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We are thrilled to have Dr. Rhea Debussy, a nationally recognized transgender rights activist and political scientist, deliver this module on the shifting, complex landscape of federal policy on healthcare in the United States.

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Dr. Debussy is the inaugural Director of External Affairs at Equitas Health, one of the largest LGBTQ+ and HIV/AIDS serving healthcare organizations in the country that is located in Columbus, Ohio. Her work has been published by The Conversation, Bust magazine, Purdue University Press, and others. Her current book project is under contract with Columbia University Press. Alongside Dr. Liebowitz' module on Best Practices for Care of Trans and Gender Diverse Youth,

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this module by Dr. Debussy wades even deeper into the volatile, shifting landscape of federal healthcare policy in the United States. With a remarkable lucidity and patience Dr. Debussy carefully explains the many twists and turns of one of the hottest political potatoes in the United States. The Affordable Care Act of 2010, as she emphasizes, particularly in her concluding remarks.

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Specific policies of her discussion are changing at such a fast pace that, given she filmed her module in April 2025 and I am filming this module in May 2025, those specific policies will have already changed by the time you watch this module. Dr. Debussy is going to give you the background and tools to understand the shifting landscape of federal policies to navigate those changes, and most importantly, to continue the best possible practices of healthcare for LGBTQ+ individuals and communities.

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Once more, while Dr. Debussy is addressing the political changes affecting federal healthcare policy, her focus is the focus of this entire certificate, namely, to educate healthcare practitioners across the spectrum of healthcare to deliver the best care possible to LGBTQ+ individuals and communities. Dr. Debussy's general concern in this module is focused on an essential but often overlooked aspect of healthcare. Access.

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Many, many, many people across the United States are not able to access the healthcare they need. Most often, it's simply because the healthcare is too expensive. Sometimes it's because the healthcare is not available in their area. This is particularly true for folks who live in rural parts of the country. And sometimes, sadly, folks cannot access healthcare because of discrimination.

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All of these barriers to access are crucial aspects of our healthcare system and of your healthcare practices. By sifting through the volatile, shifting landscape of the US healthcare system at the level of federal policy, Dr., Debussy is looking for one thing. Stability of access and delivery of healthcare for LGBTQ+ individuals and communities. As with so many of the modules in this certificate, by learning how to navigate the federal policies directly impacting LGBTQ+ communities,

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you will also enhance your delivery of care to all individuals and populations. Dr. Debussy's case study is the Affordable Care Act. Signed into law in 2010 by President Obama. It is sometimes misnamed as Obamacare

and has been a highly charged political law the last 15 years. Accordingly, as the United States continues to become more and more polarized along political lines of Republican, Democratic, Dr., Debussy approaches the changes to the ACA through the presidential terms of the last 15 years.

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First, she explains how the ACA emerged in President Obama's first term. Second, she explains the changes to the law enacted by President Trump in his first term, 2016 to 2020. Third, she notes the changes enacted by President Joe Biden 2020 to 24. And lastly, she gets into an examines the changes that are likely to occur on the basis of executive orders and two Supreme Court decisions that are already underway in President Trump's second term.

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I want to emphasize two aspect of Dr. Debussy's presentation. First. Much of her discussion rightfully focuses on the policies that impact healthcare for trans individuals and communities. Framed by the legal definitions of sex discrimination, this has been a focus of proposed changes by both the first and second administrations of President Trump, and also the focus of a crucial ruling of the Supreme Court in June 2020.

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However, as Dr. Debussy elaborates, and as several modules in this certificate also underscore the dynamics at play in these policies, and decisions spill over to affect all of the LGBTQ+ community as well as the general population of all healthcare practices. For example, consider how the definition of gender affirming care to focus on the delivery of hormones affects the huge, huge number of cisgender patients who rely on hormones for their healthcare.

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Or, as Dr. Debussy elaborates, consider how the case that is, to be decided by Scotus in summer of 2025 regarding the mandated coverage for preventative care. That decision focuses on Prep for HIV prevention, but it will spill over and expand to include all kinds of gender sexuality related preventive care, such as mammograms, colorectal exams, and prostate cancer screenings.

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Once again, I encourage you to take the information and analysis of this module into the broader historical and cultural frameworks of my introductory module to think through the broad scale impact of these specific policy changes. The second aspect I'd like you to consider is that as you work through this byzantine legal system of federal policy on healthcare with Dr. Debussy, please keep in mind the gap between policy and clinical practices. What and how and when and where you practice your healthcare is finally what matters most to your patients.

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As I also mentioned in my introduction to Dr. Liebowitz' module, the work of Julian Gill Peterson, a scholar at Johns Hopkins, on the histories of the medical practices on trans and gender expansive youth, insists on the power of being aware of this gap. Time and again, Dr. Gill Peterson notes how the changes in institutions across the 20th century federal policy, legal categories, education, the Diagnostic and Statistical Manual those changes at the institutional level do not align with clinical practices by healthcare professionals.

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It is not a grid iron clamp that those policies hold over our practices. So this gap between policy and practices is where your power lies. You're the ones who stepped directly into this gap. You step in to interpret and navigate the complex and shifting landscape of institutional changes, and you step in to digest those changes with one aim to deliver the best possible healthcare to your patients, to all of your patients.

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Along with Dr. Debussy, I thank you for your tremendous care and professionalism in stepping into this gap. This certificate aims to give you both a broad understanding of the shifting, complex landscape of healthcare in the United States, and to offer you specific tools related directly to the healthcare of

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LGBTQ+ individuals and communities. This specific module on the legal complexities of the Affordable Care Act will empower you to navigate the volatile landscape of federal policy effectively, so that you can continue to deliver the best possible care to all of your patients, and especially to your LGBTQ+ individuals and communities.

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Enjoy this fantastic module.

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[Rhea Debussy]

Hi there everybody. And welcome to another module in your women's gender and Sexuality studies certificate program.

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I'm doctor Rhea Debussy. Pronouns. She her. And I'm here to present to you about the Affordable Care Act, otherwise known as the ACA and access to LGBTQ+ inclusive care. Just to give you all a quick touch point, here's a little bit of information about me. So if you're kind of around Ohio politics, I might be a familiar face.

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I do a lot of work adjacent to the Ohio State House and the US Congress in my day job, I work as the director of external affairs at Equitas health, which is the largest LGBTQ+ an HIV Aids serving health care organization. In Ohio, one of the biggest in the Midwest and one of the biggest in the country.

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I also teach, at the Ohio State University. And I teach specifically in Queer Studies for the Women's, Gender and Sexuality Studies department. And prior to that, I actually taught in the Department of Political Science here at OSU as well. So, there's just a little bit of information about me. But in terms of public policy expertise, LGBTQ+ politics is definitely an area of expertise for me and kind of in sort of other sort of buckets of policy, sort of portfolios, education and health care as they relate to Lgbtq+ rights as well as military issues, are kind of the three buckets of interest and expertise for me.

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So today, we're obviously going to be focusing on health care and the impact of the Affordable Care Act on LGBTQ+ access to care. And thank you so much for being with us today, and I hope that you find this module, super interactive but also informative, particularly given the time that you'll be learning about this topic. So with just that being said, here are some learning objectives of what we're going to kind of cover today.

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So after this session you should be able to do these five things. First, you should be able to describe the importance of the Affordable Care Act or ACA and its impact on health care access. Kind of more broadly, you should also be able to summarize the importance of section 1557 of the Affordable Care Act and its impact on access to LGBTQ+ inclusive care.

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And then you should also be able to identify the challenges facing the ACA and in turn, LGBTQ+ health care access. During the first Trump administration. And you should also be able to identify potential challenges facing the ACA and health care access today, while also being able to summarize the importance of nondiscrimination protections for LGBTQ+ people at the federal level.

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Now, that being said, that's a lot of stuff that we're going to cover in one presentation. And I just want to acknowledge that this particular presentation, is developed, with kind of a contemporary focus in mind. So thinking about the impact of the Affordable Care Act, back when it was passed in the first Obama administration and then how it's evolved over the past decade or so.

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That being said, we are also in a new presidential administration. And at the time of this recording, there's going to be a lot of stuff that's shifting. And so in a lot of ways, what you're learning about is really like, the ground underneath you moving. And so I want to kind of keep that in mind. And I want you all to kind of keep that in mind as well, because some of the content I'm going to present, could radically change, in the coming months, coming year.

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And so I just want you all to be aware of that. But this is kind of a snapshot of where we're at today, and I hope that this snapshot is helpful in informing, conversations that you have about the Affordable Care Act and LGBTQ+ access to care in the years to come.

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[Rhea Debussy]

So just to give you all a quick overview of the Affordable Care Act, because it is a really large and really comprehensive piece of legislation. So the ACA is a landmark piece of federal legislation, and it was passed in 2010, and this revamped several Act's, several aspects of existing health care law. So just to give some context, for maybe younger viewers who don't remember 2010.

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This is a really unique period of time where, the US was coming off of a housing crisis, economic crisis. And it wasn't uncommon to really turn on the nightly news and hear stories about people who were losing their homes because of medical debt in particular, or having health insurance plans that weren't covering the variety of health care needs that they had.

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And as such, and getting into debt, trying to pay for basic access to care. So that being said, the ACA was an attempt to try to respond to that situation and to make sure that people had greater access to health insurance plans that actually met their health care needs and didn't result in them getting into, that level of life altering debt.

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So rather quickly, the Affordable Care Act was, sort of derogatorily nicknamed Obamacare. And even today, there have been some points of confusion that people have in the general public about whether or not the Affordable Care Act or, quote unquote, Obamacare are the same things. They are, in fact, one in the same. But sometimes, when the ACA is being debated in Congress, you sometimes see late night comedians that go on the street and sort of put a mic up to people and ask them if they're for the Affordable Care Act or if they're for Obamacare.

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And it's sometimes funny to sort of see, like people's reactions, even, you know, 15 years later of still not knowing that those are the same thing. That was just kind of a marketing sort of thing that was happening in politics at the time. But that being said, what the Affordable Care Act did was it created a government marketplace for health insurance plans, because in our country, the way things work is oftentimes health insurance plans are tied to full time employment, meaning that the type of health care plan that you have access to is really tied to what kind of job you have and what kind of workplace you're in.

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So if you're in a workplace that has, a lot of insight being gathered from employees, you might have a health insurance plan that was really responsive to your needs. But there are other folks that particular at the time didn't necessarily have that. And it also was an attempt to respond to the number of challenges that existed for people who didn't have a full time job and maybe worked full time hours, but had 20 hours at one job, 20 at another, and thus no access to a health insurance plan.

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So the idea behind the Affordable Care Act was to create a marketplace where people could go and purchase a health care plan that met their needs and provided coverage for what they needed, regardless of their employment status. And this really sought to basically make sure that people had greater access to health insurance coverage and could get, coverage that also gave them the things that they needed.

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So as part of that, the Affordable Care Act also revamped some of the minimum required months for health insurance plans. So particularly pre ACA, you could have a health insurance plan that might not have any type of mental health care coverage or may not have certain types of physical health care coverage. And the Affordable Care Act basically set minimum standards for what health insurance plans had to include.

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And in doing so, they also eliminated the rationale of things called preexisting conditions, which again, depending on your age, and your knowledge about health insurance, that phrase may be particularly infuriating for you. Or it might be like, I'm not really sure what a preexisting condition is. But for folks who aren't aware, preexisting conditions are basically some type of diagnosis that you had in your medical history before you had a health insurance plan, meaning that some health insurance plans at the time would say, okay, if you were a survivor of cancer in childhood, that that would be a preexisting condition for the health insurance plan that maybe you're getting as an adult.

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And what a lot of health insurance companies would do at the time was say that they weren't going to cover any type of medical services related to a preexisting condition that a patient had. Meaning that there were folks in 2008, 2009, and even 2010 that were childhood survivors of cancer, for instance, and, you know, had a health insurance plan that they got as an adult.

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And that health insurance plan wasn't providing coverage for what they needed in regards to the potential reemergence of cancer later in their adult life, because it was seen as a, quote, preexisting condition. So that basically obviously resulted in some health insurance plans that weren't meeting the actual needs people had. And the Affordable Care Act eliminated that rationale and said that health insurance companies could no longer just have blanket coverage exclusions under the idea of a preexisting condition.

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So in addition to making sure that they're providing things like mental health care, preventative care and more. It also made sure that health insurance companies were no longer able to just deny coverage because someone had a diagnosis of some type of medical condition, as most of us do later or earlier in our lives. So one of the big points of controversy with the Affordable Care Act was the so-called individual mandate, which is basically if you file taxes, any time, post 2010, you've probably had a question on your tax form about if you had health insurance coverage in the year, the individual mandate is a requirement that people have health insurance coverage,

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and if they don't, they pay basically a small financial penalty on their taxes each year. So if you don't have health insurance coverage during, a particular given tax year, there's a penalty that's imposed. And the idea behind that is to encourage people to get health insurance. So the idea being that if we have more people in the health insurance market, particularly healthy folks who, might not be incentivized to get a health insurance plan that can help with reducing costs overall.

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So that's kind of the rationale behind that individual mandate. But folks also saw it as controversial because no one wants to pay more on taxes, right? So that being said, I'll talk to a bit about and we'll kind of pivot now to thinking about the importance of the Affordable Care Act in relation to LGBTQ inclusive care.

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So really, the ACA, is the only piece of federal legislation that provides protections for transgender related health care and insurance access, but also LGBTQ+, related health care needs kind of more broadly as well. So when we're talking about sort of, this period right after the Affordable Care Act and you can kind of see some data from a Gallup survey, that was done in 2014.

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So you can kind of see on this survey that LGBTQ+ people in each quarter of 2013, all the way through 2014 were also more likely to report, as compared to their non LGBTQ counterparts, that they didn't have health insurance coverage at some point in the year. So there are lots of reasons for that. You know, and we'll kind of talk about those in just a quick moment.

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But what I really want to like, underscore for you all is that when we're talking about access to health insurance plans, this is even more important for LGBTQ+ people, not just in terms of the type of coverage, but also just getting coverage in general, because again, we see that disparity right there, right? We see that disparity where LGBTQ+ people are statistically more likely than straight cisgender people to report that they don't have access to a health insurance plan.

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So the other thing with the Affordable Care Act is it also help to make sure that the type of coverage being provided is also useful for LGBTQ+ folks. And we'll talk about that just in a quick minute. But circling back to kind of contextualizing that conversation about why having access to even just basic health care options is important for LGBTQ+ people and why we kind of see this disparity.

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You know, there are a lot of reasons, right? We know that, you know, LGBTQ+, people are more likely to report that they don't see their physician, because they're worried about discrimination. That's one element, right, of like, why would I pay for something if it's something I'm not even going to use? Or if I'm not comfortable using it because I'm not comfortable talking to a doctor about my sexuality or things related to my health.

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Or my gender identity. Right. But the other kind of important thing to remember is that employment discrimination very much still exists. And there are lots of LGBTQ+ people that still report dealing with employment discrimination. And in a country where our health insurance is so intimately tied to our employment status, that inherently poses a problem for LGBTQ+ people.

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And of course, we also know that LGBTQ+ people statistically are more likely to live in poverty. And this is particularly true for LGBTQ+ people of color, queer women, also LGBTQ, plus people with kids. And so there are multiple reasons why there might be some access components here. And these also break down to other things that you see on the slide of just being worried about that, having a competent medical provider in your area, having out of network limitations being cost prohibitive, all the usual stuff that just kind of comes along with worrying about health insurance, right?

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But when we're talking about kind of the importance of the Affordable Care Act to LGBTQ inclusive care, obviously, access to health insurance is one sort of big, reason why it's important, but also having access to a type of health insurance that you as an LGBTQ+ person need is also hugely important, too. So kind of fast forwarding from first Obama administration, to the second Obama administration.

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And in the summer of 2016. So in summer of 2016, we had some really landmark things that start to happen at the Department of Health and Human Services or HHS at the federal level. And in summer 2016, they issued a new guidance, particularly related to section 1557 of the Affordable Care Act, which in this massive piece of legislation is the specific section that deals with nondiscrimination provisions.

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And that particular provision, has a number of things that talk about anti-discrimination, and it uses the word sex there. And so it specifically prohibits sex discrimination. And the guidance that we get from Health and Human Services in 2016, basically states that sex discrimination as prohibited in the Affordable Care Act, also prohibits anti-trans discrimination. And the idea was that if we're engaging in anti-trans discrimination, folks are making that decision in that determination based on someone's sex assigned at birth.

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And if someone is making a stereotypical assumption based upon someone's sex assigned at birth, that is sex stereotyping, which, according to federal case law, is automatically a form of sex discrimination. So therefore, having a provider, for instance, who refuses to treat someone, simply because they're transgender, they're making an assumption about that person's identity based upon their sex assigned at birth, which is a form of sex stereotyping, which is automatically, according to federal case law, sex discrimination.

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So it's a very specific type of legal logic, and it's a type of legal logic that was actually successfully argued in terms of workplace law. And, you know, really continued to evolve from the mid 2000 all the way up until, really still today, but notably, with a Supreme Court case that we'll talk about in a little bit.

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So essentially Health and Human Services in 2016, is providing this guidance, saying that anti-trans discrimination is a form of sex discrimination and it is prohibited under the Affordable Care Act. And that interpretation of the Affordable Care Act in section 1557 of the law applied to health settings that receive federal funds, HHS health programs and ACA administered health programs.

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And because most of your health insurance companies touch federal dollars, it also applies to them. And so this was really, sort of a landmark thing that happened in 2016 and was a total game changer in terms of access to care for LGBTQ+ people, but specifically also transgender people who were needing access to, medically necessary services like hormone replacement therapy.

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So what we basically see, in addition to this, really and one of the most substantial benefits to the trans community in relation to this interpretive ation of the Affordable Care Act is it eliminates what's a so called, quote, categorical coverage exclusion. Now categorical coverage exclusion is a very, specific but also kind of vague term in a lot of ways.

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So if you're not familiar with it, you can kind of understand what it means just by the words they're using. Right? But it's basically denying or excluding access to health insurance coverage based upon some specific category and a specific category that a lot of health insurers used. Was someone sex assigned at birth or their status as a transgender person?

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So prior to this interpretation of the Affordable Care Act, you would have health insurance companies that, you know, I'll give myself as an example, I'm a transgender woman. You know, at the time, if I had tried to transition pre ACA, a lot of health insurance companies would have looked at me and said, well, you don't need access to estrogen.

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You're assigned male at birth. You need access to testosterone. So we're going to have a categorical coverage exclusion that you don't need access to. Like any of these types of services, whether we're talking about estrogen, whether we're talking about therapy or counseling services related to gender identity, whether we're talking about other like even preventative health care services, like mammography, for instance.

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And with this interpretation of section 1557 of the ACA, it eliminates that categorical coverage exclusion, which means that health insurance companies can no longer simply say, you know what? We're not going to cover that for you because it doesn't make sense based upon this category of you being trans. And so it basically increases access to a minimum standard level of coverage, specifically focused on hormone replacement therapy tests for those hormone levels, and then mental health and therapy services as they relate to gender identity.

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So those are kind of the minimum standard, standards of care that are stipulated under the Affordable Care Act. And that interpretation of the Affordable Care Act. But, you know, while it does provide access to those benefits, there are really some clear limitations in terms of access to other forms of transition related health care coverage. And health insurance companies are still able, to really focus on denying coverage for things that are deemed, quote unquote, cosmetic or quote unquote, not medically necessary.

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Lots of air quotes there, because we know that a lot of things that are deemed cosmetic or not necessary drastically improve the quality of life for transgender people. Help with making sure they're living healthier, happier lives, and also have ripple effects throughout their lives, throughout their families, and in so many other ways. And just kind of a quick side note, we're also seeing a lot of these things kind of being challenged in federal courts.

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And we've seen particularly over the past several years, a number of successful cases where transgender people have been able to get access to health care coverages, and services that they need. Things like facial feminization surgery, bottom surgeries, chest, chest and breast surgeries, that previously weren't covered under this interpretation of the ACA. But we've seen these victories happening in federal courts.

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And as a result of that, a lot of health insurance companies have been updating their coverages to start providing greater access to things that were previously in 2016, just kind of automatically deemed as, quote, cosmic medic and again, not medically necessary. So again, shifting ground really, particularly over the past 15 years.



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So kind of moving into the first Trump administration and talking about the ACA and healthcare access, you know, really there were a number of concerns that folks had during the first Trump administration and specifically how that administration, but also how Congress may undermine the ACA. So specifically, thinking through all of the political rhetoric that was happening from 2010 all the way up until 2017, and then worrying, how is this new presidential administration and this new Congress actually going to act?

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And I'll go through some of the primary concerns that folks had during that first Trump administration, over the next slides. But one of the largest concerns that folks had was that Congress would repeal that individual mandate. So if you recall, that individual mandate was kind of that big controversial thing with the law that required folks to have health insurance coverage in every given tax year.

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And if they didn't, there is that small tax penalty that was imposed. So the worry that folks had around that individual mandate was that if they repeal it, that will de incentivize people for having health insurance or in other words, it might make it where folks who were healthy might say, well, I want to save the money. I think I'll just not have health insurance this year, and I'll save that money and put it toward something else, because now I don't have this small tax penalty that's incentivizing me to have health insurance coverage.

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And folks might think, well, I'm healthy now, so I don't need to worry about it. I'll save that money. And the ways in which that would create potential chaos for, the health insurance marketplace is you basically have people who are healthy leaving that health insurance marketplace, which means you have people who might be living with chronic illness, or have, you know, a variety of health and or health related concerns that are left in the marketplace, meaning that you have less people buying in and the people you have buying in are the people that are needing more coverage.

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So if you're not super familiar with, like this line of logic of how like insurance marketplaces work, we can kind of give a side example of like auto insurance kind of post post-pandemic. So most people post-pandemic have noticed their car insurance rates have gone up. I know that mine have. I haven't had a car wreck. I haven't changed anything about how I drive.

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I still drive really, really well. And still my insurance rates have gone up and probably years have too. So statistically, across the country, people are not driving as good as they were pre-pandemic. We're getting a lot of people that are having car wrecks and reporting other things to their car insurance companies, which means that those car insurance companies are paying out services for those accidents, which means that rates tend to go up because that insurance company is a business and they are having to offset that cost.

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So they raise rates for everybody because of some of those drivers who aren't doing as well as they were pre-pandemic. Apologies if you are one of those drivers. That being said, it's kind of the same logic when we think of health insurance, right? If we have all of our good drivers, quote unquote, or healthy people who might not be using a lot of costly health insurance coverages in a given year, leave that marketplace.

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That means that the folks we're left with are quote unquote, bad drivers or people who just have health insurance needs, right? And healthcare needs. And so what that does basically is if we have those healthy folks not buying in, then it can create rate hikes that happen for everyone else. So de incentivizing that individual mandate, while it might sound really appealing to not have like that little tax mandate at the end of your taxes, each given tax year, actually could have a trigger effect that de incentivizes people from having health insurance and results in people who are healthy leaving the marketplace, which results in higher insurance costs and higher insurance rates for

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everyone else left in the marketplace, including, by the way, those healthy folks when they opt back into health insurance. So really, the individual mandate is kind of this linchpin piece of the Affordable Care Act, because in order to try to make those health insurance marketplaces work and to try to have affordable plans, it really is dependent on having same as our car insurance, right?

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People who are good drivers or in health insurance context, people who are currently healthy, buying in as well and making sure that they're also using those preventative healthcare services to make sure that they're not having other costly things with chronic illness later on in life. So that being said, the individual mandate is controversial, but it is really the primary way that the health insurance market is able to stabilize at a lower cost than it otherwise would be able to.

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So thinking about other things that happen sort of during that first Trump administration. Another growing concern that folks had during particularly that first year or so of the Trump administration, the first go around was the creation of this thing called the conscience and religious freedom Division of Health and Human Services. So this was a brand new division of HHS that was put together.

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And the Conscience and Religious Freedom Division, no longer has a web presence. At the time of this recording, at least on the HHS website. But I'll give you just kind of a quick quote of what the conscience and religious freedom Division said that it would do. So it said that they were established to to restore the federal enforcement of our nation's laws that protect fundamental and inalienable rights of conscience and religious freedom.

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Unknown

The creation of that new division would provide HHS with the focus it needs to more vigorously and effectively enforce existing laws protecting the rights of conscience and religious freedom. The First Amendment protected in the Bill of rights. So obviously everyone likes, you know, freedom of thought, freedom of religion, First Amendment. I think most folks probably would not disagree with that.

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Unknown

This particular division, though, definitely raised a lot of alarm bells for LGBTQ+ people and a variety of other communities as well, specifically for the fact that, folks were worried it would create or attempt to create a pathway for people to deny care based upon their quote unquote, conscience and belief system. So for instance, being worried that a doctor might be able to turn away a patient, who is gay or lesbian because, you know, their moral conviction says that they should not respect a gay or lesbian person, right.

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Unknown

And so the fear there was basically that this new division being created in HHS might then result in a situation where medical providers across the country were sort of empowered to deny access to care to LGBTQ+ people, women, immigrants, a variety of other communities simply under the guise of quote unquote moral conscience, or thinly veiled, thinly veiled claims relating to, quote unquote, religious freedom.

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Right? And so the worry there was that this division could empower that. So just to be kind of transparent, this was pretty I know a lot of ways, like a very quiet division during the first Trump administration. Folks are really concerned about it. I don't want to say they didn't do anything or didn't move the needle, but in a lot of ways, they didn't really have a significant ripple effect.

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They no longer have a presence, as of the second Trump administration on HHS, his website. But some of their things were sort of infused into other functions of HHS. So it kind of moved the needle a little bit in that way. But as a whole, this one kind of turned out to be something that wasn't, quite as shocking as, say, like the attempts to repeal the individual mandate or to repeal and replace the Affordable Care Act.

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During that, Congress. So kind of moving on to other concerns that folks had during that first Trump administration. And really, you know, ultimately, probably the biggest impact that Trump administration had, on LGBTQ+ access to care during that first administration, was trying to rewrite Obamacare rules and administrative rules related to section 1557 of the Affordable Care Act via some sort of governmental lever pulling, so to speak, in Health and Human Services.

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And so this really starts to get initiated in summer of 2018. So summer of 2018, Health and Human Services starts to remove information from their website that was aimed to help people understand what discrimination in healthcare settings might look like, not just for LGBTQ+ people, but for a variety of communities. And, you know, that sort of quietly starts happening in summer of 2018.

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And then what we start getting by summer of 2019 is we have a proposal for a new rule. So probably, you know, folks are pretty comfortable with understanding how administrative rules function, just because we've seen a lot of ways in which these administrative rules have impacted access to care for, LGBTQ+ people. But just to kind of reiterate, if you're not familiar with it, an administrative rule is basically the executive branch of our government setting up a rule and giving, information that's, sort of showcasing how they're interpreting and applying a particular law or how they're executing a particular law that's been passed by the legislative branch.

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So legislative branch passes a law, and then the executive branch is tasked with enforcing and executing that law. Administrative rules are basically kind of playbooks and guidelines that tell us how an executive branch of government is going to actually execute and enforce those laws, and then ultimately that could get challenged, right? And it could go and get challenged in the judicial branch, which we definitely see plenty of that.

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Unknown

Saw plenty of that during the first Trump administration, during the Biden administration, and already in the second

Trump administration as well. But just kind of a quick governmental one on one reminder for folks. So summer 2019, we end up with a new proposal, for an administrative rule related to section 1557 of the Affordable Care Act. And Health and Human Services proposes this rule in summer.

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And then all the way through fall 2019, they hold their mandated open comment period, where members of the public, other governmental bodies and officials or nonprofit organizations and a variety of other stakeholders are able to submit a public comment on what they think about that rule. And the idea is that those interested stakeholders are able to help with providing that information to the government.

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And then the government uses that information to create revisions to their proposed rule before launching a final rule and giving a final overview of what they're going to do and how they're going, to basically execute that law. So that being said, during summer to fall of 2019, a number of national partners came together for a Protect Trans Health coalition.

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And this initiative gathered over 20,000 unique public comments from that platform alone. And those were all folks who were worried and concerned about the proposed rule that the Trump administration had, and there were worried about the ways in which that could impact access to care and facilitate discrimination against trans people in healthcare settings. Ultimately, all of those comments happened.

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And then the Trump administration did ultimately issue the rule with only slight adjustments. And then, of course, you know, as we're probably familiar with when we get to the Biden administration, we have a lot of rules that are rescinded and replaced with new things. And that is exactly what happened with this particular rule. In 2022, when the Biden administration released a subsequent rule that repeal and replace this one.

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So just to kind of close the loop on this, Health and Human Services finalizes that new rule in June of 2020, and that new rule, basically rolled back Obama era LGBT Q focus protections and established a very narrow definition of sex discrimination and a narrow definition of sex discrimination that did not automatically include transgender people or Lgbtq+ people more broadly.

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So that being said, we also have a number of other things that also happened in June of 2020. So we are in like the middle of lockdowns, the middle of the pandemic. But, this particular June, the Supreme Court also issued a really impactful and really important ruling, related to LGBTQ+ protections under title seven, i.e. workplace law, which is not really the topic of this conversation, obviously.

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But they released an opinion focused on a really substantial question about sex discrimination in workplace law and whether or not it applied to transgender and queer people and what the Supreme Court found in that particular case, *Bostock v Clayton County*, was that discrimination against someone simply because they're trans, simply because they're gay or lesbian, that sort of discrimination based upon gender identity, gender expression and or sexuality is on a medically sex stereotyping, which, according to existing case precedent, is automatically sex discrimination.

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Unknown

And so what we have basically is that this landmark ruling happened in June of 2020 from the Supreme Court. It really redefines our understanding of what types of workplace protections LGBTQ+ people actually have. And by the time we get to August of 2020, literally one day before the Trump administration's HHS rule giving that narrow definition of sex discrimination was set to go into effect, a federal judge blocks it, and a federal judge blocks it.

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And specifically in that decision cites and reiterates the same logic from this title. Seven case Bostock. Bostock v Clayton County, Georgia. And the judge essentially focuses on. Well, you know, if we're saying that that is sex discrimination because someone's using that information about sexuality or gender identity, and engaging in sex stereotypes thing, you know, that is what we have with this particular rule.

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And so the judge stops it from going into effect and it's ultimately blocked. And really, it actually never ends up going to effect it stays blocked. And then we get into the Biden administration. And then again, you know, as I've mentioned previously, what we do is we have it rolled back and then replaced with really a rule that's very similar to the Obama era rule, plus a few additional things.

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So that being said, we have really a shifting landscape, particularly from 2016 to 2022, of LGBTQ+ protections put into place at the very end of the Obama administration, rolled back and replaced in the middle of the Trump first Trump administration, then blocked at the end of the first Trump administration by the courts, and then rolled back and replaced by the Biden administration in the first two years.

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So again, really an ebb and flow and a lot of different ways and a lot of shifting ground that we have, particularly in relation to the Affordable Care Act and the interpretation of section 1557.

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Unknown

[Rhea Debussy]

So now the next question is what should we expect from the second Trump administration? Obviously, by the time you're watching this, we already have kind of a clear picture of some of the things that have already happened. And really already in the second Trump administration, you know, we've seen a lot of flexing of executive muscle to try to reshape the federal government in a much broader sense, particularly around health and human services.

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In fact, we've also seen an entirely proposed restructure of health and human services that will reduce will result, if implemented as planned. And a 20,000 person workforce, reduction, 10,000 achieved, at the federal level in HHS. The layoffs and reductions in force and then 10,000 additional that are achieved through our plan to be achieved through buyouts.

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Unknown

So we're seeing a lot of stuff shifting and moving around under, HHS in particular, and under this idea of Marja or making America healthy again. And we've already seen some executive actions that have focused, been focused on directly impacting access to care related to trans folks and LGBTQ+ folks as well. So let's take a quick minute to pause.

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And before we talk about kind of the gender affirming care executive order and that gender executive order, I want you all to just take a moment to pause and reflect on what are some of the executive orders that you've heard the most about, and what are the ways in which they've actually shown up, either in your professional or potentially your personal lives?

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Unknown

So take a moment to think that through, and then we'll come back in just one second. All right. Now that we're back. Thank you all so much. And I hope that exercise and kind of reflecting on what are the executive orders that you've thought about, and the impacts that they've had? I hope that was kind of helpful for you all and just kind of contextualizing the ways in which we're seeing this second Trump administration manifesting in our own personal and professional lives.

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Unknown

But now that you've done that reflection, I want to give you some information about the gender executive order and the gender affirming care executive order. So this first gender executive order, was one of the first that Trump signed during, the start of the second Trump administration and what this presidential executive order does is it sets a federal definition of sex for use by executive agencies.

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It also directed Health and Human Services to expand that definition within 30 days, directed other executive agencies to utilize that definition. It directed the white House staff to draft a sample bill within 30 days of being signed, and tried to rescind some other Obama era policies and documents focused on transgender people. So just to kind of break all of that down a little more, we have gotten to the point where Health and Human Services did, within that 30 day window, provide their updated definition of gender.

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Their updated definition of gender was, if memory serves about two pages long, and also did actively erase intersex people. And while that's not the topic of today's, conversation, if you're not familiar, intersex people are people who have natural variations in the ways in which sex manifests in their bodies. And we as a society tend to classify sex based on external reading to tell you.

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But intersex people or folks who have some type of variation in our two understanding that this binary understanding of sex, and they have some type of variation, whether it's their external genitalia, internal reproductive organs, hormones and secondary sex characteristics and, or, their chromosomes. And so when we're thinking about intersex people, intersex people very much exist, and they are actually just as common as natural redheads.

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In, in the world. And so when we're thinking about that, you know, I do want to kind of nod to the fact that intersex people do exist. And that expanded definition of eight from HHS did actively seek to erase them. So, you know, that being said, HHS released that definition and other executive agencies have been tasked with using that definition of sex in executing the law, and particularly at executing and shaping federal rules that the new administration issues.

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So all of that being said, that is the gender executive order kind of boil down to sort of simple parts. And then we also had this gender affirming care executive order, which sought to prohibit federal funds from being used for gender affirming care for anyone under 19. And it was kind of interesting to see this under 19 component.

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But there's one state in the country, and I'm honestly blanking on which state it is. But there's one state in the country that the age of majority is essentially 19, which is why we kind of see that odd number instead of seeing like under 18, for instance. But, you know, we also live in a sort of political landscape where there are lots of states where we already have prohibitions on gender affirming care for youth.

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Unknown

Not just in relation to federal funds, but more generally. And that has been sort of a ripple effect that we've seen, particularly in the past ten years, where medically necessary and recommended services are no longer able to be provided for trans, nonbinary and gender expansive youth in many states across our country. That being said, there are also lots of other executive actions that have happened.

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And in fact, President Trump has signed, more executive orders, in his first hundred days, than any modern president has. We've also seen a couple other things, too, such as a historic low in terms of the number of bills that have been signed. Both in comparison to modern presidents, but also in comparison to the first Trump administration.

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So we've seen kind of an interesting, reliance on executive orders and not a reliance on actually getting legislation passed through Congress, particularly in these first hundred days of the Trump administration or the second Trump administration. I should say. So that being said, there's still lots of other stuff that we can, expect, or try to anticipate from this second Trump administration as it relates to LGBTQ+ people and access to care.

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So, you know what's up next? You know, based upon the first Trump administration, the current political landscape, lots of other factors, you know, we can kind of expect these five things. I don't have a crystal ball. There's a lot of folks that work with me and know how closely I work in politics, and I'm able to predict a lot of things.

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Unknown

So sometimes folks do think I have a crystal ball, but I don't. But, these are based upon the landscape that we have five things that we can likely anticipate. So first one being a new federal rule focused on redefining sex and the Affordable Care Act and other federal rules. So, again, we've already seen Health and Human Services, per the direction in that gender executive order, during the first week of the second Trump administration.

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We've already seen Health and Human Services follow up with that expanded definition of sex. And so now we're just sort of seeing like how is that new sort of definition of sex that the federal government is come up with? How is that going to manifest in our interpretations of the Affordable Care Act, but also our interpretations of other federal rules and other statutes that use the word sex in their nondiscrimination provisions?

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Unknown

So I would say, you know, in terms of this first one, we can almost certainly expect a new federal rule that focuses on limiting, the protections of the Affordable Care Act and Section 1557 that focus on, really using a narrow definition and not necessarily providing those protections to trans, and queer people. So I think we can basically see, again, a repeal and replace of that Biden era rule for something that's probably more akin to that first Trump administration rule.

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Now, the challenge there is, how is that going to sort of interact with that ruling and pass? Dorothy Clayton County? And that's a big question mark that is likely going to be handled. I would assume all the way up to the Supreme Court. That is certainly a huge question mark. Second thing we can kind of, anticipate is a potential repeal and, repeal and replace, attempt for the Affordable Care Act or a simple repeal of the individual mandate.

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So, during that first Trump administration, we saw multiple attempts to repeal and replace the Affordable Care Act and every single one of those attempts in Congress ultimately failed. So, you know, sort of based on the landscape now, political opinions and public polling data, it's not really popular to try to repeal and replace the Affordable Care Act, at least based on public opinion right now, but we still may see that attempt, get some traction in Congress.

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Unknown

But again, that's a really big if, because we have really narrow majorities in both the House and the Senate. And so, you know, that's a huge question mark as well. Ultimately, we could also see legislation that attempts to simply repeal that individual mandate. And the idea there is repealing that controversial portion, which could then result in destabilizing the ACA health insurance marketplace, driving costs up, and then thus having a ripple effect and influencing public opinion and getting us to the point where public opinion is in favor of repealing the Affordable Care Act.

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Unknown

So again, couple of moving parts there. Ultimately, you know, if I had a crystal ball that was accurate, I would say this one is probably more probably less likely based upon current public opinion. Another sort of thing we might also expect during the second Trump administration is a federal rule to prohibit Medicaid dollars from funding transition related care.

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Unknown

So this one, we've already seen, a couple of attempts focused on this particular with that gender affirming care, executive order and transition related care for youth. But we've also seen, not so not so far ago. We actually had, during the first 100 days of the Trump administration, we actually had the centers for Medicare and Medicaid Services, or CMS send out a letter, to state Medicaid directors all across the country.

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Remind them that Medicaid should not be used to fund certain things relating to gender affirming care. So, in essence, that could be kind of a harbinger of what is yet to come in terms of federal rule. That might more officially prohibit Medicaid dollars from being used for transition related care for trans, nonbinary, and gender expansive people across the country.

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Unknown

But again, you know, that one is a little touch and go. I think probably a little more likely than a second one. If I had that crystal ball out. But the other two things that we can also see are probably pretty likely the fourth being an attempt to shape case law as related to access to care for LGBTQ+ people.

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Unknown

And in fact, we're already seeing this moving. We're already seeing the courts trying to address and untangle questions related to transition related care and care for LGBTQ+ people more broadly. So we have what I've kind of shorthand in here is a Tennessee case, but, the case is actually, named for remedy. So this remedy case oral arguments were held.

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Unknown

It held with this case back in December. And what we basically have in this particular case is a question about gender affirming care for youth, particularly around just medication and prescriptions for puberty blockers. So this one is a huge one. And oral arguments were held at the Supreme Court for that in December of 2024. And we're expecting that we're actually get an opinion from the Supreme Court in June or July of 2024.

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Unknown

So potentially, by the time you're watching this, we also already have a decision. So if that's the case, please take a moment to pause and reflect on what you've heard about that scrim case and what concerns you have about that case in relation to access to care for trans, non-binary and gender expansive youth. And then lastly, what we have is the potential for a broader chilling effect in various medical spaces.

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And this is something we're seeing happening all across the country, really already of, you know, folks seeing this thing of an executive order and seeing that, oh, the Health and Human Services or the federal government is doing X, Y, or Z and maybe backing off of certain types of care or not advertising that they're providing certain types of care or just discontinuing services.

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Unknown

Right. So what we're seeing is a potential for a broader chilling effect in a variety of medical spaces. And, you know, in just the first 100 days of the second Trump administration, we've gotten reports of hospitals and medical practices that are doubling down and making sure they're providing medically necessary, medically recommended, evidence based healthcare for Lgbtq+ people.

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Unknown

But we've also heard reports of hospitals and medical clinics that are very risk averse and are saying, well, we're not sure this is going to sort of jive with that political agenda. So we're going to back off. We're going to not provide that type of care for folks. Which obviously for the folks watching this are probably in the former camp.

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Unknown

And if you happen to be sort of considering backing off of those services, I would definitely, you know, sort of consider the impact that that may have on members of the LGBTQ+ community in the area in which you're providing care, before you decide to stop doing so. That being said, these are kind of five things that we can expect from the second Trump administration.

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Unknown

And, you know, ultimately, when we're talking about sort of what to expect. I also want to give you all kind of another contemporary example on access to care. And something that is really unfolding right before our eyes. So, you know, regarding that sort of fourth bullet point of attempts to shape case law in relation to access to care, you know, there's multiple current examples.

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I very briefly touched on this case. And again, you know, please take a moment to kind of reflect on the impact of that case. If you haven't done so already. But we also have another really substantial case, Kennedy versus Braidwood management. And we'll get an opinion on this case in June or July of 2025. So again, by the time you're watching this, we may also have an actual opinion from the court, which is, highly, highly anticipated.

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But this has been a case, that originally was Basara v Braidwood Management that has gone up from, a circuit court, district in Texas and has gone all the way up to the Supreme Court. And what, this case basically has at its core question is a question of whether or not health insurance plans have to provide certain types of mandatory preventative care.

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Unknown

So it's a question about the mandatory preventative care requirements of the Affordable Care Act in relation to health insurance plans. And at the sort of center of this case is actually, a question of deep significance to the LGBTQ+ community, because it's a question about Prep or pre-exposure prophylaxis for HIV prevention, and specifically about whether or not health insurance plans under that Affordable Care Act, and that preventative care requirement should have to provide access to pre-exposure prophylaxis or Prep for HIV prevention.

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Unknown

Currently, that is provided, and that is required of health insurance plans. And depending on what happens in this case, Kennedy via Bray versus Braidwood management, that will sort of determine whether or not that continues. But it also could have further ripple effects and further ramifications beyond just HIV prevention, because we could also see a variety of other things relating to preventative care requirements such as mammography services, prostate cancer screenings, colorectal screenings, etc..

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Unknown

So there are a variety of things that could happen in terms of access to care, should the court rule against that? That being said, there's sort of a couple interesting things happening with Kennedy via Braidwood Management. One of the

sort of interesting things is that the Trump administration is actually, in this instance, defending the Affordable Care Act and defending that preventative care mandate.

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Unknown

And, you know, folks that are watching this might say, like, wow, I'm really confused about that, Rhea. Like, that seems like everything you've said. Why would they defend it? So I think there's a couple reasons, right? One, the preventative care mandate is super popular. Folks don't like having health insurance plans that don't cover basic preventative services like mammography and cancer screenings, for instance.

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Unknown

That is a very popular benefit and a very widely used benefit. As many of you all as medical providers and professionals are aware of, and it's super important in the fight against chronic illness, which is a stated goal of Maha or they making America Healthy again sort of mantra and slogan of Trump 2.0 is Health and Human Services Administration at the Human Services Department.

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Unknown

And then kind of the other sort of, reasoning behind that is, you know, by sort of keeping that case law intact, there are a couple ways in which that could also provide benefits to the Trump administration. And the secretary of HHS, Kennedy, in terms of using the federal rulemaking process to kind of shape that understanding of the preventative care mandate.

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Unknown

So keeping that case law intact could also prove beneficial for allowing Secretary Kennedy and President Trump and the administration to kind of shape some of that existing administrative rules, around and then existing case law. So again, it might seem a little odd, but there are some sort of clear reasons for, for it. But that being said, by the time you're watching this will have an answer on that.

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Unknown

So, you know, do take a moment to kind of reflect on what have you heard about Kennedy via Braidwood management? And, you know, how might that decision impact your medical practice and the services that you provide to your patients? All right. Thanks so much for that. And we'll move on now to our conversation about the importance of federal nondiscrimination protections for LGBTQ+ people.

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So now we've kind of talked about sort of that little quick case study of what to expect in Kennedy via Braidwood Management. I just want to take a moment to kind of underscore the importance of LGBTQ+ inclusive federal nondiscrimination protections. So, you know, there are kind of four key reasons why members of the LGBTQ+ community are really concerned about federal nondiscrimination protections.

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Unknown

And some of these might seem a little obvious, but I do want to just kind of run through them for providers and professionals who are a little less familiar with that. So kind of the first reason is really this ensures, that this protection exists and all health insurance plans and in all regions of the country. So, in short, you know, the importance here is basically it helps to end this kind of patchwork, piecemeal approach to LGBTQ+ rights and therefore Lgbtq+ healthcare services.

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And by ending that patchwork, theoretically, it should no longer matter where you live or where you're getting healthcare services. You should be able to access high quality, nondiscriminatory care regardless of what city, what state, or what region of the country you live in. The second sort of reason is it helps to increase, to access, increase access to health related services and programs on several levels by having nondiscrimination protections that ensure that people have access to the health insurance plans and services that they need.

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That will help with increasing access. So if you go back to that very first slide that I was talking about, where I showed some of that public opinion data, we know that there are disparities that have historically existed for LGBTQ+ people in health insurance access. And one of the reasons for that is basically making sure, folks were sort of concerned that, you know, they have a health insurance plan but don't have the services they need included in that plan or don't have access to the providers they need as a part of that plan.

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So by providing these nondiscrimination protections, it makes sure that those services and those providers and, those health related needs are better addressed for folks. Third, you know, it really codifies LGBTQ+ civil rights protections as a legal norm. So, again, ending this patchwork of give and take of what we've walked through in the past hour together about, you know, this is what happened in the Obama administration with federal rules.

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And then it changes in the Trump administration, then it changes in the Biden administration, and then it changes in the Trump administration again. So instead of that ebb and flow, it's very confusing because, you know, the average person probably isn't paying attention to political, political news to that degree, right? So it ends that confusion and it ends that ebb and flow, and it just codifies that LGBTQ+ people would have those rights, and it sets that as the legal norm and make sure that folks aren't having to pay attention to what sort of political wind is moving on any given month or day or anything like that.

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Right? And make sure that they're able to kind of understand what their rights are full stop, no sort of sequence or worrying about what's happening in a current administration or not happening in a current administration. And then fourth and finally, it basically fills existing gaps in existing civil rights law. And, you know, legislation like the Equality Act, for instance, helps to, and really is seeking to sort of fill some of those gaps.

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Unknown

So not just in relation to LGBTQ+ healthcare, but also making sure that we're not having any gaps relating to employee meant housing and other forms of nondiscrimination law. And something like the Equality Act basically seeks to, insert language of sexuality, gender identity and gender expression into existing federal civil rights law. So making sure that LGBTQ+ Americans have access to the same nondiscrimination protections as everyone else.

00:23:20:13 - 00:23:49:12

Unknown

And, just for kind of context, you know, the Equality Act has been introduced in the last several Congresses. It often has challenges, particularly in the Senate, with getting enough votes to move forward. But it has successfully passed the House in previous iterations of Congress and in the 119th Congress, which is the current Congress that we are in, if you're not familiar, which I'm told the average person is not familiar, which with what iteration of Congress we're in.

00:23:49:12 - 00:24:25:13

Unknown

I am weird for knowing that, but we're in the 119th Congress right now, and the Equality Act has officially been

reintroduced as of late April 2024. And so this is actually something where we might see some movement in the next couple of years. But certainly it is almost assuredly going to be a bill that continues to be reintroduced, until the question of federal civil rights protections for LGBTQ+ people, is more concretely resolved and less reliant on that sort of ebb and flow that we've talked about over the past hour.

00:24:25:14 - 00:24:48:07

Unknown

So with that being said, I just want to take a moment to thank you for engaging this module as a part of this certificate program. I really appreciate the time and energy that you all put into learning about this content, and I hope that this was helpful and kind of understanding the ways in which the Affordable Care Act helps with ensuring greater access to care for LGBTQ+ people.

00:24:48:09 - 00:25:06:21

Unknown

I also hope that you were able to accomplish those five learning objectives that we kind of outlined at the beginning of today's lecture. But I also hope that this is content that is able to be used in some way, shape or form to inform the work that you're doing in your practice, your office or whatever medical setting you're affiliated with.

00:25:06:23 - 00:25:20:09

Unknown

So I appreciate you all. And, thank you so much for the work that you're doing to provide actual services to members of the community. And thank you so much for taking the the time to learn more about how you can be better providers. Thanks so much and have a wonderful day.

00:00:11:15 - 00:00:35:18

Unknown

[Rhea Debussy]

So now we've kind of talked about sort of that little quick case study of what to expect in Kennedy v. Braidwood management. I just want to take a moment to kind of underscore for the importance of LGBTQ+ inclusive federal nondiscrimination protections. So, you know, there are kind of four key reasons why members of the LGBTQ+ community are really concerned about federal nondiscrimination protections.

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And some of these might seem a little obvious, but I do want to just kind of run through them for providers and professionals who are a little less familiar with that. So kind of the first reason is really this ensures, that this protection exists and all health insurance plans and in all regions of the country. So, in short, you know, the importance here is basically it helps to end this kind of patchwork, piecemeal approach to LGBTQ+ rights and therefore LGBTQ+ health care services.

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And by ending that patchwork, theoretically, it should no longer matter where you live or where you're getting healthcare services. You should be able to access high quality, nondiscriminatory care regardless of what city, what state, or what region of the country you live in. The second sort of reason is it helps to increase access to health related services and programs on several levels by having nondiscrimination protections that ensure that people have access to their health insurance plans and services that they need, that will help with increasing access.

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Unknown

So if you go back to that very first slide that I was talking about, where I showed some of that public opinion data, we know that there are disparities that have historically existed for LGBTQ+ people and health insurance access. And one of the reasons for that is basically making sure, folks were sort of concerned that, you know, they have a health insurance plan but don't have the services they need included in that plan or don't have access to the providers they need as a part of that plan.

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So by providing these nondiscrimination protections, it makes sure that those services and those providers and, those health related needs are better addressed for folks. Third, you know, it really codifies LGBTQ+ civil rights protections as a legal norm. So, again, ending this patchwork of give and take of what we've walked through in the past hour together about, you know, this is what happened in the Obama administration with federal rules.

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Unknown

And then it changes. And the Trump administration, then it changes in the Biden administration, and then it changes in the Trump administration again. So instead of that ebb and flow, it's very confusing because, you know, the average person probably isn't paying attention to political, political news to that degree. Right? So it ends that confusion and it ends that ebb and flow, and it just codifies that LGBTQ+ people would have those rights.

00:03:01:01 - 00:03:26:13

Unknown

And it sets that as the legal norm and make sure that folks aren't having to pay attention to what sort of political wind is moving on any given month or day or anything like that, right? And make sure that they're able to kind of understand what their rights are. Full stop. No sort of sequence or worrying about what's happening in a current administration or not happening in a current administration.

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And then fourth, and finally, it basically fills existing gaps in existing civil rights law. And, you know, legislation like the Equality Act, for instance, helps to, and really is seeking to sort of fill some of those gaps. So not just in relation to LGBTQ+ healthcare, but also making sure that we're not having any gaps relating to employment, housing and other forms of nondiscrimination law.

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And something like the Equality Act basically seeks to, insert language of sexuality, gender identity and gender expression into existing federal civil rights law. So making sure that LGBTQ+ Americans have access to the same nondiscrimination protections as everyone else. And, just for kind of context, you know, the Equality Act has been introduced in the last several Congresses.

00:04:18:11 - 00:04:40:01

Unknown

It often has challenges, particularly in the Senate, with getting enough votes to move forward. But has successfully passed the House in previous iterations of Congress and in the 119th Congress, which is the current Congress that we are in, if you're not familiar. Which I'm told the average person is not familiar, which with what iteration of Congress we're in.

00:04:40:01 - 00:05:02:09

Unknown

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00:05:02:11 - 00:05:23:14

Unknown

until the question of federal civil rights protections for LGBTQ+ people, is more concretely resolved and less reliant on that sort of ebb and flow that we've talked about over the past hour. So with that being said, I just want to take a moment to thank you for engaging this module as a part of this certificate program.

00:05:23:16 - 00:05:45:14

Unknown

I really appreciate the time and energy that you all put into learning about this content, and I hope that this was helpful and kind of understanding the ways in which the Affordable Care Act helps with ensuring greater access to care for LGBTQ+ people. I also hope that you were able to accomplish those five learning objectives that we kind of outlined at the beginning of today's lecture.

00:05:45:16 - 00:06:04:21

Unknown

But I also hope that this is content that is able to be used in some way, shape or form to inform the work that you're doing in your practice, your office or whatever medical setting you're affiliated with. So I appreciate you all. And, thank you so much for the work that you're doing to provide actual services to members of the community.

00:06:05:02 - 00:06:10:21

Unknown

And thank you so much for taking the time to learn more about how you can be better providers. Thanks so much and have a wonderful day.