Howard Brown Health

HOWARD BROWN HEALTH

POLICY PRIORITIES & RECOMMENDATIONS FOR 2024

EXECUTIVE SUMMARY

In Fall of 2023, Howard Brown's policy and advocacy team conducted listening sessions for teams across the agency as well as our community advisory board. These listening sessions helped us to better understand barriers that our patients, our staff, and community health centers broadly are facing. Addressing these areas will contribute to a more inclusive, accessible, and supportive healthcare landscape for all.

These priorities include:

- **Provide healthcare professionals and students training on LGBTQ+ health and LGBTQ+ affirming care.**

- **Develop and invest in person-centered, wraparound social services for marginalized populations to better address overlooked needs.**

- **Ensure access to affordable medications and services for low-income and marginalized patients through addressing threats to the 340B program and removing insurance barriers.**

- **Invest in, support, and expand behavioral healthcare workforce to meet community's overwhelming need.**

- **Advocate for the health, safety, and dignity of LGBTQ+ people who are incarcerated.**

Provide healthcare professionals and students training on LGBTQ+ health and LGBTQ+ affirming care.

Despite growing understanding of the importance of LGBTQ+ affirming, and specifically gender-affirming care, few states require education or training for healthcare workers on LGBTQ+ health. Research and patient experiences confirm that LGBTQ+ individuals often face discrimination in healthcare and fear encountering providers who harbor anti-LGBTQ+ views or are unknowledgeable about LGBTQ+ identities. To eliminate this obstacle to accessing care, healthcare providers must be given the education and training to be affirming to LGBTQ+ individuals and to understand their unique health needs and concerns.[1] In the workplace, resources and time should be allotted so that staff are able to access regular training and education in LGBTQ+ health and competency.

> "Mandating this education in public schools and providing resources to help schools implement comprehensive curricula will help students gain a **fuller understanding of sexual and personal health, including on the topics of sexual orientation and gender identity.**"

These trainings should help providers challenge implicit biases, better understand the intersection of different marginalized identities, develop the skills required to deliver affirming treatment, and address the negative effects of stigma and discrimination on behavioral health outcomes. LGBTQ+ health and cultural responsiveness should also be incorporated more fully into curricula at all levels of medical and behavioral health training—including undergraduate and graduate education, residency, and continuing medical education (CME).

In response to this need, Illinois recently passed a law requiring certain healthcare providers to complete an hour of cultural competency training in the form of continuing medical education (CME). This is a great step in the right direction, but more must still be done to ensure that healthcare providers are knowledgeable about LGBTQ+ health and able to provide inclusive and affirming care for all patients. Expanding programs such as the Equity and Representation in Health Care Act, which establishes scholarship and loan repayment programs for providers from underrepresented communities, can help address some of these issues by diversifying the health workforce. Policymakers should also consider requirements for comprehensive and age-appropriate education on sexual orientation and gender identity as part of regular sexual health and safety curricula. In 2021, Illinois passed a law approving new standards for age-appropriate, medically accurate and inclusive sexual health and safety education in public schools that elect to provide sex education.

Unfortunately, according to ISBE, 72% of public-school districts in Illinois reported that they do not provide any personal health and safety education or sexual health education to their students. Mandating this education in public schools and providing resources to help schools implement comprehensive curricula will help students gain a fuller understanding of sexual and personal health, including on the topics of sexual orientation and gender identity.

Develop and invest in person-centered, wraparound social services for marginalized populations to better address overlooked needs.

Social Determinants of Health

As a Federally Qualified Health Center (FQHC), providing comprehensive social services for patients is an essential part of the care we provide. Many patients have difficulty making rent payments, buying groceries, or even accessing transportation to attend appointments. According to the Howard Brown Diabetes Care Team, 49% of their clients experience food insecurity, 68% experience financial insecurity, and 34% experience transportation issues. Social services and case management staff were able to help patients address these pressing needs by providing resources like prepaid bus cards and grocery store cards. Unfortunately, need for these resources continues to outpace funding and financial support for organizations that provide these services. Policymakers can help address these pressing needs for our patients by providing increased

sustainable funding opportunities for these critical social services. Additionally, exploring options for partnerships between healthcare systems, transportation services, and food pantries or grocery stores would also be helpful.

Our staff also identified housing insecurity as a pressing need for many of our patients. According to the National Low Income Housing Coalition, about 27% of renters in Illinois are considered extremely low income, and the state is suffering from a shortage of almost 300,000 affordable housing units available for low-income residents.[2] The affordable housing needs are especially important to LGBTQ+ people as they are more likely to be low income and unhoused. For example, 28% of LGBTQ youth reported experiencing homelessness or housing instability at some point in their lives.[3] Our Broadway Youth Center staff work every day to help unhoused youth meet their basic needs, access healthcare, and access housing. Unfortunately, lack of clarity and transparency from Chicago affordable housing providers makes it difficult to navigate patients to available resources. Additionally, staff who attempt to use resources like 311 often report very long wait times, making these resources less helpful for addressing immediate housing needs. Our Trans Health Team also identified persistent discrimination in affordable housing services and shelters as a barrier particularly

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for trans and non-binary (TNB) people. Research shows that 1 in 5 trans people in the United States have been discriminated when seeking a home, and more than 1 in 10 have been evicted from their homes because of their gender identity.[4]

We are advocating for initiatives that increase the availability of affordable housing. This includes funding for the development of low-income housing units and rental assistance programs specifically for LGBTQ+ people. Training and education of affordable housing providers and shelters is also necessary to ensure that discrimination does not prevent our patients from accessing services that they need.

Spanish and Multilingual Resources

More than 17,000 Spanish-speaking asylum seekers have arrived from Latin and Central America to the Chicago area since August 2022. This has highlighted the expansive need for healthcare and social services that serve native Spanish-speakers. Nearly 30% of the population in Chicago is Latinx and only 6% of its nurses are bilingual, bicultural nurses.[5] Research has shown that patients who receive care from caregivers with similar backgrounds report higher levels of satisfaction and better quality of care. Patients with marginalized identities frequently experience worse health outcomes because of limited viewpoints, poor communication, and unquestioned bias that can arise from a lack of diversity in medical settings.

To address the influx of Spanish-speaking asylum seekers and to uplift programs that cater to Spanish-speaking patients, there needs to be more partnerships and funding for community organizations to better connect patients with needed resources in their native language. FQHCs need resources and coordination support to serve new asylum seekers in the state. Additionally, strategies to improve diversity in the healthcare workforce—such as scholarships or tuition reimbursement for marginalized communities to pursue medical training—will help to improve cultural and linguistic competency in healthcare. Funding to develop more resources in Spanish and other languages and support translation services in healthcare would also be helpful.

Ensure access to affordable medications and services for low-income and marginalized patients through addressing threats to the 340B program and removing insurance barriers.

Protect the 340B Program

There have been many attacks on the federal 340B Program by pharmaceutical companies in recent years. The 340B Program requires pharmaceutical manufacturers who participate in the Medicaid Drug Rebate Program to provide discounted drug pricing to FQHCs and other 340B covered entities. This allows FQHCs to pass along the discounts directly to uninsured patients to help them afford their medications. When we serve insured patients, the 340B Program allows us to generate critical revenue to support the services that we offer. Since 2020, at least 29 pharmaceutical manufacturers—including Eli Lilly, Merck, and Gilead—have restricted or eliminated access to 340B priced drugs through contract pharmacy partners, with at least 10 manufacturers specifically targeting FQHC contract pharmacies. This reduced pharmacy access is harmful to

the patient populations that FQHCs primarily serve—with many living in pharmacy deserts and without transportation to travel to more distant pharmacies. A member of our Diabetes Care Management team noted for example, that it would be a huge burden for patients on the south side of Chicago to travel to the north side to pick up their insulin at the one approved contract pharmacy location. These restrictions are problematic as many of our patients are uninsured and rely on 340B discounted drugs to treat chronic conditions including HIV, diabetes, respiratory disease, and hypertension. More and more states are taking action to address these threats. For example, Louisiana and Arkansas have recently enacted laws protecting access to 340B drugs in contract pharmacies.

Arkansas's 340B Drug Pricing Nondiscrimination Act prohibits pharmaceutical companies from refusing to supply discounted drugs to contact pharmacies. Illinois should urgently enact similar laws to protect contract pharmacies as they are vital to FQHCs and our patients who rely on contract pharmacies to access affordable medications. We also need to advocate for stronger oversight and accountability mechanisms within the 340B program to ensure that pharmaceutical companies adhere to non-discrimination policies. This can involve regular audits, reporting requirements, and penalties for companies found to engage in discriminatory practices.

Insurance Barriers to Care

Unclear insurance coverage policies and burdensome prior authorization (PA) requirements are delaying crucial care for chronic conditions such as HIV and Hepatitis C (HCV), as well as for people seeking gender-affirming care (GAC). One of our nurses noted that, "Insurance denials are increasing, and more prior authorizations are required. It is difficult getting care covered." For example, our HIV Case Management Team noted that some patients who are interested in injectable PrEP are required to first document failure of oral PrEP before insurance will cover the injectable. Patients who are interested in injectable HIV treatment are required to have essentially undetectable viral load for insurance coverage, limiting access to injectable treatment only to those who are already well-maintained in care and drug adherent. The Food and Drug Administration (FDA) must test and approve injectable treatment in people with detectable loads to mitigate these insurance barriers preventing the most

vulnerable and high-risk individuals from accessing injectable HIV treatment. We have also seen an uptick in insurance denials for gender-affirming hormone replacement therapy (HRT). In particular, injectable treatments seem to have the most stringent PA requirements. We've had several patients on injectable hormones be denied insurance coverage because they had not documented failure of oral or topical hormones first. This creates unnecessary delays or lapses in care, especially for patients who already know that they respond well and prefer injectable treatment. We've also found that insurance denials often stem from a general misunderstanding of gender-affirming care. For example, we've had patients who were denied coverage for injectable testosterone because they did not have a diagnosis for hypogonadism. While injectable testosterone may commonly be used to treat hypogonadism in cisgender people, this is not the case for most people using it for HRT. Additionally, we've heard of patients being denied coverage for not using an in-network provider, but the list of in-network providers is often outdated and lacks providers knowledgeable in gender-affirming care. Burdensome and ever-changing PA requirements also burden our patients living with diabetes, HCV, and other chronic conditions. Our patient navigators also struggle finding the correct people to reach out to at insurance companies to help resolve issues.

We advocate for policies that streamline PA processes and eliminate unnecessarily burdensome requirements across insurance providers, including Medicare and Medicaid. This should include providing extensive education and training to insurance companies on prior authorization criteria including any updated state laws, such as the recently adopted Patient and Provider Protection Act in Illinois, which requires coverage for medications used for hormone therapy. Given the challenges we've experienced with insurance companies, it is clear that in order to effectively implement this new law, insurance companies will need education on what gender-affirming care entails, and oversight of insurance companies to ensure compliance will be paramount. Policies and regulations to establish guidelines that prioritize timely approval of PAs, enhance transparency, and require insurance providers to clearly communicate changes in PA requirements will reduce confusion and minimize time wasted and stress added for patients.

Invest in, support, and expand behavioral healthcare workforce to meet community's overwhelming need.

Addressing the behavioral health needs of LGBTQ+ populations requires a targeted policy approach to ensure equitable access to behavioral health services. According to our Behavioral Health Team, LGBTQ+ people often struggle to access mental health services for many reasons, including anti-LGBTQ+ discrimination and a shortage of affirming providers. There is a long history of stigmatization of LGBTQ+ identities in the behavioral health field, including the practice of conversion therapy, which can lead many LGBTQ+ individuals to avoid necessary mental health services. According to Howard Brown's report, Assessing Need and Access to LGBTQ+ Affirming and Affordable Behavioral Healthcare in Chicago, of 484 behavioral health sites across the state, over half (243) showed no evidence of support or services specifically for the LGBTQ+ community.

> "Policies that continue pandemic telehealth flexibilities—such as coverage and reimbursement parity for behavioral health services—will help to **ensure that patients that have accessed care through telehealth will continue to remain in care**."

Many of the patients we see at Howard Brown have not only struggled finding LGBTQ-affirming services across Illinois, but also affordable mental health services, especially for higher levels of care. For example, Medicaid is the largest payor of mental health services in the U.S. and only 36% of psychiatrists accept new Medicaid patients.[6] Additionally, the majority of affirming and affordable LGBTQ+ mental health services are clustered on the North Side of Chicago making it difficult for many patients to seek care in their own

neighborhoods.[7] This dearth of LGBTQ-affirming and affordable mental health providers results in overwhelming demand and long wait times for behavioral health services at organizations like Howard Brown.

To start meeting the needs of low-income LGBTQ+ persons seeking mental health services in Illinois, insurance barriers must be addressed. According to IPHCA, Illinois' Federally Qualified Health Center (FQHC) payment for behavioral health services is less than 1/3 the rate paid to FQHCs in neighboring states. Although a rate increase for FQHCs was passed last year, there is still much work to be done to ensure that FQHCs can sustainably provide behavioral health services for Medicaid and low-income patients. There are also many strategies that policymakers should support to increase training and education for behavioral health providers in LGBTQ+ culturally competent care. For example, it would be helpful to provide increased financial incentives, such as loan forgiveness programs, to behavioral health providers who are trained to provide care with traditionally underserved populations, including LGBTQ+ people, or are part of these communities themselves. We have also found that telehealth has been a valuable tool especially for expanding access to behavioral healthcare. Policies that continue pandemic telehealth flexibilities—such as coverage and reimbursement parity for behavioral health services—will help to ensure that patients that have accessed care through telehealth will continue to remain in care.

Advocate for the health, safety, and dignity of LGBTQ+ people who are incarcerated.

The criminal justice system disproportionately impacts and criminalizes LGBTQ+ individuals, and incarcerated LGBTQ+ people face rampant discrimination and lack access to necessary healthcare. Our HIV Care Team and Trans Health Team shared that continuing vital HIV treatment and gender-affirming care is difficult, if not impossible, in many prison settings. We call for the implementation of policies to ensure that incarcerated LGBTQ+ individuals are able to access continued, culturally competent care. This includes the establishment of better data c ollection and reporting mechanisms, thorough investigations of anti-LGBTQ+ incidents, and accountability for those who engage in discriminatory or violent behavior. We encourage required and continual cultural competency and

sensitivity training for all criminal justice personnel, including law enforcement officers, correctional staff, and healthcare providers within the incarceration system. Training should focus on understanding the unique healthcare needs and challenges faced by LGBTQ+ individuals.

> "We call for the implementation of policies to ensure that incarcerated LGBTQ+ individuals are **able to access continued, culturally competent care**."

It is also imperative to address the disproportionate targeting and criminalization of LGBTQ+ people that results in overrepresentation in carceral systems. For example, our Nursing Team strongly called for decriminalizing sex work in the state, as laws that criminalize sex work disproportionately affect the LGBTQ+ community as well as Black and Brown communities. Research shows that criminalization of sex work perpetuates widespread stigma, increases vulnerability to violence, and impedes access to necessary health and social services for sex workers. In 2023, lawmakers in Hawaii, New York, and Vermont introduced measures that would decriminalize sex work for both sex workers and their customers, and a group of Rhode Island lawmakers were pushing measures to protect sex workers and customers who report crimes.[8] Many organizations including Amnesty International, Human Rights Watch, the American Civil Liberties Union, the Global Alliance Against Traffic in Women, and the World Health Organization support the full decriminalization of sex work as a human rights issue.[9] We likewise support full decriminalization of sex work in Illinois as it is critical to advance health equity and LGBTQ+ liberation.

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