



NFPRHA2018

NATIONAL CONFERENCE

**A Patient-Centered Approach
to LGBTQ+ Care**

Monday, March 19

3:30-4:45 p.m.

LGBT Health Access and Coverage: A National Update

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NFPRHA National Conference
March 19, 2018



Filling the need for trusted information on national health issues.

A New Landscape: Reshaping Healthcare Access for LGBT Individuals & Families



Filling the need for trusted information on national health issues...

UPDATED: August 2017 | Issue Brief

Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

Executive Summary

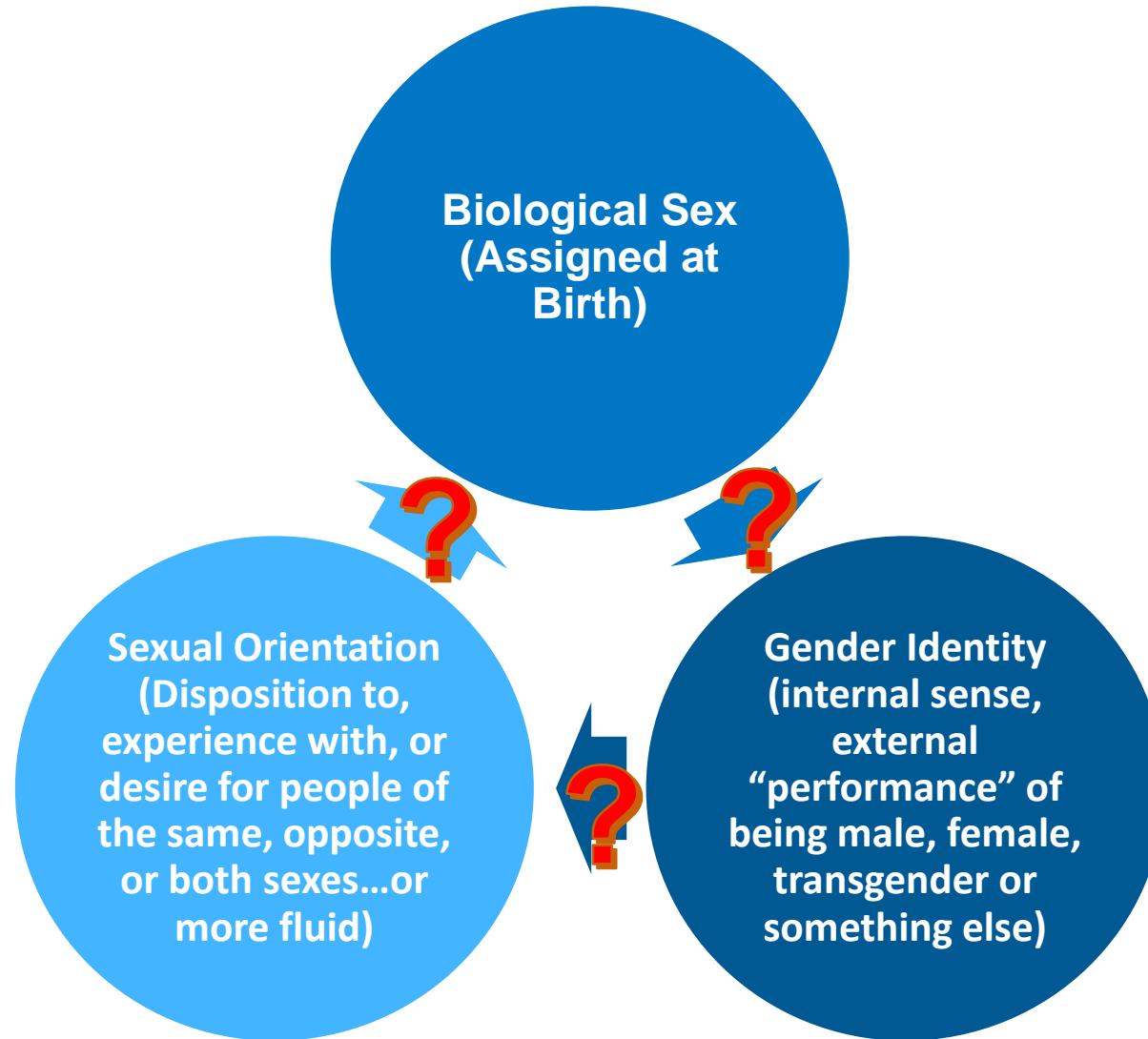
Lesbian, gay, bisexual, and transgender (LGBT) individuals often face challenges and barriers to accessing needed health services and, as a result, can experience worse health outcomes. These challenges can include stigma, discrimination, violence, and rejection by families and communities, as well as other barriers, such as inequality in the workplace and health insurance sectors, the provision of substandard care, and outright denial of care because of an individual's sexual orientation or gender identity.^{1,2,3}

While sexual and gender minorities have many of the same health concerns as the general population, they experience certain health challenges at higher rates, and also face several unique health challenges. In particular, research suggests that some subgroups of the LGBT community have more chronic conditions as well as higher prevalence and earlier onset of disabilities than heterosexuals. Other major health concerns include HIV/AIDS, mental illness, substance use, and sexual and physical violence. In addition to the higher rates of illness and health challenges, some LGBT individuals are more likely to experience challenges obtaining care. Barriers include gaps in coverage, cost-related hurdles, and poor treatment from health care providers.

Several recent changes within the legal and policy landscape have served to increase access to care and insurance for LGBT individuals and their families. Most notably these include: the implementation of the



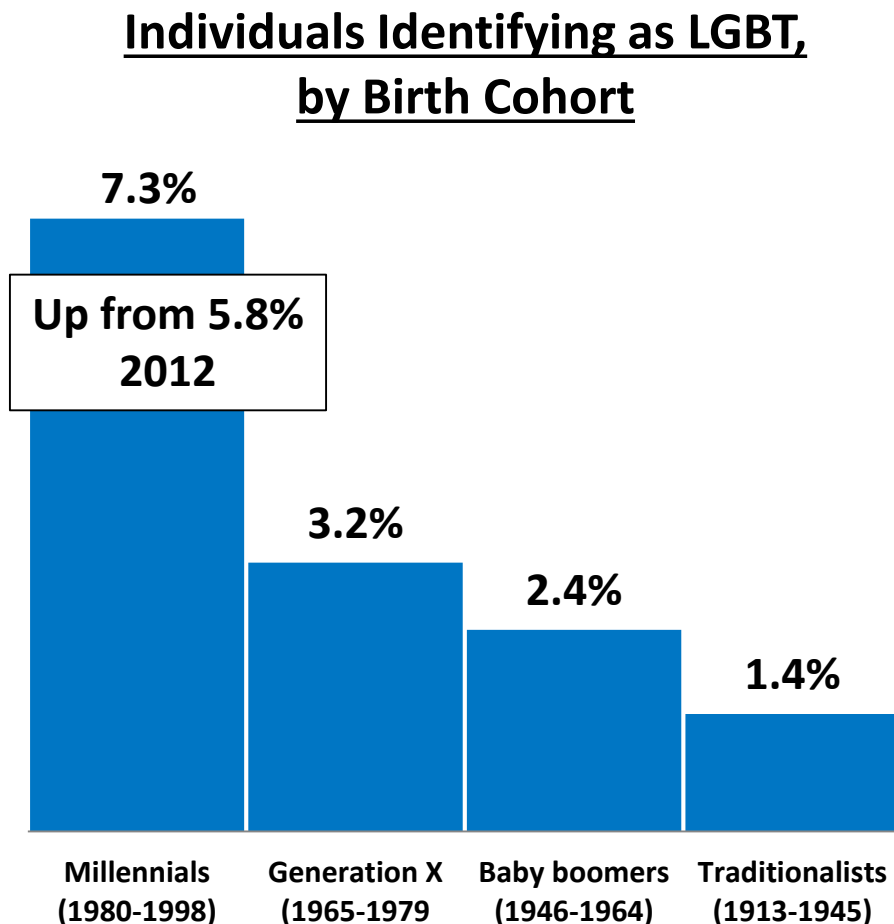
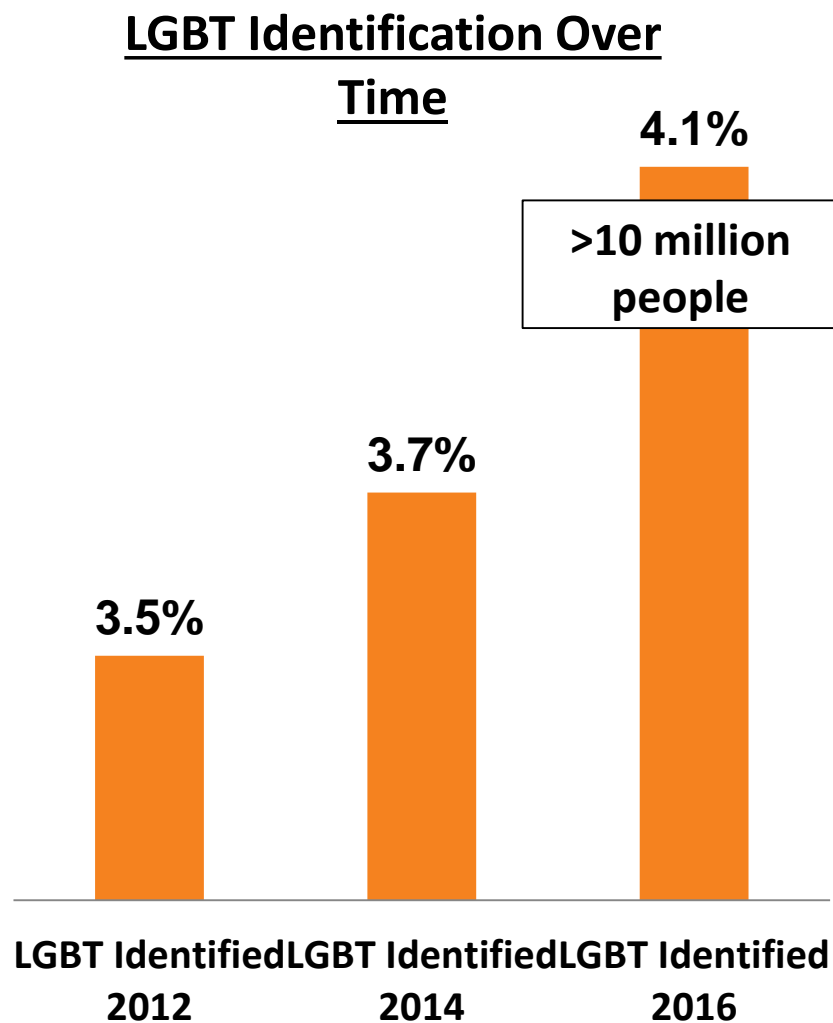
Sex, Gender, Sexual Orientation Triad



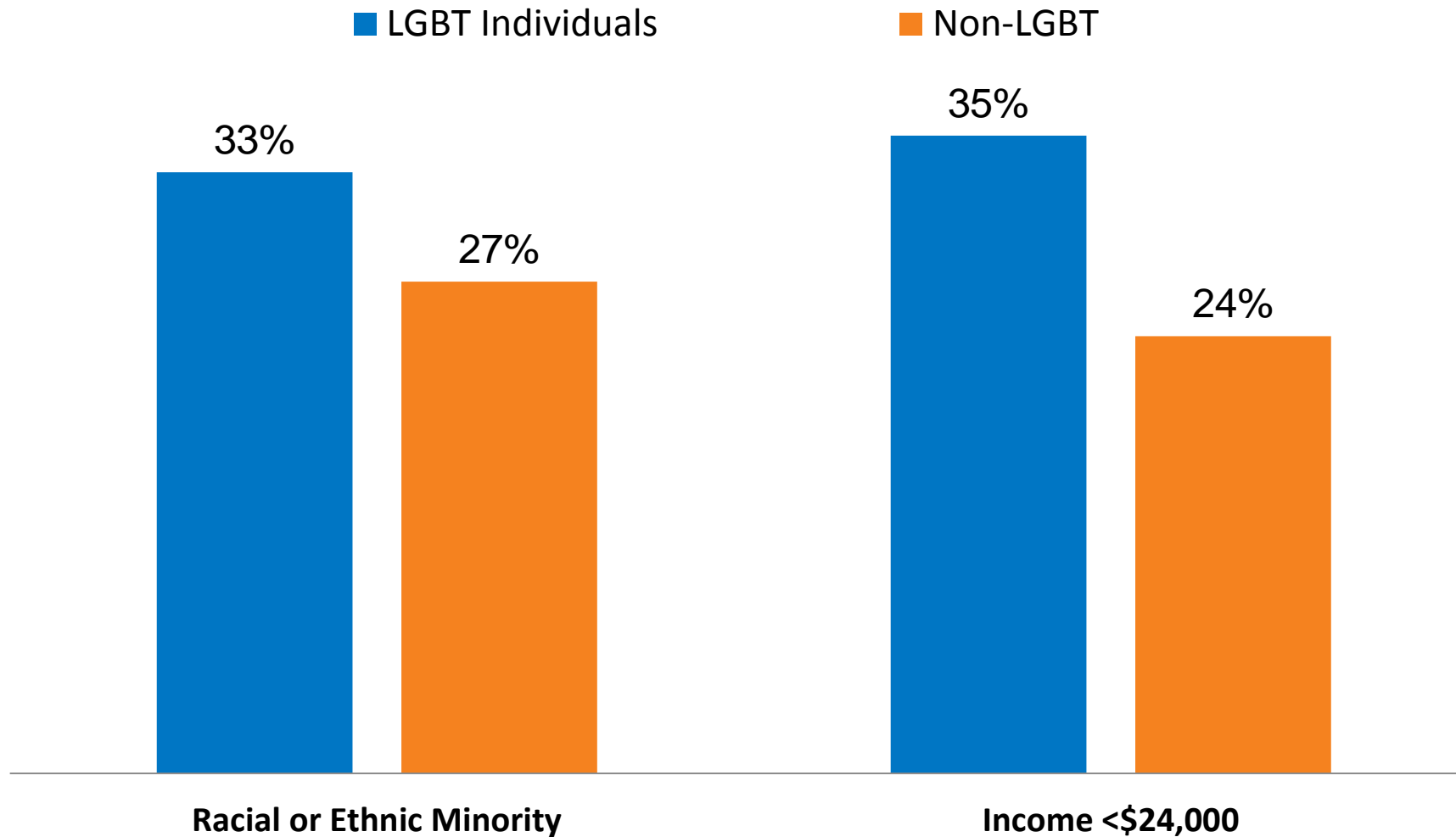
Who is the LGBT population?



Demographic Characteristics Among Adults Ages 18-64



Demographic Characteristics Among Adults Ages 18-64



What else do we know?

- Limited data on size of transgender population estimated to be about 0.6% of U.S. population adult population, approx. 1.4 million adults
- 9.6% of LGBT Americans married to same-sex spouse; 49% of cohabiting same-sex couple married (up 11% since SCOTUS marriage equality decision)
- Smaller share of same-sex couples (17%) raising children compared to heterosexual couples (39%) – majority female couples

LGBT Health

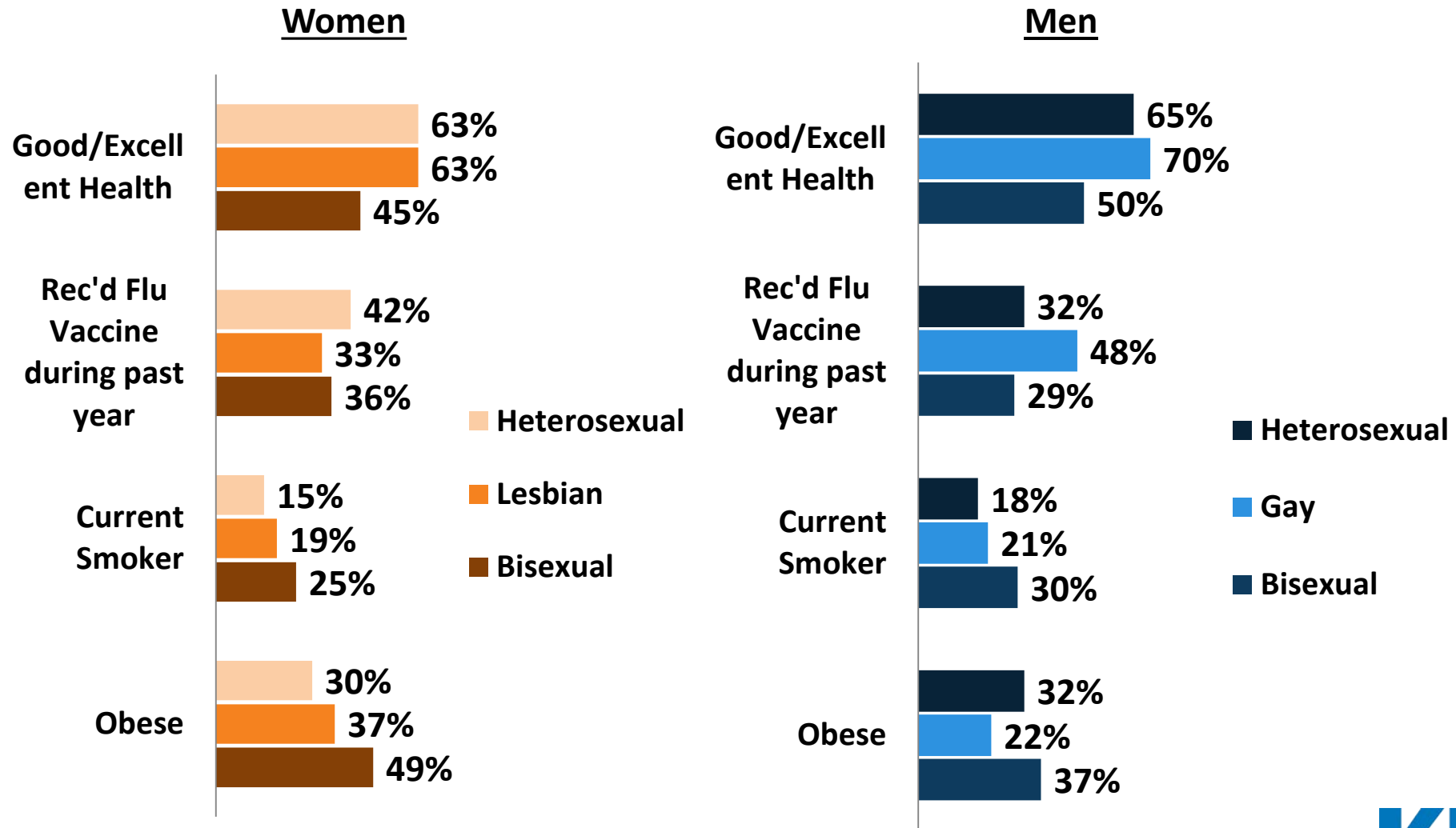


Sexual Orientation and Gender Identify (SOGI) and Health

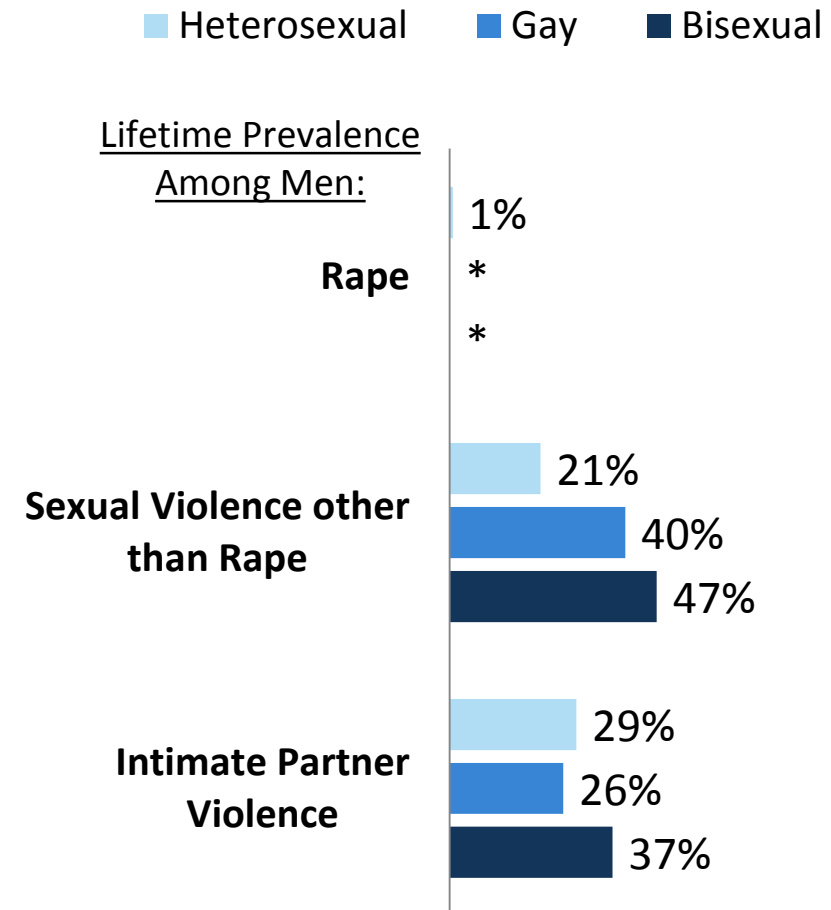
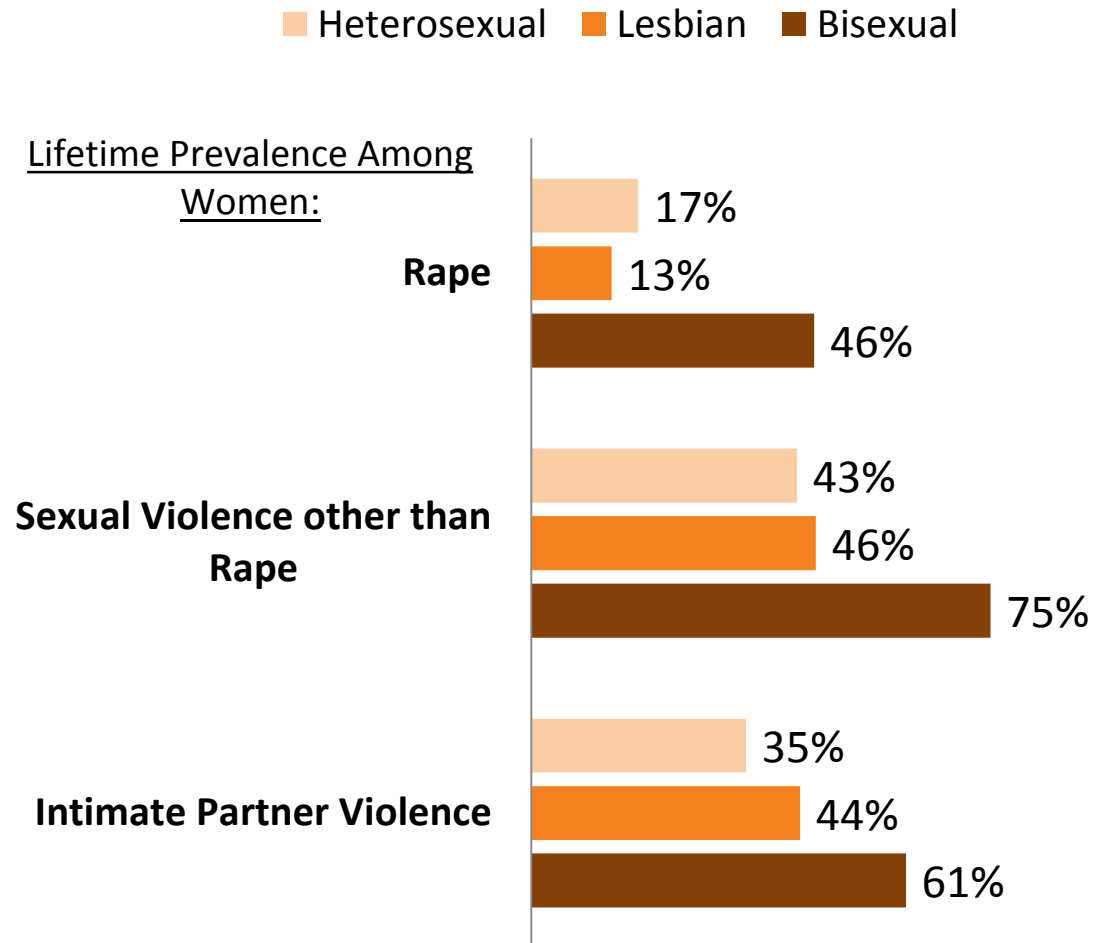


- Health shaped social, economic, and structural factors
- For LGBT individuals can include impact of discrimination, stigma w/ ostracism impacting health outcomes, access, and experience with health care
- LGB individuals report more chronic conditions: asthma diagnoses, headaches, allergies, osteoarthritis, and GI problems than heterosexual counterparts
- LGB individuals report higher rates of some cancers and CVD
- LGBT individuals higher risk for mental illness and substance misuse, can relate to experience of stigma and discrimination, transgender people esp. impacted
 - 2/3 of LGBT adults have experienced discrimination related to LGBT, 30% physically threatened or attacked
 - 1:5 hate crimes due to sexual orientation bias

Health Status Among Adults 18-64, by Sexual Orientation, 2015



Sexual Violence, by Sexual Orientation, 2010



NOTE: *Sample size too small for estimate. Among adults 18 and older.

SOURCE: CDC. (2013). The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation.

Disparities in Access to Care

- Lesbians and bisexual men and women have higher rates of unmet medical need due to cost; Less likely to have regular place to seek health care
- Negative experiences seeking care (disrespectful, discriminatory, or lack of awareness of health needs) may discourage seeking care in the future
 - 15% of gay men report experiencing poor treatment from a medical professional
 - 8% of LGBTQ people report that a provider has refused to see them because of SO
 - 29% of transgender people report a provider has refused to see them because of GI
- Medical education does not routinely cover LGBT health issues

LGB Youth

- Among high school students: 89% identify as heterosexual, 2.0% gay or lesbian, 6.0% as bisexual, and 3.2% were not sure of their sexual identity
- LGB youth report engaging greater risk taking compared to heterosexual peers:
 - Being less likely to wear a seatbelt or bicycle helmet
 - More likely to take a gun to school
 - More commonly used/more frequent user of alcohol, tobacco, and other drugs
 - Greater # sex partners; more often used alcohol/drugs before intercourse
- LGB students more likely to experience violence (vs heterosexual peers)
 - More commonly report: having been threatened or injured with a weapon, been in a physical fight, injured in a fight
 - >3x as likely to have been forced to have sexual intercourse against will
 - >2x the experience of dating violence and sexual dating violence
- LGB students more likely to have felt sad or hopeless (60% v. 26%), seriously considered suicide (43% v. 15%), or attempted suicide (30% v. 6%)

Impact of HIV on Gay/Bisexual Men & Transgender Women

- HIV one of most significant health disparities facing LGBT community, esp. among POC, gay/bisexual men and transgender women
- Btwn. 2008 and 2014, annual HIV infections stabilized among MSM overall
 - Declined 18% among white MSM
 - Stabilized among black MSM
 - Increased by 20% among Latino MSM
- In 2015 YBMSM accounted for more new diagnoses than any other subgroup by race/ethnicity, age and sex
- ½ of black gay men and ¼ quarter of Latino gay men projected to test HIV+ in their lifetime (compared to 1:11 for gay white men)
- More than 1 in 4 transgender women are estimated to be HIV+
- Some STI rates higher among LGBT groups than heterosexuals as well



Key ACA Provisions for the LGBT Community



Overview of Changes due to the ACA



Expanded Access to Coverage & Market Reforms

- **Medicaid expansion** to nearly all low income individuals (up to 138% FPL) in states opting to expand
- **Health insurance marketplaces** in every state, with subsidies for those with low and moderate income



Benefits Standards

- **10 Essential Health Benefits (EHB)** categories, including preventive services, mental health/substance use, prescription drugs
 - Standards but variation by state and plan
 - **Incl. preventive services** include HIV & STD screening, immunizations, other chronic disease screenings

Overview of Changes due to the ACA, continued



Non-Discrimination Provisions

- **End to pre-existing condition exclusions** and lifetime/annual limits (cannot be charged more for being LGBT, HIV+)
- **Plans offering EHB barred from discriminating** based on SOGI
- **Issuers in individual and small group market (incl. outside marketplace) must offer same sex spousal coverage**, if offered to opposite sex spouses
- **Sec. 1557 prohibits discrimination** based on sex (includes GI, sex stereotypes), disability, and other factors, in health programs receiving federal funds
 - Not currently interrupted to include SO
 - Federal court issued injunction halting enforcement of protections around GI (and pregnancy termination) but applies only to HHS's authority to enforce; entities liable if sued in court

Overview of Changes due to the ACA, continued



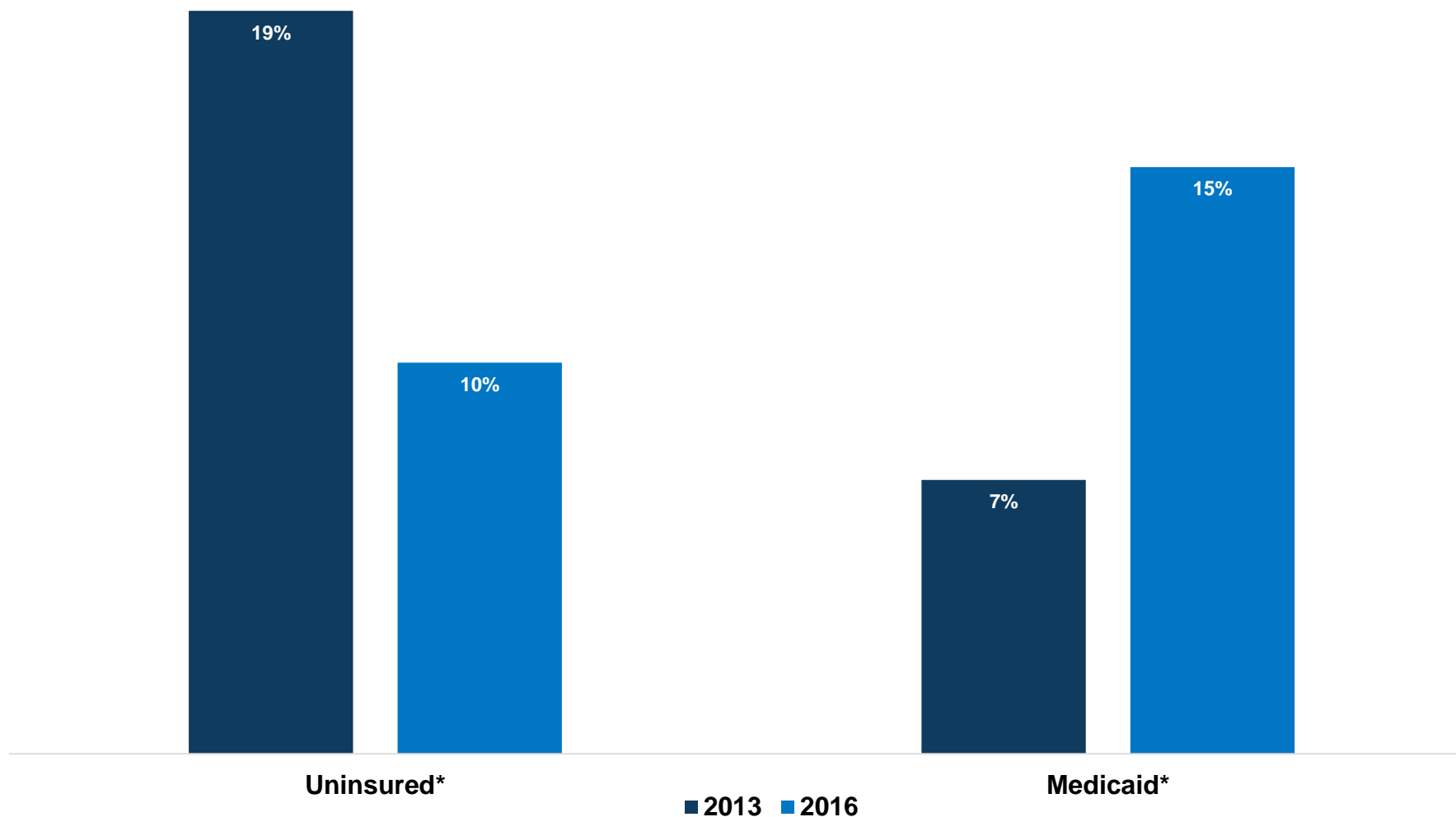
Data Collection & Research

- ACA calls for routine data collection/surveillance on health disparities, incl. for LGBT populations; also Healthy People 2020 goal
 - 12 federal surveys now collect SO data; 7 of which collect GI (eg. NHIS and BRFSS)
- SOGI metrics in EHRs (meaningful use standards)
- However:
 - Still not routine for researchers and health data systems to collect and report data by SOGI
 - Since taking office Trump Administration sought to roll back SOGI data collection in several surveys– advocacy pushback with some effectiveness

NOTES: NHIS = National Health Interview Survey; BRFSS = Behavioral Risk Factor Surveillance System

SOURCES: Ranji U, Beamesderfer A, Kates J, Salganicoff A, *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.*, Kaiser Family Foundation, January 2014; Cray A, Baker K, *How the Affordable Care Act Helps the LGBT Community*, Center for American Progress, May 2013. Cahill, S., Geffen, S., and Wang, T. The Fenway Institute. One year in, Trump Administration amasses striking anti-LGBT record 2018. <http://fenwayhealth.org/wp-content/uploads/The-Fenway-Institute-Trump-Pence-Administration-One-Year-Report.pdf>

Changes in Uninsurance Rate and Medicaid Coverage, Among Lesbian, Gay, and Bisexual Individuals, 2013-2016



* denotes statistically significant at $p < .05$.

Source: KFF analysis of NHIS, 2013 and 2016. See: Dawson, Kates. KFF. <https://www.kff.org/disparities-policy/issue-brief/the-affordable-care-act-and-insurance-coverage-changes-by-sexual-orientation/>

Implications of SCOTUS Decisions & Related Policy Changes for LGBT Health Care Access



Marriage Case Background

- **The Defense of Marriage Act (DOMA):** Enacted Sept. 1996. For federal purposes defined marriage as between a man and a woman; allowed states to refuse to recognize same-sex marriages. Creates barriers to health care and health coverage for LGBT people and families.
- **U.S. v. Windsor:** June 2013. Required federal government to recognize same-sex marriage, but did not require states to recognize same-sex marriages or reverse state bans/issue licenses. Led to a patchwork of protections, with the feds extending them based on “state of celebration,” where possible.
- **Obergefell v. Hodges:** June 2015. Required states to license same-sex marriages and recognize such marriages from out-of-state. Extends access to health care and coverage for LGBT people and families.



SCOTUS Decisions: Health Coverage Implications

- **Same-sex married couples can file joint federal and state tax returns in all states** which can impact taxes/tax liability
 - E.g. Dependent (including spousal) insurance coverage excluded from taxable income
- **Marketplace coverage recognize same-sex married couples** - impacting assessing family size/income and access to tax credits
- **Medicaid programs in all states must recognize same-sex marriages which may impact eligibility**
 - All programs must extend “spousal impoverishment” protections allowing one spouse to receive LTC while the other remains in the community (retaining certain income and assets) to married same-sex couples
- **Medicare benefits:**
 - Same-sex married couples in Medicare Advantage plans who need care in a skilled nursing facility can receive at same facility
 - As with heterosexual couples, spousal work credits can be counted towards an individual’s Medicare eligibility

SCOTUS Decisions: Health Coverage Implications II

- **Married same-sex federal employees have same eligibility for dependent spousal health coverage** and other dependent benefits in Federal Employees Health Benefits Program (FEHBP)
- **Dept. of VA recognizes same sex spouses of veterans** – impacting access to health coverage, survivor compensation, and burial benefits
- **Plans governed by ERISA, including COBRA policies, cover same-sex as well as opposite-sex married couples**
- **State and municipal spousal benefits** should be available to same-sex couples when available to heterosexual couples



NOTES: ERISA = Employee Retirement Income Security Act of 1974, a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans; COBRA= Consolidated Omnibus Budget Reconciliation Act, an amendment to ERISA, which provides some workers and their families with the right to continue health coverage for a limited time after certain events, such as the loss of a job.

SOURCES: Ranji U, Beamesderfer A, Kates J, Salganicoff A, *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.*, Kaiser Family Foundation, January 2014; Cray A, Baker K, *How the Affordable Care Act Helps the LGBT Community*, Center for American Progress, May 2013.

SCOTUS Decisions: Family Care Giving

- **Family Medical Leave Act (FMLA)** workplace protections extended to legally married same sex couples, allowing time off to care for family member in event of illness or birth of a child
- **Since 2011, hospitals participating in Medicare or Medicaid (virtually all hospitals) required to adopt policies banning discriminated against LGBT individuals with respect to visitation rights**
- **Long-term care facility residents have the right to visitors of their choice, including same-sex spouses**



Ongoing Challenges



- Policy vs. Practice, enforcement of protections remains critical
 - Protections continue to be challenged
- Monitor evolving policy changes
 - Sec. 1557 rule w/ OMB; Sexual orientation protections are not explicit
 - The Trump Administration has proposed policies to relax plan standards/protections in certain circumstances (E.g. STLD and assoc. plans)
- Institutionalized stigma and discrimination in and outside of health settings continues to lead to health challenges
- Still areas where LGBT individuals and families are not protected (e.g. housing and employment) – important implications for health access and well being
- On going need for training in medical fields- cultural competency and health needs

KFF Resources on LGBT Health

- Kaiser Family Foundation. (2017). *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender (LGBT) Individuals in the U.S.* <https://www.kff.org/disparities-policy/issue-brief/health-and-access-to-care-and-coverage-for-lesbian-gay-bisexual-and-transgender-individuals-in-the-u-s/> <UPDATE TO BREIF FORTHCOMING>
- Kaiser Family Foundation. (2018). The Affordable Care Act and Insurance Coverage Changes by Sexual Orientation. <https://www.kff.org/disparities-policy/issue-brief/the-affordable-care-act-and-insurance-coverage-changes-by-sexual-orientation/>
- Kaiser Family Foundation. (2017). Access to Employer-Sponsored Health Coverage for Same-Sex Spouses: 2017 Update. <https://www.kff.org/disparities-policy/issue-brief/access-to-employer-sponsored-health-coverage-for-same-sex-spouses-2017-update/>
- Other Questions? Contact us: Lindsey Dawson ldawson@kff.org

The background features a large, stylized blue 'K' shape on a white background. The 'K' is composed of two main diagonal bars meeting at a central point. To the left of the 'K', there is a solid blue vertical rectangle. The overall design is minimalist and modern.

Thank you.

A decorative graphic on the left side of the slide, consisting of a network of light blue lines and small circles, resembling a circuit board or a stylized tree structure, set against a blue gradient background.

CARE FOR THE LGBT PATIENT

DANE MENKIN, CRNP

CLINICAL OPERATIONS DIRECTOR

MAZZONI CENTER

LGBT AND FP- A UNIQUE COMBINATION

How these two entities manifest to highlight the care needed:

- 1) Sexual health needs unique to LGBT patients
- 2) Hormone use/ contraception use
- 3) Family *Planning*: The opposite side of pregnancy prevention

THROW OUT WHAT YOU LEARNED ABOUT TAKING A SEXUAL HISTORY

- Think about your language around anatomy
- Think about what it is you want to know
- Age of onset of sexual activity

WHAT WE SEE

- We treated over 500 cases of syphilis (including presumed exposures) in 2016
- We completed over 1500 HPV tests about 1000 of them included a gynecologic exam, 500 did not
- We administered 400 doses of depo provera
- We collected over 7000 chlamydia/gonorrhea swabs in 2016

SEXUAL HEALTH UNIQUE TO THE LGBT PATIENT

- PEP and PrEP- access to medication timing and \$\$\$
- Anal health needs
- HIV prevention and management

TRANSGENDER MEN

- Can transgender men on testosterone become pregnant?
- Consideration of GYN care to the transgender male. What am I seeing that's different?
- Mammography/screening

TRANSGENDER WOMEN

- STI risk assessment
- Violence risk/sex work
- HIV risk
- TWOC risk for violence

More than one in four trans people has faced a bias-driven assault, and rates are higher for trans women and trans people of color- NCTE

MSM

- PEP and PrEP
- GC/CT
- Syphilis rates--- on the rise with HIV PrEP

Doxy PrEP

- Anal health including anoscopy and HPV vaccine

LESBIAN HEALTH

- Using appropriate language to assess risk---- for everything
- Mammography
- HPV screening
- COBC for management of dysmenorrhea is common

BISEXUAL MEN AND WOMEN

- Ask about STI risk in and out of primary relationship
- Contraceptive necessity?
- Plan B
- Social support

A BRIEF PRIMER ON HORMONES FOR TRANSITION

Testosterone

- Forms
- Effects (relevant in a sexual health setting)

LH/FSH

Permanent vs reversible

Risks

Surgery

PRIMER (CONTINUED)

Estrogen and anti androgens

- Forms
- Effects (relevant in a sexual health setting)
 - Permanent vs reversible
- Risks

Surgery



FAMILY BUILDING VS PREGNANCY PREVENTION

Do we have an infertility problem??



FAMILY BUILDING VERSUS PREGNANCY PREVENTION

Family building options

Utilize language that meets the patient where they are at--- "your stuff"

Sperm donors

Coverage for (in)fertility

Stopping hormones- impact on that person

IUIs and fertility tracking---- DIY!

Q & A