

How Recent Executive Actions Deliver Reproductive Healthcare Discrimination

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Systemic healthcare discrimination targeting vulnerable populations has been a persistent obstacle in ensuring quality medical services can be enjoyed equally by everyone. The impacts of the current healthcare inequities on maternal and reproductive care result in increased mortality rates, misdiagnoses, suboptimal care, and even denial of treatment.¹ Patients experiencing healthcare discrimination face problems accessing services (including untimely and delayed treatment), verbal or physical abuse, differential treatment due to minority status and implicit biases against them, and a lack of agency or autonomy in decision-making regarding treatment options.² Young Black women have felt “pushed to the side” by doctors, thus preventing them from seeking out treatment.³ As a result of discrimination, healthcare creates an uninviting environment, making people who may need essential maternal or reproductive care feel unentitled to the medical services available.⁴ Recent executive action by the government under the Trump administration will not only allow these inequities to continue, but exacerbate them on an even larger, global scale. These include, but are not limited to, the reinstatement of the Hyde Amendment and the Mexico City Policy, the assertion of sex as “binary,” the rollback of Diversity, Equity, and Inclusion (“DEI”) programs, and anti-immigration efforts.

On January 24, 2025, President Trump signed an Executive Order to reinstate the Hyde Amendment.⁵ The Hyde Amendment prevents the use of federal taxpayer dollars to fund elective abortion.⁶ In reinstating this amendment, the order revokes executive action from the previous Biden administration aimed at protecting access to abortion services and contraceptives.⁷ This

action has dire consequences, including denying abortion coverages to those enrolled in Medicaid and other federal programs such as military servicemembers or veterans and federal employees.⁸ This is especially problematic as Medicaid is a vital resource for vulnerable populations, particularly children, pregnant women, and low-income individuals.⁹ A nineteen year-old Black woman states, “[w]hen you’re constantly told by doctors, ‘[o]h you’ll be fine. Just take ibuprofen. Just take this.’ Literally my entire life I’ve been pushed to the side... I don’t do anything about [my chronic pain]. I don’t go to the hospital.”¹⁰ Given this mindset, a complete denial of abortion care to vulnerable groups will make them feel reticent to seek medical treatment, even in life-threatening situations. Further, healthcare providers must navigate the administrative and legal setbacks that come with these restrictions as they attempt to maintain their reproductive health services.¹¹ In a system that is already designed to exclude or even harm the vulnerable, these added limitations will only make discrimination and inequities worse.

On the same day, the President reinstated the Presidential Memorandum of January 23, 2017 known as the Mexico City Policy.¹² Also called the Global Gag Rule, this policy prohibits U.S. funding for foreign organizations that provide abortion counseling and services even if these services are funded in part by non-U.S. sources.¹³ Many global organizations prioritizing maternal and reproductive care rely on U.S. funding, and this will have a worldwide impact to limit access to medical services such as prenatal care, postpartum services, and access to contraception.¹⁴

Another Executive Order that has a detrimental impact on accessing health care is the delineation of sex as “binary” and “an immutable biological classification that is either male or female.”¹⁵ This action limits the available opportunities to access medical services for people who may identify as “pregnant people” instead of “pregnant women”.¹⁶ By changing

terminology to such a narrow category, health care systems must now revise policies for their contraceptive guidelines, room assignments, medical records, and treatment protocols regarding nonbinary and trans individuals, adversely affecting the type and nature of care they receive.¹⁷

President Trump's Executive Order to dismantle DEI initiatives further hinders healthcare equity.¹⁸ As a result of eliminating DEI programs, the NIH must cease any research to improve accessibility to health care.¹⁹ Further, any program aimed at increasing representation in the medical profession and thus making medical services more inviting to minority groups, could be defunded.²⁰ The persistence of implicit biases with no action being taken to counteract it would increase the risk of receiving differential treatment or a complete denial of services.

Finally, the Executive Order of "Protecting the United States from Foreign Terrorists and Other National Security and Public Safety Threats" creates additional obstacles for pregnant immigrants and refugees from accessing healthcare. The fear of deportation as a result from the targeted and antagonistic language of these orders would ultimately lead to an avoidance of seeking out maternal or reproductive care when needed, for example because of a pregnancy related complication.²¹ From an administrative point of view, the potential requirement of verifying immigration status before being able to provide care would contribute significantly to delayed treatment and bolster bias against the immigrant population and place immigrants under additional scrutiny.²²

In conclusion, the recent Executive Orders signed by President Trump exacerbate the already prevalent healthcare disparities experienced by vulnerable populations in restricting their access to essential maternal and reproductive care. This could have a devastating impact on the quality of care available to minority groups and increase mortality rates. Not only will patients become more reluctant to seek out medical services, but healthcare providers will hesitate to

provide treatment out of fear of legal consequences. In an age where technological advancements aim to improve the quality of care available, society should strive to find ways to make higher-caliber treatment broadly accessible, rather than restrict it to certain groups over others.

¹ Jasmine T. Arcilla et al., *Racialized Migrant Women's Discrimination in Maternal Care: A Scoping Review*, 24 INT'L J EQUITY HEALTH (2025) at 2.

² *Id.*

³ Ashley V. Hill et al., *How Racism and Discrimination Impacts Black Young Women's Sexual Health: The Influence of Racial and Sexual Stereotypes on Educational Access*, 76 J. ADOLESCENT HEALTH 316, 318 (2025) ("Being pushed to the side when it comes to pain and stuff like that because they [medical practitioners] think Black women have a higher pain tolerance or it's not that serious. They don't think we can get ailments, and White women are literally always being catered to.") quoted by a fifteen-year-old.

⁴ See Arcilla et al., *supra* note 1.

⁵ Exec. Order No. 14182 90 Fed. Reg. 8751 (Jan. 24, 2025).

⁶ *Id.*

⁷ *Id.*; *The Trump Administration's First Actions in 2025 Targeting Patients, Providers, and Reproductive Health Care Access*, NATIONAL WOMEN'S LAW CENTER (Feb. 25, 2025), <https://nwlc.org/resource/the-trump-administrations-first-actions-in-2025-targeting-patients-providers-and-reproductive-health-care-access/>.

⁸ *Id.*

⁹ *Fact Sheet: Medicaid*, AMERICAN HOSPITAL ASS'N (Feb. 2025), <https://www.aha.org/fact-sheets/2025-02-07-fact-sheet-medicaid#:~:text=Medicaid%20covers%20millions%20of%20people,that%20employ%20low%2Dwage%20workers.>

¹⁰ Ashley V. Hill et. al., *supra* note 3 at 319.

¹¹ Sarah Moors, *Trump's Executive Orders That Impact Healthcare*, DHI INSIGHTS (Feb. 4, 2025), <https://dhinsights.org/news/trumps-executive-orders-that-impact-healthcare>.

¹² Memorandum on the Mexico City Policy, 2025 DAILY COMP. PRES. DOC. 202500181 (Jan. 24, 2025).

¹³ *Supra* note 8.

¹⁴ *Id.*

¹⁵ Exec. Order No. 14168 90 Fed. Reg. 8615 (Jan. 20, 2025).

¹⁶ Moors, *supra* note 10.

¹⁷ *Id.*

¹⁸ Exec. Order No. 14151 90 Fed. Reg. 8339 (Jan. 20, 2025).

¹⁹ Moors, *supra* note 11.

²⁰ *Id.*

²¹ Exec. Order No. 14161 90 Fed. Reg. 8451 (Jan. 20, 2025) (incorporating more stringent screening "to the maximum degree possible" and stating its purpose as protecting Americans from "aliens" who threaten national security).

²² Moors, *supra* note 11 (predicting that reduced preventative care and delayed treatment seeking among immigrants would be a consequence of this action.).