Howard Brown Health

CMS Request for Information: Make Your Voice Heard

Topic 1: Accessing Healthcare and Related Challenges

Challenges accessing comprehensive and timely healthcare services and medication, including primary care, long-term care, home and community-based services, mental health and substance use disorder services; Challenges in accessing care in underserved areas, including rural areas; Challenges with health plan enrollment;

Patients seeking gender-affirming care often experience discrimination from their health insurance providers. In a recent survey by the Center for American Progress (CAP), 43% of transgender individuals said that their health insurance denied them gender-affirming surgery and 38% said that their insurance company denied them necessary hormone therapy.[1] Unfortunately, this discriminatory exclusion of medically necessary gender affirming care also happens in Medicaid. A recent survey by the Kaiser Family Foundation (KFF) and Health Management Associates (HMA) asked states about coverage of five gender-affirming care services under Medicaid: gender-affirming counseling, hormones, surgery, voice and communication therapy, and fertility assistance. Of the 41 states that responded, only Maine and Illinois reported covering all five of these services.[2] As providers of gender affirming care, we know that each of these services can be critically important for reducing dysphoria and improving health outcomes for our transgender and gender diverse (TGD) patients. Research shows that access to the full spectrum of gender-affirming care is linked with lower rates of suicide risk, substance abuse, and better health outcomes overall.[3] CMS should issue guidance on what services constitute gender-affirming care and ensure that such care is covered under state Medicaid plans. This is in line with recent work from the Biden Administration to ensure that transgender people are able to access gender-affirming care free from discrimination. This is especially critical now, as states across the country enact legislation to ban gender-affirming care.

In addition to exclusionary insurance coverage, LGBTQ+ people also experience disparities in overall rates of insurance coverage. CMS can continue to help reduce these disparities by urging for Medicaid expansion in all states. Since the passing of the Affordable Care Act (ACA) and the ACA's Medicaid expansion, millions of LGBTQ+ individuals have been able to

---

[1] Gruberg S, Mahowald L, Halpin J. The State of the LGBTQ Community in 2020. Center for American Progress. Published October 6, 2020. https://www.americanprogress.org/article/state-lgbtq-community-2020/

[2] Gomez I, Ranji U, Rosenzweig C, Kellenberg R, Oct 11 KGP, 2022. Update on Medicaid Coverage of Gender-Affirming Health Services. KFF. Published October 11, 2022. Accessed November 4, 2022. https://www.kff.org/womens-health-policy/issue-brief/update-on-medicaid-coverage-of-gender-affirming-health-services/

[3] Almazan AN, Keuroghlian AS. Association Between Gender-Affirming Surgeries and Mental Health Outcomes. JAMA Surgery. 2021;156(7). doi:10.1001/jamasurg.2021.0952; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8082431/

4025 N Sheridan Road
Chicago, IL 60613

TELEPHONE 773.388.1600
ADMIN FAX 773.388.1602
MEDICAL FAX 773.388.8936

howardbrown.org

gain insurance through Medicaid. Between 2013 and 2016, the percentage of LGBTQ+ individuals who gained insurance coverage increased from 7% to 15%, due in large part to Medicaid expansion.[4] In Medicaid expansion states, just 8% of LGBTQ+ adults are uninsured and 20% have coverage through Medicaid. In contrast, in states that have no expanded Medicaid, 20% of LGBTQ+ adults are uninsured and only 13% of respondents were on Medicaid.[5] Medicaid expansion is also incredibly important for people living with HIV. In states without Medicaid expansion, LGBTQ+ individuals with HIV frequently could not qualify for Medicaid coverage until their health had declined to the point where they qualify for Medicaid disability status. Researchers estimate that 23% of people living with HIV in non-expansion states could become eligible for Medicaid if the states expanded their programs.[6] Medicaid expansion is critical for expanding access to health insurance coverage for all low-income Americans, but especially for LGBTQ+ low-income Americans.

Navigating the various application and enrollment procedures and requirements can also act as a barrier to care. The process for enrolling in Medicaid requires substantial paperwork, documentation of income, and at times, requires applying in person.[7] There are often separate applications for various CMS services all requiring similar paperwork and verification. The renewal process to continue Medicaid might require providing all this information every six months,[8] and the determination process after an application is submitted is often lengthy. For LGBTQ+ patients, there are unique considerations that can make navigating these processes especially challenging. For example, it could be difficult to provide documentation if a person's name and gender do not match what is shown on their birth certificate or government issued ID. LGBTQ+ applicants may also avoid applying in-person due to fear of discrimination.[9] These barriers lead to many not completing the process or being unable to provide all the necessary paperwork for enrollment. This can result in penalties and costs associated with late enrollment or having to re-enroll. Juggling

---

[4]Dawson L, Jan 18 ADP, 2018. The Affordable Care Act and Insurance Coverage Changes by Sexual Orientation. KFF. Published January 18, 2018. https://www.kff.org/racial-equity-and-health-policy/issue-brief/the-affordable-care-act-and-insurance-coverage-changes-by-sexual-orientation/

[5] Repealing the Affordable Care Act Would Have Devastating Impacts on LGBTQ People. Center for American Progress. https://www.americanprogress.org/article/repealing-affordable-care-act-devastating-impacts-lgbtq-people/

[6] 2022. People With HIV in Non-Medicaid Expansion States: Who Could Gain Coverage Eligibility Through Build Back Better or Future Expansion? KFF. Published February 15, 2022. Accessed November 4, 2022. https://www.kff.org/hivaids/issue-brief/people-with-hiv-in-non-medicaid-expansion-states-who-could-gain-coverage-eligibility-through-build-back-better-or-future-expansion/

[7]Sep 24 OPP, 2019. Recent Medicaid/CHIP Enrollment Declines and Barriers to Maintaining Coverage. KFF. Published September 24, 2019. https://www.kff.org/medicaid/issue-brief/recent-medicaid-chip-enrollment-declines-and-barriers-to-maintaining-coverage/

[8] *Ibid.*

[9] Gruberg S, Mahowald L, Halpin J. The State of the LGBTQ Community in 2020. Center for American Progress. Published October 6, 2020. https://www.americanprogress.org/article/state-lgbtq-community-2020/

all the paperwork, deadlines, potential costs, and anticipation of discrimination can lead LGBTQ+ people not to apply for CMS services that they would benefit from.

Recommendations for how CMS can address these challenges through our policies and programs.

- Increasing the number of enrollment navigators, especially those versed in LGBTQ+ healthcare. Providing more LGBTQ+ centered information, including lists of LGBTQ+ affirming providers and LGBTQ+ friendly local community healthcare clinics and organizations.
- Continuing to encourage the expansion of Medicaid among states. Many LGBTQ+ people still lack insurance or are underinsured.
- Reducing the number of applications for Medicare eligibility. For example, if you enroll in Part A, if eligible, you are automatically enrolled in Part B. CMS further linking services like Medicare and Medicaid services in single applications can help eliminate gaps in coverage and service needs as LGBTQ+ individuals are likely to need and qualify for multiple CMS services.
- Standardizing the language and recommendations for what gender-affirming care is covered under Medicaid and Medicare. LGBTQ+ patients have difficulty navigating what gender-affirming services are covered due to broad definitions and a lack of clarify of what gender-affirming services are available in each state under Medicaid. Updating all Medicare and Medicaid services to be explicit in their gender-affirming services and providing guidance and sample language to states who are expanding Medicaid can help LGBTQ+ patients better understand what services available and what costs might be associated with their care.

Topic 2: Understanding Provider Experiences

Key factors that impact provider well-being and experiences of strained healthcare workers (e.g., compassion fatigue, attrition, maldistribution); Impact of CMS policies on patient panel selection, and on providers' ability to serve various populations; Factors that influence providers' willingness or ability to serve certain populations, particularly those that are underserved and individuals dually eligible for Medicare and Medicaid.

We are still experiencing a workforce shortage of medical providers due in part to the COVID-19 pandemic. Medical providers across the country described a lack of support throughout the pandemic, including lack of time off, limited access to mental health services, and shortages of much needed medical supplies and protective gear. Based on a survey from the National Association of Community Health Centers conducted in early 2022, 68% of community health centers lost between 2-25% of their workforce in the last

six months.[10] Some 15% of community health centers lost 25-50% of their workforce.[11] This workforce shortage was especially prominent among safety net providers that work with underserved communities hardest by the pandemic, both because these underserved communities were hit hardest by COVID-19 and also because of chronic underfunding of the nation's public health safety net.

In terms of improving provider ability to serve certain populations, more providers need education and training on how to provide affirming and culturally responsive care to LGBTQ+ people. 15% of LGBTQ+ individuals report postponing or avoiding medical treatment dur to discrimination.[12] Transgender individuals face even more obstacles, with nearly 3 in 10 transgender individuals avoiding medical treatment due to discrimination and 1 in 3 transgender individuals having to teach providers about transgender identities to receive adequate care.[13] Discriminatory treatment is often heightened for LGBTQ+ racial and ethnic minorities, who are more than twice as likely than LGBTQ+ white people to experience institutional discrimination because of their identity.[14] Supporting and incentivizing more extensive cultural responsiveness training for CMS providers can help ensure that LGBTQ+ patients receive affirming care. CMS does require cultural competency training for providers in Medicaid and Medicare networks, but requirements for cultural competency training can be vague including how many hours of training should be recommended and how often cultural competency continuing education should be taken annually. Some states are starting to act by making cultural competency training mandatory for medical professionals and creating clear standards for how often trainings should be retaken. CMS should take steps to require or incentivize comprehensive cultural responsiveness training for CMS providers and promote widely existing resources and toolkits for provider education on LGBTQ+ health.

Recommendations for CMS policy and program initiatives that could support provider well-being and increase provider willingness to serve certain populations:

---

[10]Current State of the Health Center Workforce. NACHC. Accessed November 4, 2022. https://www.nachc.org/current-state-of-the-health-center-workforce/

[11] Current State of the Health Center Workforce: Pandemic Challenges and Policy Solutions to Strengthen the Workforce of the Future Need for Action. https://www.nachc.org/wp-content/uploads/2022/03/NACHC-2022-Workforce-Survey-Full-Report-1.pdf

[12] Gruberg S, Mahowald L, Halpin J. The State of the LGBTQ Community in 2020. Center for American Progress. Published October 6, 2020. https://www.americanprogress.org/article/state-lgbtq-community-2020/

[13] *Ibid.*

[14] Casey LS, Reisner SL, Findling MG, et al. Discrimination in the United States: Experiences of lesbian, gay, bisexual, transgender, and queer Americans. Health Services Research. 2019;54(S2):1454-1466. doi:10.1111/1475-6773.13229

- Diversification of the healthcare workforce through resource programs and financial support to help underrepresented minorities access medical education and training.
- Increasing financial incentives to work in underserved communities such as increased loan forgiveness and stipends covering a wide array of medical professions.
- Developing better training programs to increase cultural responsiveness for underserved communities so providers are effective in their work and patients receive the most affirming care.
- Increasing federal funding to community health care centers. This can eliminate resource gaps and help create competitive and livable wages for providers.

Topic 3: Advancing Health Equity

Recommendations for CMS focus areas to address health disparities and advance health equity, particularly policy and program requirements that may impose challenges to the individuals CMS serves and those who assist with delivering healthcare services; Input on how CMS might encourage mitigating potential bias in technologies or clinical tools that rely on algorithms, and how to determine that the necessary steps have been taken to mitigate bias. Feedback on enrollment and eligibility processes, including experiences with enrollment and opportunities to communicate with eligible but unenrolled populations.

LGBTQ+ people face widespread discrimination that significantly impacts their ability to access healthcare and insurance. CMS programs at times can be the only bridge for LGBTQ+ individuals to have access to healthcare coverage and gain access to necessary social services. Programs such as Medicare and the Program for All-Inclusive Care for the Elderly (PACE) can be the difference between older LGBTQ+ adults receiving life-saving healthcare and social services. LGBTQ+ older adults have higher rates of physical and mental health needs than their heterosexual counterparts.[15] Research also shows that older LGBTQ+ adults face increased economic hardship, with 25% of LGBTQ+ older adults in the U.S. living at or below the poverty line.[16] This increases rates of food and housing insecurity for older LGBTQ+ adults.[17] However, despite great need for social services, LGBTQ+ older adults are less likely than their heterosexual counterparts to seek out providers, senior centers, meal programs, or other necessary services due to fear of discrimination based on

[15] The facts on LGBT aging. SAGE. Published May 15, 2018. https://www.sageusa.org/resource-posts/the-facts-on-lgbt-aging/
[16] Emlet CA. Social, Economic, and Health Disparities Among LGBT Older Adults. Generations (San Francisco, Calif). 2016;40(2):16-22. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5373809/
[17] *Ibid.*

their sexual orientation or gender identity.[18] This lack of access to resources can led to increased rates of isolation and health disparities compared to their non-LGBTQ+ counterparts.[19]

In addition to older adults, CMS also provides many vital services for low-income Americans. LGBTQ+ individuals face higher rates of poverty and unemployment than their heterosexual counterparts. During the pandemic, 64% of LGBTQ+ households experienced losing a job, having their pay cut, or mandatory unpaid leave versus 45% of non-LGBTQ households.[20] An estimated 22% of LGBTQ individuals live in poverty with these rates increasing for black, indigenous, and people of color (BIPOC) who identify as LGBTQ+.[21] These disparities mean that CMS services like Medicaid, CHIP, and low-income subsidy programs are of upmost importance to LGBTQ+ individuals.[22]

Recommendations for how CMS can promote efficiency and advance health equity through our policies and programs.

- The importance of implementing sexual orientation, gender identity and sexual characteristics (SOGISC) data is imperative in helping understand the enrollment needs for LGBTQ+ communities and how the eligibility requirements may prevent LGBTQ+ patients from enrolling in much needed CMS programs. SOGISC data can also be an important tool in helping to identify health outcomes and disparities in the LGBTQ+ community especially for transgender, non-binary and intersex individuals. Understanding these disparities can increase targeted approaches by CMS programs when it comes to eligibility, enrollment, and insurance coverage.
- Reducing the number of applications for Medicare eligibility including other federal services not provided by CMS. LGBTQ+ individuals are likely to qualify for multiple CMS services. Being eligible for Medicaid/Medicare might indicate eligibility for services such as the Supplemental Nutrition Assistance Program (SNAP). Reducing the number of overlapping applications and into fewer or even one application can help eliminate gaps in coverage and needed services.

---

[18] The facts on LGBT aging. SAGE. Published May 15, 2018. https://www.sageusa.org/resource-posts/the-facts-on-lgbt-aging/

[19] *Ibid.*

[20] THE DISPROPORTIONATE IMPACTS of COVID-19 on LGBTQ HOUSEHOLDS in the U.S. RESULTS from a JULY/AUGUST 2020 NATIONAL POLL.; 2020. https://www.lgbtmap.org/file/2020-covid-lgbtq-households-report.pdf

[21] Badgett, M. V. Lee, et al. "LGBT Poverty in the United States." Williams Institute, Oct. 2019, williamsinstitute.law.ucla.edu/publications/lgbt-poverty-us/.

[22] Protecting Basic Living Standards for LGBTQ People.Center for American Progress, www.americanprogress.org/article/protecting-basic-living-standards-lgbtq-people/.

Howard Brown Health

Topic 4: Impact of the COVID-19 Public Health Emergency (PHE) Waivers and Flexibilities

Impact of COVID-19 PHE waivers and flexibilities and preparation for future health emergencies (e.g., unintended consequences, disparities) on health care providers, suppliers, patients, and other stakeholders.

COVID-19 telehealth flexibilities created a viable and effective means of delivering healthcare that improved patient access and retention in care. Prior to the pandemic, the number of health centers who used telehealth was around 48% in 2018.[23] During the pandemic, because of changes in policy around telehealth and the need for alternative infrastructure to reach patients, telehealth was used by 98% of health centers.[24] In the case of Howard Brown, during the pandemic we were able see 91% of our behavioral health patients, 99.7% of substance use treatment patients, and 47.8% of primary care patients via telehealth. Telehealth also led to a decrease in no-show rates, and higher retentions rates for our HIV patients. The use of telehealth services proved to be especially important for trans and non-binary (TNB) patients. Due to the lack of providers who are clinically competent in TNB health, telehealth became a critical strategy for reaching patients who have no options for affirming care in their own communities. Moving away from the COVID-19 flexibilities and reinstating restrictions on telehealth would only undermine the progress that we've been able to make in improving access to care for TNB patients through telehealth.

As most COVID PHE waivers and flexibilities will expire in 2023, the waning funding for vaccines may become a growing issue, especially for underserved populations. Because Medicaid and Medicare serve populations that are disproportionately impacted by COVID-19, it is critical that CMS continue to provide coverage for affordable and free COVID-19 vaccines and boosters.

Recommendations for CMS policy and program focus areas to address health disparities, including requested waivers/flexibilities to make permanent; any unintended consequences of CMS actions during the PHE; and opportunities for CMS to reduce any health disparities that may have been exacerbated by the PHE.

- CMS should support the continued use and expansion of telehealth services by making the pandemic telehealth flexibilities permanent. Telehealth services proved to be a reliable way to increase access and retention in care for patients. Telehealth

[23] The Health Center Program and Increasing Access to Comprehensive Care through the Use of Telehealth: An Update during COVID-19. 2020, www.nachc.org/wp-content/uploads/2020/06/Telehealth-FS-2020-BPHC-Final.pdf.
[24] *Ibid.*

4025 N Sheridan Road
Chicago, IL 60613

TELEPHONE 773.388.1600
ADMIN FAX 773.388.1602
MEDICAL FAX 773.388.8936

howardbrown.org

Howard Brown Health

is a very important tool when it comes to providing healthcare to marginalized communities such as LGBTQ+ patients and patients from rural areas.

- It is important to include reimbursement parity for telehealth services in Medicaid and Medicare so that telehealth services are financially sustainable. Audio only telehealth 'should also be covered.
- Because Medicaid and Medicare serve populations that are disproportionately impacted by COVID-19, it is critical that CMS continue to provide coverage for affordable and free COVID-19 vaccines and boosters.

4025 N Sheridan Road
Chicago, IL 60613

TELEPHONE 773.388.1600
ADMIN FAX 773.388.1602
MEDICAL FAX 773.388.8936

howardbrown.org