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Pride Month, executive order highlight need for ongoing efforts to improve healthcare for LGBTQIA+ population

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<https://www.chartis.com/insights/pride-month-executive-order-highlight-need-ongoing-efforts-improve-healthcare-lgbtqia>

The Buzz This Week

June is Pride Month in the United States, recognizing and celebrating LGBTQIA+ individuals and honoring the 1969 Stonewall Uprising in Manhattan.¹

This year, President Joe Biden signed an executive order to expand healthcare access for LGBTQIA+ individuals. The order seeks to increase resources put toward gender-affirming care, prevent the inhumane practice of conversion therapy (attempting to convert LGBTQIA+ individuals to have heterosexual identification and orientation), and includes a call for Congress to pass the Equality Act, which would protect gender identification and sexual orientation under civil rights law.

President Biden's order is in response to significant discrimination against LGBTQIA+ individuals in the U.S. healthcare system. Such discrimination has been shown to cause negative physical and behavioral health challenges. The Trevor Project found in a 2022 survey of LGBTQ youth that 45% "seriously considered" attempting suicide in the past year, and nearly 20% of transgender and nonbinary youth actually attempted suicide. The Center for American Progress found in a 2020 survey of over 1,500 self-identified LGBTQ+ individuals that one-third of respondents reported experiencing significant negative impacts on their physical well-being as a result of discrimination, and 52% reported the same regarding their psychological well-being. The American Hospital Association recently summarized studies that have shown that the LGBTQ+ population experiences worse health outcomes than the heterosexual population and that the LGBTQ+ population also has higher rates of tobacco, alcohol, and drug use.

Access to comprehensive medical and behavioral healthcare is therefore crucial for LGBTQIA+ individuals. However, the Center for American Progress found in their 2020 survey that discrimination led to access challenges as well as negative or abusive experiences during a medical appointment.

- 8% of respondents reported that a physician or other healthcare professional refused to see the respondent because of their actual or perceived sexual orientation—that number soars to 28% for transgender individuals.
- 29% reported “I have postponed or not tried to get medical care when I was sick or injured because I could not afford it,” and 25% postponed preventive care and screenings due to cost.
- 14% reported a physician being visibly uncomfortable due to the respondent’s actual or perceived sexual orientation.
- 8% reported physicians and/or other healthcare professionals using harsh or abusive language.
- 7% reported unwanted physical contact (“fondling, sexual assault, or rape”) in a medical setting.

In addition, insurance coverage adds to the access challenges. In a survey by Healthcare.com, 60% of LGBTQIA+ respondents are not certain they will be able to receive gender-affirming medication, and one-third have more than \$1,000 in medical debt. This is actually better than in the past—one-third of the respondents reported that insurance coverage has been improving in recent years.

Why It Matters

There has certainly been progress toward wider acceptance and recognition of the LGBTQIA+ community in the last decade or two. Furthermore, there have been some strides toward greater healthcare equity for the LGBTQIA+ population. The Healthcare Equity Index (2022) points to 3 examples:

- **The Joint Commission and the Centers for Medicare and Medicaid Services (CMS)** require that facilities allow “visitation without regard to sexual orientation or gender identity.”
- **The Affordable Care Act (Section 1557)** prohibits sex discrimination in any hospital or health program that receives federal funds. Federal courts have determined that this extends to claims of discrimination based on gender identity and sex stereotyping.
- **The Supreme Court of the United States ruled in *Bostock v. Clayton County*** that “a corollary statute that prohibits discrimination on the basis of sex must be understood to also prohibit discrimination on the basis of sexual orientation and gender identity.”

However, statistics show that health disparities remain, and true healthcare equity is not yet a reality. Healthcare institutions and providers across the U.S. are uniquely positioned to have a meaningful impact on these gaps. Health systems can set clear standards against access and treatment discrimination—and enforce those standards with real repercussions when violated. These organizations can also offer all of their affiliated healthcare professionals (employed or independent) comprehensive training on the unique needs of the LGBTQIA+ community and on how to provide empathetic, appropriate, and competent support and care. For example, the [National LGBTQIA+ Health Education Center](#) offers a wide variety of training, education conferences, courses, and distance learning.

Healthcare organizations also can structure their electronic health records system and the protocols for using it to capture information on sexual identity and gender identity. They can establish policies to ensure workplace equity and belonging for LGBTQIA+ employees and offer transgender inclusive health benefits to their employees. They also can advocate for policy that protects the LGBTQIA+ community's health and wellbeing. Academic medical centers can make resources available for LGBTQIA+ research and clinical trials.

While these efforts are often launched during Pride Month and the most concentrated focus occurs during June, healthcare organizations can and should seek to make progress in these areas throughout the year to make the strongest impact on health and healthcare equity for the LGBTQIA+ population.

Related Links:

[Fierce Healthcare](#)

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Source

1 Where references in this article differ from "LGBTQIA+," they are references to the people who were identified in the specific study.

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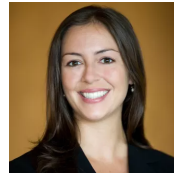
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