cuts in Medicaid, are all combining to create a cauldron of economic woes. A third of the individuals surveyed reported making at least one trade-off with daily living expenses, such as skipping meals and reducing utility usage, to pay for their health care.

Corrections to Race-Based Kidney Function Estimates

A new *JAMA Internal Medicine* [study](#) found that a national policy correcting race-based kidney function estimates was associated with higher kidney transplant rates for Black patients. After implementation of Organ Procurement and Transplantation Network (OPTN) wait time modifications in 2023, transplant rates among Black candidates increased by 5.3 transplants per 1,000 listings—without reducing access for other racial or ethnic groups. The authors suggest these findings that targeted policy changes to remedy harms from race-based medicine can meaningfully reduce inequities in kidney transplantation.

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