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Submitted Online via Comment Portal

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RE: HRSA's Scope of Project and Telehealth Policy Information Notice

On behalf of the LGBTQIA+ Primary Care Alliance,¹ we are submitting comments in response to HRSA's Draft Policy Information Notice regarding Scope of Project and Telehealth. The National LGBTQIA+ Primary Care Alliance is a coalition of community health centers and healthcare organizations throughout the United States, aligned in their missions to provide healthcare services and health advocacy for LGBTQIA+ communities across the country. The 10 Alliance members joining in these comments collectively serve several hundred thousand patients every year all across the nation. Our members also advocate for federal, state, and local laws and public policies that advance the health and well-being of sexual and gender diverse people, with particular emphasis on youth, elders, persons of color, immigrants, people with disabilities and chronic illnesses, low-income individuals and families, sex workers, drug users, and other particularly marginalized communities.

Throughout the COVID-19 pandemic, our members have implemented successful telehealth programs, and we have seen how telehealth can improve health outcomes and facilitate access to care especially for our LGBTQ+ patients. We are specifically providing comments to share our experience with telehealth and uplift concerns about the proposed service area restriction in Section IV Part B.

Telehealth Services Continue to Provide Vital Access to Care for LGBTQ+ Individuals and Families

In Section I. Background, HRSA states that providing services via telehealth can increase patient access to care, and improve clinical outcomes, continuity of care, and quality of care. This has certainly been the case for health centers across the country with the telehealth flexibilities enacted in response to the COVID-19 pandemic. According to the National Association of Community Health Centers, 95% of health centers used audio and video telehealth for medical services and 90% used it for behavioral health services during the pandemic. Additionally, 96% of health centers noted that patients would have a more challenging time accessing care if telehealth flexibilities ended.²

¹ LGBTQIA+ stands for lesbian, gay, bisexual, transgender and gender diverse, queer, intersex, and/or asexual or on the ace spectrum. Throughout this letter, this may be abbreviated to LGBTQ+.

² National Association of Community Health Centers. (2021). *Telehealth and Health Centers During COVID-19*. Available online at: <https://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/health-centers-and-audio-only-telehealth-during-covid-19/>

As healthcare organizations that offer LGBTQ+ inclusive and affirming care, we know that the shift to telehealth has especially benefited LGBTQ+ patients. Research consistently shows that LGBTQ+ people face many barriers to accessing care. A 2020 national survey conducted by Center for American Progress found that 15% of LGBTQ+ Americans, and nearly 30% of transgender people, reported postponing or avoiding medical treatment due to discrimination.³ Alliance members have seen firsthand how vital telehealth is for expanding access to care for LGBTQ+ patients who lack affirming in-person care options.

In early 2022, the Alliance surveyed 11 LGBTQ+ focused health centers that serve more than 200,000 patients annually across the country regarding telehealth service utilization and outcomes in 2020 and 2021. The survey revealed several key benefits of telehealth, including decreased no-show rates, increased patient satisfaction, and improved access to care and health outcomes. For example, Howard Brown Health in Chicago saw higher initiation and retention in hormone replacement therapy for transgender and nonbinary (TNB) patients receiving telehealth services. TNB patients at Howard Brown were able to receive integrated telehealth options to accelerate clinical care consultations related to gender-affirming hormone therapy, primary care, and pre-surgical clinical consultations. Apicha in New York City reported that telehealth increased provider availability, which in turn increased patient satisfaction. Whitman-Walker in Washington, DC found that telehealth no-show rates were significantly lower than in-person rates for medical visits in 2021 (24% vs 40%), and many of their patients continue to express a strong preference for continued telehealth services. Some 62% of medical patients and 68% of behavioral health patients at Whitman-Walker have expressed a preference for a mixture of telehealth and in-person services or telehealth services only.

Even as the COVID pandemic continues to wane, telehealth remains a critical tool for our providers and a critical means of access for our patients. For instance, in the first six months of 2022, 36% of Whitman-Walker's provider-patient encounters were done through telehealth. Currently, 75% of Transhealth's patient appointments are telehealth, underscoring the critical need for telehealth for transgender and gender-diverse individuals living in more rural settings. Given the importance of telehealth in expanding access to care and improving outcomes especially for marginalized patient populations, we commend HRSA's support of telehealth as a critical tool for healthcare delivery with this PIN. We agree that administration of telehealth should not require specific HRSA approval.

The Restriction of Telehealth Services to Patients Residing in a Health Center's Service Area Would Deny Care to LGBTQ+ Persons Who Otherwise Lack Access to Competent and Welcoming Providers

Telehealth has proven to be beneficial during and beyond the pandemic, and HRSA should continue to support this innovative approach to expand access to healthcare for underserved populations. With this in mind, we disagree with the provision in Section IV.B of the PIN that requires that health center patients receiving telehealth services be "physically located within the health center's service area." Depending on the definition of service area for the purpose of this PIN, this is almost

³ Gruberg S, Halpin J, Mahowald L. (2020). *The State of the LGBTQ Community in 2020: A National Public Opinion Study*. Available online at: <https://www.americanprogress.org/article/state-lgbtq-community-2020/>

certain to create unnecessary barriers to care. The PIN states that health centers may not administer services via telehealth for new patients outside of our service areas, and only for established patients who are “temporarily” outside of our service areas. According to HRSA regulations, up to 25% of health center patients can be from outside of our service areas. For example, Howard Brown’s HRSA service area is a cluster of zip codes in the greater Chicago area, but they serve patients from 700+ zip codes outside of this service area. Similarly, Whitman-Walker’s health centers are located in the District of Columbia; however, 33% of the clinic’s patient population resides outside of the District. There are many reasons why patients would choose to receive care at a health center rather than another closer healthcare facility, including availability of affordable, culturally responsive and comprehensive care. The service area criteria in this section is likely to disrupt care for established patients, and create unnecessary barriers to care for new patients who seek care at our facilities from outside our service areas.

As healthcare organizations that provide LGBTQ+ affirming care, we are especially concerned about LGBTQ+ patients who could lose access to care because of this service area criteria. Our health centers draw patients from all over the country because of the dearth of healthcare providers who are LGBTQ+ affirming and knowledgeable about LGBTQ+ health needs. According to the 2015 US Transgender Survey, only 45% of participants reported receiving gender-affirming care within 10 miles of their home, and respondents were three times more likely to have to travel more than 50 miles for transgender-related care than for routine health care.⁴

This was reflected in our telehealth member survey, where 9 out of 11 health centers noted significant demand for healthcare from out-of-state patients. With COVID-19 telehealth flexibilities in place, several of our members were able to provide care for patients in states hundreds of miles away from their clinics. For example, Fenway Health in Boston provided telehealth care to patients from 38 different states across the country. With few options available to for more rurally located transgender and gender-diverse patients living throughout New England, Transhealth has provided care to patients from Massachusetts, Connecticut, Rhode Island, Vermont, New Hampshire, and Upstate New York. This demonstrates that there is a high need for LGBTQ+ affirming care across the country and a scarcity of providers able to provide this care.

Telehealth helps these patients access life-saving care without the unnecessary burden of arranging travel, requesting time off from work, arranging childcare, and other logistical barriers. Transhealth noted that 81% of respondents in a recent patient survey noted that transportation was a significant barrier to receiving healthcare, and that without telehealth options, up to 40% of their patients may disengage from care. Several Alliance members noted that patients expressed preference for continuation of telehealth services even beyond the pandemic due to increased convenience and reduced travel time and time away from work. Unfortunately, many states have once again moved to restrict cross-jurisdictional telehealth, limiting our ability to reach underserved patients in need of care. HRSA’s proposed service area restrictions on telehealth will only further undermine the benefits that we have seen with COVID-19 telehealth flexibilities. With

⁴ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality, page 99, available at <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>.

the expiration of many cross-jurisdictional waivers, a number of Alliance members have already been forced to curtail services to patients residing in other states. Restricting telehealth services to patients residing in a health center's service area would force additional curtailments of service, even to patients living in states where the health center's providers are licensed.

Efforts to expand access to affirming care, including through the use of telehealth, are even more critical now with anti-LGBTQ+ and particularly anti-transgender laws on the rise across the country. These laws foster hostility towards LGBTQ+ people and in some cases make accessing in-person gender-affirming care illegal. The Biden Administration has made clear that advancing LGBTQ+ health equity and protecting transgender people from discriminatory laws is a priority of the federal government. As such, we urge HRSA to remove the proposed service area restriction and instead work with federal partners to promote innovative strategies using telehealth to reach underserved patients who lack access to care in their own communities.

Federal support for expanding telehealth access is vital to ensuring that marginalized populations have equitable access to the affirming care that they need and deserve. We thank HRSA for the opportunity to comment on this PIN. Given the success we've seen in expanding access to care and improving health outcomes for our patients using telehealth—especially those who have no options for affirming in-person care—we urge HRSA to reconsider implementing the service area restriction. Such a move is almost certain to reverse measurable progress that has been made to reduce barriers to gender-affirming care since the beginning of the pandemic. Thank you for your consideration.

Respectfully submitted,

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