

In Praise of Expanding Protections Against Discrimination in Health Care

ACS CAN is pleased to see the White House provide anti-discrimination protections as part of the Affordable Care Act.

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Monday, July 25, the Health and Human Services Department released a proposed rule expanding nondiscrimination protections for patients using federally funded health programs. The rule also requires anti-discrimination training and reinstates translational services for people with limited English proficiency.

The new rule would reverse a 2020 change put in place at the end of the Trump administration that significantly weakened protections for LGBTQ+ and other patients.

A statement from Lisa Lacasse, president of the American Cancer Society Cancer Action Network (ACS CAN) in response follows:

“We are pleased to see the administration move forward to provide critical anti-discrimination protections put in place as part of the Affordable Care Act.

“The LGBTQ+ community already faces significant health disparities and LGBTQ+ people with cancer are more likely to have hospitalizations, ER visits, ambulatory surgeries, and provider visits. Everyone should be able to access care quickly and without fear of discrimination.

“Additionally, restoring translational services for those with limited English skills is critical for reaching numerous communities with disproportionate cancer burdens. American Cancer Society [research](#) released July 26 shows adults in the United States with Limited English Proficiency (LEP) had consistently worse access to medical care, including cancer prevention services, than adults without LEP. Reinstating translational services for federal health programs is an essential step toward reducing disparities and providing equitable access to quality health care.

“Every person regardless of their race, color, national origin, gender identity, sexual orientation, age or disability deserves to be given equal access to timely, quality, comprehensive health care without discrimination and we welcome this proposed rule as a positive step toward improved access for all patients.”

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