

CONNECTING LGBT COMMUNITIES TO BENEFITS UNDER HEALTH REFORM

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- 8 million Americans identify as gay, lesbian, or bisexual
 - 700,000 Americans identify as transgender
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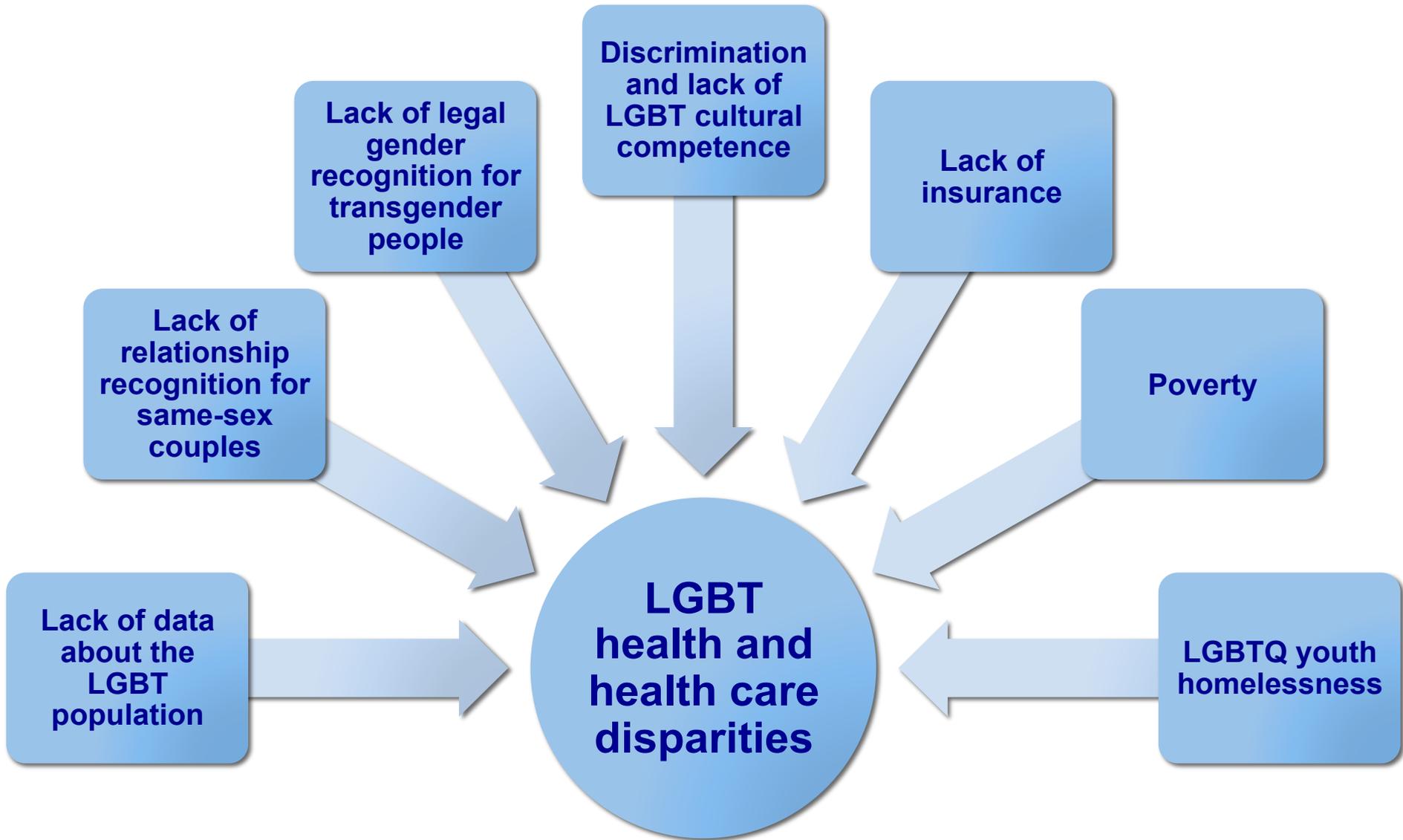
= at least 9 million LGBT Americans



9 Million LGBT Americans

=





Examples of LGBT Health Disparities

- ↑ Tobacco and other substance use
- ↑ Mental health concerns
- ↑ Cancer
- ↑ Experiences of violence and abuse
- ↑ HIV/AIDS infection



HIV/AIDS and LGBT Communities

12-14% of
gay/bisexual
men are HIV+



If current trends continue,
half will be HIV+ by age 50



% of U.S.
Population



% of People
Living with HIV/
AIDS



% of new HIV
Infections



% of AIDS
Deaths Since
Epidemic Began



Riding the Wave:

LGBT Health in National Policy Since 2010

**Healthy
People
2020**

**National
HIV/AIDS
Strategy**

**IOM report
on LGBT
health**

**National
Partnership
for Action
to Eliminate
Health
Disparities**

**National
LGBT
Health
Education
Center**

**National
Healthcare
Disparities
Reports**

**CLAS
Standards**



...And the Affordable Care Act

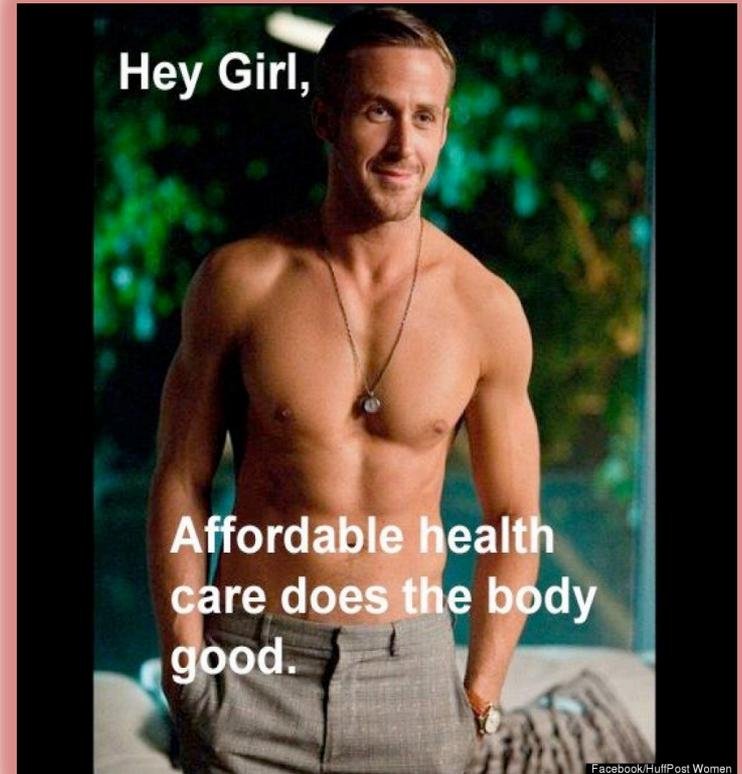




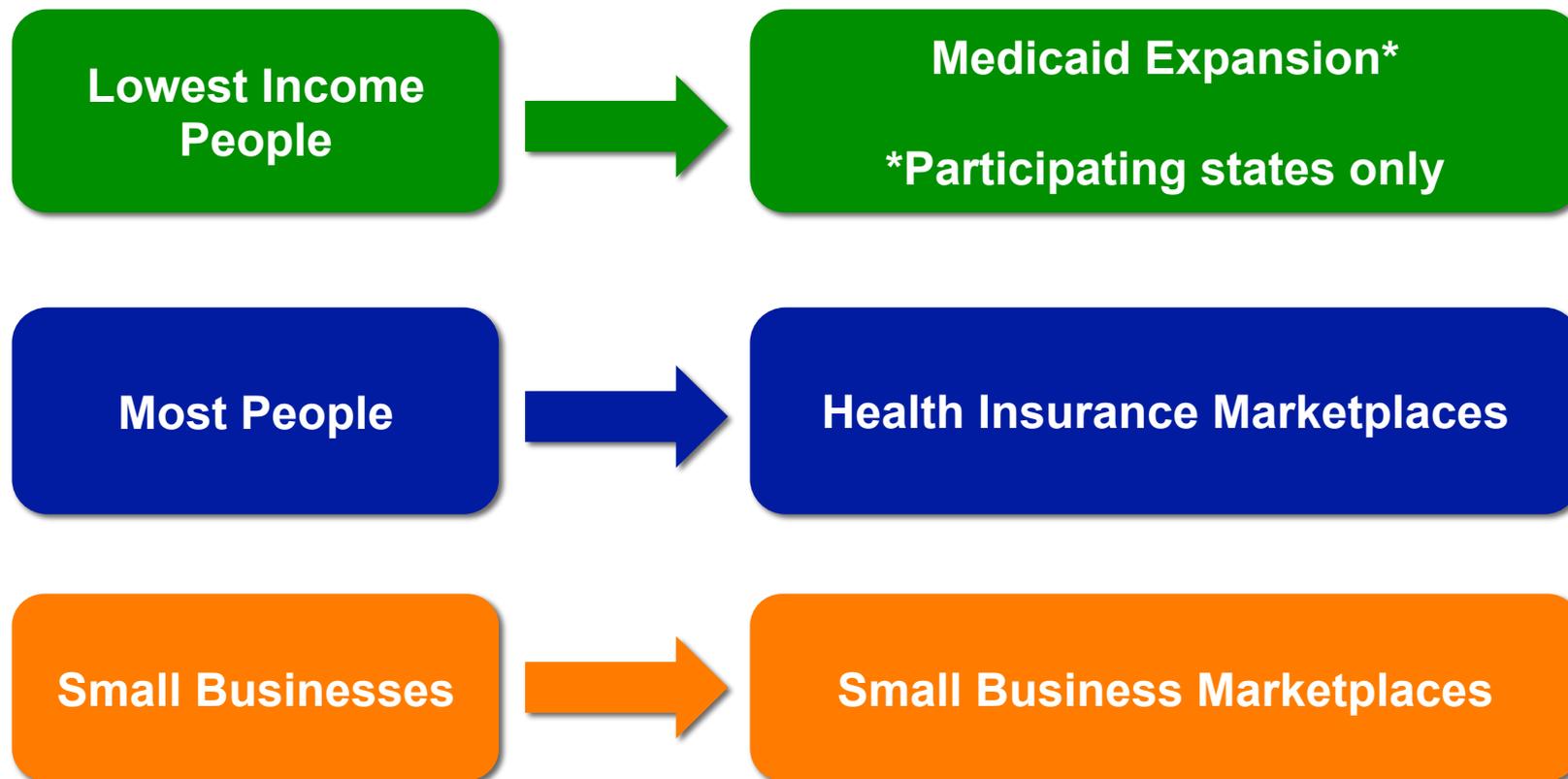
“The Affordable Care Act may represent the strongest foundation we have ever created to begin closing LGBT health disparities.”



Top 5 LGBT Priorities in Health Reform



1. New Options for Coverage



Medicaid Expansion

- Affects many LGBT people for the first time:
 - ✓ Every individual making up to approx. \$16,000 per year is eligible for coverage (in states accepting the expansion).
 - ✓ States can choose whether to recognize same-sex spouses as “married” for Medicaid eligibility.
- Current questions:
 - Which states are expanding?
 - What benefits are covered?
 - What additional rules govern access?



Health Insurance Marketplaces

- Opened in all 50 states on October 1, 2013.
- Subsidies available to help make coverage affordable.
- LGBT-inclusive nondiscrimination requirements cover:
 - ✓ Marketplace staff
 - ✓ Qualified Health Plans
 - ✓ Navigators



NEW MEXICO HEALTH INSURANCE EXCHANGE



2. Insurance Market Reforms

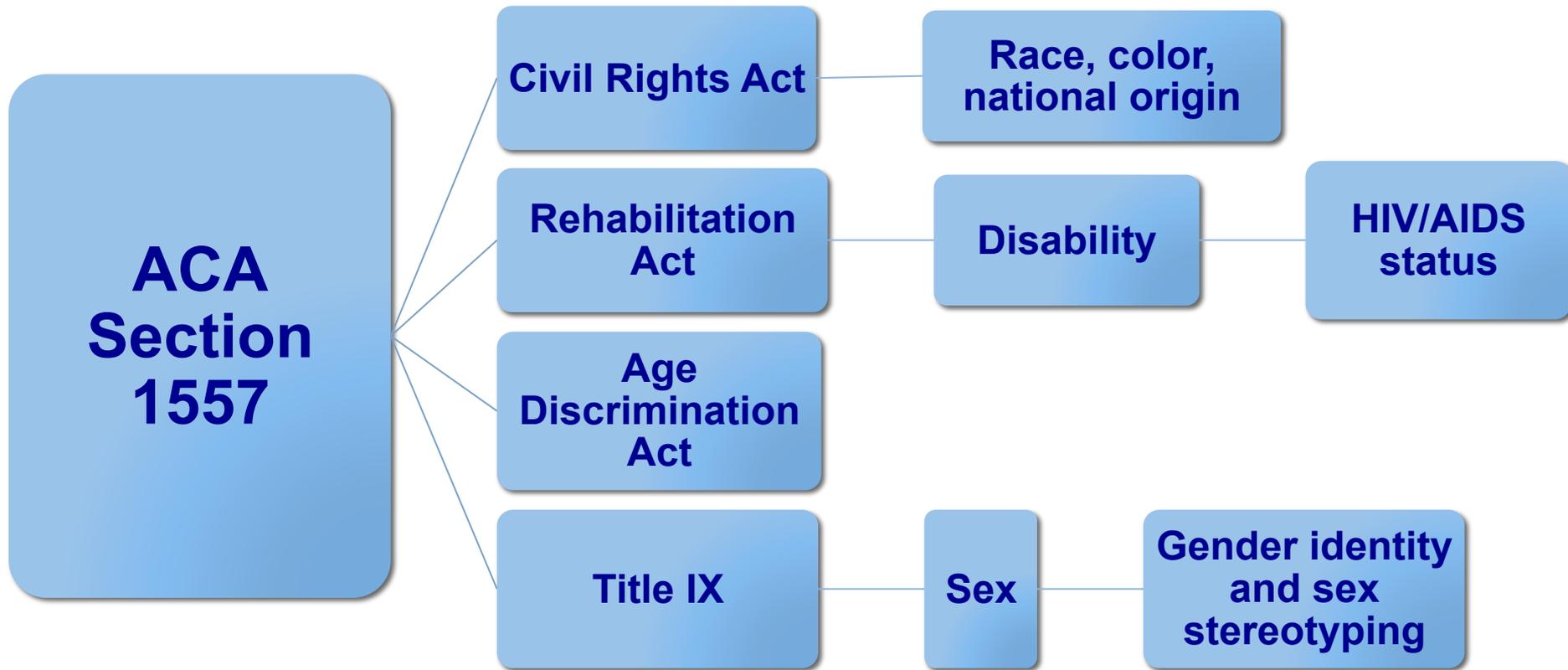
- Patient's Bill of Rights helps make private coverage more accessible and higher-quality.
- Some reforms are particularly important for transgender people and people with conditions such as HIV or cancer:
 - ✓ No lifetime and annual limits on coverage
 - ✓ No pre-existing condition exclusions
 - ✓ No arbitrary withdrawal of insurance coverage

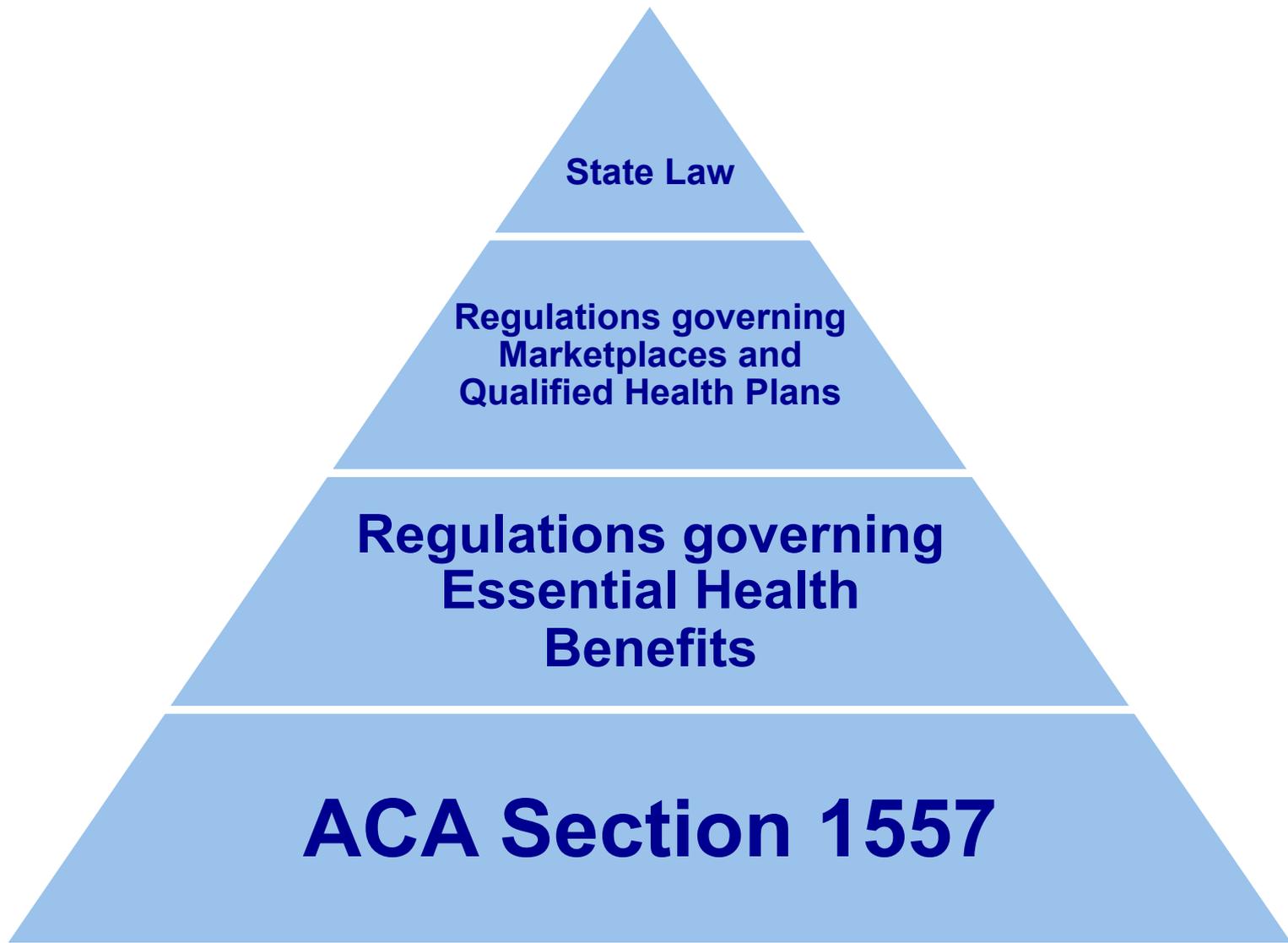


- Essential benefits standard requires adequate coverage across 10 categories of care.
- Plans offering essential benefits may not discriminate on the basis of gender identity, health condition, etc.
- Essential benefits standard applies to plans covering an estimated 68 million people nationwide.



3. Nondiscrimination



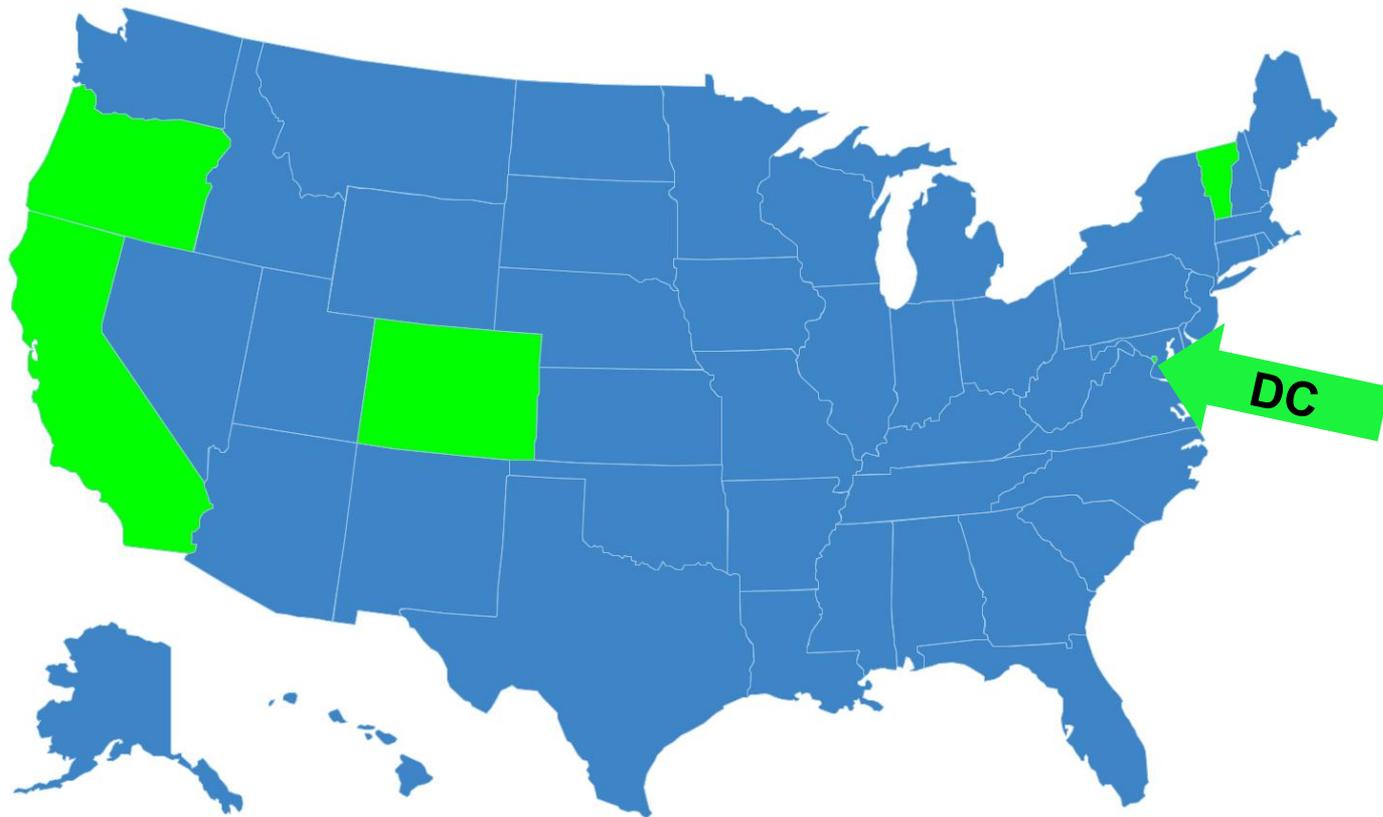


Gender Identity Nondiscrimination

- Many transgender people need health care services such as hormone therapy to express who they know they are on the inside.
- Despite the American Medical Association's recommendation, many insurance carriers routinely exclude these services.
- Such exclusions are frequently used as an excuse by insurance companies to avoid covering even routine care.
- State and federal regulators are deciding whether to allow transgender-specific exclusions.



Five Jurisdictions Now Reject Transgender Insurance Exclusions



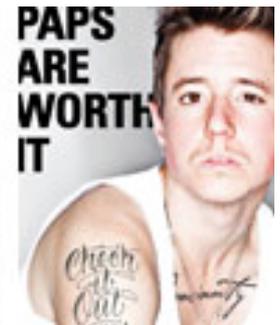
Nondiscrimination and Same-Sex Couples

- Post-DOMA, the Marketplaces must treat married same-sex spouses identically to different-sex spouses, no matter where they live.
- How Marketplaces can treat same-sex couples like heterosexual couples:
 - ✓ Allowing use of tax credits to buy family plans
 - ✓ Keeping couples' records together in Marketplace IT systems
 - ✓ Encouraging plans to offer benefits for same-sex couples on the same basis as spousal benefits for different-sex couples



4. Prevention & Wellness

- \$15-billion Prevention and Public Health Fund
- National Prevention Strategy
- Women's Health Amendment
- Certain preventive services particularly important for many LGBT people are free:
 - ✓ HIV and other STI testing
 - ✓ Depression screening
 - ✓ Tobacco use screening



HIV/AIDS Prevention and Treatment

- Eliminates Medicaid disability requirement for HIV.
- Makes HIV drugs more affordable.
- Requires adequate insurance networks that include “essential community providers.”
- Supports patient-centered medical homes.



5. Data Collection

- ACA requires HHS to collect data on health disparities through its surveys and programs.
- June 2011: HHS announces “LGBT Data Progression Plan.”
- January 2013: Sexual orientation question added to National Health Interview Survey.
- Spring 2013: Optional LGBT questions approved for the Behavioral Risk Factor Surveillance System.



Using LGBT Data

- What is LGBT demographic data?
 - ✓ Preferred name and pronoun
 - ✓ Relationship status
 - ✓ Sexual orientation
 - ✓ Gender identity
- LGBT data collection can help with:
 - ✓ Assessing service needs of LGBT people
 - ✓ Designing effective outreach to LGBT communities
 - ✓ Measuring the effectiveness of initiatives to promote cultural competency and quality improvement



The Challenge:

Connecting LGBT People with Their Options



CAP's LGBT State Exchanges Project

- Launched in January 2012
- Mission: To ensure Marketplaces are able to appropriately serve LGBT individuals and their families.
- Four formal state partners:
 - Transgender Law Center (CA)
 - One Colorado
 - Maryland Health Care for All Coalition
 - Progressive Leadership Alliance of Nevada
- National partners include Community Catalyst, Enroll America, Raising Women's Voices



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LGBT State Exchanges Project Goals

Medicaid expansion

Equal coverage

Data collection

Consumer engagement



LGBT Consumer Messaging Research

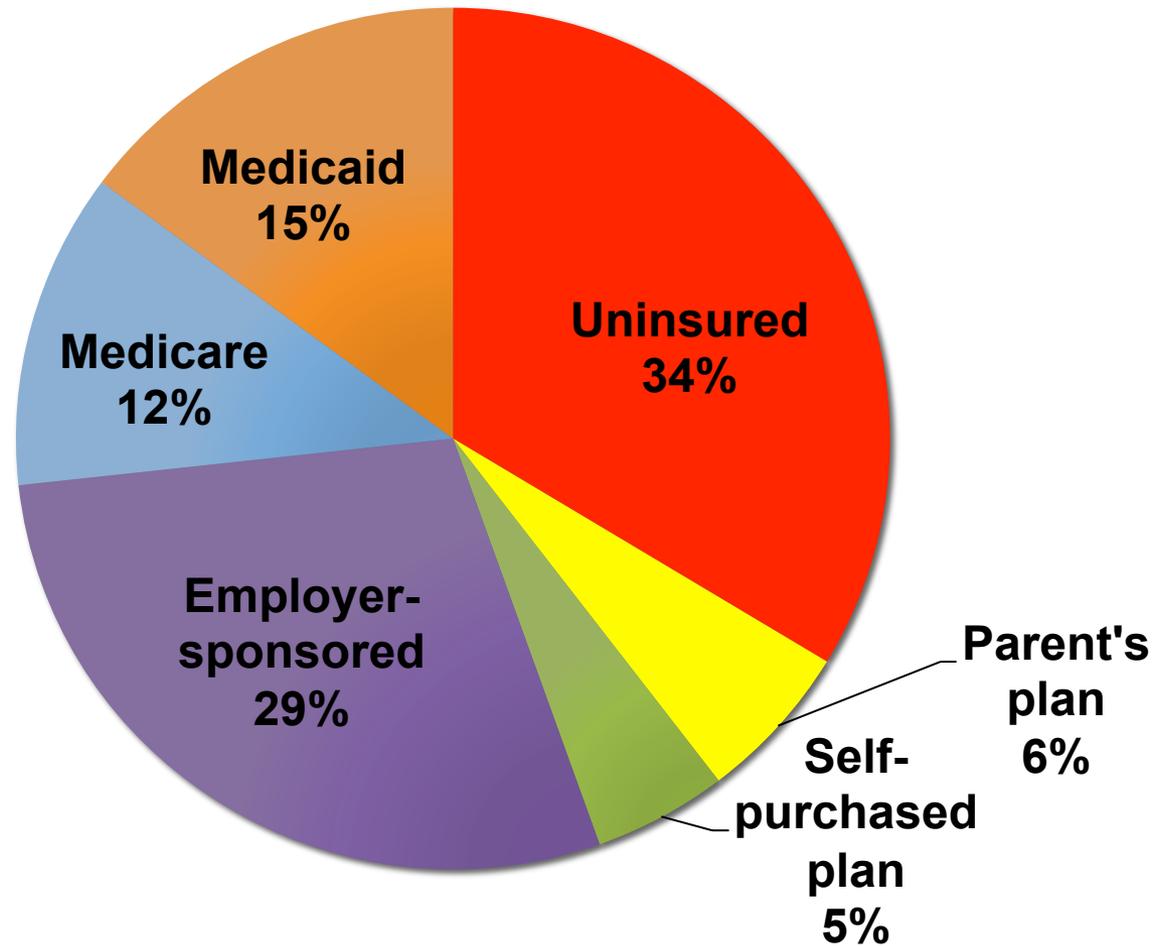
- Commissioned from Perry Undem Research & Communications by CAP's LGBT State Exchanges Project in spring 2013
- Conducted in May-August 2013
- 8 LGB/T focus groups in 4 states
- National survey of 860+ LGBT people with incomes under \$45,000 per year

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PERRYUNDEM
RESEARCH/COMMUNICATION

Current Sources of Coverage



% of Federal Poverty Level:

< 139%



41%

139%-200%



16%

201%-300%



24%

301%-400%



20%

67%

of uninsured LGBT respondents have been without coverage for 2+ years.

Less than half of insured LGBT individuals (43%) have coverage through their employer

Respondent Demographics by Race/Ethnicity:



53% White, non-Hispanic



26% Hispanic



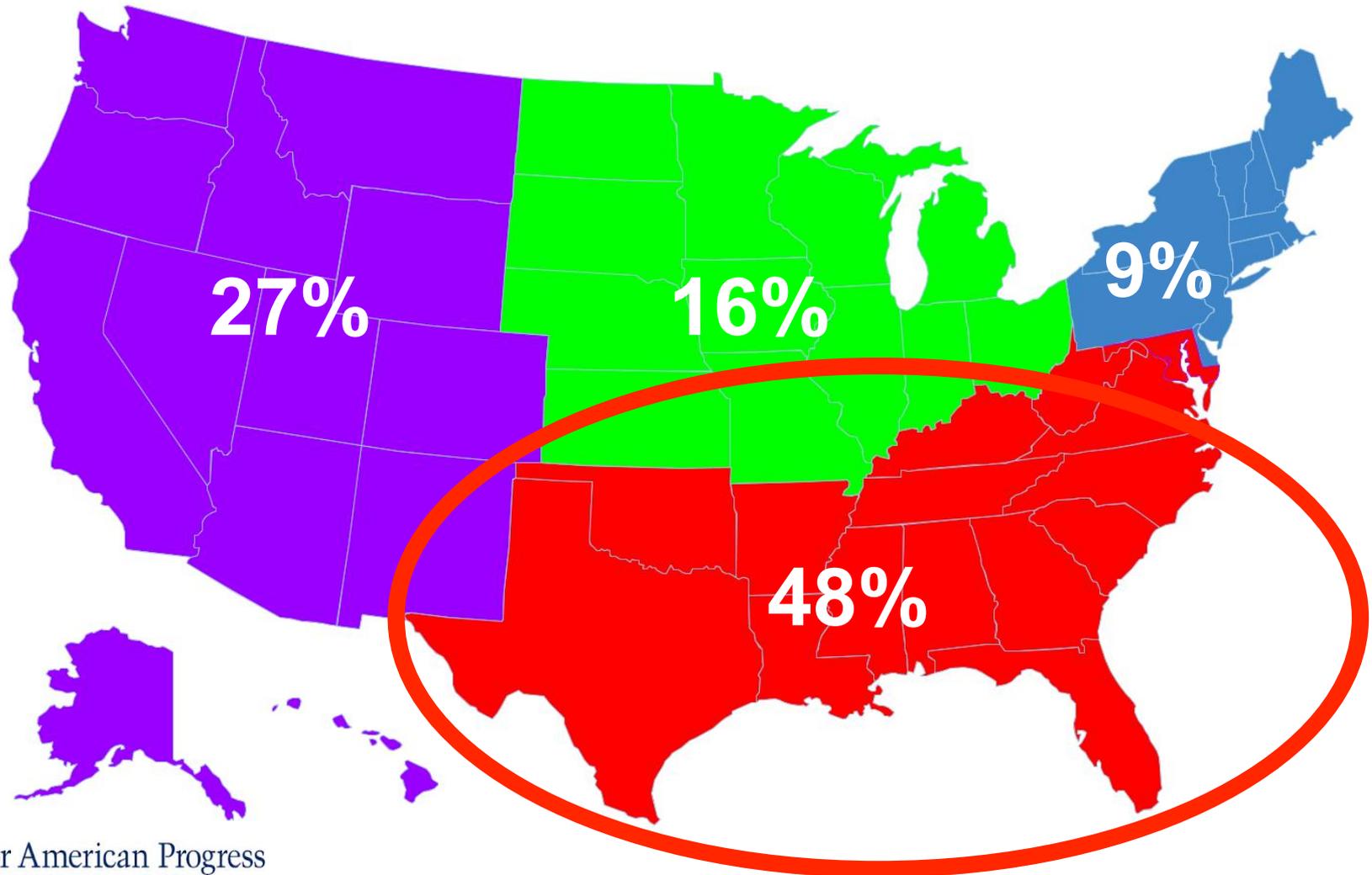
14% Black/African-American



8% Other, 2+ races

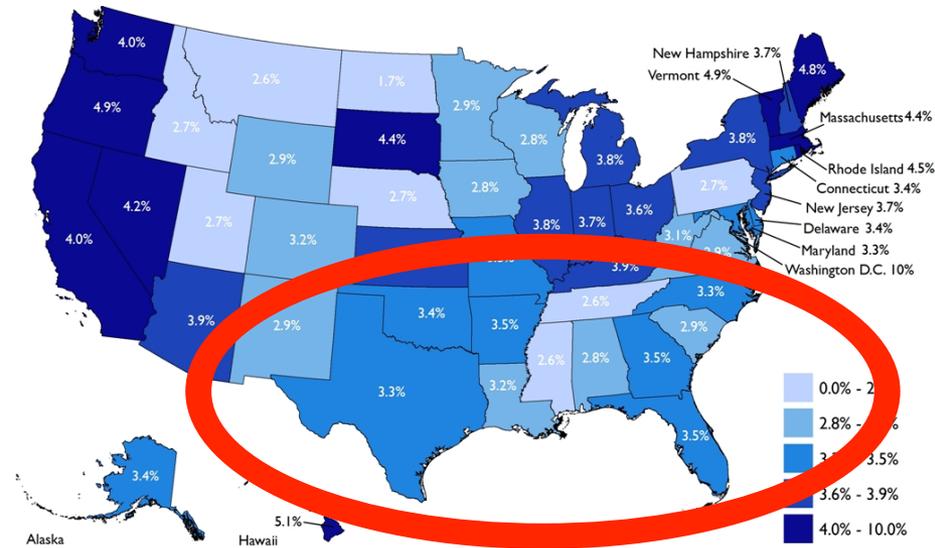


Where Uninsured LGBT People Live



LGBT population

(as % of state population)



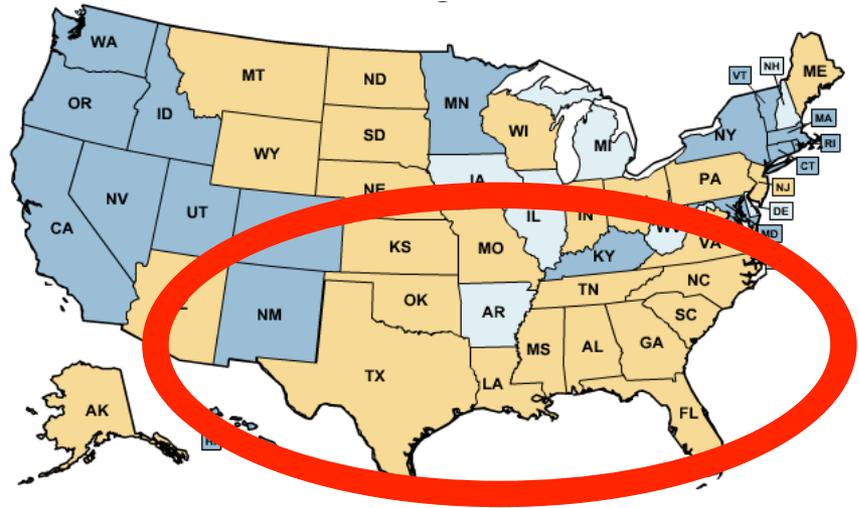
Same-sex couples with children

(as % of same-sex couples; dark green=25-33%)



Marketplaces

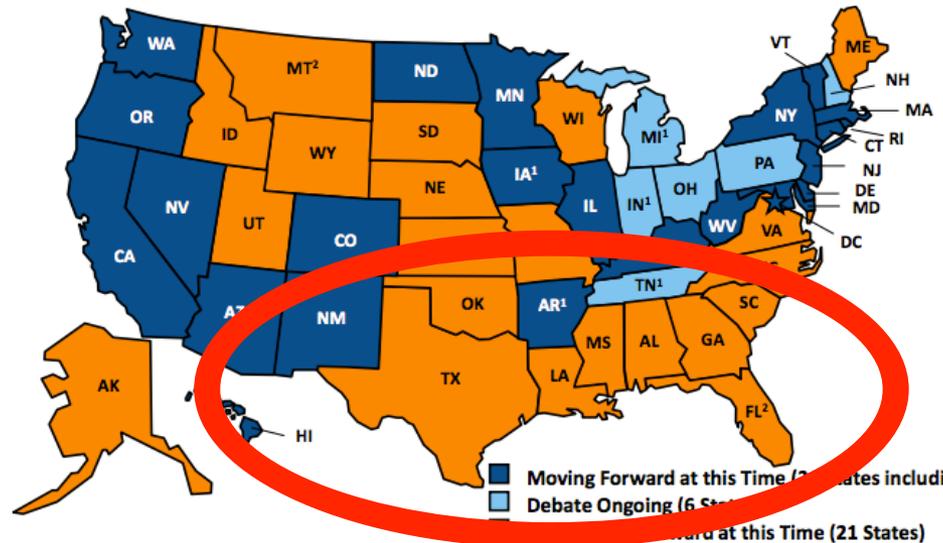
(yellow states are refusing to establish their own Marketplaces)



Default to Federal Exchange
 Declared State-based Exchange
 Planning for Partnership Exchange

Medicaid

(orange states are refusing to expand Medicaid)



Moving Forward at this Time (21 States including DC)
 Debate Ongoing (6 States)
 Refusing to expand at this Time (21 States)



Particular Concerns about the South:

- Home to many LGBT people, including parents
- Home to many LGBT people without insurance
- Few LGBT-inclusive nondiscrimination protections
- State governments refusing to expand Medicaid
- State governments obstructing activity of the Health Insurance Marketplaces

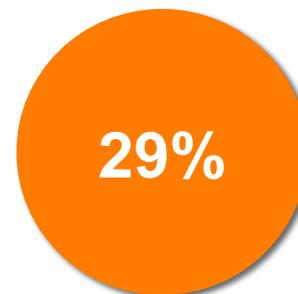


LGBT People Don't Know about Their Coverage Options

Knows about the mandate:



Knows about new coverage options:



Experiences of Discrimination

1 in 3 respondents in a same-gender relationship has tried to get partner coverage through an employer plan (31%).

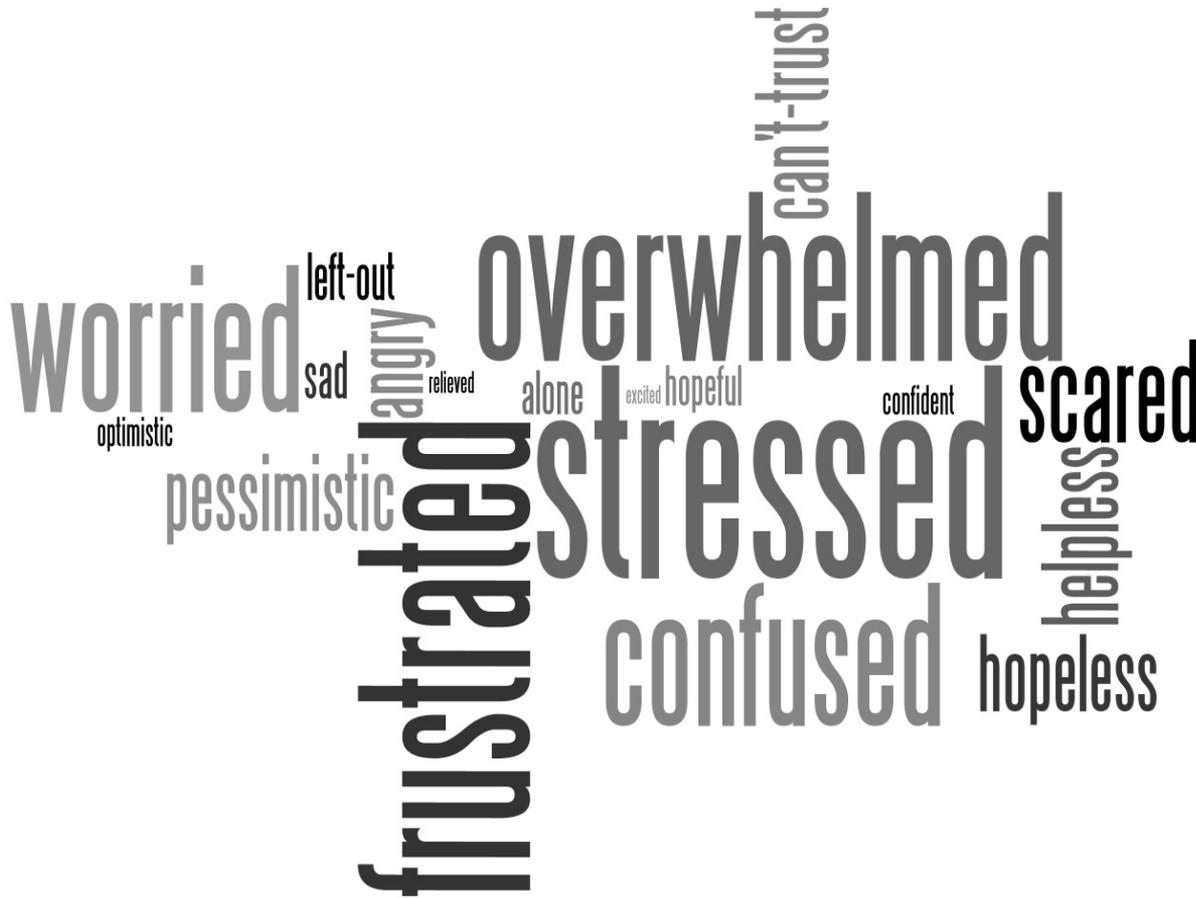


Of those who have tried, 50% had trouble getting partner coverage and 72% felt discriminated against in the process.

Transgender focus group participants face significant and constant discrimination from insurance companies.



“If you had to look for health insurance coverage, how would you feel?”



Key Focus Group Findings: Transgender

- Health care is about daily survival.
- Few can get the care they need.
- Insurance experiences overwhelmingly involve exclusion(s).
- Health care experiences frequently involve hostility and discrimination.
- Resulting reluctance to engage
- Mistrust of plan offerings and consumer assistance programs



Transgender Focus Group Concerns when Calling Help Lines/at Front Desks

- I might be mis-gendered.
- I might experience discrimination and hostility.
- Staff might be incredulous about my voice matching my name.
- Staff might not be able or willing to answer my questions.
- Staff might ask me inappropriate questions about being transgender.

“...I’m sure going to need to be in a good mood to take it. They’re not going to understand at all what I’m talking about. I mean, if I say “trans,” are they going to be thinking trans-fat? [laughter]” – LA participant



“What will you do if you face discrimination on the help line?”

“ “[I will] shut down.” – Colorado participant ”



Key Findings: LGB Focus Groups

- Skepticism is a major challenge.
- Many are used to thinking of insurance as individuals rather than family coverage.
- Want indicators that LGBT people are included:
 - ✓ Pictures showing LGBT people
 - ✓ Key terms (“partner,” “spouse” rather than “husband” or “wife,” LGBT-inclusive nondiscrimination statements)
 - ✓ Partnerships with LGBT community organizations
 - ✓ Advertising in LGBT media and at LGBT venues such as Pride Festivals



Key Motivations

1

If you or a family member gets sick, you won't have to worry about big medical bills or going into bankruptcy. (42% say this is a major reason to look into new options)

2

You will be able to find a plan that fits your budget. (40%)

3

The insurance plan you choose will be there to cover all of the care you need. (38%)



1 in 4 LGBT respondents (24%) say a major reason to look into new options is learning that plans can't discriminate in benefits or costs based on sexual orientation or gender identity.



The Most Important Facts

- 1 What plans cover – 32%
- 2 You can't be denied coverage based on a pre-existing condition – 19%
- 3 Financial help is available – 15%
- 4 Rules around partner/family coverage – 14%



A message with these four facts will reach 80% of an LGBT audience. That is, 80% of LGBT people exposed to the message will hear the fact they consider most important.



Getting Help

With what?



Figuring out what kind of financial help I could get (64%)



Finding the best plan for me (60%)



Finding where to get in-person help (44%)



Figuring out if partner qualifies as family (42%)



Filling out an application (36%)

68%

say it is important that the person who helps them understands LGBT issues around insurance.

Prepare for in-person help



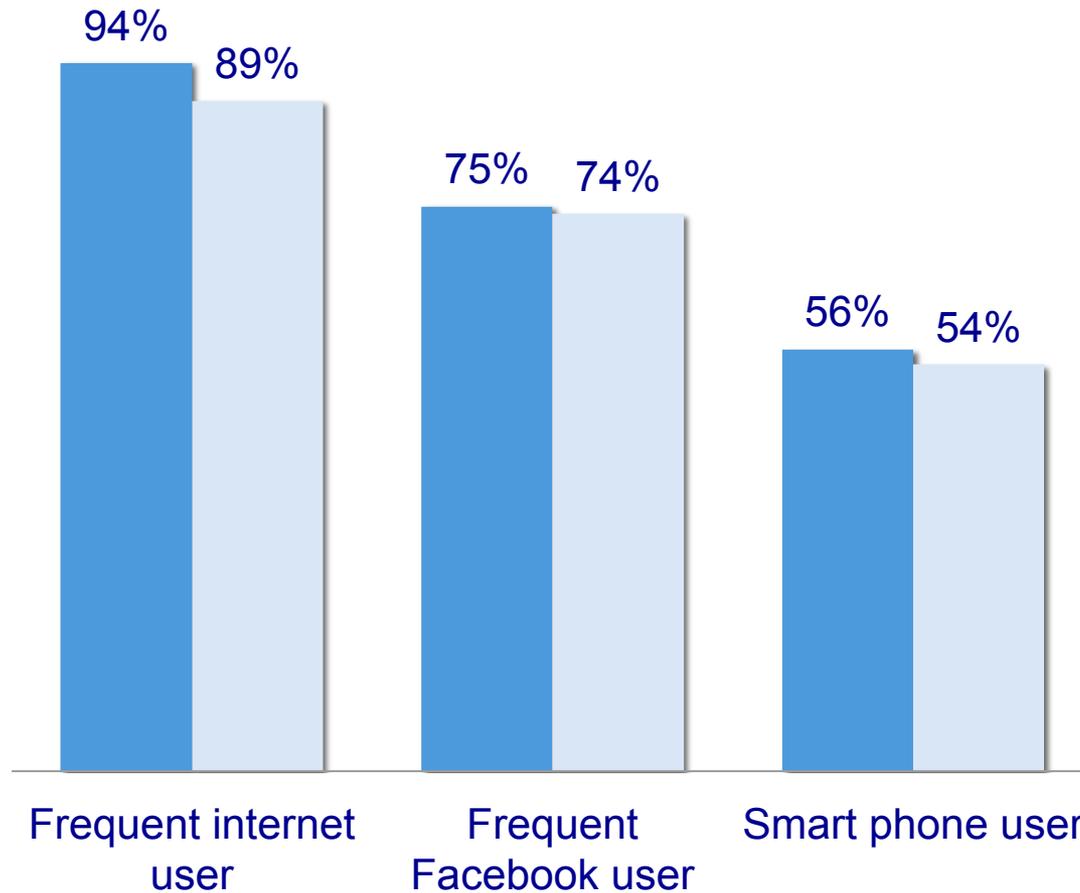
In person (57%)
Email (43%)
Phone (40%)
Online chat (30%)

From whom?

1. **State (50%) or federal (47%) worker whose job it is to help people with these new options**
2. Someone from a health insurance company (38%)
3. Your doctor or nurse (38%)
4. Someone from local Medicaid office (37%)
5. Family member (36%)
6. Friend (31%)

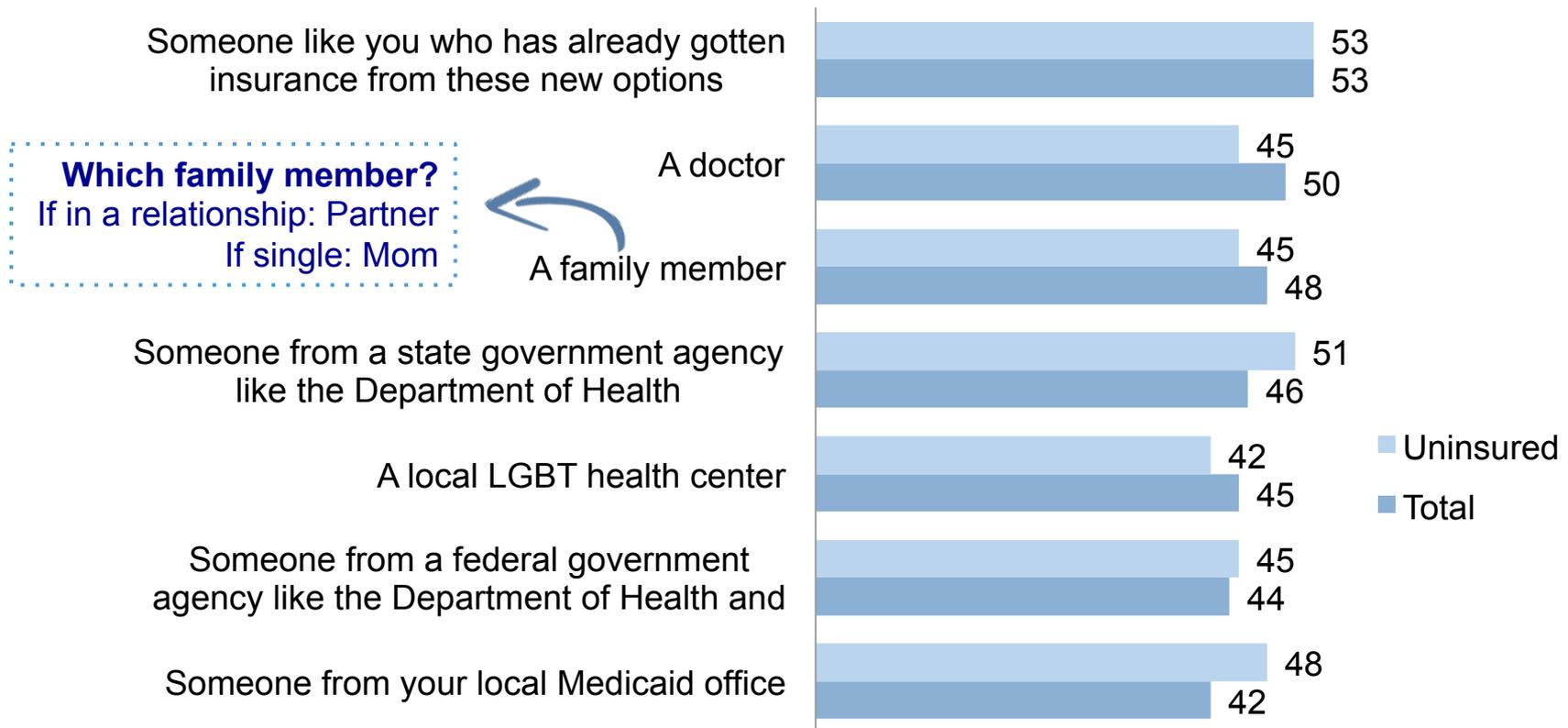
Plugged In

■ Total LGBT ■ Uninsured LGBTs



Top Messengers

Percent LGBT respondents “definitely” or “probably” trust as messenger about new coverage options under health reform:



Are You a Trusted Messenger? Help Spread the Word!

- ✓ Doctors and other providers
- ✓ Fellow community members who have gotten coverage
- ✓ Family members
- ✓ Health centers
- ✓ Local LGBT newspapers
- ✓ Local and national LGBT organizations
- ✓ State Medicaid offices and Departments of Health



Best Practices for Working with Transgender Individuals

- Don't use “sir” or “ma'am” unless you know the person's gender identity
- Do not question voice.
- If unsure, politely ask for preferred pronoun and preferred name if different from legal name on file.
- Simply apologize and move on in case of a mistake.
- Have answers to frequent questions:
 - ✓ What services are covered?
 - ✓ Is coverage dependent on gender marker?
 - ✓ Are there transgender-competent physicians in-network?
- Have a referral strategy for tough questions.



General Best Practices

- Make a general nondiscrimination statement part of the opening conversation.
- Don't assume anything about an applicant:
 - ✓ Gender and gender identity
 - ✓ Sexual orientation
 - ✓ Relationship status
 - ✓ HIV/AIDS status
 - ✓ Health services that the person may need
- Ask all questions of every applicant.



General Best Practices

- Use gender-neutral language: “Partner,” “spouse”
- Understand how to document income from freelance work.
- Give applicants the option to point or write down answers themselves.
- Respect privacy and confidentiality.
- Be open to feedback!





R U Out2Enroll?

OUT 2
ENROLL

**Be Out. Be Healthy.
Get Covered.**

out2enroll.org

- Want more resources about working with LGBT communities? Visit www.out2enroll.org!
- Out2Enroll is a joint project of CAP, the Sellers Dorsey Foundation, and the Federal Agencies Project.
- Mission: To connect LGBT community members with their new coverage options under the ACA.



Thank you!

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www.americanprogress.org/issues/lgbt/view

www.out2enroll.org

www.thinkprogress.org

