

October 18, 2021

Division of Reproductive Health
Centers for Disease Control and Prevention
Atlanta, GA 30341

RE: Updating CDC's Contraception Guidance Documents (Docket no. CDC-2021-0088)

Howard Brown Health is the largest LGBTQ health center in the Midwest United States, serving over 38,000 patients across 12 clinic locations in Chicago, Illinois. As a federally qualified health center, Howard Brown provides comprehensive, high quality and affordable care—including primary care, behavioral health, mental health services, HIV/STI prevention, and sexual and reproductive healthcare—to all of our patients, regardless of ability to pay. Howard Brown's mission is to eliminate LGBTQ health disparities, and we believe that access to comprehensive sexual health services, including contraception, is critical towards achieving health equity for LGBTQ people and other marginalized populations. We are thankful for the opportunity to provide recommendations on the CDC's updated contraception guidance documents.

Sexual and reproductive healthcare is an essential component of overall healthcare for all people, including LGBTQ people. In particular, our healthcare system has traditionally failed to recognize that all people who can get pregnant—which includes transmasculine people, non-binary people, queer women, and others—may require comprehensive and affirming pregnancy, family planning, and contraceptive care. Research underscores the need for more LGBTQ-inclusive and affirming contraceptive care. One 2019 study conducted by the Guttmacher Institute showed that other than lesbians, all other sexual minority people who can get pregnant were more likely to report unintended pregnancy, teen pregnancy, and abortions compared to their heterosexual peers.¹ The COVID-19 pandemic has only exacerbated difficulties in accessing contraceptive care, with another recent Guttmacher study showing that 46% of queer women reported delays or cancellations in their contraceptive care because of the pandemic, compared to 31% of heterosexual women.²

¹ Charlton B, Everett B, Light A et al. (Dec 2019). Sexual Orientation Differences in Pregnancy and Abortion Across the Lifecourse. Guttmacher Institute. Available online at: <https://www.guttmacher.org/article/2019/12/sexual-orientation-differences-pregnancy-and-abortion-across-lifecourse>

² Lindberg L, VandeVusse A, Mueller J, Kirstein M. (2020). Early Impacts of the COVID-19 Pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences. New York: Guttmacher Institute. Available online at: <https://www.guttmacher.org/report/early-impacts-covid-19-pandemic-findings-2020-guttmacher-survey-reproductive-health>

LGBTQ people experience structural barriers to accessing comprehensive sexual and contraceptive healthcare. Unfortunately, anti-LGBTQ discrimination and lack of education and training in LGBTQ cultural humility is common in healthcare settings. According to a 2020 survey conducted by the Center for American Progress, 12% of respondents reported that they had to teach their providers about their identity to receive adequate service, 8% of respondents reported being subjected to harsh or abusive language from providers, and 7% of respondents reported unwanted physical contact.³ Among LGBTQ respondents who reported experiencing some form of discrimination in the past year, 36% reported avoiding the doctor's office altogether to avoid further instances of discrimination.⁴ Healthcare providers, especially those that provide sexual and reproductive healthcare services, need additional education and training in providing LGBTQ-affirming care in order to ensure that LGBTQ people feel safe accessing necessary treatment, including contraceptive care.

Even for sexual health providers who have good intentions to provide high quality care for all patients, it is important to recognize that much of the framework for providing sexual healthcare is based on cis- and heteronormative assumptions that exclude LGBTQ people. For example, providers may simply assume that queer women or transmasculine people do not need birth control. Providers may also be unaware of specific contraceptive-related concerns that LGBTQ people may have, such as concerns about potential interaction between birth control and testosterone for transmasculine patients. This results in LGBTQ people not receiving the comprehensive and relevant reproductive health counseling, screening, and services that they need. Insurance policies are also often grounded in cis- and heteronormative frameworks, resulting in additional barriers to accessing "sex-specific" reproductive healthcare coverage especially for transgender, intersex, and nonbinary people. Sexual health providers need to meaningfully and explicitly integrate LGBTQ people and LGBTQ-specific health concerns in sexual and reproductive health best practices, guidelines, and policies.

To that end, we would recommend that the CDC ensure that the updated Contraception Guidance Documents are inclusive of LGBTQ communities. Recommendations and guidelines in the Contraception Guidance Documents should clearly describe the entire populations to which they apply using clear, clinically relevant language and minimize use of gender-specific terminology. For example, guidance for prescribing birth control should apply to all people who can get pregnant, not just women. Increasingly, clinical guidelines recognize the natural diversity in sex characteristics and gender identity by employing gender-neutral language that tailors recommendations based on specific, clinically relevant

³ Gruberg S, Mahowald L, Halpin J. (Oct 2020). The State of the LGBTQ Community in 2020. Center for American Progress. Available online at: <https://www.americanprogress.org/issues/lgbtq-rights/reports/2020/10/06/491052/state-lgbtq-community-2020/>

⁴ *Ibid.*

characteristics of patients. Even guidelines that rely partially on imprecise gendered terms increasingly include clarifications to ensure that their application to intersex and transgender patients is properly understood. Notably, the US Preventive Services Task Force (USPSTF) has increasingly employed gender-neutral language and language clarifying the application of its recommendations to gender minorities. Similarly, key CDC-approved guidelines for HIV/AIDS prevention and treatment have been revised along similar lines.

We urge the CDC to implement similar gender-neutral and clinically relevant language in its recommendations so that it's clear that LGBTQ people are included in guidance for contraceptive care. This is an important first step in ensuring that LGBTQ people can access comprehensive sexual and reproductive healthcare, and that providers have guidance for providing inclusive and affirming care for all. If you have questions about our comment, please feel free to reach out to Tim Wang, Director of Policy and Advocacy, at timothyw@howardbrown.org.

Sincerely,

David Ernesto Munar, President and CEO
Howard Brown Health