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Moving the Needle

The Impact of the Affordable Care Act on LGBT Communities

By Kellan E. Baker, Laura E. Durso, and Andrew Cray November 2014



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Introduction and summary

Neil, an African American gay man living in the South, lost his job—and his health coverage—in 2010. That same year, he was diagnosed with HIV. He struggled for years without the medication he needs, which costs \$3,000 a month and is not covered by public programs available in his home state.

Under the Affordable Care Act, or ACA, however, financial assistance is available to help make coverage more affordable, and plans are not allowed to discriminate against people living with HIV or people who are lesbian, gay, bisexual, or transgender, or LGBT. When the health insurance marketplaces that were established under the law opened in October 2013, Neil found a plan he can afford that covers the medications he needs. “The Affordable Care Act,” he says, “is something that is helping me, so that I can live.”¹

Neil is not alone. The Affordable Care Act makes numerous important changes to the U.S. health system, such as offering millions of people—including millions of LGBT people and their families—an unprecedented opportunity to access affordable, high-quality health insurance coverage, often for the first time in their lives.

In order to better understand the degree to which the Affordable Care Act affects LGBT communities—particularly those who are potentially eligible either for Medicaid coverage or for financial assistance to purchase a plan through a health insurance marketplace—the Center for American Progress conducted research in 2013 that focused on the experiences of LGBT people with incomes less than 400 percent of the federal poverty level, or FPL. Among other findings, this research shows that one in three LGBT people with incomes less than 400 percent of the FPL were uninsured in 2013.²

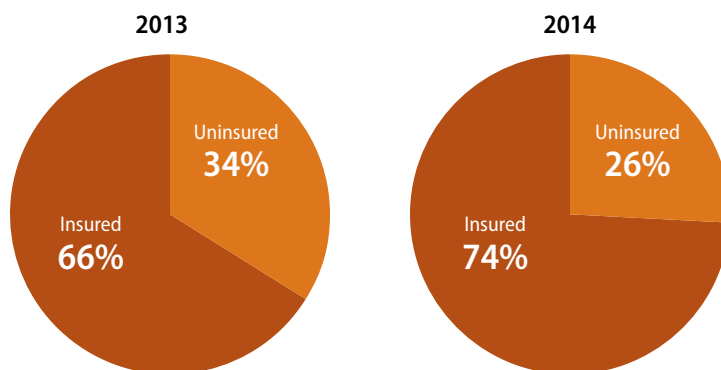
The research survey was updated and refielded in summer 2014 to assess the law’s success in reaching LGBT people who most need help to get coverage. The findings were astounding: By 2014, uninsurance among LGBT people with incomes less than 400 percent of the FPL had dropped from the 2013 rate of one in three—

34 percent—to one in four—26 percent—uninsured. In short, over the single year that encompassed the first open enrollment period under the Affordable Care Act, the rate of uninsurance among LGBT people fell 24 percent.

FIGURE 1

Moving the needle

Change in insurance coverage among LGBT adults with incomes under 400 percent of the federal poverty level, 2013–2014



Source: Research conducted by the Center for American Progress in 2013 and 2014.

This report looks in detail at the health insurance experiences of LGBT people with incomes less than 400 percent of the FPL in 2014, the first year after the full implementation of the ACA's coverage expansion began with the start of open enrollment through the health insurance marketplaces in October 2013. Overall, the survey findings show that LGBT people in this income range have had enormous success in gaining access to new coverage options under the ACA. They also indicate, however, lingering issues that must be priorities for policy and advocacy activities in the 2014 open enrollment period and beyond, including:

- Enforcing LGBT nondiscrimination in access to insurance coverage
- Ensuring quality and comprehensiveness of coverage, especially for transgender people
- Raising awareness of the health reform law in LGBT communities
- Requiring LGBT inclusion in consumer outreach and education activities
- Providing regular LGBT cultural competency training for navigators and other enrollment assisters
- Collecting voluntary LGBT data collection in enrollment
- Strengthening the link between coverage and culturally appropriate care for LGBT people

Insurance coverage and LGBT communities

In the first year of full implementation of the insurance coverage expansion under the Affordable Care Act, uninsurance among LGBT people with incomes less than 400 percent of the federal poverty level dropped 8 percentage points, from one in three—34 percent—to one in four—26 percent—uninsured. This drop parallels the change seen in the general population in this same income range: According to the Commonwealth Fund, uninsurance among the general population with incomes less than 400 percent of the FPL decreased from 27 percent to 20 percent between 2013 and 2014.³

FIGURE 2

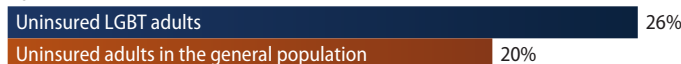
LGBT uninsurance in context

LGBT adults with incomes under 400 percent of the federal poverty level are accessing coverage under the ACA but uninsurance remains high

2013



2014



Note: All samples comprised of adults with incomes under 400 percent of the federal poverty level.

Source: LGBT population numbers from research conducted by the Center for American Progress in 2013 and 2014. General population numbers from research conducted by the Commonwealth Fund in 2013 and 2014.

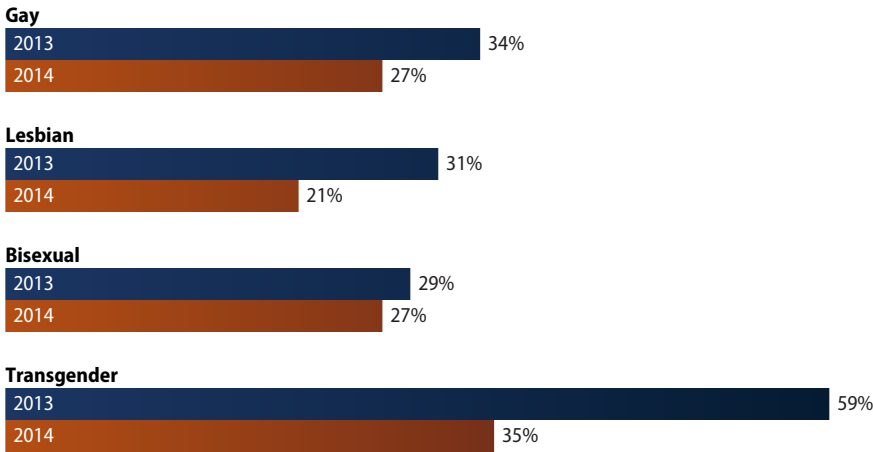
But despite these impressive gains, the law's work is far from complete. Although more than 10 million people have gained new coverage under the Affordable Care Act, millions remain uninsured, including many LGBT people. According to the annual Gallup poll, for instance, the LGBT population is still significantly more likely than the general population to be uninsured: Between the third quarter of 2013 and the second quarter of 2014, Gallup found an average uninsurance rate of

21.9 percent among LGBT people across all income ranges, compared to an average of 15.5 percent among their non-LGBT counterparts.⁴ By the second quarter of 2014, 17.6 percent of all LGBT people remained uninsured, compared to 13.2 percent of the general population.⁵

This report presents findings from a nationally representative survey of LGBT adults ages 18 to 64 conducted by the Center for American Progress in July 2014. Respondents were included on the basis of self-identification as lesbian, gay, bisexual, and/or transgender and self-reported income less than 400 percent of the FPL. The survey was supplemented with eight focus groups held in four different states in September 2014. More details regarding survey methodology can be found at the end of this report.

According to this research, 26.8 percent of gay men, 20.5 percent of lesbians, 26.7 percent of bisexual people, and 34.7 percent of transgender people with incomes less than 400 percent of the FPL did not have insurance in 2014. Uninsurance is a particular concern for LGBT respondents of color: 33.1 percent of respondents who identified as black and 32.5 percent of respondents who identified as Hispanic were uninsured in 2014.

FIGURE 3
Uninsurance across LGBT communities
Uninsurance among LGBT people with incomes under 400 percent of the federal poverty level, 2013–2014

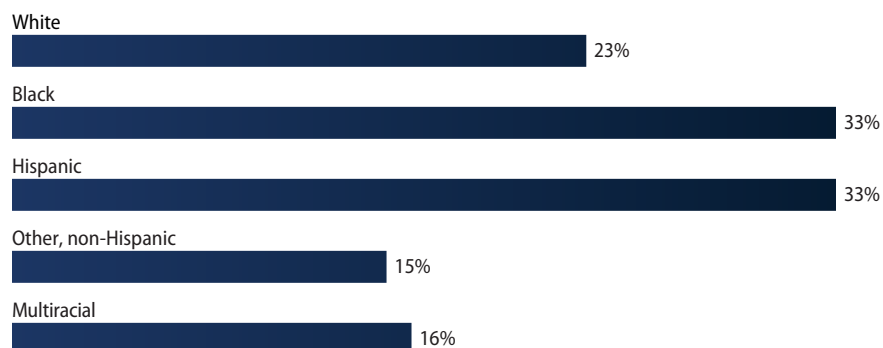


Note: In 2013, percentage of transgender respondents represents small sample estimate.
Source: Research conducted by the Center for American Progress in 2013 and 2014.

FIGURE 4

LGBT uninsurance by race and ethnicity

Percentages of LGBT adults who are uninsured in different racial and ethnic groups



Note: Racial and ethnic categories derived from 2010 U.S. Census categories.

Source: Research conducted by the Center for American Progress in 2014.

A lack of insurance coverage is a critical issue for LGBT people. Like anyone else, LGBT individuals worry about health care costs, threats to their financial security from unaffordable medical bills, and obstacles to getting the care they need. In 2013, 91 percent of LGBT respondents who were eligible for financial assistance to gain new coverage under the law described health insurance either as very important to them or as something they would not give up.⁶ Unfortunately, even after the advances of the 2013–2014 enrollment period, 29 percent of LGBT respondents had unpaid medical bills in 2014, and 40 percent had put off medical care in the previous 12 months because they could not afford it. Of those who were uninsured in 2014, 58 percent have been uninsured for more than two years, and 53 percent have never looked for health insurance on their own.

On a population-wide level, LGBT communities experience numerous health disparities that insurance coverage can help address. Well-documented LGBT health disparities include:⁷

- Higher rates of mental health concerns such as depression and suicide attempts
- Greater risk of HIV infection and AIDS mortality
- More frequent use of tobacco and other substances
- Higher rates of certain cancers, including breast cancer

Higher rates of cancer incidence in the LGBT population are particularly concerning because LGBT people are less likely than the general population to receive appropriate preventive screenings, such as cervical cancer screenings for lesbian and bisexual women and transgender men.⁸ Furthermore, many of these disparities are even greater for LGBT people who are also members of other groups disadvantaged in health and health care because of their race, ethnicity, primary language, or other aspects of their identity.⁹ Expanding access to affordable, high-quality insurance coverage that facilitates access to services such as regular check-ups and preventive screenings, mental and behavioral health care, and reproductive and sexual health care is an essential component of reducing these disparities.

Discrimination in access to coverage

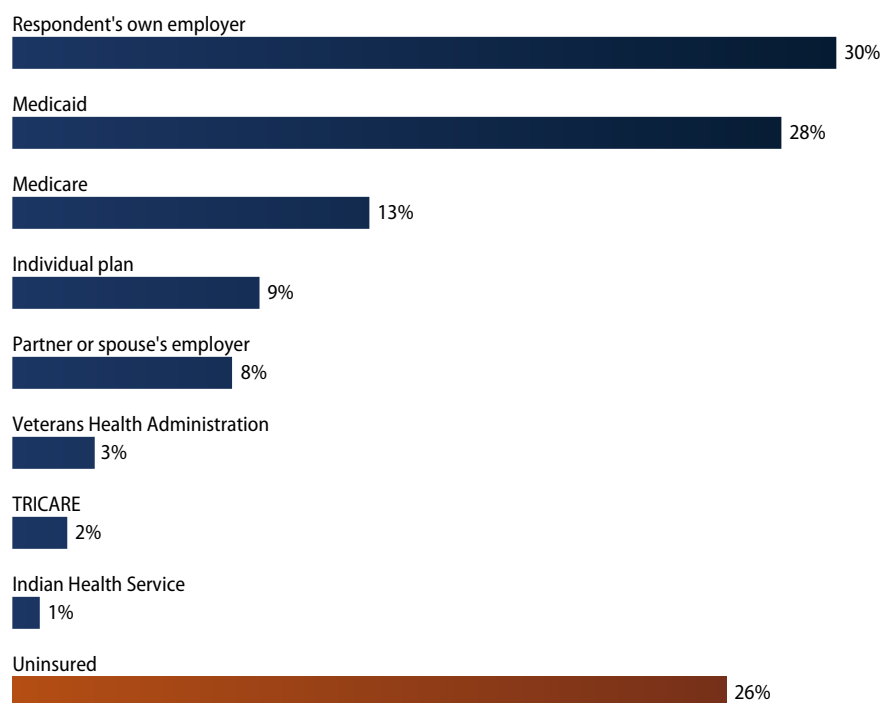
Discrimination on the basis of sexual orientation or gender identity is a major reason why LGBT individuals are more likely than non-LGBT people to be uninsured.¹⁰ Despite advances in legal protections and social acceptance for LGBT people over the past several decades, there is still no federal law that specifically protects LGBT individuals from discrimination in employment, public accommodations, and other areas of everyday life. Experiences of employment discrimination, such as anti-LGBT bias in hiring, push many LGBT people into unemployment or low-wage jobs that do not offer benefits such as health insurance coverage.¹¹ As a result, only 38 percent of insured LGBT people with incomes less than 400 percent of the FPL had insurance through their own or a spouse or partner's employer in 2014. In contrast, 58 percent of the general population in the same income range have employer-sponsored coverage, according to 2013 data from Enroll America.¹²

"I was unemployed and uninsured for three years after being outed and fired at work."
– *Transgender focus group participant*

FIGURE 5

Sources of coverage

Sources of insurance coverage for LGBT people with incomes below 400 percent of the federal poverty level, 2014



Note: Sum is greater than 100 percent due to multiple responses related to primary and secondary sources of coverage.

Source: Research conducted by the Center for American Progress in 2014.

Further, despite the expansion of marriage equality for same-sex couples to more than 30 states in 2014, a number of states still do not legally recognize same-sex relationships.¹³ This deprives many same-sex couples of the legal protections, social support, and economic benefits typically enjoyed by heterosexual couples, including employer-sponsored insurance coverage. In both 2013 and 2014, for instance, approximately 50 percent of respondents who had tried to access coverage for a same-sex spouse or partner reported encountering trouble, and nearly three in four of those who tried to get coverage reported feeling discriminated against in the process.¹⁴ And even in some states where same-sex couples are now able to marry, it is still legal to fire someone solely on the basis of their sexual orientation. This means that something as simple as displaying a wedding picture at work can cost a gay, lesbian, or bisexual person their job.¹⁵

LGBT people also experience discrimination from insurance carriers themselves: One respondent, for instance, quoted an insurance agent denying him coverage with the words, “I can’t insure a queer.” Eight percent of gay respondents and 9 percent of respondents who are in same-sex relationships but not legally married reported that an insurance carrier had discriminated against them on the basis of their sexual orientation when they were trying to access coverage. A similar number—8 percent—of respondents experienced difficulty getting coverage because of a pre-existing condition, and a significant number of respondents reported insurance discrimination on the basis of their HIV status, including 4.5 percent of African Americans.

Transgender people are especially likely to encounter insurance discrimination. The majority of private insurers continue to rely on outdated assumptions about transgender people’s medical needs to justify transgender-specific exclusions in their plans.¹⁶ This is still true despite position statements from expert medical groups—such as the American Medical Association, the American Psychiatric Association, and the American Psychological Association—regarding the medical, financial, and ethical grounds for covering health care services related to gender transition. These exclusions deny transgender people coverage for medically necessary health care services related to gender transition, such as hormone therapy, mental health counseling, and gender confirmation surgeries. Furthermore, they also obstruct access to preventive services that are commonly associated with only one gender, such as Pap tests, mammograms, or prostate exams, and they sometimes block transgender people from getting coverage for any care at all.¹⁷ In numerous interviews and focus groups conducted by the Center for American Progress in both 2013 and 2014, health advocates and transgender individuals alike cited the prevalence of transgender exclusions as a major concern that the Affordable Care Act must help address.¹⁸

Fortunately, the Affordable Care Act has taken significant steps toward addressing insurance discrimination against LGBT people. In addition to prohibiting pre-existing condition exclusions, the law prohibits the qualified health plans sold through the health insurance marketplaces, as well as non-grandfathered plans in individual, small group, and large group markets, from discriminating on the basis of sexual orientation or gender identity.¹⁹ Further, starting on January 1, 2015, the law requires plans that offer spousal or family coverage to heterosexual spouses to offer the same coverage under identical conditions to same-sex spouses.²⁰ This requirement applies to all same-sex spouses who are legally married in any jurisdiction, regardless of whether the state in which they live recognizes their marriage.

“[Society] still sees it as a disease, us being gay, lesbian, bisexual, transgender, whatever ... they still see that as an illness” – *Gay focus group respondent*

ACA highlights for LGBT people

- **Nondiscrimination:** The Affordable Care Act prohibits discrimination on the basis of sexual orientation and gender identity by health plans, health insurance marketplaces, and navigators and other consumer assisters.
- **Financial assistance:** Many LGBT people are newly eligible for Medicaid coverage or for marketplace subsidies that help make private plans more affordable.
- **Fair access to quality coverage:** Plans may not refuse coverage or charge higher premiums on the basis of conditions such as cancer or HIV, or because someone is transgender. Plans must also cover the essential health benefits, which are 10 broad categories of care that include mental and behavioral health services, prescription drugs, hospital care, and prevention and wellness services, among others.
- **Family coverage:** Starting on January 1, 2015, all plans that offer spousal coverage must offer equal coverage to same-sex spouses who are legally married in any state, regardless of whether the state they live in recognizes their marriage.

“The reason why insurance comes up so much in our community is because it’s literally life and death for people”
– *Transgender focus group respondent*

Moreover, a trend of offering nondiscriminatory, comprehensive coverage for transgender people is steadily moving across the country since the passage of the health reform law. In May 2014, an appeals board at the U.S. Department of Health and Human Services overturned Medicare’s 33-year ban on coverage for gender confirmation surgeries,²¹ and insurance commissioners in numerous states have issued guidance clarifying that federal and state laws that include protections on the basis of sex and/or gender identity prohibit transgender-specific exclusions in insurance plans.²² Importantly, a 2012 assessment by the California Department of Insurance found that removing transgender exclusions from insurance plans has a negligible effect on premium costs and improves outcomes for some of the most significant health problems facing the transgender population, including improved mental health and reduced suicide risk, lower rates of substance use, and improved adherence to HIV treatment.²³

LGBT nondiscrimination under the Affordable Care Act

Prior to the Affordable Care Act, some federal, state, and local laws protected LGBT people from discrimination on the basis of sexual orientation and/or gender identity in certain health care settings, such as hospital visitation. The Affordable Care Act, however, introduces sweeping new nondiscrimination protections that protect LGBT people across the country from discrimination in health care and health insurance.

Affordable Care Act Section 1557 (42 U.S.C. § 18116) prohibits discrimination on the basis of race, color, national origin, sex, age, or disability by any health program or activity that receives federal financial assistance or that is administered by an executive agency or any entity established under Title I of the ACA. This includes the health insurance marketplaces, Medicare, and Medicaid, among many other programs. In a July 2012 letter from Office of Civil Rights Director Leon Rodriguez to the National Center for Lesbian Rights, the U.S. Department of Health and Human Services clarified that Section 1557's sex nondiscrimination protections include gender identity and sex stereotyping, meaning that the law protects transgender people and others whose appearance, behavior, or identity do not conform to stereotypical expectations of masculinity or femininity.

ACA regulations at 45 C.F.R. § 147.104(e) prohibit health insurance issuers in the individual, small group and large group markets in any state from employing marketing practices or benefit designs that discriminate based on an individual's sexual orientation, gender identity, sex, race, color, national origin, disability, age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions.

ACA regulations at 45 C.F.R. § 156.125(a) and (b) state that an issuer cannot claim to provide the essential health benefits as defined in Section 1302 of the Affordable Care Act if its benefit design—or the implementation of its benefit design—discriminates on the basis of an individual's sexual orientation, gender identity, sex, race, color, national origin, disability, age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions.

ACA regulations at 45 C.F.R. § 156.200(e) state that a qualified health plan issuer must not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, or sexual orientation with respect to its qualified health plans.

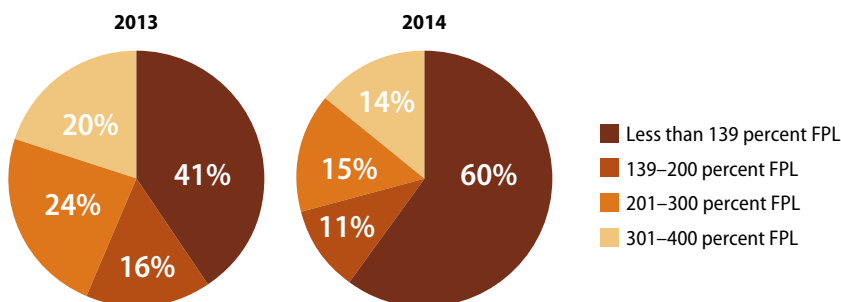
ACA regulations at 45 C.F.R. § 155.120(c) require the health insurance marketplaces—including all their contractors, employees, and consumer assisters—to comply with all applicable nondiscrimination statutes and to not discriminate in any of their activities on the basis of race, color, national origin, disability, age, sex, gender identity, or sexual orientation.

LGBT poverty

In addition to establishing new nondiscrimination protections in private insurance coverage, the Affordable Care Act opens access to coverage for millions of people with incomes near or below the federal poverty level, including many LGBT people. Contrary to popular stereotypes, numerous LGBT people live in poverty. According to the Williams Institute at University of California, Los Angeles, one in five gay and bisexual men and one in four lesbian and bisexual women are poor in the United States.²⁴ Similarly, the National Transgender Discrimination Survey found that transgender people are roughly four times more likely than the general population to live in extreme poverty, defined as an annual income of less than \$10,000.²⁵ In the 2013 and 2014 Center for American Progress surveys of LGBT people with incomes less than 400 percent of the FPL, the largest percentage of respondents occupies the lowest end of the socioeconomic scale: In 2013, 41 percent of LGBT people eligible for financial assistance under the health reform law had incomes at or less than 139 percent of the FPL, in comparison to 28 percent of their peers in Enroll America's general population sample.²⁶ In 2014, 60 percent of all LGBT respondents—and 78 percent of transgender respondents—were at the very bottom of the income scale. Unsurprisingly, respondents in the lowest income bracket were significantly more likely than other income groups to be uninsured.

FIGURE 6
LGBT poverty

Income distribution among LGBT adults with incomes under 400 percent of the federal poverty level



Note: FPL stands for Federal Poverty Level

Source: Research conducted by the Center for American Progress in 2013 and 2014.

FIGURE 7

Uninsurance by income

Uninsurance among LGBT adults with incomes under 400 percent of the federal poverty level, by income bracket

Less than 139 percent FPL



139–200 percent FPL



201–300 percent FPL



301–400 percent FPL



Note: FPL stands for Federal Poverty Level

Source: Research conducted by the Center for American Progress in 2013 and 2014.

Medicaid expansion

Before the Affordable Care Act, only five states offered full Medicaid-comparable coverage to childless adults,²⁷ and the low-income ceilings in most Medicaid programs meant that even LGBT people who fit the narrow eligibility categories of traditional Medicaid rarely qualified for coverage. However, thanks to the expansion of Medicaid under the ACA, 35 percent of all LGBT respondents who explored their coverage options qualified for Medicaid coverage. Of this group, 78 percent enrolled. As a result, the overall uninsurance rate among LGBT respondents between 2013 and 2014 dropped 10 percentage points—from 27 percent to 17 percent—in the District of Columbia and the 25 states that had expanded their Medicaid programs by June 2014.²⁸ Among states that did not take action to expand their Medicaid programs, the overall uninsurance rate among LGBT respondents also dropped significantly, but it still remained stubbornly high at 34 percent.

Financial assistance for those with incomes slightly above the Medicaid ceiling—where subsidies to help make coverage affordable are available in all states—had a particularly significant effect: Between 2013 and 2014, the uninsurance rate among LGBT respondents with incomes between 139 percent and 200 percent of poverty dropped by 22 percentage points, from 48 percent to 26 percent.

Awareness of the Affordable Care Act

The Affordable Care Act presents an unprecedented opportunity to improve the well-being and economic security of LGBT communities by promoting access to affordable, comprehensive health insurance coverage. Thanks to the law, millions of LGBT people and their families will see improvements in the quality of coverage they have or will have access to health insurance coverage for the first time.

But despite years of high-profile news coverage about the health reform effort, in 2014, almost 10 percent of LGBT respondents reported never having heard of the Affordable Care Act at all. Groups that had low rates of awareness of the law included uninsured LGBT respondents and several other groups that have particularly high rates of uninsurance, such as transgender and bisexual respondents, and respondents who identify as Hispanic, who have a high school education or less, or who have incomes under 139 percent of the FPL.

FIGURE 8

Awareness of the ACA

Awareness of the health reform law is low among low- and middle-income LGBT groups with particularly high uninsurance rates

Transgender



Hispanic



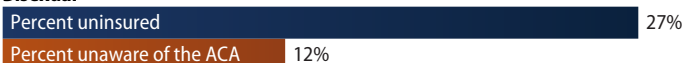
High school education or less



Income under 139 percent of poverty



Bisexual



Note: All groups have incomes under 400 percent of the federal poverty level.

Source: Research conducted by the Center for American Progress in 2014.

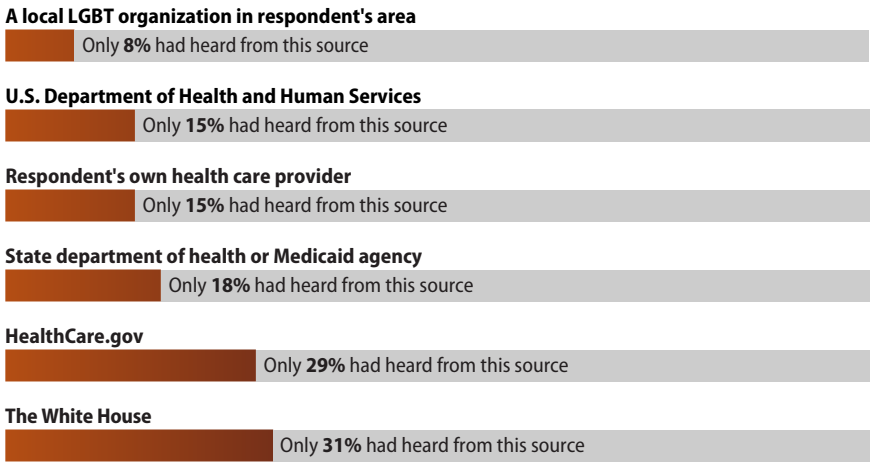
Like the general public, LGBT respondents who have heard of the law are split in their assessment of its value: 43 percent hold positive views, while 40 percent hold negative views, and 29 percent say they are neutral.²⁹ Similarly, the law has produced only a slight net positive effect on views of health insurance specifically: 28 percent of LGBT respondents said the Affordable Care Act has positively changed their views of health insurance, compared to 24 percent who said it has made their views of health insurance more negative. In 2013, even after hearing about the subsidies that would be available to help make coverage affordable under the law, 63 percent of LGBT respondents did not believe they would be able to find a plan they can afford.

LGBT respondents had heard about the Affordable Care Act from a variety of sources, including national LGBT organizations such as GLMA: Health Professionals Advancing LGBT Equality, the National Center for Transgender Equality, the Human Rights Campaign, the National LGBTQ Task Force—formerly the

National Gay and Lesbian Task Force—and PFLAG—formerly Parents, Families and Friends of Lesbians and Gays. Many of the sources that LGBT respondents would trust most about the law, however, are not reaching community members with the information they need. For example, 61 percent of respondents indicated that they would trust information about the law from an LGBT organization in their local area, but only 8 percent had received any information related to the Affordable Care Act from a local LGBT organization. Similarly, 62 percent of respondents said they would trust information from HealthCare.gov, but only 29 percent had received information about the law through this channel.

FIGURE 9
Lack of communication

Many low- and middle-income LGBT adults have not heard about the ACA from the sources they trust the most



Note: Sources listed were rated as "probably" or "definitely would trust" by more than 50 percent of respondents.
Source: Research conducted by the Center for American Progress in 2014.

In order to help raise awareness among LGBT communities about the Affordable Care Act, the Center for American Progress, the Sellers Dorsey Foundation, and the Federal Agencies Project joined together in September 2013 to launch Out2Enroll, a nationwide initiative that seeks to connect LGBT people with their new coverage options under the law. Over the first open enrollment period, the Out2Enroll initiative maintained a website with LGBT-oriented information about the Affordable Care Act at www.out2enroll.org, published LGBT-themed infographics, and held LGBT community-oriented events in almost a dozen different states.³⁰

After the first open enrollment period, 3.4 percent of LGBT respondents—including 5.6 percent of those living in the South and 6.7 percent of African Americans—reported having heard of the Out2Enroll initiative. Of those who had heard of Out2Enroll, 50 percent had visited the website www.Out2Enroll.org, and 91 percent of those who visited the website said that it provided the information they needed. The words respondents used most frequently to describe the Out2Enroll campaign were informative, 52 percent; trustworthy, 43 percent; and motivating, 29 percent.

In the second open enrollment period, Out2Enroll is focusing on LGBT cultural competency training for navigators and other enrollment assistance personnel, as outlined in more detail below.

Connecting with coverage

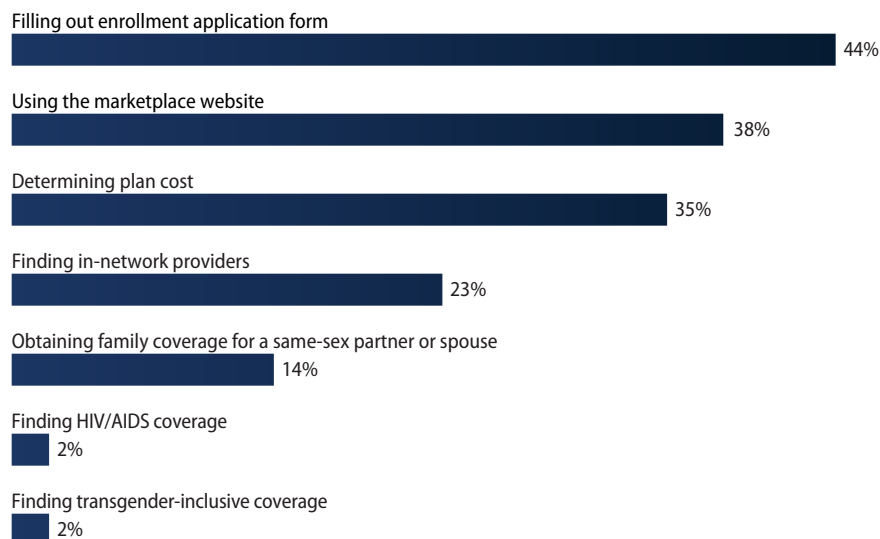
Despite the difficulty of ensuring that accurate information about the law reaches LGBT people via trusted messengers, many LGBT people have been able to get new health insurance coverage under the Affordable Care Act. Overall, 30 percent of respondents—and 40 percent of transgender respondents—explored their new coverage options between 2013 and 2014. In addition to the 78 percent of Medicaid-eligible LGBT individuals who enrolled in Medicaid coverage, 20 percent of respondents who explored their coverage options and were not eligible for Medicaid purchased a plan through a health insurance marketplace. Almost half of LGBT respondents who purchased coverage selected a plan that was less than \$100 per month, and 87 percent of them found their new coverage affordable on the basis of their monthly budget.

More than half of LGBT respondents who did not enroll in coverage under the Affordable Care Act between 2013 and 2014 cited cost as their biggest concern. Another frequently cited reason was confusion about how to go about applying for and enrolling in coverage. Overall, 43 percent of those who explored their coverage options sought help for concerns such as filling out the enrollment application, figuring out how much a plan costs, and determining whether same-sex spouses or partners could qualify for family coverage. Major sources of assistance included HealthCare.gov, Medicaid offices, navigators or other enrollment assisters, health care providers, and insurance agents or brokers.

FIGURE 10

Most common LGBT questions regarding ACA enrollment

The most common enrollment questions asked by LGBT people with incomes under 400 percent of the federal poverty level



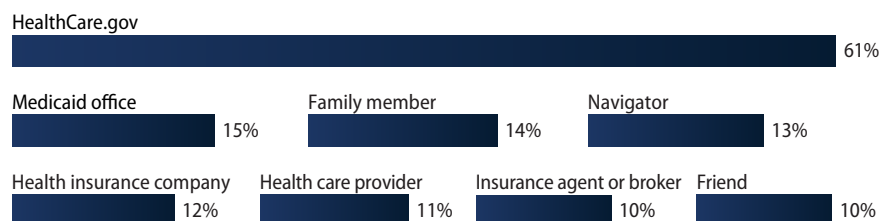
Note: Sum is greater than 100 percent due to multiple responses.

Source: Research conducted by the Center for American Progress in 2014.

FIGURE 11

Sources of help

LGBT people with incomes under 400 percent of the federal poverty level sought help from a variety of sources



Note: Sum is greater than 100 percent due to multiple responses.

Source: Research conducted by the Center for American Progress in 2014.

In general, LGBT respondents had positive experiences with the organizations and other resources that they turned for help. When LGBT respondents expressed dissatisfaction or reported a negative experience when seeking assistance, the main reason was that they encountered a source of help that was unable to satisfactorily answer their questions, which included showing a lack of understanding around LGBT issues in insurance. LGBT-specific competence and knowledge among assisters and other enrollment resources is an overwhelming priority for LGBT respondents: 8 in 10 said that they want help from an enrollment resource that has specific understanding of LGBT issues in insurance.

Out2Enroll LGBT cultural competency training

Specific training for assisters and other enrollment resources is key to successfully reaching and enrolling LGBT community members.

To ensure that LGBT people are able to get the information they need to get covered, the U.S. Department of Health and Human Services, state-run marketplaces, and organizations involved in outreach and enrollment should regularly incorporate LGBT cultural competency information, such as LGBT-specific scenarios and resources, into their training materials and activities.

Out2Enroll offers technical assistance on LGBT cultural competency, as well as training for assisters on working with LGBT people and answering LGBT-specific questions. The training covers the following topics:

- An introduction to key LGBT terms and concepts, including transgender-specific issues
- Answers to common LGBT-specific questions in the enrollment context
- Research-based messages for effectively promoting LGBT enrollment
- An interactive discussion aided by enrollment case study scenarios based on the experiences of same-sex couples, people with HIV, and transgender people
- A question-and-answer session

More information about this training and technical assistance is available by emailing info@out2enroll.org or by visiting www.out2enroll.org.

Data collection: Learning more about LGBT communities and the Affordable Care Act

Data collection on sexual orientation and gender identity is a critical part of informing marketplace outreach and enrollment efforts among LGBT communities, assessing the effectiveness of LGBT nondiscrimination requirements and cultural competency initiatives, and ensuring that LGBT needs are understood and addressed. However, because no marketplaces collected data on sexual orientation or gender identity demographics in 2013 or 2014, policymakers, researchers, and advocates lack crucial information about how many LGBT people—in all income ranges—have enrolled in new coverage options and the degree to which the health reform effort is actually helping close LGBT health disparities.

The Affordable Care Act permits the marketplaces to collect a range of demographic information, such as race, ethnicity, and primary language, as long as the disclosure of any such information is optional for applicants.³¹ The 2014 Center for American Progress survey asked LGBT respondents to share their opinions about whether sexual orientation and gender identity demographic data should be collected during the enrollment process.

The survey questionnaire showed respondents the following text:

Right now, the Health Insurance Marketplace application asks optional questions about aspects of identity such as your ethnicity and the language you speak at home. The purpose of these questions is to help better understand the health coverage needs of different groups of people. If the Marketplaces were to ask questions about LGBT identity to help them meet the needs of LGBT people, these questions would be optional and your choice to respond to them would be voluntary. This information would be kept private and secure as required by law and would not be used to determine what kind of coverage or care you can get through the plan you select.

Respondents were then shown one of three randomly assigned question models and asked if they would answer if the sexual orientation and gender identity questions were phrased that way. All question models reflect existing best practices related to asking sexual orientation and gender identity questions in different contexts, including population surveys, electronic health records, and public health surveillance.³²

Across all three different question model options, respondents overwhelmingly endorsed data collection on sexual orientation and gender identity in enrollment: Overall, 86 percent indicated that they would answer voluntary questions about sexual orientation and gender identity on an enrollment application. Less than 13 percent indicated they would refuse to answer these questions during enrollment, compared with the 31 percent of federally facilitated marketplace applicants who refused to provide voluntary race and ethnicity demographic data in the 2013–2014 enrollment period. In fact, 35 percent of those who selected a plan through the federally facilitated marketplace in the initial annual open enrollment period refused to respond to the race question at all or selected “other”—a category that was not distinguishable from nonresponse—and 93 percent either did not respond or selected “other” in response to the ethnicity question.³³ The high absolute and relative levels of acceptability of LGBT data collection in the enrollment context indicate the feasibility of including voluntary sexual orientation and gender identity questions on marketplace enrollment forms.

From coverage to care

Insurance coverage cannot be a stand-alone goal: Accessible facilities and providers who have training in LGBT cultural competency and experience working with LGBT communities are critical to ensuring that LGBT people and their families can get the health care they need.

Of LGBT people with incomes less than 400 percent of the federal poverty level, 13 percent do not have a regular source of care. Only 66 percent go to a doctor's office for routine care for themselves or a family member; 20 percent go to community clinics, including clinics that specialize in working with LGBT communities; and 10 percent go to the emergency room when they need care.

Overall, 6 in 10 respondents said that it is important to them that providers have specific training or experience working with LGBT people, and 14 percent have sought out providers with experience in fields such as HIV/AIDS, other sexual or reproductive health care, or care related to gender transition or other transgender health needs. Many travel to find this care: 24 percent of LGBT respondents who seek out LGBT-competent providers—and 48 percent of those without insurance—travel as much as 40 miles and occasionally 100 miles or more to see providers they feel comfortable with.

Fortunately, the coverage available under the Affordable Care Act is starting to make a difference for many low- and middle-income LGBT people in connecting with health care services. Seventy-two percent of respondents have tried to get care using the coverage they enrolled in through a health insurance marketplace, and 94 percent reported having positive experiences with the providers they visited. Continuing to deepen the link between coverage and culturally appropriate health care services for LGBT people is an important aspect of ensuring that the Affordable Care Act delivers on its promise of better health for all.

Recommendations

In order to ensure that the benefits of the Affordable Care Act reach everyone who needs them, state and federal officials overseeing the health insurance marketplaces, navigators and other consumer assisters, and health advocates need to understand and address LGBT community concerns in their work to implement the law. Several priorities on which policymakers and other stakeholders can take immediate action to help LGBT people connect with their new coverage options include the following.

Ensure high-quality, comprehensive, and nondiscriminatory coverage

Many LGBT people have historically been locked out of coverage by pre-existing condition exclusions that target conditions that disproportionately affect the LGBT population, such as HIV or cancer. Others have been unable to get coverage that provides the care they need in areas such as mental or behavioral health, reproductive health, and gender transition. While the Affordable Care Act prohibits pre-existing condition exclusions and removes many other barriers to coverage, many LGBT people are still struggling to find affordable coverage that covers the care they need. Transgender people in particular still frequently encounter plans with exclusionary language that specifically denies them coverage for the care they need, even when services such as preventive screenings, hormone therapy, mental health counseling, and surgeries are covered for non-transgender people. States and the federal government should work in concert with insurers to identify and remove transgender-specific exclusions and other discriminatory plan restrictions that limit access to medically necessary health care services. The U.S. Department of Health and Human Services should also issue regulations implementing Affordable Care Act Section 1557 that explicitly include both gender identity and sexual orientation protections.

Explicitly include a focus on LGBT communities in outreach and assister training

LGBT people, similar to members of other historically marginalized communities, are accustomed to being excluded. To effectively engage LGBT community members in outreach and enrollment activities, marketplace officials, assisters, and advocates should take specific steps to indicate that LGBT people and their families are welcome. Some suggested activities include:

- Partner with LGBT community partners, such as LGBT community centers and LGBT advocacy organizations, to connect with LGBT people on the local and national levels
- Conduct outreach at LGBT community events and venues
- Develop outreach materials with images, content, and language relevant to LGBT people, such as pictures of same-sex partners and information about transgender coverage options
- Invite Out2Enroll or other LGBT community partners to conduct training for all navigators and other assisters on working with LGBT people

Collect voluntary sexual orientation and gender identity data as part of enrollment

LGBT data collection is essential to effectively assess the degree to which the Affordable Care Act is helping LGBT people and addressing LGBT health disparities, including the 26 percent of low- and middle-income LGBT people who remain uninsured and the persistent coverage gap between LGBT people and the general population overall. As soon as possible in 2015, federal and state-run marketplaces should begin collecting voluntary demographic data on sexual orientation and gender identity on all application forms.

Promote access to LGBT culturally competent health care

As millions of people who previously lacked coverage and access to a routine source of care gain coverage and interact with the health care system on a more regular basis, equipping providers with the tools they need to work effectively with patients from diverse backgrounds will be critical to achieve the national goals of better health and lower costs. Currently, studies show that LGBT health issues are only rarely included in medical school curricula.³⁴ To promote access to LGBT culturally competent health care services across the country, policymakers and health professional schools should significantly expand the current minimal availability of training on LGBT health. In addition, to enhance financial support for community health centers across the country that serve the LGBT population and to encourage other safety-net facilities to include a focus on LGBT issues in provider training and health care services, the U.S. Department of Health and Human Services should designate the LGBT population as a medically underserved population.³⁵

Conclusion

The Affordable Care Act represents a historic opportunity to close the coverage gap for LGBT people and to begin to address LGBT health disparities. The law's first year of full implementation shows great promise, but much work remains to be done to ensure that the benefits of the health reform efforts reach all who need them, including LGBT people and their families.

Survey methodology and respondent demographics

This survey was designed by the Center for American Progress in April and May 2014 and fielded in July 2014 through Knowledge Networks among a nationally representative sample of LGBT adults, ages 18 to 64. The survey questionnaire was fielded in English and included 63 questions about respondent demographics, insurance status, impressions of and interaction with the Affordable Care Act, and experiences with health care providers. The only inclusion criteria were self-identification as lesbian, gay, bisexual, and/or transgender and self-reported income at or less than 400 percent of the federal poverty level. In this report, not all values equal 100 percent due to rounding.

English-language focus groups were held in Rochester, New York; Minneapolis, Minnesota; Atlanta, Georgia; and Dallas, Texas, in September 2014. One group in each city included self-identified lesbian, gay, and bisexual individuals with incomes less than 400 percent of the FPL, and one group in each city included self-identified transgender individuals in the same income range, for a total of eight 90-minute groups. Focus group participants were diverse in terms of factors such as insurance status, race, political affiliation, and awareness of the Affordable Care Act. Participants were compensated for their time with gift cards averaging \$120 in value, depending on the city.

Of 1,087 respondents, 97 percent identified as lesbian, gay, or bisexual. Specifically 35 percent identified as gay, 14 percent as lesbian, and 48 percent as bisexual. Three percent identified as straight/heterosexual.

Seven percent of respondents identified as transgender, while 93 percent did not. This proportion of transgender people is significantly greater than in the general U.S. population, where estimates of the transgender population average between 0.5 percent and 1 percent.³⁶ All of the respondents who identified as straight/heterosexual also identified as transgender. Among transgender people, in fact, the largest proportion—45 percent—identified as straight, while 33 percent identified as bisexual and 21 percent as gay or lesbian. These numbers underscore the

importance of the fact that sexual orientation and gender identity are different aspects of identity: Transgender people, like anyone else, can be of any sexual orientation, including lesbian, gay, bisexual, or heterosexual.

Overall, 38 percent of respondents identified as male, including 1.7 percent who identified as transgender men—individuals who transitioned from female to male—and 60 percent identified as female, including 1.2 percent who identified as transgender women—individuals who transitioned from male to female. In addition to the respondents who identified as male or female, 2.1 percent of respondents identified outside the gender binary as “genderqueer,” “gender-nonconforming,” or “a different gender identity.”

Race and ethnicity were gathered using U.S. Census categories. Slightly more than half—51.8 percent—of respondents identified as white and non-Hispanic; 25.4 percent identified as Hispanic; 14.5 percent identified as black; 2.8 percent identified as multiracial; and 5.4 percent identified as “other.” The small sample size of respondents identifying as “other” is a weakness of the study design that hampered efforts to identify groups such as Asian American and Pacific Islander respondents—an issue that should be addressed in future research. This study design challenge also reflects the importance both of expanding routine data collection on the LGBT population as a whole and of employing data collection methodologies capable of accurately assessing the characteristics of LGBT communities of color and other groups at the intersection of multiple minority identities.

The mean age of all respondents is 35.6 years old. Overall, 27 percent of respondents are between the ages of 18 and 24, and 28 percent are between ages 25 and 34, meaning that almost 60 percent of the low- and middle-income LGBT population is under age 34. Fifteen percent are between the ages of 35 and 44; 20 percent are between the ages of 45 and 54; and 11 percent are between the ages of 55 and 64. No respondents were older than 65 years of age.

Three-quarters of respondents do not have children. Eleven percent of people identifying as gay have children, compared to 27 percent of lesbians and 37 percent of bisexual people. Fourteen percent of transgender respondents have children. Among all respondents, roughly half have one or two children currently living with them: 31 percent have one child, and 21 percent have two children.

Most respondents—47 percent—are single; 10 percent are dating someone; 18 percent are in a domestic partnership, civil union, or a legal marriage; 4 percent are divorced or separated; and 22 percent say they are in a committed relationship with no legal recognition. Lesbian committed couples are by far the most likely to not have legal relationship recognition: 36 percent of lesbians say they are in a committed relationship without legal recognition, compared to 22 percent of gay men and 19 percent of bisexuals. There were no significant differences between the geographic regions of the South, West, Midwest, or Northeast in terms of whether respondents had legal recognition for their relationships or not.

Regions were defined as follows:

- **West:** California, Oregon, Washington, Idaho, Nevada, Arizona, New Mexico, Utah, Colorado, Wyoming, Montana, Hawaii, and Alaska
- **Midwest:** North Dakota, South Dakota, Nebraska, Kansas, Missouri, Iowa, Minnesota, Wisconsin, Michigan, Illinois, Indiana, and Ohio
- **South:** Arkansas, Oklahoma, Texas, Louisiana, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Tennessee, Kentucky, Virginia, Maryland, Delaware, and West Virginia
- **Northeast:** Pennsylvania, New Jersey, New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, and Maine

The largest proportion of respondents—39 percent—live in the South, while 28 percent live in the West, 17 percent live in the Midwest, and 16 percent live in the Northeast.

The majority of respondents have a high school degree or less: 14 percent have less than a high school diploma, and 38 percent graduated high school. Thirty-four percent have done some college coursework, and 15 percent have a bachelor's degree or higher. Roughly half—49 percent—of respondents are employed, while 20 percent are looking for work; 17 percent are not working because of a disability; and 14 percent are either on a temporary layoff from a job, retired, or not working for another reason.

Of the 74 percent of respondents with insurance coverage, 30 percent have insurance through their current or former employer, while only 8 percent have insurance through a partner or spouse's employer. Among sources of public coverage, 28 percent have Medicaid and 13 percent have Medicare; less than 1 percent get care through the Indian Health Service, and 4.4 percent have coverage through TRICARE or the Veterans Health Administration. Twenty-six percent indicated some other source of coverage, including 9 percent who have coverage that they or their partner or spouse shopped for individually. These numbers sum to more than 100 percent because respondents could indicate both primary and secondary sources of coverage.

About the authors

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Andrew Cray was a Policy Analyst with the LGBT Research and Communications Project. Andrew passed away on August 28, 2014, after a battle with cancer, but throughout his career he fought for and secured numerous policy changes that have advanced LGBT health priorities across the country. The White House honored Andrew posthumously as a "Champion of Change" for his work through Out2Enroll and the LGBT State Exchanges Project to connect LGBT Americans with comprehensive, affordable health insurance. Originally from Chippewa Falls, Wisconsin, Andrew earned a B.S. in communications from Northwestern University and a J.D. from the University of Michigan Law School.

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