



The Case Management Society of America (CMSA™) continues to believe that diversity, equity, inclusion, and belonging (DEIB) as well as health equity are vital to the professional practice of case management as these components address the growing need for culturally competent, unbiased, and inclusive care in an increasingly diverse society. However recent initiatives, executive orders, and policy decisions have raised concerns that organizations are eliminating, reducing, or substantially modifying their efforts to advance DEIB and health equity. Despite these initiatives, CMSA continues to be committed to DEIB and health equity, because they promote equitable care, enhance client-centered care, reduce systemic barriers, and support professional development through a comprehensive framework.

CMSA believes that all clients — regardless of their background, identity or ability — should receive fair and just opportunities to attain their best possible health. By addressing health disparities and social determinants of health, professional case managers can help eliminate unequal health outcomes and achieve optimal results.

1. What type of DEIB and health equity activities and work products is CMSA working on currently?

In 2023, CMSA formed a DEIB committee, and listed below are the activities and work products of the sub-committees:

- a. *Standards of Practice (SOP)*: In late 2024, CMSA issued Standard Q that has become a part of the *CMSA Standards of Practice for Case Management*, and this new standard specifically addresses the expectations of professional case managers related to DEIB and health equity.
- b. *Client Perspective*: A survey tool has been created for professional case managers to assess their current familiarity and competencies related to DEIB and health equity. From the survey results, CMSA will be able to identify learning and development opportunities to improve DEIB and health equity in professional case management practice.

- c. *Workforce Perspective*: A framework has been developed which outlines actionable strategies across four key pillars, including talent acquisition, workforce composition, career development, and learning and development.
- d. *Toolbox*: This is an initiative to collect, organize, and catalog essential resources on DEIB and health equity that will result in providing CMSA members on-line access to information that enhances professional case management practice with diverse individuals and communities.

CMSA has published blogs, articles, and presentations related to key DEIB and health equity issues. CMSA has also issued a [position statement](#) on diversity, equity, inclusion, and belonging. Many of these resources can be accessed through the CMSA website.

2. Why are DEIB and health equity so important to CMSA and case managers?

It is the professional obligation of all case managers to promote equitable care, enhance client- and family centric care, and reduce systemic barriers. The voice of each client and their family member is a priority across healthcare. To this end, it is vital that all case managers prioritize culturally competent, unbiased, and inclusive care for all populations they care for, especially amid the increasingly diverse society (CMSA, 2024)

Workforce development is an equally vital element for all organizations that hire case managers, including a comprehensive framework to account for inclusive talent recruitment, workforce retention, continuing education, professional development. The workforce shall respect approaches to case management services that differ from their own and the traditions and practices of other professional groups with which they work. Positive working relationships and systems of communication must be forged with interprofessional colleagues to enhance services to clients (CMSA, 2024)

3. What Executive Orders has the White House signed to impact DEI Initiatives and Programs?

These include:

- a. **Executive Order 14151** to terminate DEI Programs across Federal agencies and employers.
- b. **Executive Order 14168** for federal departments to recognize gender strictly as a male-female binary determined by biological sex assigned at conception. It requires the replacement of all instances of "gender" with "sex" in official materials, cessation of funding for gender-affirming care, and prohibits transgender individuals from using single-sex federally funded facilities that align with their gender identity.
- c. **Executive Order 14173** which revokes [several previous executive orders](#) promoting DEI initiatives, including [Executive Order 11246](#) that prohibited federal contractors from engaging in employment discrimination based on race, color, religion, sex, sexual orientation, gender identity, or national origin.
- d. **Executive Order 14190** which seeks to withdraw federal funding from any school that recognizes a child's gender transition, including name or pronoun changes. It aims to

prevent what the administration describes as "radical gender ideology" in educational settings, emphasizing a return to "traditional" gender norms.

- e. **Executive Order 14183** opines that "expressing a false 'gender identity' divergent from an individual's sex cannot satisfy the rigorous standards necessary for military service" and asserts that accommodating gender identities divergent from an individual's biological sex is inconsistent with military readiness and unit cohesion. (Sourced from [Association of International Educators \(NAFSA\)](#))

4. What do Executive Orders do?

Executive orders (EO) are used by a current President to issue formal directions to the executive branch, agencies and officials on how to carry out the work of the federal government. While congressional approval is not required for an EO to be effective, judicial review is commonplace and EOs can be reversed by later administrations and/or court rulings. Although executive action is limited in scope, it can have a big impact on regulatory enforcement and is often used in times of war or national emergency. CMSA remains actively engaged in monitoring this evolving policy landscape. For the most current information on executive orders and their current status and implications, please visit the Federal Registrar [<https://www.federalregister.gov/presidential-documents/executive-orders>].

5. How are states affected?

Even though states are not directly affected, ripple effects are inevitable. The landscape of continuing education (CE) requirements has the potential to change, and all professional case managers should review the scope of practice and licensure requirements for the state(s) in which they hold licensure.

References

Case Management Society of America (CMSA). (2024). Standard Q: Diversity, Equity, Inclusion, Belonging and Health Equity, *CMSA standards of practice for case management*; Brentwood, TN

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Please note that this Diversity, Equity, Inclusion, and Belonging FAQ should be used in conjunction with regular reference to relevant federal, state, and local regulations, as well as professional codes of conduct and standards of practice, to guide your work effectively. Keep in mind that these guidelines are meant to support—not replace—your employer’s policies and procedures, which should always take precedence when applicable. In all instances, medical and legal professionals should be consulted prior to the implementation of any case or care management plan; the information contained in this DEIB Roadmap shall not constitute medial or legal advice. In no event shall the Case Management Society of America (CMSA) be held liable for damages of any kind in connection with the material, methods, information, techniques, opinions or procedures expressed, presented, or illustrated in this Diversity, Equity, Inclusion, and Belonging FAQ even if the CMSA has been informed of the possibility of such liability.