

FACT SHEET

LGBT Americans and the Affordable Care Act

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Lesbian, gay, bisexual, and transgender (LGBT) individuals have long faced barriers to obtaining necessary health care. LGBT individuals face higher rates of uninsurance than their heterosexual counterparts, are more likely to experience chronic health problems, and often face discrimination in health care settings. Thankfully, the Affordable Care Act (ACA) contains many provisions to help LGBT individuals obtain the health care they need and begin to address the profound health disparities faced by this community.

Increased Access to Health Insurance

Research shows that lesbian, gay, bisexual, and transgender adults are less likely to have health insurance than heterosexual adults. Approximately 82% of heterosexual adults have health coverage, while 77% of lesbian, gay and bisexual adults and only 52% of transgender adults have coverage.¹ There are a variety of reasons for this disparity. LGBT individuals are more likely to work in jobs that do not provide health benefits and many employers do not offer health benefits to same-sex partners in the same way they offer spousal health insurance to heterosexual partners.²

The Affordable Care Act addresses disparities in insurance coverage by offering more opportunities for LGBT Americans to obtain health insurance.³

- Individuals and families will have new opportunities to purchase health insurance. Depending on their income, individuals and families under 400% of the poverty line (about \$46,000 for an individual and \$94,000 for a family of 4) will be eligible for tax credits to help purchase private insurance.
- In many states, individuals under 133% of the poverty line (about \$15,300 for an individual and \$31,300 for a family of 4) will now be eligible for coverage under Medicaid.
- Young adults are now allowed to remain on their parents plan until age 26.

Comprehensive Health Insurance Benefits

LGBT individuals are more likely to suffer from a variety of chronic conditions including certain types of cancers, obesity, and HIV/AIDS. Additionally, LGBT individuals have higher rates of mental health and substance abuse issues. For example, 44% of lesbian, gay, and bisexual (LGB) individuals report alcohol abuse compared with 33% of heterosexual adults and 27% of LGB individuals smoke, compared to 16% of the heterosexual population. Additionally, LGBT individuals have significantly higher rates of mental and emotional health issues.⁴ In fact, rates of suicide attempts and suicidal ideations are twice as high among LGBT youth as their heterosexual counterparts and LGB adults are more likely to be treated for emotional health issues. Because LGBT individuals have less access to health insurance, these conditions often go untreated. The Affordable Care Act has specific provisions to ensure

that the health insurance is more comprehensive, and covers health services people need. The ACA will help to ensure that LGBT individuals have access to the full range of health services they need. For example,

- All new individual and small group market plans will be required to cover a set of essential health benefits, which includes hospitalization, prescription drugs, maternity care, and pediatric services. In addition, plans must cover mental health and substance abuse treatment, which have often been excluded or covered inadequately.
- All new health plans are required to cover certain preventive services, such as cancer screenings, tobacco cessation counseling and interventions, and counseling for obesity, with no cost-sharing.

Patient Protections

LGBT individuals face numerous barriers to obtaining health insurance, accessing comprehensive services, and affording the care they need. For example, people living with HIV/AIDS often face significant barriers to obtaining private insurance because their diagnosis is considered a pre-existing condition. Additionally, transgender individuals often have difficulty accessing and maintaining health coverage since many insurance companies consider transgender people to have a pre-existing condition.⁵ While all Americans will benefit from the new patient protections in the ACA, LGBT individuals, many of whom are low-income and have chronic and pre-existing conditions, will especially benefit.

- Beginning in 2014, insurance companies can no longer deny coverage because of a pre-existing condition. Before 2014, uninsured individuals with pre-existing conditions can access coverage through new pre-existing condition insurance pools.
- The law bans lifetime limits on coverage and phases out annual limits, which will no longer be allowed beginning in 2014.
- Health plans are no longer allowed to cancel health insurance policies or drop coverage.
- Plans must offer an explanation when they increase premiums by more than 10 percent, post these explanations online and give consumers a chance to comment on the rate increase.

Addressing Health Disparities

In addition to having lower rates of insurance coverage, and higher rates of chronic disease, LGBT individuals are also more likely to delay or not seek needed medical care and to withhold information from their doctors. Nearly 30% of transgender individuals reported postponing medical care out of fear of discrimination⁶ and over 1 in 5 LGBT individuals reported withholding information about their sexual practices from their doctor.⁷ The ACA contains many provisions to understand health disparities unique to the LGBT community. For example,

- The law calls for national data collection efforts to include questions about sexual orientation and gender identity—as a result, it will be easier to identify and understand the health care challenges faced by the LGBT community.
- The ACA supports the development of cultural competency standards and training for providers, to help ensure that patients of varying background have access to high quality, culturally competent care. The ACA also creates a National Strategy for Quality Improvement, which will help address health disparities for underserved communities.
- The law includes increased funding and resources for community health centers, which are an important source of care for the LGBT community.

Addressing Discrimination

Nearly 30% of transgender and gender non-conforming individuals report being denied necessary medical care because of their gender identity.⁸ LGB individuals also report discrimination in health services based on gender stereotypes. Many reports indicate that transgender individuals have been subject to unnecessary and invasive examinations—for example, requiring a pelvic exam regardless of whether it is relevant to the treatment. The ACA's nondiscrimination protection will help end these practices.

- Section 1557 of the ACA prohibits discrimination against individuals on the basis of race, color, national origin, sex, age, disability, gender identity, and sex stereotypes.⁹
- Section 1557 applies to health programs or activities of recipients of federal financial assistance, including hospitals and other federally-funded health care facilities; any program or activity administered by an executive agency; and any entity established under Title I of the ACA, such as the state health insurance exchanges. Covered entities cannot, for example, deny services to individuals because they do not conform to sex stereotypes.

1 Jeff Krehely, The Center for American Progress, "How to Close the LGBT Health Disparities Gap," December 21, 2009, available at: http://www.americanprogress.org/wpcontent/uploads/issues/2009/12/pdf/lgbt_health_disparities.pdf

2 Kellan Baker and Jeff Krehely, The Center for American Progress and National Coalition for LGBT Health, " Changing the Game: What Health Care Reform Means for Gay, Lesbian, Bisexual, and Transgender Americans," March 2011, available at: http://lgbthealth.webrevolutionary.com/sites/default/files/aca_lgbt.pdf

3 The recent Supreme Court ruling in U.S. v. Windsor, 570 U. S. ____ (June 26, 2013), striking down the federal Defense of Marriage Act will impact many LGBT Americans' eligibility for employer sponsored coverage through their spouse, as well as their eligibility for Medicaid and tax credits to purchase coverage on the Exchange. We are awaiting further guidance on these issues. See Center for American Progress, "Guide to Same-Sex Couples After Historic Ruling on DOMA," June 26, 2013, <http://www.americanprogress.org/issues/lgbt/news/2013/06/26/68029/guide-to-same-sex-couples-after-historic-ruling-on-doma/>

4 Supra note 1

5 National Center for Transgender Equality, "Being a Transgender Person is No Longer a Pre-existing Condition," March 29, 2010, available at: <http://transgender-equality.wordpress.com/2010/03/29/being-a-transgender-person-is-no-longer-a-pre-existing-condition/>

6 Jaime M. Grant, et. al, National Center for Transgender Equality and the National Gay and Lesbian Task Force, "National Transgender Discrimination Survey Report on Health and Health Care," October 2010, available at: http://www.thetaskforce.org/downloads/resources_and_tools/ntds_report_on_health.pdf

7 Christina S. Moyer, "LGBT patients: Reluctant and Underserved," American Medical News, Sept. 5, 2011, available at: <http://www.ama-assn.org/amed-news/2011/09/05/prsa0905.htm>

8 Lambda Legal, "When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV," February 1, 2010, available at: <http://www.lambdalegal.org/publications/when-health-care-isnt-caring>

9 Patient Protection and Affordable Care Act § 1557, codified at 42 U.S.C. § 18116 (2012); Letter from Leon Rodriguez, Dir. of Office for Civil Rights, Dep't. of Health & Human Servs. to Maya Rupert, Fed. Pol'y Dir., Nat'l Ctr. for Lesbian Rights (Jul. 12, 2012) (OCR Transaction No. 12-000800).