

FIRST-YEAR IMPACT BRIEF

THE TRUMP–VANCE ADMINISTRATION AND THE 119TH CONGRESS

**IN ITS FIRST YEAR, THE TRUMP–VANCE ADMINISTRATION
DISMANTLES CRITICAL POLICIES PROMOTING LGBTQIA+
HEALTH EQUITY AND SEXUAL HEALTH**

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INTRODUCTION



In its first year in power, the Trump-Vance Administration has effected a radical restructuring of the nation's public health, research, and foreign policy infrastructure. In the process it has dismantled policies developed over the past several decades that advanced equality and health equity for LGBTQI+ people and other populations, and that advanced effective, science-based HIV and STI prevention and care.

This brief examines the impact to date and the potential future impact of anti-transgender executive orders on health and well-being and the ability of transgender and gender diverse (TGD) people to access transgender health care, of the rescinding of federal sexual orientation and gender identity (SOGI) nondiscrimination regulations, of the suppression of information about LGBTQI+, racial and ethnic, and other health disparities, of the sudden ending of HIV and LGBTQI+ health research, and of the defunding of HIV prevention and care programs here in the U.S. and with LGBTQI+ communities in Africa and elsewhere around the world. It also describes attempts by the 119th Congress to restrict these policies. This analysis does not necessarily address every regressive or reactionary policy development of the past year, but attempts to explain some of the most important.



RESTRICTING RIGHTS AND HEALTH CARE ACCESS FOR TRANSGENDER AND GENDER DIVERSE (TGD) PEOPLE

Over the past year, the new United States administration has taken dramatic and unprecedented actions, many of them of questionable legality and constitutionality, to repeal policies that promote equality for LGBTQI+ people and support their ability to access culturally responsive and clinically competent health care. A year ago President Trump issued several executive orders targeting TGD people and their ability to access transgender health care. One executive order opposing “gender ideology extremism” calls on federal agencies to “take all necessary steps, as permitted by law, to end the Federal funding of gender ideology.”¹

An executive order issued on January 28, 2025 prohibits transgender health care for individuals under age 19.² The order, titled “Protecting Children from Chemical and Surgical Mutilation,” orders that “institutions receiving Federal research or education grants end” transgender health care for youth age 18 and under. It calls for the Centers for Medicare and Medicaid Services to issue conditions of participation or conditions of coverage to restrict access to Medicare and Medicaid for entities providing transgender health care to youth up to 18. It also calls for “clinical-abuse or inappropriate-use assessments relevant to State Medicaid programs.” The executive order also calls for “quality, safety, oversight memoranda,” using safety concerns to proscribe transgender health care for youth, and warns that the Department of Justice will enforce a federal law prohibiting female genital mutilation of someone under 18.³

¹ | White House. Executive order on defending women from gender ideology extremism and restoring biological truth to the federal government. January 20, 2025. <https://www.whitehouse.gov/presidential-actions/2025/01/defending-women-from-gender-ideology-extremism-and-restoring-biological-truth-to-the-federal-government/>

² | White House. Protecting children from chemical and surgical mutilation. January 28, 2025. <https://www.whitehouse.gov/presidential-actions/2025/01/protecting-children-from-chemical-and-surgical-mutilation/>

³ | 18 U.S.C. § 116 - U.S. Code Title 18. Crimes and Criminal Procedure § 116 | FindLaw



RESTRICTING RIGHTS AND HEALTH CARE ACCESS FOR TRANSGENDER AND GENDER DIVERSE (TGD) PEOPLE

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As the Fenway Institute reported in a brief published in May 2024, in general, transgender health care for minors does not involve surgery, and in the few instances that it does this involves top surgery, not genital surgery.⁴ But this executive order also portrays puberty blockers as “chemical genital mutilation” and hints at persecuting their prescription as such.

*In general,
transgender health
care for minors does
not involve surgery.*

The executive order calls on Congress to create “legislation to enact a private right of action for children and parents of children” against “medical professionals” providing transgender health care for youth “which should include a lengthy statute of limitations.” It also calls for targeting “so-called sanctuary states” by applying the “Parental Kidnapping (sic) Prevention Act.” The executive order calls for the U.S. Department of Health and Human Services (HHS) to propose and then promote alternative best practices for caring for youth “who assert gender dysphoria, rapid-onset gender dysphoria, or other identity-based confusion.”

(For more on these executive orders, please see our report on the first 100 days of the Trump Administration at <https://fenwayhealth.org/policy-briefs/first-100-days/>.) Since then federal agencies have taken steps to implement these executive orders.

⁴ | Freitag T, Gender-affirming care for adolescents: Understanding the fundamental components and scientific support for lifesaving gender affirmation. Boston: The Fenway Institute, 2024. <https://fenwayhealth.org/policy-briefs/gender-affirming-care-for-adolescents-understanding-the-fundamental-components-and-scientific-support-for-lifesaving-gender-affirmation/>



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES MOVES TO RESTRICT GENDER-AFFIRMING CARE FOR YOUTH

In March 2025 the administration took steps to remove transgender health care for patients of any age from coverage as an Essential Health Benefit (EHB) under the Affordable Care Act.⁵ This move to allow Affordable Care Act (ACA) Health Care Marketplace Plans to remove transgender health care from essential health benefits (EHB) threatens to exacerbate health disparities and anti-transgender discrimination in health care, preventing individuals' right to access medically necessary health care. The proposed rule calls transgender health care "coverage for sex-trait modification," although it does not define this term. Starting in plan year 2026, the proposed rule would prohibit insurance plans from covering transgender health care as Essential Health Benefits, which would not only erode access to medical care for many Americans, but would also undermine significant progress made at the state and federal levels to advance health equity and reduce health disparities in this country.

The proposed rule would prohibit insurance plans from covering transgender health care as an Essential Health Benefit.

The Affordable Care Act requires insurance plans to cover Essential Health Benefits that are "equal to the scope of benefits provided under a typical employer plan." Because only a small percentage of the U.S. population is transgender, only a small percentage of Americans accessed gender affirming care through these plans in Plan Years 2022 and 2023 (0.11%), as CMS notes in its proposed rule. However, coverage of gender affirming care by insurance plans is widespread and typical. In fact, most large employers covered transgender health care in 2024, according to the Human Rights Campaign: 72 percent of Fortune 500 companies, and 91% of companies participating in HRC's Corporate Equality Index, offered transgender-inclusive health insurance coverage.⁶ Some 24 states and the District of Columbia prohibit transgender health care exclusions.⁷

5 | Federal Register. Department of Health and Human Services 45 CFR Parts 147, 155, and 156 [CMS-9884-P] RIN 0938-AV61. March 19, 2025. <https://www.federalregister.gov/documents/2025/03/19/2025-04083/patient-protection-and-affordable-care-act-marketplace-integrity-and-affordability>

6 | Human Rights Campaign, Healthcare Equality Index 2024. <https://www.hrc.org/resources/healthcare-equality-index>

7 | Movement Advancement Project, "Healthcare Laws and Policies." https://www.lgbtmap.org/equality-maps/healthcare_laws_and_policies



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES MOVES TO RESTRICT GENDER-AFFIRMING CARE FOR YOUTH CONTINUED

A letter sent by the Centers for Medicare and Medicaid Services (CMS) to state Medicaid Directors April 11, 2025 warned them about the coverage of “puberty blockers, cross-sex hormones, and surgery related to gender dysphoria” for minors, indicating that covering such medications and procedures may violate federal laws governing the Medicaid Program.⁸ In May 2025 HHS sent a letter to “an unspecified group of providers, state medical boards, and health risk managers urging them to update treatment protocol to move away from provision of gender affirming medical care.”⁹

Also in May 2025 the U.S. Department of Health and Human Services published a report criticizing the evidence base for providing transgender health care to minors.¹⁰ The report was re-released in November, 2025.¹¹ According to *Science*:

The 400-page document, whose authors are not named, asserts that the evidence does not support providing gender-affirming medical interventions for children and adolescents. It adds that such treatments—including puberty-blocking medications and hormones—are associated with significant risks.¹²

8 | Centers for Medicare and Medicaid Services. Letter to State Medicaid Directors RE: Puberty blockers, cross-sex hormones, and surgery related to gender dysphoria. April 11, 2025. <https://www.cms.gov/files/document/letter-stm.pdf>

9 | Dawson L, Hulver S. “New Trump Administration Proposals Would Further Limit Gender Affirming Care for Young People by Restricting Providers and Reducing Coverage.” Washington, DC: KFF. December 22, 2025. <https://www.kff.org/lgbtq/new-trump-administration-proposals-would-further-limit-gender-affirming-care-for-young-people-by-restricting-providers-and-reducing-coverage/>

10 | Jacobs, P. “Researchers slam HHS report on gender-affirming care for youth.” *Science*. May 2, 2025. <https://www.science.org/content/article/researchers-slam-hhs-report-gender-affirming-care-youth>

11 | Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices. Washington, DC: U.S. Department of Health and Human Services. November 2025. <https://opa.hhs.gov/gender-dysphoria-report>

12 | Jacobs. *Science*. May 2, 2025.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES MOVES TO RESTRICT GENDER-AFFIRMING CARE FOR YOUTH CONTINUED

The American Academy of Pediatrics criticized the report, stating that:

This report misrepresents the current medical consensus and fails to reflect the realities of pediatric care. As we have seen with immunizations, bypassing medical expertise and scientific evidence has real consequences for the health of America's children. AAP was not consulted in the development of this report, yet our policy and intentions behind our recommendations were cited throughout in inaccurate and misleading ways. The report prioritizes opinions over dispassionate reviews of evidence.¹³

When the report was re-released in November 2025, the names of the reports' authors and reviewers were revealed. According to *StatNews*:

The new version reveals that many of the authors and reviewers have been outspoken critics of gender-affirming care, are affiliated with anti-LGBTQ+ groups, and have little-to-no experience providing clinical care for young trans people. Some have been paid to speak, consult, or testify as expert witnesses against treating children with gender-affirming care such as puberty blockers, hormones, or surgery. However, HHS also solicited reviews from major medical groups, including the American Psychiatric Association.¹⁴

¹³ | Susan J. Kressly, MD, FAAP, president, American Academy of Pediatrics. "AAP Statement on HHS Report Treatment for Pediatric Gender Dysphoria." May 1, 2025. <https://www.aap.org/en/news-room/news-releases/aap/2025/aap-statement-on-hhs-report-treatment-for-pediatric-gender-dysphoria>

¹⁴ | Gaffney T, Merelli A. "HHS names authors and releases peer review comments for gender dysphoria report." *StatNews*. November 19, 2025. <https://www.statnews.com/2025/11/19/hhs-gender-affirming-care-report-authors-named/>



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES MOVES TO RESTRICT GENDER-AFFIRMING CARE FOR YOUTH CONTINUED

On December 18, 2025, the U.S. Department of Health and Human Services (HHS) leaders, led by HHS Secretary Robert F. Kennedy, Jr., announced a number of policy changes restricting access to transgender health care for youth.

Two proposed CMS rules would severely limit the ability of youth 18 and under to access transgender health care in the U.S. The first is a hospital Conditions of Participation (CoPs) rule which would prohibit most hospitals that accept reimbursement from Medicare or Medicaid, which is nearly all U.S. hospitals, from providing hormone treatment, puberty blockers, or surgery for the purposes of gender affirmation to patient under age 18.¹⁵

(As noted earlier, in general surgery is rarely provided to minor patients for the purposes of gender affirmation.¹⁶) In general CoPs are issued that relate to how care is provided, but they are generally not used to restrict what kinds of care is allowed. Compliance with CoPs is generally done by state agencies or accreditation agencies such as the Joint Commission on Accreditation of Hospitals, and hospitals that have violations are usually given time to rectify them. If they fail to do this CMS can terminate its relationship with the entity and no longer reimburse health care services through Medicare and Medicaid.¹⁷

According to KFF, “[i]f the proposed CoPs rule were finalized, most hospitals would be prohibited from providing gender affirming care services for youth.” This would mean a ban on such services for all youth under 18, not just those on Medicaid or Medicare.¹⁸

Two proposed CMS rules would severely limit the ability of youth 18 and under to access transgender health care in the U.S.

¹⁵ | Department of Health and Human Services, Centers for Medicare & Medicaid Services. 42 CFR Part 482 [CMS-3481-P]. RIN 0938-AV87. “Medicare and Medicaid Programs; Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children.” A Proposed Rule by the Centers for Medicare & Medicaid Services on 12/19/2025. Federal Register. <https://www.federalregister.gov/documents/2025/12/19/2025-23465/medicare-and-medicaid-programs-hospital-condition-of-participation-prohibiting-sex-rejecting>

¹⁶ | Freitag T, Gender-affirming care for adolescents: Understanding the fundamental components and scientific support for lifesaving gender affirmation. Boston: The Fenway Institute, 2024. <https://fenwayhealth.org/policy-briefs/gender-affirming-care-for-adolescents-understanding-the-fundamental-components-and-scientific-support-for-lifesaving-gender-affirmation/>

¹⁷ | Dawson L, Hulver S. “New Trump Administration Proposals,” KFF, December 22, 2025.

¹⁸ | Ibid.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES MOVES TO RESTRICT GENDER-AFFIRMING CARE FOR YOUTH CONTINUED

The second rule, the Proposed Medicaid Rule, would prohibit the use of federal Medicaid and Children's Health Insurance Program (CHIP) funds for hormone treatment, puberty blockers, or surgery for the purposes of gender affirmation for youth¹⁹. The restriction on federal Medicaid reimbursement for specific transgender health care services would cover youth under age 18. The restriction on federal CHIP reimbursement would cover youth under age 19. This rule would restrict reimbursement for care to any kind of health care provider regardless of the type of facility at which the provider works. States could use their state Medicaid dollars to pay for transgender health care services.²⁰

According to the Movement Advancement Project:

- 26 state Medicaid departments and the District of Columbia explicitly cover “medically necessary care for transgender people;”
- 10 states have no explicit Medicaid policy regarding such care;
- 3 states ban Medicaid coverage of such care for minors;
- 11 states ban Medicaid coverage of “medically necessary care for transgender people” of all ages;
- and 27 states prohibit “medically necessary care for transgender people” for minors.²¹

KFF estimates that 37% of U.S. residents under 18 are covered by Medicaid and CHIP.²² This rule, if enacted, could severely restrict access to gender affirming care for low-income youth.

19 | Department of Health and Human Services, Centers for Medicare & Medicaid Services. 42 CFR Parts 441 and 457 [CMS-2451-P]. RIN 0938-AV73. “Medicaid Program; Prohibition on Federal Medicaid and Children’s Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children.” A Proposed Rule by the Centers for Medicare & Medicaid Services on 12/19/2025. <https://www.federalregister.gov/documents/2025/12/19/2025-23464/medicaid-program-prohibition-on-federal-medicaid-and-childrens-health-insurance-program-funding-for>

20 | Ibid.

21 | Movement Advancement Project. “Equality Maps: Healthcare Laws and Policies: Medicaid.” <https://www.mapresearch.org/equality-maps/healthcare/medicaid>. Accessed December 30, 2025.

22 | Dawson L, Hulver S. “New Trump Administration Proposals,” KFF, December 22, 2025.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES MOVES TO RESTRICT GENDER-AFFIRMING CARE FOR YOUTH CONTINUED

The American Academy of Pediatrics sharply criticized the new proposals.

“These rules are a baseless intrusion into the patient-physician relationship,” AAP President Susan J. Kressly, M.D., FAAP, said in a statement. “Patients, their families, and their physicians — not politicians or government officials — should be the ones to make decisions together about what care is best for them. The government’s actions today make that task harder, if not impossible, for families of gender-diverse and transgender youth.”²³

Both of these rules are open for public comment through mid-February, 2026.

HHS Secretary Kennedy Jr. also issued a declaration on December 18, 2025 purporting to establish a new standard of care for treatment of gender dysphoria.²⁴ Health care providers who violate the declaration could be excluded from participating in Medicare, Medicaid, and other federal health care programs. This could cause many current providers to stop providing transgender health care. Nineteen states, including Massachusetts, and the District of Columbia sued in federal court to block the declaration from curtailing access to care.²⁵

23 | Jenco M. “AAP: Proposed restrictions to gender-affirming care are a ‘baseless intrusion into the patient-physician relationship.’” AAP News. December 18, 2025. https://aap2.silverchair-cdn.com/aap2/content_public/autogen-pdf/cms/33988/33988.pdf?Expires=2147483647&Signature=U22FJo4EPOKAKTj7GvtxxaalI2JlmPxq4RHgCw~MgRWCEPFHG1LeNuCapzOUQPEvmWllc~BJ-I-A9x3lpLPr4b236ZZnQWSNuSt064vR8tuLfs55Z2y2bkSInvl9MT7-8pffoyUSxBcKzpVz5dZSuBHq4guoFtX~0EiWmpw9ImLHhXjyQxP~xaYx-3x35XhX7all3XOnelmSOoS73wqQf8nOxV~~vdkayX~6sFjHeIPIYc-k3DPtr4eH7wTyqQlRXaK6B6YLt7aB5FwRc-XeHKDOBn~nDmv57aKPQLPh9-b7gATbTmrA7VdCdLpJHFXJYcph585qhkHoiH7zEK5XA__&Key-Pair-Id=APKAIE5G5CRDK6RD3PGA

24 | Associated Press. “19 states sue HHS over a move that could curtail youth gender-affirming care.” NPR. December 24, 2025. <https://www.npr.org/2025/12/24/103603/19-states-sue-hhs-over-youth-gender-affirming-care>

25 | “State of Oregon et al. v. Kennedy et al.” Docket No. 6:25-cv-02409. District Court Oregon. O’Neill Institute Litigation Tracker. Georgetown University School Law Center. https://litigationtracker.law.georgetown.edu/wp-content/uploads/2025/12/State-of-Oregon-v.-Kennedy_2025.12.23_COMPLAINT.pdf



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES MOVES TO RESTRICT GENDER-AFFIRMING CARE FOR YOUTH

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According to the O'Neill Institute for National and Global Health Law at Georgetown University Law Center:

Plaintiff states argue that this declaration is both procedurally and substantively defective under the Administrative Procedure Act because the declaration should have been subject to notice-and-comment procedures and exceeds the Secretary's statutory authority by impermissibly attempting to regulate the practice of medicine.²⁶

In addition to the two CMS regulations and Secretary Kennedy's declaration, on December 18, 2025 also announced an effort to exclude gender dysphoria from a list of disabilities under the Americans with Disabilities Act.²⁷ Specifically HHS is seeking to exclude "gender dysphoria not resulting from physical impairments" in regulations promulgated under Section 504 of the Rehabilitation Act of 1973. This would likely increase discrimination against transgender and gender diverse (TGD) people, and make it harder for them to access social services, including anti-poverty services, and health care. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against individuals with disabilities enumerated in regulations implementing the Americans with Disabilities Act (ADA), and provides legal protection in education, healthcare, and social services.²⁸ The proposed rule of exclusion for people diagnosed with gender dysphoria has severe legal, medical, and civil rights implications.

The proposed exclusion of gender dysphoria from regulations implementing the Americans with Disabilities Act would likely increase discrimination against trans people.

²⁶ | Ibid.

²⁷ | Department of Health and Human Services, Office of the Secretary. 45 CFR Part 84. RIN 0945-AA27. "Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance." A Proposed Rule by the Health and Human Services Department on 12/19/2025. Federal Register. <https://www.federalregister.gov/documents/2025/12/19/2025-23484/nondiscrimination-on-the-basis-of-disability-in-programs-or-activities-receiving-federal-financial>

²⁸ | Administration for Community Living. "Final Rule Implementing Section 504 of the Rehabilitation Act of 1973." Last updated September 25, 2024. <https://acl.gov/504rule>



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES MOVES TO RESTRICT GENDER-AFFIRMING CARE FOR YOUTH CONTINUED

Transgender and gender diverse (TGD) people experience significantly higher levels of discrimination and marginalization. The 2024 national LGBTQI+ Community Survey, conducted by the Center for American Progress and NORC at the University of Chicago, found that 2 in 10 transgender people in the U.S. reported experiencing discrimination in housing in the past year, and nearly half (47%) reported experiencing discrimination “in public spaces, including stores, restaurants, public transportation, and restrooms.” More than a quarter of transgender respondents (27%) reported workplace discrimination in the past year.²⁹

Transgender people experience higher rates of poverty and homelessness related to discrimination, and may be more in need of social services.³⁰

29 | Smith C, Norris H. The LGBTQI+ Community Reported High Rates of Discrimination in 2024. Washington, DC: Center for American Progress. March 12, 2025. <https://www.americanprogress.org/article/the-lgbtqi-community-reported-high-rates-of-discrimination-in-2024/>

30 | Badgett L, Choi S, Wilson B. LGBT Poverty in the United States: A study of differences between sexual orientation and gender identity groups. UCLA School of Law: Williams Institute. Published 2019. <https://williamsinstitute.law.ucla.edu/publications/lgbt-poverty-us/>



THESE POLICIES DENY MEDICALLY NECESSARY CARE THAT HAS BEEN SHOWN EFFECTIVE IN TREATING GENDER DYSPHORIA

Transgender health care for youth and adults with gender dysphoria has been shown to be medically necessary.^{31 32 33 34 35 36} It can improve health outcomes for transgender patients experiencing gender dysphoria. According to the American Psychiatric Association's Diagnostic & Statistical Manual of Mental Disorders, "gender dysphoria" is the diagnostic term for "clinically significant distress" experienced by some transgender people resulting from the incongruence between their gender identity and the sex assigned at birth. To be diagnosed with gender dysphoria, the incongruence between one's sex assigned at birth and one's gender identity must persist for at least six months and be accompanied by clinically significant distress or impairment in occupational, social, or other important areas of functioning.³⁷

31 | Wyckoff AS. AAP reaffirms gender-affirming care policy, authorizes systematic review of evidence to guide update. Published online August 4, 2023. Accessed October 15, 2023. <https://publications.aap.org/aapnews/news/25340/AAP-reaffirms-gender-affirming-care-policy>

32 | AMA reinforces opposition to restrictions on transgender medical care [press release]. American Medical Association, 2021. <https://www.ama-assn.org/press-center/ama-press-releases/ama-reinforces-opposition-restrictions-transgender-medical-care>

33 | Position Statement on Treatment of Transgender (Trans) and Gender Diverse Youth [press release]. American Psychiatric Association, 2020.

34 | American Academy of Child and Adolescent Psychiatry Statement Responding to Efforts to Ban Evidence-Based Care for Transgender and Gender Diverse Youth [press release]. 2019. https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts_to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx

35 | The Endocrine Society Calls on Congress to Reject Efforts to Ban Access to Gender-Affirming Care. News release. Society Letters. July 18, 2023. Accessed March 24, 2024. <https://www.endocrine.org/advocacy/society-letters/2023/opposing-efforts-to-ban-gac>

36 | WPATH. Statement in Response to Proposed Legislation Denying Evidence-Based Care for Transgender People Under 18 Years of Age and to Penalize Professionals who Provide that Medical Care [press release]. 2020. <https://wpath.org/wp-content/uploads/2024/11/FINAL-Joint-Statement-Opposing-Anti-Trans-Legislation-Jan-28-2020.pdf>

37 | American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Washington, DC: APA, 5th edition, 2013, pp. 452-453.



THESE POLICIES DENY MEDICALLY NECESSARY CARE THAT HAS BEEN SHOWN EFFECTIVE IN TREATING GENDER DYSPHORIA CONTINUED

The inability of people diagnosed with gender dysphoria to live consistent with their gender identity can significantly undermine their overall health and wellbeing. Delay or denial of medically necessary treatment for gender dysphoria is likely to create or exacerbate other medical issues, such as anxiety, depression, and suicidality. Transgender people who do not receive medically necessary gender affirming care face increased rates of victimization, substance abuse, depression, anxiety, and suicidality.³⁸ According to the American Medical Association, “[e]very major medical association in the United States recognizes the medical necessity of transition-related care for improving the physical and mental health of transgender people.”³⁹

According to the American Medical Association, “[e]very major medical association in the United States recognizes the medical necessity of transition-related care for improving the physical and mental health of transgender people.”

A 2022 study found that transgender people who accessed hormone therapy in adolescence or adulthood had lower risk of past-year suicidal ideation when compared with those desiring but never accessing gender affirming hormones. The earlier hormone therapy was started the greater the reduction in suicidal ideation.⁴⁰

38 | Restar AJ, Layland EK, Davis B, Thompson H, Streed C. The Public Health Crisis State of Transgender Health Care and Policy. *Am J Public Health*. 2024 Feb;114(2):161-163.

39 | UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF INDIANA EVANSVILLE DIVISION AUTUMN CORDELLIONÉ, also known as JONATHAN RICHARDSON, Plaintiff, v. COMMISSIONER, INDIANA DEPARTMENT OF CORRECTION, in her official capacity. Defendant. Case No. 3:23-cv-135-RLY-CSW STATEMENT OF INTEREST OF THE UNITED STATES. <https://www.justice.gov/crt/media/1339316/dl>

40 | Turban JL, King D, Kobe J, Reisner SL, Keuroghlian AS. Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLoS One*. 2022 Jan 12;17(1):e0261039. doi: 10.1371/journal.pone.0261039. Erratum in: *PLoS One*. 2023 Jun 12;18(6):e0287283. doi: 10.1371/journal.pone.0287283. PMID: 35020719; PMCID: PMC8754307.



THESE POLICIES DENY MEDICALLY NECESSARY CARE THAT HAS BEEN SHOWN EFFECTIVE IN TREATING GENDER DYSPHORIA CONTINUED

The American Academy of Pediatrics, along with every other major medical society, has stated the importance of transgender health care for youth experiencing gender dysphoria.⁴¹ Various studies have shown that transgender health care is associated with decreased suicidal ideation and lower rates of anxiety and depression among transgender and gender diverse (TGD) adults.^{42 43 44} The literature on transgender youth also shows overwhelmingly positive mental health outcomes as a result of gender-affirming care for transgender youth.^{45 46 47 48}

41 | Wyckoff AS. AAP reaffirms gender-affirming care policy, authorizes systematic review of evidence to guide update. Published online August 4, 2023. Accessed October 15, 2023. <https://publications.aap.org/aapnews/news/25340/AAP-reaffirms-gender-affirming-care-policy>

42 | Hugto JMW, Gunn HA, Rood BA, Pantalone DW. Social and Medical Gender Affirmation Experiences Are Inversely Associated with Mental Health Problems in a U.S. Non-Probability Sample of Transgender Adults. *Arch Sex Behav*. 2020;49(7):2635-2647. doi:10.1007/s10508-020-01655-5

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RESCINDING FEDERAL SOGI NONDISCRIMINATION PROTECTIONS

Another January 2025 executive order⁴⁹ rescinded an executive order issued by President Joe Biden in 2021 that prohibited discrimination by the federal government on the basis of sexual orientation and gender identity (SOGI).⁵⁰ The Trump-Vance Administration has also moved to reverse the SOGI nondiscrimination regulation implementing Section 1557 of the Affordable Care Act,⁵¹ finalized by the Biden-Harris Administration in 2024.⁵²

Thirty-six percent of LGBTQI+ Americans experienced discrimination in 2024, according to a national survey.

The removal of the federal prohibition on SOGI nondiscrimination in health care would make it harder for LGBTQI+ people to access health care. Anti-LGBTQI+ discrimination remains widespread in the United States. Thirty-six percent of LGBTQI+ Americans experienced discrimination in 2024, according to a national survey by NORC and the Center for American Progress.⁵³ Experiencing discrimination in health care causes LGBTQI+ people to delay or avoid medical care.⁵⁴ Anti-LGBTQI+ discrimination negatively affects the health and well-being of LGBTQI+ people.⁵⁵ It also correlates with disparities in risk factors. For example, a study of LGBT veterans found that those who experienced discrimination in health care reported higher rates of tobacco use and lower rates of disclosure of their LGBT identity to health care providers.⁵⁶

49 | White House. Initial rescissions of harmful executive orders and actions. January 20, 2025. <https://www.whitehouse.gov/presidential-actions/2025/01/initial-rescissions-of-harmful-executive-orders-and-actions/>

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51 | Kalish L. "The Trump Administration Is Quietly Trying To Gut Important ACA Protections For Trans Americans," HuffPost, March 26, 2025. https://www.huffpost.com/entry/the-trump-administration-is-quietly-trying-to-gut-important-aca-protections-for-trans-americans_n_67e43cb3e4b03867f07e1381?origin=top-ad-recirc

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RESTRICTING TRANSGENDER RIGHTS IN OTHER AREAS

The Trump-Vance Administration has also issued executive orders restricting the rights of TGD people to access education, participate in athletics, and to serve in the military.⁵⁷ Most of the things these executive orders call for can't go into effect immediately but will require departmental guidance and rule making that will take months if not years. There are also a myriad of challenges to these executive orders, and a number of temporary restraining orders limiting their impact. For example, executive orders blocking federal funding for transgender health care and banning transgender people from military service have been blocked by court rulings.⁵⁸

57 | Kalish L, "The Trump Administration Is Quietly Trying To Gut Important ACA Protections For Trans Americans," HuffPost, March 26, 2025. https://www.huffpost.com/entry/the-trump-administration-is-quietly-trying-to-gut-important-aca-protections-for-trans-americans_n_67e43cb3e4b03867f07e1381?origin=top-ad-recirc

58 | Smith-Schoenwalder C. "These Are the Lawsuits Against Trump's Executive Orders." U.S. News and World Report. April 25, 2025. https://www.usnews.com/news/national-news/articles/how-many-of-trumps-executive-orders-are-being-challenged#google_vignette



ENDING DIVERSITY, EQUITY AND INCLUSION INITIATIVES

Another executive order issued on Inauguration Day, 2025 called for an end to Diversity, Equity and Inclusion (DEI) initiatives by federal agencies and contractors.⁵⁹ Subsequently other executive orders and actions sought to restrict DEI in educational institutions and other entities.^{60 61 62} DEI initiatives aim at increasing gender and racial and ethnic diversity at all levels of a workplace. Such initiatives, which are supported by a majority of American workers, aim to increase the hiring and promotion of women and underrepresented racial and ethnic minority groups, particularly in sectors where they are underrepresented and have experienced discrimination.⁶³ Striking income and wealth disparities continue to exist in the U.S. along lines of race and ethnicity,^{64 65 66} and women earn less than men. Women are more supportive of DEI initiatives than men. Overwhelming majorities of Black, Latino and Asian American workers support DEI initiatives in the workplace. Majorities of each age cohort support DEI. Strong majorities of the general population support DEI policies and say that DEI trainings are helpful to them.⁶⁷

59 | White House. Ending radical and wasteful government DEI programs and preferencing. January 20, 2025. <https://www.whitehouse.gov/presidential-actions/2025/01/ending-radical-and-wasteful-government-dei-programs-and-preferencing/>

60 | Stone M, Lieberman M. "'Illegal' DEI: See Which States Are Telling Trump Their Schools Don't Use It." Education Week. April 10, 2025, updated April 25, 2025. <https://www.edweek.org/policy-politics/see-which-states-are-telling-trump-their-schools-dont-use-illegal-dei/2025/04>

61 | Nadworny E. "Trump signs executive actions on education, including efforts to rein in DEI." Morning Edition. April 24, 2025. <https://www.npr.org/2025/04/23/nx-s1-5374365/trump-signs-education-executive-actions>

62 | Debin Collinsworth AE, Roberts RE. "The Trump Administration's Diversity, Equity, and Inclusion (DEI) Executive Orders: A Brief Primer." National Law Journal. April 4, 2025. https://natlawreview.com/article/trump-administrations-diversity-equity-and-inclusion-dei-executive-orders-brief#google_vignette

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65 | Boen C, Keister L, Aronson B. Beyond Net Worth: Racial Differences in Wealth Portfolios and Black-White Health Inequality across the Life Course. J Health Soc Behav. 2020 Jun;61(2):153-169.

66 | Hernandez Kent A, Ricketts LR, "The state of U.S. wealth inequality," Federal Reserve Bank of Saint Louis, May 3, 2024. <https://www.stlouisfed.org/institute-for-economic-equity/the-state-of-us-wealth-inequality#:~:text=Black%20families%20had%20about%20%24983%2C000,19%20cents%20for%20every%20%241.>

67 | Pew Research Center. DEI in the workplace. May 17, 2023.



ENDING DIVERSITY, EQUITY AND INCLUSION INITIATIVES CONTINUED

The Trump Administration also dismantled the Office of Minority Health at HHS, which was created in 1986 by Congress to fulfill a key recommendation of the 1985 *Report of the Secretary's Task Force on Black and Minority Health*. Secretary Margaret Heckler, President Ronald Reagan's HHS Secretary, chaired the commission.⁶⁸

The Trump Administration also dismantled the Office of Minority Health at HHS, created by President Reagan and Congress in 1986.

Four decades ago there was a bipartisan consensus that racial health disparities, such as higher rates of mortality in childbirth among Black women,⁶⁹ were a social problem that required attention and resources from the federal government in order to reduce and eliminate. In addition, the administration abolished the Centers for Medicare and Medicaid Services Office of Minority Health, which was created by the Affordable Care Act of 2010.⁷⁰ Both HHS OMH and CMS OMH were statutorily mandated by the ACA, which has not been repealed.

68 | Heckler, Margaret, HHS Secretary. Report of the Secretary's Task Force on Black and Minority Health. Washington, DC: Department of Health and Human Services. 1985 <https://archive.org/details/reportofsecretar00usde>

69 | Montalmant KE, Ettinger AK. The Racial Disparities in Maternal Mortality and Impact of Structural Racism and Implicit Racial Bias on Pregnant Black Women: A Review of the Literature. *J Racial Ethn Health Disparities*. 2024 Dec;11(6):3658-3677.

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DEFUNDING LGBTQI+ AND HIV RESEARCH

Researchers funded by the National Institutes of Health to conduct research on transgender health started receiving stop work orders in late January, 2025. At least two transgender health research projects which were scheduled for consideration by an NIH review committee were pulled from consideration the day before the committee was to meet. A broader swath of hundreds of research projects focused on LGBTQI+ health, racial and ethnic health disparities, the impact of racism on health, and HIV prevention were cancelled in the first 100 days of the new administration. According to NBC News:

The nation's LGBTQ research field is collapsing. In recent weeks, academics who focus on improving the health of lesbian, gay, bisexual, transgender and queer Americans have been subjected to waves of grant cancellations from the National Institutes of Health. More than 270 grants totaling at least \$125 million of unspent funds have been eliminated, though the true sum is likely much greater, researchers told NBC News.⁷¹

Entire multidecade HIV research projects, such as the Adolescent Trials Network (ATN), were stopped in the middle of clinical trials. About one in five new HIV diagnoses in the U.S. (19%) occurs among adolescents and young adults, the focus populations of the ATN.⁷²

⁷¹ | Ryan B, Bendix A. "Trump administration axes more than \$125M in LGBTQ health funding, upending research field. The administration's cancellation of hundreds of grants is dismantling the LGBTQ-focused research field, built out of nothing over a quarter-century." NBC News. April 3, 2025. <https://www.nbcnews.com/nbc-out/out-news/trump-administration-axes-125m-lgbtq-health-funding-upending-research-rcna199175>

⁷² | HIVinfo.NIH.gov. HIV and adolescents and young adults. Last updated April 15, 2025. <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-adolescents-and-young-adults#:~:text=In%20addition%2C%20adolescents%20and%20young,13%20and%2024%20years%20old.>



DEFUNDING LGBTQI+ AND HIV RESEARCH CONTINUED

According to Professor Lisa Hightow-Weidman, Co-Director of the ATN:

On Friday, March 21, 2025, the Adolescent Medicine Trials Network for HIV Interventions (ATN) was terminated. The entire research network... The ATN began in 2001 as the only adolescent-focused HIV network for youth ages 13-24 in the United States. Since 2001, the network has had more than 30,000 enrollments across over 150 studies. Our studies have led to the availability of new biomedical tools and treatment approaches, nationally implemented testing and prevention strategies, and foundational data that informs product licensing, clinical guidelines, public health practice, and federal programming. The ATN tackles difficult and pressing health challenges for youth, including the ongoing HIV epidemic, rising STI incidence, and soaring rates of mental health and substance use disorders...The ATN represents decades of sustained, collaborative infrastructure for research on adolescent health. Terminating this award dissolves a network that spans 24 years of scientific inquiry, 20 U.S. states and territories and hundreds of active collaborators, staff, youth, and community partners resulting in layoffs, stalled careers, and a reduced workforce in HIV research and clinical care. We want to make this very clear: US investments in ATN have led to life-saving treatments, prevention tools like PrEP, and cutting-edge digital health solutions. The ATN fulfills the highest goals of science by advancing knowledge, addressing real and urgent health needs, delivering value to taxpayers, and saving lives of American youth. Please stand with us as we appeal this short-sighted and hopefully misdirected attack on our beloved network.⁷³



DEFUNDING LGBTQI+ AND HIV RESEARCH CONTINUED

Among the LGBTQI+ and HIV grants ended were:

- a study of how to reduce medical mistrust among Black gay and bisexual men,
- an HIV prevention study with cisgender women, and
- a study of Alzheimer's disease among sexual and gender minority older adults.⁷⁴

The administration undertook a broader assault on NIH, including attempting to cap indirect rates for grants at 15%, which would undermine the research infrastructure that enables health research. According to amfAR, this proposal would have a significant impact on scientific research in the U.S.:

Such a drastic reduction in overhead costs would stall innovation and drug discovery for various health conditions; disrupt local economies due to mass layoffs at universities, with knock-on effects on suppliers and retailers that depend on university business; close down university labs and research centers; and constrict the influx of a new generation of scientists by dismantling training opportunities such as student fellowships. Some universities and medical schools have already announced reductions in graduate level students as a result. To maintain the same levels of research and innovation, universities would be forced to seek alternative sources of revenue, most likely from increased tuition costs.⁷⁵

⁷⁴ | U.S. Department of Health and Human Services (HHS). Excel spreadsheet of HHS grants terminated. https://taggs.hhs.gov/Content/Data/HHS_Grants_Terminated.pdf

⁷⁵ | amfAR. The Hidden Cost of Capping NIH Indirect Costs: How Students Pay the Price. Washington, DC: amfAR. 2025. <https://www.amfar.org/wp-content/uploads/2025/03/amfAR-NIH-Indirect-Costs-Infographic-1.pdf>



DEFUNDING LGBTQI+ AND HIV RESEARCH CONTINUED

According to the journal *Nature*, by April 2025 NIH had ended 800 research grants and clawed back \$2.3 billion in unspent or unallocated funds. The largest proportion of grants ended were HIV research grants, followed by transgender health research grants. *Nature* reported that

The cancellations of projects, despite scientists scoring them highly during review, “tears the long-standing fabric of the government’s contract to pursue medical research that seeks to better the healthspan and lifespan for all Americans”, says Francis Collins, a geneticist who led the NIH...for 12 years under three US presidents, including Trump.⁷⁶

Also terminated were grants aimed at improving Black participation in clinical trials research, Alzheimer’s Disease Related Dementias among Black people, a study of historical trauma, racial discrimination, PTSD, and substance use among Black young adults, and a training grant to increase the number of Black women scientists, who are underrepresented in the field.⁷⁷

76 | Kozlov M, Ryan C. “How Trump 2.0 is slashing NIH-backed research — in charts.” *Nature*. April 10, 2025. <https://www.nature.com/articles/d41586-025-01099-8>

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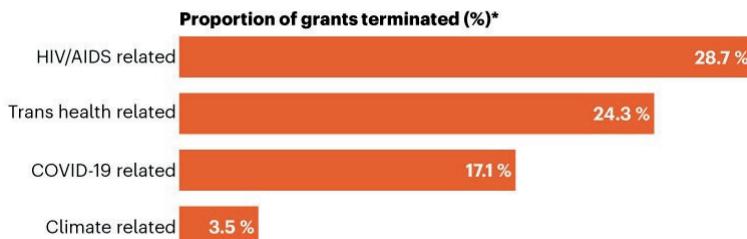
DEFUNDING LGBTQI+ AND HIV RESEARCH CONTINUED

The large-scale defunding of research on entire populations disproportionately burdened by chronic disease disparities and other disparities violates core principles of research and public health ethics, particularly the Belmont Report's principle of justice.⁷⁸ Justice requires fair inclusion in research, fair distribution of risks and benefits, and protection against the systematic exclusion of groups already affected by systemic barriers. Policies that end research focused on LGBTQI+ communities, racial and ethnic minoritized individuals, people living with HIV, and other marginalized populations undermine these ethical obligations. These actions represent a failure of the federal government to uphold its responsibility to ensure that scientific knowledge and public health protections benefit all populations fairly.

Public health researchers predict that drastic cuts to NIH research will result in a slowing of future innovations, a reduction of the biomedical workforce, a decline in disease prevention, a greater cost for future innovations in medicine, and overall increased costs for health care.⁷⁹

TERMINATED GRANT TALLY

Under President Donald Trump, the US National Institutes of Health has cancelled roughly 770 active research grants as of 7 April. Nearly 29% of the grants terminated were for research that mentioned HIV/AIDS, and about one-quarter of the grants terminated were related to the health of transgender people. Other topic areas that the Trump team has deemed no longer in the interests of the agency are COVID-19 and the effects of climate change on health.



*Percentages are calculated by searching NIH grant titles and abstracts for key terms such as 'transgender', 'gender diversity', 'climate' and 'SARS-CoV-2'. Percentages do not sum to 100% because these topic do not cover all grants cancelled and because there is some overlap between them.

©nature

Source: Nature Analysis of NIH Grant Terminations in 2025 Database

⁷⁸ | Office of the Secretary. Ethical Principles and Guidelines for the Protection of Human Subjects of Research. The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. The Belmont Report. April 18, 1979. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html>

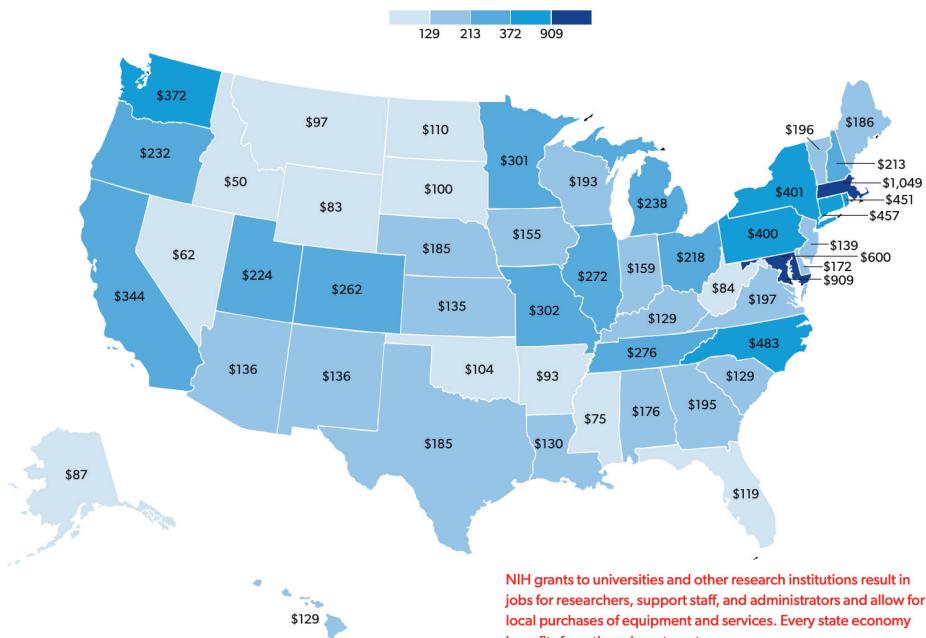
⁷⁹ | Jalali MS, Hasgul Z. Potential Trade-Offs of Proposed Cuts to the US National Institutes of Health. JAMA Health Forum. 2025;6(7):e252228.



DEFUNDING LGBTQI+ AND HIV RESEARCH CONTINUED

According to amfAR, “NIH-funded research contributed to the development of 354 of 356 drugs (99.4%) approved in the U.S. between 2010 and 2019.”⁸⁰ For every \$1 that NIH spends on research in a state, that state “generates \$2.46 on average in increased economic activity.”⁸¹ Massachusetts has the highest per capita amount of economic return from NIH spending of any U.S. state.

ANNUAL ECONOMIC RETURN PER PERSON FOR NIH INVESTMENTS (USD)



United for Medical Research (UMR) used the Bureau of Economic Analysis' Regional Input-Output Modeling System, or RIMS II, to analyze employment and economic activity linked to NIH research activity.

Source: United for Medical Research (UMR) and U.S. Census data, 2024

⁸⁰ | Galkina Cleary E, Jackson MJ, Zhou EW, Ledley FD. “Comparison of Research Spending on New Drug Approvals by the National Institutes of Health vs the Pharmaceutical Industry, 2010- 2019.” JAMA Health Forum. 2023;4(4):e230511. doi:10.1001/jamahealthforum.2023.0511. Cited in amfAR, The Best Investment You Didn’t Know You Made: How NIH Funding Fuels Innovation and Economic Growth, Washington, DC: amfAR, 2025. <https://www.amfar.org/wp-content/uploads/2025/03/amfAR-NIH-infographic-0325.pdf>

⁸¹ | amfAR, The Best Investment You Didn’t Know You Made: How NIH Funding Fuels Innovation and Economic Growth, Washington, DC: amfAR, 2025. <https://www.amfar.org/wp-content/uploads/2025/03/amfAR-NIH-infographic-0325.pdf>



DEFUNDING LGBTQI+ AND HIV RESEARCH CONTINUED

HIV research in the U.S. has been incredibly productive. It is thanks to such research that we know how to prevent people from being infected—including with pre-exposure prophylaxis (PrEP), and that we have treatments that have saved millions of lives and transformed an HIV diagnosis from a death sentence to a chronic disease. The infrastructure created by HIV research enabled researchers to quickly develop an Ebola vaccine to stop the spread of this disease in West Africa that killed more than 11,000 people a decade ago. It has enabled innovations in cancer and Hepatitis treatment.⁸² It helped researchers quickly develop COVID-19 vaccines five years ago. ⁸³

In May 2025 the President issued an Executive Order instructing federal agencies to issue guidance on the implementation of “Gold Standard Science.”⁸⁴ This has produced concerns about maintaining scientific integrity as this order allows political appointees to determine that a research finding needs to be corrected, and that such an appointee can make such a determination without consulting with scientific experts.⁸⁵

A year ago, the administration apparently dismantled the Sexual and Gender Minority Research Office (SGMRO), which was created a decade ago. According to a reconstructed version of its website, “The SGMRO coordinated sexual and gender minority (SGM)-related research and activities by working directly with the NIH Institutes, Centers, and Offices. The Office was officially established in September 2015 within the NIH Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI).” On January 22, 2025, the Trump-Vance Administration took down the SGMRO’s website. A reconstructed version is available here: <https://sgmresearch.com/>

82 | Crowley J, Millett G. HIV Research Matters for America. Washington, DC: Center for HIV and Infectious Disease Policy of the O’Neill Institute for National and Global Health Law at Georgetown Law, amfAR. April 2025. file:///C:/Users/scahill/AppData/Local/Microsoft/Office/Attachments/ooaf54ed125-bbf7-433d-b1255b8c0cc43f15/0101b867ec2cdd059c38ac80f6376dde4e4d6360ada4234431bb848007e164c0/QT%20HIV%20Research.pdf

83 | Balzer D. “HIV research provided foundation for COVID-19 research.” Mayo Clinic. November 30, 2021 <https://newsnetwork.mayoclinic.org/discussion/hiv-research-provided-foundation-for-covid-19-research/>

84 | United States. “Restoring Gold Standard Science.” Washington, DC: The White House. May 23, 2025. <https://www.whitehouse.gov/presidential-actions/2025/05/restoring-gold-standard-science/>

85 | Mervis J. “What does Trump’s call for ‘gold standard science’ really mean?” Science. May 27, 2025. <https://www.science.org/content/article/what-does-trump-s-call-gold-standard-science-really-mean>



MOVING LGBTQ+ AND RACIAL DISPARITIES CONTENT FROM GOVERNMENT WEBSITES

In response to the aforementioned executive orders, several government agencies and private health care organizations have rolled back LGBTQI+ and racial equity health initiatives and access to care. For example, the U.S. Centers for Disease Control and Prevention (CDC) removed information related to racial and ethnic health disparities and LGBTQI+ health disparities from its website. This included the removal of academic journal articles about health disparities and the disproportionate burden of particular diseases on specific populations.⁸⁶ This action violates a number of federal laws, including the Paperwork Reduction Act, which requires federal agencies to “ensure that the public has timely and equitable access to the agency’s public information” (44 U.S.C. § 3506(d)(1)). Due to a court order the administration restored some of this content back to government websites.⁸⁷ However, it often carries disclaimer language such as this, which is on a CDC page of guidance for STI screening with transgender and gender diverse patients:

Per a court order, HHS is required to restore this website to its version as of 12:00 AM on January 29, 2025. Information on this page may be modified and/or removed in the future subject to the terms of the court’s order and implemented consistent with applicable law. Any information on this page promoting gender ideology is extremely inaccurate and disconnected from truth. The Trump Administration rejects gender ideology due to the harms and divisiveness it causes. This page does not reflect reality and therefore the Administration and this Department reject it.⁸⁸

⁸⁶ | Bradshaw R. CDC removes LGBTQ, race data following Trump’s anti-DEI order. Beaumont Enterprise. February 5, 2025. <https://www.beaumontenterprise.com/news/article/trump-woke-dei-culture-wars-20148647.php>

⁸⁷ | Stobbe M, Pananjady K. “Federal health agencies restore webpages and datasets following judge’s order.” Associated Press. February 12, 2025. <https://apnews.com/article/cdc-fda-websites-restored-ad1ec005261b31986ddcd3d1d17b249>

⁸⁸ | Centers for Disease Control and Prevention. “Sexually Transmitted Infections Treatment Guidelines. Transgender and Gender Diverse Persons.” Last updated June 22, 2021. <https://www.cdc.gov/std/treatment-guidelines/trans.htm>



DISMANTLING OF THE FEDERAL GOVERNMENT'S HIV PREVENTION AND SURVEILLANCE CAPACITY

Also in early 2025 the Trump-Vance Administration and HHS Secretary Robert F. Kennedy, Jr. moved to dramatically reduce the federal government's HIV prevention and surveillance capacity. In March 2025 they announced a major restructuring of HHS. The entire staff was laid off at the HHS Office of Infectious Diseases & HIV Policy and at the HHS Office of Minority Health. A number of key leaders like Dr. Jonathan Mermin, director of the CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention, and Dr. Jeanne Marrazzo, Director of the National Institute of Allergy and Infectious Diseases at NIH, were placed on administrative leave or "reassigned" to the Indian Health Service, depending on the source.^{89 90}

Thousands of other staff were laid off throughout HHS. The administration is reducing total HHS staffing from about 82,000 to 62,000, with significant cuts at the Food and Drug Administration and CDC.⁹¹ About 10,000 staff were reduced through buyouts and early retirement, and another 10,000 through elimination of entire departments.⁹²

89 | Kozlov M, "'One of the darkest days': NIH purges agency leadership amid mass lay-offs. In shock move, four institute directors at the US biomedical agency are removed from their posts." *Nature*. April 1, 2025. <https://www.nature.com/articles/d41586-025-01016-z>

90 | HIV+HEP Policy Institute. Statement on Decimation of CDC HIV Prevention Staff and Other Key Programs. Press Release. April 1, 2025. <https://hivhep.org/press-releases/statement-on-decimation-of-cdc-hiv-prevention-staff-and-other-key-programs/>

91 | Scott D. "A catastrophe is unfolding at the top US health agency — and it will put American lives at risk." *Vox*. April 4, 2025. <https://www.vox.com/health/406967/rfk-jr-hhs-cuts-vaccine-measles-outbreak>

92 | Cancryn A. "HHS funding slashed by 30 percent in budget proposal." *Politico*. April 16, 2025. <https://www.politico.com/news/2025/04/16/trump-administration-mulls-sharp-funding-cuts-at-health-agencies-00294781>



DISMANTLING OF THE FEDERAL GOVERNMENT'S HIV PREVENTION AND SURVEILLANCE CAPACITY

CONTINUED

In April 2025 the White House Office of Management and Budget (OMB) proposed slashing HHS's discretionary funding from \$116.8 billion in FY25 to \$80.4 billion for FY26, a 31% cut. Funding for CDC would be cut by more than 40%. Funding would be eliminated for the Ending the HIV Epidemic Initiative—an initiative launched by President Trump in his first term—and for domestic HIV prevention and surveillance and chronic disease prevention. The following divisions at CDC would be eliminated:

- Prevention Communication Branch
- Division of Behavioral & Clinical Surveillance Branch
- Capacity Development Branch
- Quantitative Sciences Branch
- HIV Research Branch⁹³

The proposed budget from OMB would also eliminate parts of CDC that deal with outbreaks of STDs and viral hepatitis, which have increased dramatically in Massachusetts and nationally over the past few decades.^{94 95 96} There are striking racial and ethnic and LGBTQ+ disparities in the continued epidemics of STDs, including HIV and sexually transmitted Hepatitis C.⁹⁷ Black and Latino people⁹⁸—including cisgender women, gay and bisexual men, and transgender women—are disproportionately burdened by STIs.⁹⁹

93 | Dawson L, Kates J. What Do Federal Staffing Cuts and HHS Restructuring Mean for the Nation's HIV Response? Washington, DC: KFF. April 8, 2025. <https://www.kff.org/policy-watch/what-do-federal-staffing-cuts-and-hhs-restructuring-mean-for-the-nations-hiv-response/>

94 | Massachusetts DPH, "Surveillance data overview of sexually transmitted infectious, 2000-2023," Powerpoint presentation, Data and reports about sexually transmitted infectious (STIs), <https://www.mass.gov/lists/data-and-reports-about-sexually-transmitted-infections-stis>.

95 | Lockart I, Matthews GV, Danta M. Sexually transmitted hepatitis C infection: the evolving epidemic in HIV-positive and HIV-negative MSM. *Curr Opin Infect Dis.* 2019;32(1):31-37.

96 | CDC. Sexually Transmitted Disease Surveillance 2021. <https://www.cdc.gov/std/statistics/2021/default.htm>. Last updated April 11, 2023.

97 | Lockart I, Matthews GV, Danta M. Sexually transmitted hepatitis C infection: the evolving epidemic in HIV-positive and HIV-negative MSM. *Curr Opin Infect Dis.* 2019;32(1):31-37.

98 | CDC. Sexually Transmitted Disease Surveillance 2021. <https://www.cdc.gov/std/statistics/2021/default.htm>. Last updated April 11, 2023.

99 | MacGregor L, Speare N, Nicholls J, et al. Evidence of changing sexual behaviours and clinical attendance patterns, alongside increasing diagnoses of STIs in MSM and TPSM. *Sex Transm Infect.* 2021;97(7):507-513.



DISMANTLING OF THE FEDERAL GOVERNMENT'S HIV PREVENTION AND SURVEILLANCE CAPACITY

CONTINUED

President Trump's proposed FY26 budget, unveiled in June 2025, would cut HIV care, prevention and surveillance by \$1.5 billion, threatening the success of the President's own Ending the HIV Epidemic initiative. It would end funding for core HIV prevention programs at the CDC, reducing funding by nearly \$800 million, or 78%, compared to FY25. It would also eliminate \$505 million in funding for the Housing Opportunities for People With AIDS (HOPWA).^{100 101}

The administration proposed to cut NIH funding from \$47 billion to \$27 billion, and it proposed that several institutes be abolished, including the National Institute on Minority Health and Health Disparities.¹⁰² According to Politico:

Public health initiatives aimed at HIV/AIDS prevention would no longer exist. Major parts of the National Institutes of Health would be abolished. The Food and Drug Administration would cease routine inspections at food facilities. And funding for many of the administration's priorities are on the chopping block, including federal programs focused on autism, chronic disease, drug abuse and mental health.¹⁰³

amfAR estimates that the proposed cuts would result in a rise in new HIV infections in the U.S., which dropped 20% from 2010 to 2022. amfAR estimates that a total elimination of CDC HIV prevention funding (\$6.5 billion over five years) would lead to an additional 143,486 HIV infections by 2030, an additional 14,676 people dying of AIDS, and cost our health system \$60 billion in additional health care costs.¹⁰⁴

100 | HIV+Hepatitis Policy Institute. "Trump Budget Ends All CDC HIV Prevention Programs, While Maintaining Care, Treatment, and PrEP." Press release. June 2, 2025.

101 | Dawson L. "Domestic HIV Funding in the White House FY2026 Budget Request." KFF. June 05, 2025.

102 | Cancryn A. "HHS funding slashed by 30 percent in budget proposal." Politico. April 16, 2025. <https://www.politico.com/news/2025/04/16/trump-administration-mulls-sharp-funding-cuts-at-health-agencies-00294781>

103 | Ibid.

104 | These data points and graphic are from amfAR, Cuts to the CDC's Division of HIV Prevention Will Lead to Dramatic Rise in Infections, Deaths, and Costs, Washington, DC: amfAR, 2025. <https://www.amfar.org/wp-content/uploads/2025/03/Cuts-to-CDCs-Division-of-HIV-Prevention.pdf>



DISMANTLING OF THE FEDERAL GOVERNMENT'S HIV PREVENTION AND SURVEILLANCE CAPACITY

CONTINUED

KFF estimates that

these actions could all hamper the nation's ability to address HIV in the immediate term, jeopardize innovation, and lead to increased HIV incidence. In addition, expertise built by these officials and offices has been utilized in public health arenas outside of HIV, as was the case with the development of the COVID-19 vaccine which was built on HIV vaccine research. Given this, erosion of HIV expertise, research, and infrastructure could have ramifications for public health more broadly.¹⁰⁵

This would also undermine President Trump's Ending the HIV Epidemic Initiative, launched in 2019.¹⁰⁶ While the U.S. Senate's proposed FY26 budget essentially level funds HHS and CDC, the U.S. House's proposed FY26 budget is similar to the President's, proposing drastic cuts.¹⁰⁷

105 | Dawson L, Kates J. What Do Federal Staffing Cuts and HHS Restructuring Mean for the Nation's HIV Response? Washington, DC: KFF; April 8, 2025. <https://www.kff.org/policy-watch/what-do-federal-staffing-cuts-and-hhs-restructuring-mean-for-the-nations-hiv-response/>

106 | HIV.gov. What is EHE? Updated March 20, 2025. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

107 | KFF. Senate Committee on Appropriations Approves FY 2026 Labor, Health and Human Services, Education, and Related Agencies (Labor HHS) Appropriations Bill & Accompanying Report. August 4, 2025. <https://www.kff.org/global-health-policy/senate-committee-on-appropriations-approves-fy-2026-labor-health-and-human-services-education-and-related-agencies-labor-hhs-appropriations-bill-accompanying-report/>



DISMANTLING OF THE FEDERAL GOVERNMENT'S HIV PREVENTION AND SURVEILLANCE CAPACITY

CONTINUED

Draconian cuts to NIH in 2025 went beyond HIV. Grants in every field of science and medicine, including cancer, aging, diabetes, neurological disorders, public health, and social sciences, were also affected.¹⁰⁸ The Women's Health Initiative, a longitudinal study of health disease, cancer and osteoporosis risk among post-menopausal women, was abruptly terminated in April 2025. Following an outcry, funding was restored.¹⁰⁹

President Trump did not declare December 1 World AIDS Day for the first time since 1988.

Finally, it needs to be noted that President Trump did not declare June as LGBTQ+ Pride Month,¹¹⁰ similar to what he did in his first administration. He also did not declare December 1, 2025 as World AIDS Day for the first time since 1988.¹¹¹

¹⁰⁸ | Berwick D. "How to make America sick." Washington, DC: Center for American Progress. June 26, 2025. <https://www.americanprogress.org/article/how-to-make-america-sick/>

¹⁰⁹ | Stein R. "In a reversal, the Trump administration restores funding for women's health study." All Things Considered. NPR. April 25, 2025. <https://www.npr.org/sections/shots-health-news/2025/04/24/nx-s1-5376473/hhs-restores-funding-for-womens-health-initiative>

¹¹⁰ | Migdon B. "White House: 'No plans' for Trump to issue Pride Month proclamation." The Hill. June 3, 2025. <https://thehill.com/homenews/lgbtq/5331096-white-house-trump-world-pride-month-proclamation/>

¹¹¹ | Emanuel G. "For the first time since 1988, the U.S. is not officially commemorating World AIDS Day." NPR. December 1, 2025. <https://www.npr.org/sections/goats-and-soda/2025/12/01/g-s1-99925/world-aids-day-trump>



WEAKENING SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMING AT HHS

The administration also made significant cuts and changes to women's, sexual, and reproductive health monitoring.¹¹² Most of the staff at the Division of Reproductive Health was eliminated. Also dismantled were key units responsible for contraceptive best practices, women's health, and fertility, like the CDC's Assisted Reproductive Technology (ART) Surveillance team.¹¹³ This team monitored and tracked outcomes related to in vitro fertilization (IVF), providing critical information and tools to the public to help them access IVF services.¹¹⁴

The Trump Administration also shut down the Pregnancy Risk Assessment Monitoring System (PRAMS), a 35-year maternal and infant health surveillance program critical for tracking racial and socioeconomic disparities in pregnancy outcomes, thus undermining efforts to protect vulnerable populations.¹¹⁵ Without these systems, teams, and agencies, it will be harder to prevent, identify and treat disease and adverse outcomes. This will threaten optimal outcomes for neonatal health.

¹¹² | Rosenthal J, Jones KB. "The Trump administration is endangering women's reproductive health." Washington, DC: Center for American Progress. July 21, 2025. <https://www.americanprogress.org/article/the-trump-administration-is-endangering-womens-reproductive-health/>

¹¹³ | Ibid.

¹¹⁴ | Lovelace B Jr, Brooks A. "CDC's IVF team gutted even as Trump calls himself the 'fertilization president.'" NBC News. April 2, 2025. <https://www.nbcnews.com/health/health-news/cdcs-ivf-team-gutted-even-trump-calls-fertilization-president-rcna199261>

¹¹⁵ | Rosenthal J, Jones KB. July 21, 2025.



WEAKENING SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMING AT HHS

CONTINUED

The Trump administration removed critical sexual and reproductive health information from federal websites, disrupting public access to evidence-based guidance. Within hours of taking office, the administration removed <http://www.reproductiverights.gov>, a site established in 2002 to provide comprehensive information on abortion access, reproductive health services, and insurance coverage.¹¹⁶ Several federal agency websites removed sexual and reproductive health content, such as contraception guidance and nearly twenty years of HIV surveillance data that clinicians use to inform care for pregnant patients.^{117 118}

Although some materials were subsequently restored, these actions disrupted federal data systems and substantially reduced the government's capacity to track maternal and infant health outcomes, monitor racial and socioeconomic disparities in reproductive health, and address emerging public health risks related to sexual and reproductive health.^{119 120} These interventions curtailed the federal government's capacity to generate and disseminate sexual and reproductive health data.¹²¹ The disruption of evidence-based guidance and surveillance hinders timely interventions, policy responses, and equitable care. This undermines public health infrastructure and perpetuates systemic inequities in reproductive health access, as women of color, low-income women, and those in rural or medically underserved communities are disproportionately affected.^{122 123 124}

¹¹⁶ | National Women's Law Center. The Trump Administration's First Actions in 2025 Targeting Patients, Providers, and Reproductive Health Care Access. Washington, DC: National Women's Law Center. February 25, 2025. <https://nwlc.org/resource/the-trump-administrations-first-actions-in-2025-targeting-patients-providers-and-reproductive-health-care-access/>

¹¹⁷ | Ibid.

¹¹⁸ | Human Rights Watch. "US: Informed health choices harder under Trump." New York: Human Rights Watch. October 3, 2025. <https://www.hrw.org/news/2025/10/03/us-informed-health-choices-harder-under-trump>

¹¹⁹ | National Women's Law Center. February 25, 2025.

¹²⁰ | Human Rights Watch. October 3, 2025.

¹²¹ | National Women's Law Center. February 25, 2025.

¹²² | Ibid.

¹²³ | Baden K, Gibson C, Friedrich-Karnik A. Act on the Evidence: Policy Solutions to Protect and Advance Abortion and Contraception Access in the United States. New York: Guttmacher Institute. November, 2025. <https://www.guttmacher.org/2025/11/act-evidence-policy-solutions-protect-and-advance-abortion-and-contraception-access-united>

¹²⁴ | National Partnership for Women & Families. 35 Ways the Trump Administration Has Harmed Women and Families in Its First 100 Days. Washington, DC: National Partnership for Women & Families. April 2025. <https://nationalpartnership.org/35-ways-trump-administration-harmed-women-families-first-100-days/>



WEAKENING SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMING AT HHS

CONTINUED

Federal funding for critical women's health research was canceled or restricted, including studies on uterine fibroids, menopause, pregnancy risk, and breast cancer recurrence.¹²⁵ These funding cuts also affected research programs supported by the National Institutes of Health (NIH) and threatened ongoing longitudinal studies such as the Women's Health Initiative, which over its 30-year history has helped prevent an estimated 126,000 breast cancer cases and 76,000 cases of cardiovascular disease in women.¹²⁶ Limiting or halting funding for these studies directly slows scientific progress on conditions that disproportionately affect women and perpetuate systemic gender inequities in medical research.¹²⁷ The disruptions also created uncertainty for thousands of researchers and staff, increasing the risk of lab closures, lost expertise, and delayed or canceled clinical studies which would cause delays adherent to related research.¹²⁸ Without continuous data collection and analysis, the federal government's capacity to monitor trends in women's health, identify disparities, and implement targeted interventions is severely compromised.^{129 130}

Federal funding for critical women's health research was canceled or restricted, including studies on uterine fibroids, menopause, pregnancy risk, and breast cancer recurrence.

¹²⁵ | National Women's Law Center. February 25, 2025.

¹²⁶ | National Women's Law Center. Donald Trump's First 100 Days of Project 2025: Harms to Women, Girls, and LGBTQI+ People. Washington (DC): National Women's Law Center. April 30, 2025. <https://nwlc.org/resource/donald-trumps-first-100-days-of-project-2025-harms-to-women-girls-and-lgbtqi-people/>

¹²⁷ | Ibid.

¹²⁸ | National Partnership for Women & Families. April 2025.

¹²⁹ | National Women's Law Center. February 25, 2025.

¹³⁰ | National Partnership for Women & Families. April 2025.



ELIMINATING A SUICIDE PREVENTION HOTLINE FOR LGBTQ+ YOUTH

In July 2025 the Trump Administration eliminated a dedicated suicide prevention hotline for LGBTQ+ youth.¹³¹ LGBTQ+ youth experience stigma and violence victimization in schools and in their communities. A CDC analysis of national Youth Risk Behavior Survey (YRBS) data found that LGB high school students were more likely to report violence victimization than heterosexual students across seven indicators, including being twice as likely to feel unsafe at school, experience bullying at school, be bullied online, and be threatened with a weapon at school.¹³²

These experiences correlate with higher rates of behavioral health burden, including suicidal ideation and self-harm. A recent analysis of Massachusetts YRBS and Massachusetts Youth Health Survey data found that LGBT high school students in Massachusetts were three times more likely than straight, cisgender youth to report self-injury in the past year (39.3% versus 13.3%) and four times more likely to report having seriously considered suicide in the past year (30.4% versus 7.5%).¹³³

LGBT high school students in Massachusetts were four times more likely to consider suicide than other students.

¹³¹ | "Mass. advocates decry elimination of LGBTQ suicide prevention hotline." Boston 25 News. July 17, 2025. <https://www.boston25news.com/news/local/mass-advocates-decrys-elimination-lgbtq-suicide-prev-hotline/HEIHLWJR55CCLBL2XAK3K4MB7M/>

¹³² | Johns MM, Lowry R, Haderhanaj LT, et al. "Trends in Violence Victimization and Suicide Risk by Sexual Identity Among High School Students — Youth Risk Behavior Survey, United States, 2015–2019." MMWR Suppl 2020;69(Suppl-1):19–27.

¹³³ | Cahill S, Crebase W, and Knox MS (2025). LGBTQ+ people in Massachusetts: Strengths, challenges, and opportunities in a diverse community. Boston: The Equality Fund at the Boston Foundation and the Fenway Institute. Page 12. <https://www.tbf.org/news-and-insights/reports/2025/may/lgbtq-people-in-massachusetts-2025-report>



ROLLING BACK SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) DATA COLLECTION

Significant advances were made under the Biden Harris Administration to expand SOGI data collection to better understand and address health disparities affecting LGBTQI+ people. Among these was the 2023 publication of the HHS SOGI Data Action Plan, developed in response to the Federal Evidence Agenda on LGBTQI+ Equity. These developments were initiated by a June 2022 Executive Order 14075 on Advancing Equality for Lesbian, Gay, Bisexual, Queer, and Intersex (LGBTQI+) Individuals. The HHS SOGI Data Action Plan sought to develop a comprehensive strategy to advance public health for all populations by better understanding demographic and health differences in the U.S. by sexual orientation and gender identity.¹³⁴

The Trump Administration has removed gender identity questions from several national surveys, and in some instances changed options for the sexual orientation question. The National Health Interview Survey (NHIS), Medicare Current Beneficiary Survey (MCBS), and the National Crime Victimization Survey (NCVS) all removed gender identity questions. MCBS and NCVS removed questions about what sex individuals were assigned on their birth certificate. MCBS removed “something else” as a response option for the sexual orientation question. MCBS removed a question about experiencing discrimination in health care based on sexual orientation or gender identity. NCVS removed a question about experiencing violence victimization based on gender identity.¹³⁵ As noted above in the section on SOGI nondiscrimination, LGBTQI+ people experience discrimination in health care.¹³⁶ This can contribute to negative health effects,¹³⁷ and serves as a barrier to accessing care.¹³⁸ Collecting and using SOGI data in health care settings can help providers and policymakers better understand and reduce health disparities.

134 | Shanker A, Koriejczuk M. “Collecting Data on Sexual Orientation and Gender Identity: A Promising Practice for Improving Population Health and Advancing Health Equity.” *Public Health Reports*. First published online December 30, 2024. <https://journals.sagepub.com/doi/10.1177/0033549241308401>

135 | Dawson L, Cubanski J. “Trump Administration Actions to Curb Data Collection Related to Sexual Orientation and Gender Identity (SOGI).” Washington, DC: KFF. December 11, 2025. <https://www.kff.org/lgbtq/trump-administration-actions-to-curb-data-collection-related-to-sexual-orientation-and-gender-identity-sogi/>

136 | Medina C, Mahowald L. Discrimination and barriers to well-being: The state of the LGBTQI+ community in 2022. Center for American Progress, Washington, DC. 2023. <https://www.americanprogress.org/article/discrimination-and-barriers-to-well-being-the-state-of-the-lgbtqi-community-in-2022/>

137 | Ruben MA, Livingston NA, Berke DS, Matza AR, Shipherd JC. Lesbian, Gay, Bisexual, and Transgender Veterans' Experiences of Discrimination in Health Care and Their Relation to Health Outcomes: A Pilot Study Examining the Moderating Role of Provider Communication. *Health Equity*. 2019 Sep 26;3(1):480-488.

138 | Gruberg S, Mahowald L, Halpin J. The state of the LGBTQ community in 2020. A national public opinion study. Washington, DC: Center for American Progress, 2020, October 6. Available at <https://www.americanprogress.org/issues/lgbtq-rights/reports/2020/10/06/491052/state-lgbtq-community-2020/>



CHANGING THE CHILDHOOD VACCINES SCHEDULE AND UNDERMINING TRUST IN VACCINES

In early January, 2026 HHS Secretary Robert F. Kennedy, Jr. announced that HHS was reducing the decades-old list of standard childhood vaccinations from 17 to 11.¹³⁹ Vaccines for Hepatitis A&B were removed from the list. In response to Secretary Kennedy's move the American Public Health Association expressed "grave concern": "The dramatic decrease in recommended vaccines coupled with fewer boosters leaves the American public, especially our children, more vulnerable to preventable illness and death."¹⁴⁰ Major medical organizations, including the American Medical Association and American Academy of Pediatrics (AAP), have denounced the withdrawal of the universal Hepatitis B vaccination and have urged the CDC to reject this recommendation.¹⁴¹ States like Connecticut, New York, Maine and New Jersey will continue to follow AAP vaccine schedule recommendations.

According to the CDC, about 10% of new Hepatitis A cases and 20% of new Hepatitis B cases each year occur among gay and bisexual men.¹⁴² This is a higher percentage than the 4.5% of men who identified as gay or bisexual in 2021, according to the Gallup Poll, which is only about 2% of the adult population.¹⁴³ Transgender women also experience elevated prevalence of Hepatitis A and B, although fewer data are available.¹⁴⁴ Both Hepatitis A and B are vaccine preventable. While Hepatitis A virus is self-resolving with low rates of mortality, average hospitalization rates in the U.S due to Hepatitis A are above 60%. Hepatitis B has the potential to persist long-term (chronic) and cause cirrhosis or liver cancer.^{145 146}

139 | University of Nebraska Medical Center. Global Center for Health Security. "RFK Jr. guts the US childhood vaccine schedule despite its decades-long safety record." January 7, 2026. <https://www.unmc.edu/healthsecurity/transmission/2026/01/07/rfk-jr-guts-the-us-childhood-vaccine-schedule-despite-its-decades-long-safety-record/>

140 | American Public Health Association. "Trump-RFK Jr.'s new vaccine schedule puts families at risk." Statement from APHA Executive Director Georges C. Benjamin, MD. January 5, 2026. <https://www.apha.org/news-and-media/news-releases/apha-news-releases/trump-rfk-jr-new-vaccine-schedule-puts-families-at-risk>

141 | Cerruti D. "States, medical societies reject CDC panel's revised hepatitis B shot guidance." Becker Hospital Review. December 10, 2025. <https://www.beckershospitalreview.com/quality/public-health/states-medical-societies-reject-cdc-panels-revised-hepatitis-b-shot-guidance/>

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143 | LGBT Identification in U.S. Ticks Up to 7.1%. Gallup.com. Published February 17, 2022. Accessed July 31, 2022. <https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.asp>

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145 | CDC. Viral Hepatitis: Information for Gay and Bisexual Men. Fact sheet. Published online October 2013. Accessed October 3, 2023. <https://www.cdc.gov/hepatitis/populations/pdfs/hepgay-factsheet.pdf>

146 | Planned Parenthood. How do I get treated for hepatitis B? No date. [https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hepatitis-b/how-do-i-get-treated-hepatitis-b#:~:text=There's%20no%20cure%20for%20hepatitis,%20lasting\)%20hepatitis%20B%20infection.](https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hepatitis-b/how-do-i-get-treated-hepatitis-b#:~:text=There's%20no%20cure%20for%20hepatitis,%20lasting)%20hepatitis%20B%20infection.) Accessed October 27, 2023.



CHANGING THE CHILDHOOD VACCINES SCHEDULE AND UNDERMINING TRUST IN VACCINES

CONTINUED

This is only the latest move by longtime vaccine skeptic Secretary Kennedy, Jr. that has undermined disease prevention through vaccination. Last year Kennedy, Jr. cancelled NIH research into mRNA vaccines, which are highly effective against COVID-19 transmission. He also cancelled research into vaccine hesitancy, and closed a network of centers that worked to prevent future infectious disease outbreaks. Under his leadership the Food and Drug Administration, which approves vaccines, announced it would only approve COVID-19 vaccines for people over 65 and for people with chronic conditions. Kennedy, Jr. also fired the Advisory Committee on Immunization Practices and replaced its members with vaccine skeptics.¹⁴⁷

Kennedy, Jr. fired the Advisory Committee on Immunization Practices and replaced its members with vaccine skeptics.

As a result of these actions, people will find it harder to get insurance coverage for both adult and childhood vaccinations. The inconsistency of recommendations between HHS and healthcare providers is likely to create confusion and negatively affect public trust when parents are navigating conversations about vaccines for their children.

From 2015 to 2024 Kennedy, Jr. headed Children's Health Defense, which promotes misinformation about the safety and effectiveness of childhood vaccines. 2025 was the worst year in recent history for the preventable childhood disease measles in the U.S., with nearly 2,000 cases among unvaccinated children and three deaths.¹⁴⁸

¹⁴⁷ | Woolf S, Rosenthal J. "RFK Jr. Is Systematically Undermining Vaccine Science and Endangering Health." Center for American Progress. June 27, 2025. <https://www.americanprogress.org/article/rfk-jr-is-systematically-undermining-vaccine-science-and-endangering-health/>

¹⁴⁸ | Smith M. "Anti-vaccine group once led by RFK Jr circulates false assertions amid measles outbreak." The Guardian. December 19, 2025. <https://www.theguardian.com/us-news/2025/dec/19/rfk-jr-anti-vaccine-group-measles-outbreak>



DISMANTLING THE WHITE HOUSE GENDER POLICY COUNCIL

President Trump rescinded Executive Order 14020, thus dissolving the first-ever White House Gender Policy Council.¹⁴⁹ The White House Gender Policy Council was established in March 2021 by the Biden Harris Administration. Its aim was to coordinate domestic and foreign policy to advance gender equity, support women's health research, address systemic discrimination and barriers to economic and health opportunity for women and girls, promote access to comprehensive reproductive health care, and reduce health disparities.¹⁵⁰

149 | White House. Initial rescissions of harmful executive orders and actions. January 20, 2025.

150 | Biden JR. Executive Order 14020: Establishment of the White House Gender Policy Council. Santa Barbara: The American Presidency Project. March 8, 2021. <https://www.presidency.ucsb.edu/node/348336>



UNDERMINING SERVICES FOR LGBTQI+ OLDER ADULTS AND OLDER PEOPLE LIVING WITH HIV

An FY26 budget had still not been passed by Congress as of January 20, 2026, when this report was published.

Instead Congress is operating on a continuing resolution that expires at the end of January, 2026. The Trump Administration's FY26 budget proposal would eliminate the Administration for Community Living (ACL), which funds elder services through the Older Americans Act and disability services throughout the country.¹⁵¹

LGBTQ+ people may be in greater need of formal aging services, but may be less likely to access these services due to experiences of discrimination and stigma.¹⁵² ACL engaged in efforts over the past few years to address the needs and experiences of older LGBTQI+ people and older people living with HIV in elder services, including designating these populations as populations of greatest social need under the Older Americans Act.^{153 154} It is expected that the Trump Administration will attempt to roll this designation back soon.

According to Services and Advocacy for GLBT Elders (SAGE), the ACL is being abolished. Regional administrator positions have been eliminated. Some or all of it will be subsumed into a new Administration for Children, Families, and Communities (ACFC). This administration does not yet exist, but the U.S. Department of Health and Human Services is in the process of effecting this restructuring.¹⁵⁵

The Trump Administration's FY26 budget proposal would eliminate the Administration for Community Living (ACL), which funds elder services through the Older Americans Act and disability services throughout the country.

151 | Cancryn A. "HHS funding slashed by 30 percent in budget proposal." Politico. April 16, 2025. <https://www.politico.com/news/2025/04/16/trump-administration-mulls-sharp-funding-cuts-at-health-agencies-00294781>

152 | Cahill S. "Community resources and government services for LGBT older adults and their families." Orel N, Fruhauf C (eds.). *The Lives of LGBT Older Adults: Understanding Challenges and Resilience*. Washington, DC: American Psychological Association. 2014. 141-170.

153 | Cahill S. American Society on Aging, New Orleans. "LGBT federal and state policy update: Victories, challenges, and what's on the horizon." April 11, 2022. Panelist. "Building a policy agenda to address aging with HIV." April 13, 2022. Panelist.

154 | SAGE. "What Does the OAA Regulatory Update Mean for LGBTQ+ People, People Living with HIV, and Those that Serve Them?" August 1, 2024. <https://lgbtagingcenter.org/resource/what-does-the-oaa-regulatory-update-mean-for-lgbtq-people-people-living-with-hiv-and-those-that-serve-them/?tmstv=1754911655>

155 | Conversation with Aaron Tax, SAGE Managing Director of Government Affairs & Policy Advocacy, December 9, 2025.



UNDERMINING SERVICES FOR LGBTQI+ OLDER ADULTS AND OLDER PEOPLE LIVING WITH HIV CONTINUED

The administration may be moving to remove “sexual orientation, gender identity, or sex characteristics” and “HIV status” from the definition of “greatest social need” in the regulations implementing the Older Americans Act (OAA). ACL added this language to the regulations in February 2024 under the Biden Harris Administration.¹⁵⁶ In spring 2025 the new administration posted a notice on the Office of Management and Budget website stating the following:

This Proposed Rule amends the regulations implementing programs under the Older Americans Act (OAA) (42 U.S.C. 3001 et seq.): 45 CFR part 1321 (Grants to State and Community Programs on Aging) to comply with Executive Order 14168, Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government. This Proposed Rule revises the regulatory definition of Greatest Social Need. ¹⁵⁷

While advocates have not yet seen the proposed rule, we expect that it will remove “gender identity” and possibly other demographic indicators added to the definition in 2024. It is expected that a proposed rule will be published early in 2026 and have a quick public comment period

156 | DEPARTMENT OF HEALTH AND HUMAN SERVICES. Administration for Community Living 45 CFR Parts 1321, 1322, 1323, and 1324 RIN 0985-AA17. Older Americans Act: Grants to State and Community Programs on Aging; Grants to Indian Tribes and Native Hawaiian Grantees for Supportive, Nutrition, and Caregiver Services; Grants for Supportive and Nutritional Services to Older Hawaiian Natives; and Allotments for Vulnerable Elder Rights Protection Activities AGENCY: Administration for Community Living (ACL), Department of Health and Human Services (HHS or ‘the Department’). ACTION: Final rule. 11566 Federal Register / Vol. 89, No. 31 / Wednesday, February 14, 2024 / Rules and Regulations. Page 11657. <https://www.govinfo.gov/content/pkg/FR-2024-02-14/pdf/2024-01913.pdf>

157 | Office of Information and Regulatory Affairs. Office of Management and Budget. Executive Office of the President. HHS/ACL. RIN: 0985-AA19. Publication ID: Spring 2025. Title: Older Americans Act, Title III, VI, and VII. Agency: Department of Health and Human Services. EO14192 Designation: Deregulatory. CFR Citation: 45 CFR 1321. Legal Authority: 42 U.S.C. 3001 et seq. <https://www.reginfo.gov/public/do/eAgendaViewRule?pubid=202504&RIN=0985-AA19>



DISMANTLING SAMHSA AND CUTTING \$2 BILLION IN FUNDING FOR SUBSTANCE USE PREVENTION AND TREATMENT

On January 13-14 2026, the Substance Use and Mental Health Services Administration (SAMHSA) sent termination notices to as many as 2800 nonprofit organizations and state and local health departments cancelling nearly \$2 billion worth of substance use prevention and treatment grants. This represents about one quarter of SAMHSA's overall budget. The grants cut funded opioid treatment, care for homeless individuals, prison reentry programs, Hepatitis C elimination, suicide prevention, youth overdose prevention, pregnancy and post-partum treatment for substance use disorders, prevention of underage drinking programs, Medication Assisted Therapy, and addiction prevention and treatment for first responders.¹⁵⁸

In March 2025 President Trump and DOGE proposed cutting SAMHSA's staff by as much as 50%¹⁵⁹ and dissolving the agency, incorporating it into a new Administration for a Healthy America.¹⁶⁰ The proposed gutting of the Substance Abuse and Mental Health Services Administration would be devastating to the U.S. population in general, and to LGBTQI+ people in particular, who experience disproportionate substance use burden.¹⁶¹ Correlates for substance use among lesbian, gay and bisexual adolescents are victimization, lack of supportive environments, psychological stress, negative reactions to disclosure of homosexuality or bisexuality, and housing status.¹⁶³ LGBT youth experience higher rates of homelessness than straight and cisgender peers.¹⁶⁴ Apparently, following strong bipartisan pushback from Members of Congress and public health professionals, the administration reversed the cuts to substance use funding.¹⁶⁵

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DISMANTLING SAMHSA AND CUTTING \$2 BILLION IN FUNDING FOR SUBSTANCE USE PREVENTION AND TREATMENT CONTINUED

Widespread layoffs and lab closures caused by DOGE in the early weeks of the Trump-Vance Administration have reduced disease monitoring and the issuance of public health guidance. Local and state health departments, which heavily rely on federal grants, have been significantly disrupted, leaving routine service delivery threatened, especially in rural areas. Funding appropriated by Congress has not been sent to state health departments, in violation of the law and the U.S. Constitution (see more below). These cuts will likely increase long-term costs, reduce access and quality, and disproportionately harm low-income and minority populations.¹⁶⁶



BROADER CHANGES TO HEALTH POLICY AND FINANCING

H.R.1, the “One Big Beautiful Bill Act” passed by Congress and signed into law in July 2025, introduced work requirements for adults enrolled in Medicaid under the Affordable Care Act expansion. To maintain their coverage, adults aged 19–64 will be required to work, attend school, participate in job training, or perform community service for at least 80 hours per month, with states checking compliance every 6 months.¹⁶⁷ Some people are exempt, like parents of young children, people with disabilities, or those in substance use treatment.^{168 169 170 171}

Leading health policy experts think these work requirements won’t substantially increase employment among adult Medicaid beneficiaries. The Congressional Budget Office’s estimates that about 11.8 million people could lose Medicaid by 2034 because of these requirements; an additional 3.1 million will lose Marketplace insurance.^{172 173} A similar work program was implemented in Arkansas in 2018. An analysis found that people are more likely to lose coverage due to paperwork and documentation problems, not because they aren’t working.^{174 175} Ultimately, this requirement may cause millions of people to lose Medicaid coverage without meaningfully boosting employment. Experts warn that administrative burdens are a major risk and that safeguards are needed to prevent unintended disenrollment.^{176 177 178}

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BROADER CHANGES TO HEALTH POLICY AND FINANCING CONTINUED

H.R. 1 contained massive cuts to Medicaid and food assistance.¹⁷⁹ This legislation is predicted to cause as many as 16 million Americans to lose Medicaid or Marketplace insurance.¹⁸⁰ People living with HIV are more than twice as likely as the general population to have Medicaid as their health insurance.¹⁸¹ LGBT adults are twice as likely to be on Medicaid as straight, cisgender adults (13% v. 7%), due to higher rates of poverty and disability.¹⁸² The new law will cut Supplemental Nutrition Assistance Program (SNAP) by nearly \$200 billion over the next decade, cutting food aid significantly to 22 million U.S. families.¹⁸³

Data from Massachusetts indicate that LGBTQ+ people and families are more likely to experience food and housing insecurity.¹⁸⁴ LGBT+ adults in Massachusetts were more likely to earn less than \$25,000 a year, and less likely to earn over \$100,000 a year, than straight, cisgender individuals. The Greater Boston Food Bank found that 56 percent of LGBTQ+ households in Massachusetts experienced food insecurity in 2023, compared with 34 percent of all households surveyed in Massachusetts.¹⁸⁵

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BROADER CHANGES TO HEALTH POLICY AND FINANCING CONTINUED

Some 17 percent of LGBT Americans in 2021 were poor, compared to 12 percent of straight, cisgender Americans, based on a UCLA Williams Institute analysis of BRFSS data from 43 states. LGBT people of color and transgender people experience the highest rates of poverty.¹⁸⁶ The Fenway Institute's LGBT Aging 2025 report found that, in Massachusetts:

LGBT older adults were more than twice as likely to report difficulty paying for housing or food in past year. Despite the fact that there were no statistically significant differences in income, LGBT older adults were much more likely to report difficulty paying for housing, utilities, and food. Some 17.5 percent of LGBT older adults in Massachusetts reported difficulty paying rent, mortgage, or utilities in 2017 and 2018, compared to 6.5 percent of straight, cisgender adults ($p=0.0004$). Nearly one in five LGBT older adults, 19.1 percent, said that the food they bought didn't last and that they couldn't afford to buy more. Among straight, cisgender older adults, this was only the case for 8.6 percent ($p=0.0017$). Clearly, the disproportional financial struggle for LGBT older adults compared with their straight, cisgender age peers has significant implications for public health and LGBT elder health equity.¹⁸⁷

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BROADER CHANGES TO HEALTH POLICY AND FINANCING CONTINUED

Congress adjourned for the year without extending Affordable Care Act (ACA) subsidies, which lowered premiums for about 22 million people, and which expired on December 31st, 2025.¹⁸⁸ ¹⁸⁹ The enhanced ACA premium tax credits were introduced during the COVID-19 pandemic, lowering health insurance premiums and driving record enrollment in ACA marketplace plans.¹⁹⁰

This effort expanded affordability across income levels and reduced the uninsured rate, particularly in rural areas and non-Medicaid-expansion states.¹⁹¹ Texas, Mississippi, Tennessee, South Carolina, and Georgia could see rate increases of 27% or more because of the expiration of the tax credits.¹⁹² ¹⁹³

Marketplace enrollment doubled from 12 million in 2021 to over 24 million in 2025 after subsidies were enhanced. Now millions could face significantly higher monthly costs and even lose their insurance coverage. With this expiration, premium payments are expected to more than double in 2026, largely impacting middle-income households.¹⁹⁴

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BROADER CHANGES TO HEALTH POLICY AND FINANCING CONTINUED

People of color, LGBTQI+ people, and people living with HIV have disproportionately benefitted from the expansion of insurance access under the Affordable Care Act. They will likely be disproportionately hurt by these changes. American Indian and Alaska Native and Hispanic people experience the highest rates of uninsurance in the U.S., at 18.7% and 17.9% uninsured, respectively. Native Hawaiian and Pacific Islanders (12.8% uninsured) and Black people (9.7% uninsured) are uninsured at higher rates than White people (6.5% uninsured) and Asian Americans (5.8% uninsured).¹⁹⁵

Prior to the Affordable Care Act, LGB people experienced higher rates of uninsurance. The 2024 NORC/CAP LGBTQI+ Community Survey found that 13% of LGBTQI+ people in the U.S. were uninsured, compared with 8% of non-LGBTQI+ people.¹⁹⁶ Most people living with HIV could not get private insurance prior to the ACA. Today 40% of PLWH in the U.S. under 65 are insured by Medicaid, nearly three times the rate for the general population under 65 (15%).¹⁹⁷

People of color, LGBTQI+ people, and people living with HIV have disproportionately benefitted from the expansion of insurance access under the Affordable Care Act.

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MOVES BY CONGRESS TO LIMIT ACCESS TO TRANSGENDER HEALTH CARE

The U.S. House of Representatives attempt in its version of H.R. 1, the One Big Beautiful Bill Act (OBBBA), to restrict gender-affirming care for all transgender people, regardless of age.¹⁹⁸ ¹⁹⁹ In Sec 44125, the bill prohibited “federal Medicaid and Children’s Health Insurance Program [CHIP] funding for gender transition procedures for minors.” The provision was then amended to remove the verbiage “for minors.” This would prohibit care to transgender adults who are Medicaid beneficiaries. The bill sought to prevent Medicaid or CHIP funding to be used for any related “gender transition procedure,” including gender-affirming surgeries and hormone therapy. The House passed the bill and it was sent to the Senate for its consideration.²⁰⁰

In June 2025 the U.S. House of Representatives attempted to restrict gender-affirming care for all transgender people, regardless of age.

However, the Senate Parliamentarian ruled that the Medicaid transgender care provision violated its rules and could not be passed through reconciliation, i.e. 50 votes plus 1, but required a supermajority of 60 votes, which it did not have. The Senate removed the Medicaid funding restriction from the bill.²⁰¹

H.R. 1 was not the only legislation to include anti-LGBTQ riders, or amendments. The National Defense Authorization Act also included six anti-LGBTQ+ and anti-transgender riders in its final version. These amendments ban military health insurance coverage for gender-affirming medical care to military service members and dependents, ban transgender participation in sports, ban the use of bathrooms that accord with one’s gender identity on military bases, ban the display of pride flags, and ban the collection of gender identity data.²⁰²

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ABANDONING “HOUSING FIRST” APPROACHES TO REDUCING HOMELESSNESS

The Trump Administration has substantially transformed federal housing policy, moving away from “Housing First” approaches which prioritize getting homeless individuals into housing. Funding has been shifted from permanent long-term housing to short-term housing with requirements that recipients work and seek substance use treatment. Housing advocates who are critical of the new policy warn that as many as 170,000 formerly homeless individuals who have secured permanent affordable housing may be forced out of their homes under the new policy.

Jesse Rabinowitz of the National Homelessness Law Center said that “Donald Trump's approach to homelessness does nothing to address the sky-high cost of rent, which remains the main cause of homelessness.” The “Housing First” approach has dominated federal policy for the past two decades, and has focused on getting homeless individuals into housing as soon as possible

The new administration has expressed opposition to this policy.²⁰³ An August 2025 executive order calls for an end to Housing First, conditioning housing assistance on accessing behavioral health treatment, and limitations on harm reduction approaches to substance use among homeless individuals. ²⁰⁴

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RESTRICTING SOME IMMIGRANTS' ABILITY TO ACCESS AFFORDABLE HEALTH CARE

The Trump Administration has implemented policies that will limit the ability of some immigrants to access Medicaid, marketplace insurance under the Affordable Care Act, and Medicare. In addition to including significant cuts to Medicaid funding as described above, H.R. 1, known officially as “the One Big Beautiful Bill Act,” also makes lawfully present immigrants ineligible for Medicaid, the Children’s Health Insurance Program, subsidized marketplace insurance through the Affordable Care Act, and Medicare. Under the new law eligibility for these programs will be “limited to lawful permanent residents (LPRs or ‘green card’ holders), Cuban or Haitian entrants, and citizens of Compact of Free Association (COFA) residing in the U.S.”²⁰⁵ This means that refugees, asylees, individuals with Temporary Protected Status, and individuals on work visas will not be eligible for these kinds of subsidized health insurance. The Congressional Budget Office estimates that 1.4 million lawfully present immigrants will lose insurance over the next eight years. The eligibility restrictions take effect over the next year.²⁰⁶

A June 2025 regulation removed Deferred Action for Childhood Arrivals (DACA) recipients from eligibility for subsidized marketplace insurance in August 2025. In July 2025 the administration issued a policy change that states that undocumented immigrants are not eligible for services from the Health Center Program, Head Start, and a number of behavioral health and substance use treatment programs.²⁰⁷

H.R.1 included \$170 billion in funding for “homeland security and immigration,” including a massive expansion of immigration enforcement and deportation in cities and other communities across the U.S. Public health experts fear that this will cause many immigrants to stop seeking health care due to fear of being arrested and deported.²⁰⁸

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DISMANTLING OF USAID AND PEPFAR-FUNDED HIV PREVENTION FOR LGBTQ+ COMMUNITIES IN AFRICA AND ELSEWHERE

Programs supporting the health of LGBTQI+ communities around the world, a key foreign policy goal of previous U.S. administrations, were abruptly ended in early 2025, leaving communities even more vulnerable than they already were. Perhaps most devastating for LGBTQI+ people around the world has been the near total dismantling of the U.S. Agency for International Development (USAID) by billionaire South Africa native Elon Musk and his unofficial Department of Government Efficiency (DOGE). USAID was created by President John F. Kennedy and provided food assistance, health care, and other aid to vulnerable populations around the world, especially in the newly independent former colonies in Africa and Asia.²⁰⁹ By early March 2025 nearly all of USAID's staff and contractors had been fired, and only one-tenth of its contracts were still in place.²¹⁰

Programs supporting the health of LGBTQI+ communities around the world, a key foreign policy goal of previous U.S. administrations, were abruptly ended in early 2025.

The President's Emergency Plan for AIDS Relief (PEPFAR), a program that worked closely with USAID and CDC to prevent HIV infections and treat people living with HIV around the world, was significantly changed in 2025. The fate of its funding is unclear in part because Congress has not passed a traditional fiscal year budget. About \$4.8 billion of the total \$6.5 billion in U.S. funding for PEPFAR takes the form of direct bilateral aid to 55 countries with a high prevalence of HIV. Most of this funding is channeled through USAID. Another \$1.7 billion in funding supports the Global Fund to Fight HIV, AIDS and Malaria.²¹¹ PEPFAR was announced by Republican President George W. Bush in his 2003 State of the Union Address and was created and funded by a majority Republican Congress.²¹² However, this did not protect it from draconian cuts by the administration in early 2025.

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DISMANTLING OF USAID AND PEPFAR-FUNDED HIV PREVENTION FOR LGBTQ+ COMMUNITIES IN AFRICA AND ELSEWHERE

CONTINUED

PEPFAR has been promoting HIV prevention with men who have sex with men (MSM) and data collection to understand the impact of HIV on MSM in Africa, the Caribbean and elsewhere around the world since its 2008 reauthorization.²¹³ Soon thereafter it expanded HIV prevention and data collection with transgender women. Both MSM and transgender women are populations at elevated risk for HIV infection around the world.^{214 215 216}

Promoting equality and safety for LGBTQ+ people around the world emerged as a key foreign policy goal under President Obama's and President Biden's administrations.²¹⁷ The Trump Pence Administration discontinued this policy.²¹⁸ The second Trump Administration followed suit, and also cut funding for grassroots LGBTQ+ organizations engaged in HIV prevention work in Africa and other parts of the world. The Trump Administration, through Elon Musk and DOGE, essentially dismantled USAID, ended all of its contracts, and laid off nearly all of its staff and contractors.²¹⁹ Soon after this, Secretary of State Marco Rubio announced that life-saving medical care such as HIV treatment would not be eliminated. However, he stated that groups that focus on LGBTQ people or groups that promote "DEI" would not be eligible for continued funding. This has resulted in the defunding of organizations in South Africa, Uganda, and elsewhere that provided HIV prevention, screening and care to LGBTQ+ communities.

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²¹⁴ | Kimani M, van der Elst EM, Chiro O, Oduor C, Wahome E, Kazungu W, Shally M, Rinke de Wit TF, Graham SM, Operario D, Sanders EJ. PrEP interest and HIV-1 incidence among MSM and transgender women in coastal Kenya. *J Int AIDS Soc.* 2019 Jun;22(6):e25323. doi: 10.1002/jia2.25323. PMID: 31194291; PMCID: PMC6563853.

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DISMANTLING OF USAID AND PEPFAR-FUNDED HIV PREVENTION FOR LGBTQ+ COMMUNITIES IN AFRICA AND ELSEWHERE

CONTINUED

In Uganda nearly all of the 127 organizations that conducted HIV prevention and care work with LGBTQI+ populations lost their USAID funding. As a result, most of these organizations have stopped operating.²²⁰

In South Africa, a number of LGBTQI+ focused HIV prevention organizations have drastically cut back their services. OUT LGBT Well-being, an organization directly funded by USAID until March 2025, announced the closure of its Engage Men's Health program. OUT LGBT Well-being Executive Director Dawie Nel thanked the American people for ten years of support of their efforts to prevent HIV infection among MSM, and then said:

"However, we regret the sudden and devastating impact of this funding withdrawal, not just on us, but on the thousands of individuals whose health and well-being depended on these services." Nel said Engage Men's Health had managed to help 2,000 men who have sex with men stay on life-saving antiretroviral therapy, and provided 4,000 others with PrEP to prevent HIV infection. "With these services now ending, we fear that HIV will spread more rapidly and that many will struggle to access the care they need," added Nel.²²¹

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DISMANTLING OF USAID AND PEPFAR-FUNDED HIV PREVENTION FOR LGBTQ+ COMMUNITIES IN AFRICA AND ELSEWHERE

CONTINUED

PEPFAR, the organization that funded most of the expansion of pre-exposure prophylaxis (PrEP) for HIV prevention in the Global South, including with key populations like sex workers and people who inject drugs (PWID), is now only funding PrEP for pregnant and breast feeding women.²²²

PEPFAR is now only funding PrEP for pregnant and breast feeding women.

As of late 2024 some 719,134 individuals who were not pregnant or lactating women received PEPFAR-funded PrEP across 28 sub-Saharan African countries. Of these 205,868 individuals were from key populations, including men who have sex with men (MSM). PEPFAR funding for these prevention efforts was abruptly ended in early 2025 by the new administration.

Researchers estimate that the discontinuation of PrEP will lead to sharp rises in new HIV infections, especially among key populations. They estimate that in Zambia in one year alone the rate of new infections among PWID will rise 7.8%, and among MSM it will rise by 18.1%.²²³

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DISMANTLING OF USAID AND PEPFAR-FUNDED HIV PREVENTION FOR LGBTQ+ COMMUNITIES IN AFRICA AND ELSEWHERE

CONTINUED

The U.S. government's sudden defunding of HIV prevention by LGBTQI+ community organizations in Africa and in other parts of the world will have devastating effects on HIV prevention and care in parts of the world where gay and bisexual men and transgender women are subject to violence and persecution by other members of society and by governmental actors, and where they are disproportionately vulnerable to HIV infection. A recent study predicts that if PEPFAR funding to South Africa is terminated, that country will experience an "additional 601,000 HIV-related deaths and 565,000 new HIV infections" over the next decade.²²⁴ A different modeling study predicts that ending PEPFAR funding to 26 countries could result in 11 million additional HIV infections and 3 million additional deaths. The authors state that "[u]nmitigated funding reductions could significantly reverse progress in the HIV response by 2030, disproportionately affecting sub-Saharan African countries and key and vulnerable populations."²²⁵ Still another study estimated that a complete cessation of U.S. aid without a replacement from other sources would cause some 15.2 million additional AIDS deaths over the next 15 years.²²⁶

The Africa Centre for Disease Control and Prevention warned in March 2025 that 2-4 million additional Africans could die each year due to the drastic cuts to HIV prevention and care funding.²²⁷

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DISMANTLING OF USAID AND PEPFAR-FUNDED HIV PREVENTION FOR LGBTQ+ COMMUNITIES IN AFRICA AND ELSEWHERE

CONTINUED

There were two glimmers of hope in the second half of 2025. First, in July a Congressional recission package that “clawed back” over \$9 billion in funds for international aid that had previously appropriated by Congress removed a recission of \$400 million for PEPFAR.²²⁸ This was the result of concerted advocacy by HIV organization and Republican supporters of PEPFAR. Second, the U.S. State Department announced that PEPFAR would partner with the Global Fund to support provision of long-acting injectable PrEP (Lenacapavir) at cost to up to 2 million people in high-burden countries by 2028.²²⁹

In September 2025 the administration announced the America First Global Health Strategy, under which the U.S. will negotiate bilateral, multi-year agreements with countries receiving PEPFAR aid. Countries will share the cost of the program and assume full financial responsibility for it at the end of the agreement period. The U.S. promised to provide full funding for medications and health care workers in FY26 and then reduce this contribution in subsequent years.²³⁰ The Trump Administration also withdrew the U.S. from the World Health Organization (WHO), citing its alleged “mishandling” of the COVID-19 pandemic and financial burdens on U.S.^{231 232}

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LEGAL AND CONSTITUTIONAL CONCERNS

The administration and DOGE's near total dismantling of USAID staffing and programming and their drastic cuts to NIH research grants run counter to the express will of Congress as indicated in federal budgets and are of questionable legality and constitutionality. A number of lawsuits against the NIH grant funding cuts argue that the administration violated the 1946 Administrative Procedures Act by engaging in "arbitrary and capricious" actions instead of following normal processes. They also argue that the Trump Administration is violating the separation of powers set forth in the U.S. Constitution.²³³

Article I, Section 8 of the U.S. Constitution states that Congress has the power of the purse, the power to raise and spend money "to pay the Debts and provide for the common Defence and general Welfare of the United States." Congress also has the power "[t]o make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof." According to Article II, Section 3, the President's most important role is that "he shall take Care that the Laws be faithfully executed..." The President cannot restrict the spending of funding after Congress has appropriated that funding, according to the Constitution.²³⁴

The President cannot restrict the spending of funding after Congress has appropriated that funding, according to the Constitution.

Legal scholars also argue that the unanimous U.S. Supreme Court ruling *Train v. NY* (1975) clearly prohibits the Trump Administration's actions regarding NIH grants and USAID. In this case the Supreme Court ruled unanimously that President Nixon could not withhold funds for the Environmental Protection Agency that Congress has appropriated.²³⁵ Others have cited the Impoundment Control Act of 1974, which "limits the executive branch's authority to decline to spend or commit to spending funds that Congress has appropriated."²³⁶

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CONCLUSION



In its first year, the Trump Administration has implemented a number of policies that restrict the rights of transgender and gender diverse (TGD) people and LGBTQI+ people more broadly, and that are making it harder for LGBTQI+ people to access health care and social services. They have proposed and implemented severe funding cuts to disease prevention, health promotion, public health surveillance, and health research that will undermine future advances in health and likely cause a deterioration in public health, as we are seeing with the current measles outbreaks.²³⁷ They have also proposed a radical restructuring of the nation's public health infrastructure and fired or reassigned expert public health professionals with an incredible amount of expertise and experience in preventing disease, promoting health, and managing outbreaks of infectious disease. They have dismantled policies developed over the past several decades that advanced equality and health equity for LGBTQI+ people, rural populations, members of racial and ethnic minority groups, and other populations, and that advanced effective, science-based sexual and reproductive health promotion and HIV and STI prevention and care. They have stopped funding for hundreds of research studies in HIV prevention, LGBTQI+ health, racial and ethnic health equity, reproductive health, and other areas. And they have dismantled foreign health assistance programs that have saved millions of lives and made the United States a leader in promoting human rights, food security, health, and humanitarian aid around the world.



CONCLUSION CONTINUED

It is striking that while a vast majority of Americans, including a majority of Republicans, support sexual orientation and gender identity nondiscrimination laws,²³⁸ the new administration is moving to repeal SOGI nondiscrimination in federal regulation. While more and more Americans know a transgender or bisexual or lesbian person,²³⁹ the new administration is abruptly ending health research with these populations, removing references to them on government websites, and restricting rights more broadly throughout society.²⁴⁰ Most Americans support Diversity, Equity and Inclusion initiatives,²⁴¹ yet this administration portrays these as “illegal and immoral discrimination programs” policies that promote racism.²⁴²

While these developments can feel overwhelming and demoralizing, it is important that those who support health equity and science-based public health engage this critical historical moment and make known their views on these changes by weighing in with elected officials about these policy and funding changes, and by submitting public comments to federal agencies regarding them.

The United States and the world have benefitted greatly from scientific research and disease prevention free of ideological interference. This led to the development of vaccines that enabled the global elimination of smallpox, and the near eradication of polio. We should advocate for scientific integrity and the importance of conducting research with populations that experience health disparities, whether rural populations, racial and ethnic minority groups, older adults, people with disabilities, and/or LGBTQI+ individuals. It's also important that health care providers continue to provide culturally responsive and clinically competent care to all patients, including TGD patients. All human beings have a right to affirming, culturally responsive, and medically necessary health care, wherever they live, whoever they are, and whatever their socioeconomic circumstances.

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CONCLUSION CONTINUED

Challenging these policies is a public health imperative. Academic public health researchers predict that the Trump Administration's health policies will probably result in new food-borne outbreaks, a resurgence of HIV and other STIs, further increases in vaccine-preventable diseases such as measles, the financial failure of more and more health care institutions due to cuts in Medicaid reimbursement, and increased number of casualties at hospitals, and reduced federal assistance to communities that experience natural disasters.²⁴³

LGBTQI+ communities and HIV activist communities have a strong and proud history of advocacy for equality and liberation, and advocacy for health policies that address the needs of our communities. In this moment of crisis and challenge it is important that we come together and support community organizations and researchers who are trying to improve the health and well-being of LGBTQI+ people, people living with HIV, and individuals at elevated risk of HIV infection. We must be steadfast in challenging policies and funding decisions that undermine public health and human rights.





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