HEALTH POLICY 101

LGBTQ+ Health Policy

September 2024
This publication is available at kff.org/health-policy-101

KFF

This is one chapter of KFF's Health Policy 101, a resource for students and educators of health policy. View its other chapters at the links below or at: kff.org/health-policy-101

Medicare 101

Medicaid 101

The Affordable Care Act 101

Employer-Sponsored Health Insurance 101

The Uninsured Population and Health Coverage

Health Care Costs and Affordability

The Regulation of Private Health Insurance

Health Policy Issues in Women's Health

Race, Inequality, and Health

LGBTQ+ Health Policy

U.S. Public Health 101

International Comparison of Health Systems

The U.S. Government and Global Health

The Role of Public Opinion Polls in Health Policy

Congress, the Executive Branch, and Health Policy

The Politics of Health Care and the 2024 Election

Table of Contents

Introduction 1

Sex, Sexual Orientation, and Gender Identity 1

Who Are LGBTQ+ People? 2

Stigma & Discrimination 6

Health Coverage and Access 13

LGBTQ+ People's Health Today 14

- Overall Health Status 14
- Chronic Conditions 14
- HIV and STIs 15
- Mental Health and Substance Use 17

Best Practices for Competent Care 20

Gender Affirming Care 21

Policy Impact 23

Future Outlook 25

Resources 25

Introduction

The share of individuals identifying as LGBTQ+ in the United States has increased over time, rising from just 4% in 2012 to 8% in 2023. In addition, support for same-sex marriage has also grown (27% in 1996 v. 69% as of 2024) and fewer believe there should be less acceptance for LGBTQ+ people (26% in 2001 v. 8% in 2020). Increases in identity and acceptance have been punctuated by several Supreme Court decisions providing new civil rights for LGBTQ+ people. Still, widespread stigma and discrimination persist for many LGBTQ+ people, including in health care as well as across a range of social institutions. These experiences can fuel significant health care disparities among LGBTQ+ people, challenging well-being and affecting health outcomes. Further, LGBTQ+ rights and health care access have become increasingly politicized at the federal and state levels, especially when it comes to young people.

All people's health and health care experiences are informed by the socioeconomic context in which they live, including the policy environment. Federal and state policy can facilitate or impede access to health care for LGBTQ+ people. At the federal level, there have been both expansions as well as restrictions in protections and access, and pending legal cases may decide the extent to which protections remain. At the state level, there has been a rapid increase in the number of laws and policies impacting LGBTQ+ people's health, especially, though not exclusively, that of young people. This chapter provides an overview of LGBTQ+ people's identities, experiences with health and health care, and the related health policy landscape.

A Note on Language

Throughout this chapter, whenever possible, we use the term LGBTQ+ to represent the full spectrum of non-heterosexual, non-cisgender people. Additionally, people who are asexual, questioning, or intersex are sometimes included under the LGBTQ+ umbrella. However, at times, the reader may encounter differences in terminology (e.g., LGBT, LGB, etc.). In these circumstances, we use language to reflect the specific data being cited. It is important to note that the language used to describe LGBTQ+ people has evolved considerably over time and will likely continue to do so.

Sex, Sexual Orientation, and Gender Identity

The concepts of sex, gender, and sexual orientation are discreet. However, they are often thought of as interrelated and dependent on one another, though their actual relationship is more diverse and complex:

- **Sex** is often described as one's biological categorization of being male or female based on anatomical, hormonal, and genetic factors. At birth, individuals are typically assigned a sex based on external

genitalia. While sex is often thought of as a binary, as many as 1.7% of the population has been estimated to have some intersex trait, with population estimates of people with anatomical variations being lower (less than 0.5% of the population).

- **Gender identity** is an individual's sense or experience of being male, female, transgender (trans), non-binary, gender non-conforming, or something else. Gender identity may or may not align with the sex that was assigned at birth. Gender expression is the public expression of gender identity, which may occur through attire, body characteristics (e.g., hair), voice, etc. Gender expression may or may not align with traditional assumptions related to sex or gender identity.
- **Sexual orientation** refers to emotional, romantic or sexual attraction to other people, often in relationship to one's own sex and/or gender identity.

While many people and institutions historically considered these three concepts to be inseparably linked and linear (e.g., assigned the male sex at birth, identifies as male, and is attracted to women), there is wide variation in how these concepts relate, and they can be dynamic over time.

Who Are LGBTQ+ People?

It is estimated that 7.6% of U.S. adults identify as LGBTQ+, as of 2023, more than double the share in 2012 (3.5%), and LGBTQ+ identity is expected to continue to increase over time. This increase may reflect changes in behavior and desire and an increased willingness to self-identify and disclose as societal acceptance has grown. Indeed, these two factors are likely interrelated. LGBTQ+ identity is strongly associated with age; younger generations self-identify at higher rates than older generations (one in five of those aged 18-26 identify as LGBTQ+ compared to just 1% among those aged 78 and older). In addition as of 2021, 1 in 4 high school students identifies as LGBTQ+. As the LGBTQ+ population ages and new generations identify at higher rates, it is expected that the share of adults who identify as LGBTQ+ will increase as well.

As such, the LGBTQ+ population is younger than the U.S. population overall. Almost half (47%) of LGBT adults are under age 30, compared to 18% of non-LGBT adults. Just 6% are 65 or older, compared to nearly one-quarter (24%) of non-LGBT adults (see Figure 1). LGBT adults are also more likely to have lower incomes and be living on less than $40,000 per year than non-LGBT adults (42% v. 33%), which may reflect their lower age. (See Table 1.)

Table 1

Demographics of LGBT and Non-LGBT Adults

	LGBT Adults	Non-LGBT Adults
Age		
18-29	47%	18%
30-49	34%	33%
50-64	13%	25%
65+	6%	24%
Gender		
Male	41%	49%
Female	52%	51%
Other	7%	0%
Race/Ethnicity		
White	62%	62%
Black	9%	12%
Hispanic	14%	12%
Education		
Less than high school	8%	9%
High school	25%	29%
Some College	32%	26%
College+	35%	35%
Household income		
Less than $40K	42%	33%
$40K or more	57%	65%

Note: Based on 7 months of polling. Probability sample of 972 LGBT adults.
Source: KFF Health Tracking Polls (May 2023 through April 2024.)

KFF

Within the LGBTQ+ community, identity is complex and multifaceted. Among adults who identify as LGBTQ+, the majority identify as bisexual (57%), a finding driven by younger adults, followed by gay (18%), and lesbian (15%). Smaller shares identify as transgender (12%), pansexual (2%), or in some other way (3%).

It is estimated that 1.6 million people living in the U.S. identify as transgender or trans, which, as noted, translates to 12% of the LGBTQ+ population but less than 1% of all adults. A 2023 KFF/Washington Post Survey of a nationally representative sample of transgender adults in the U.S shows the trans adult population is

younger than the larger cisgender adult population, with the majority of trans adults under the age of 35, echoing trends seen in the larger LGBTQ+ population. Additionally, most (70%) trans adults identify as lesbian, gay, or bisexual, compared to one in ten cisgender adults. Trans adults and cisgender adults do not notably differ when it comes to race and ethnicity or income. (See Table 2.)

Table 2

Demographics of Transgender and Cisgender Adults

	Transgender adults	Cisgender adults
Age		
18-34	53%	28%
35+	45%	71%
Race/Ethnicity		
White	56%	62%
Black	13%	12%
Hispanic	18%	17%
Household income		
Less than $40K	41%	37%
$40K or more	56%	63%
Sexual orientation		
Lesbian, gay, or bisexual	70%	8%

Note: See topline for full question wording
Source: KFF/Washington Post Trans Survey (Nov. 10-Dec. 1, 2022)

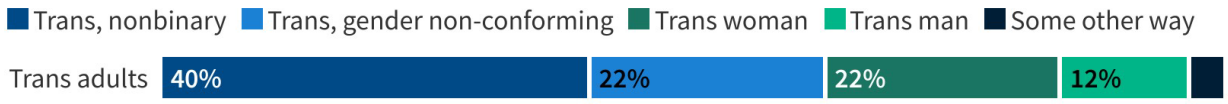
KFF

Most trans adults, or about 6 in 10, describe themselves as “trans, gender non-conforming” or “trans, nonbinary,” while smaller shares say they would describe themselves as a “trans woman” (22%) or a “trans man” (12%). (See Figure 1.)

Figure 1

Identities Among Trans Adults

Which of the following best describes how you think of yourself?



Note: Asked of trans adults. See topline for full question wording.
Source: KFF/Washington Post Trans Survey (Nov. 10-Dec. 1, 2022)

KFF

In addition to sexual orientation and gender identity, the lives of people who are LGBTQ+ are also shaped and informed by a range of other intersectional sociodemographic factors, including race/ethnicity, income, geography, educational opportunities, language, citizenship status, disability status, and other variables, which, together, affect health access and outcomes in both positive and negative ways.

Data Collection

Having an understanding of who the LGBTQ+ community is, what challenges they face, what their health needs are, and how those differ from non-LGBTQ+ people allows policymakers, providers, and others to meet the community's needs better. While the share of people who identify as LGBTQ+ has increased over time, the community is still a relatively small share of the overall population (approximately 8%). This makes representative data collection more difficult, particularly for sub-group analysis, since obtaining a representative sample of a small population requires a relatively larger sample size, which can be both challenging to obtain and costly. In addition to methodological challenges, in many cases, researchers, systems, and surveys simply haven't asked about sexual orientation and gender identity. While this is improving, including through efforts by the federal government, collecting data about sexual orientation and gender identity is still not routine in federal, state and local surveys, or in health systems, providers' offices and employment, among other settings.

How data are collected is also important for reaching and understanding the needs and experiences of LGBTQ+ people. Best practice suggests data should be collected in ways that align with tested standards, conducted in culturally sensitive ways (accompanied by adequate training), secured responsibly, and then used to improve the lives of the people it represents. (See section on policy impact on LGBTQ+ people's health.)

Stigma & Discrimination

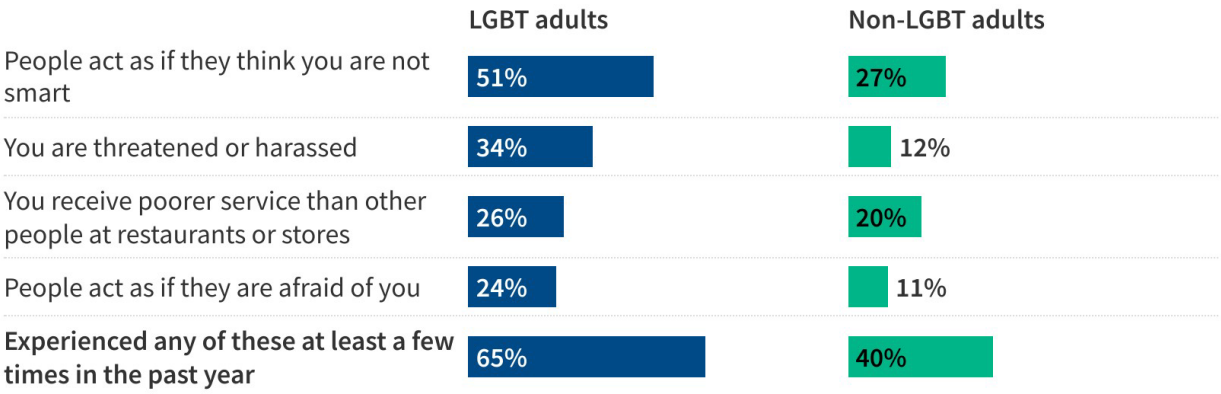
Many LGBTQ+ people report having experienced stigma and discrimination in health care and other social institutions due to their actual or perceived sexual orientation, gender identity, and/or gender expression.

KFF polling has shown that LGBT adults face higher rates of discrimination and unfair treatment in their daily lives compared to others, with about two-thirds (65%) saying they have experienced at least one type of discrimination at least a few times in the past year, compared to four in ten non-LGBT adults. (See Figure 2.) These experiences are higher among LGBT adults who are younger and lower income.

Figure 2

LGBT Adults Are More Likely Than Non-LGBT Adults to Report Discrimination in Their Daily Lives

Percent who say they have experienced the following at least a few times in the past year:



Note: See topline for full question wording.
Source: KFF Survey on Racism, Discrimination, and Health (June 6- August 14, 2023)

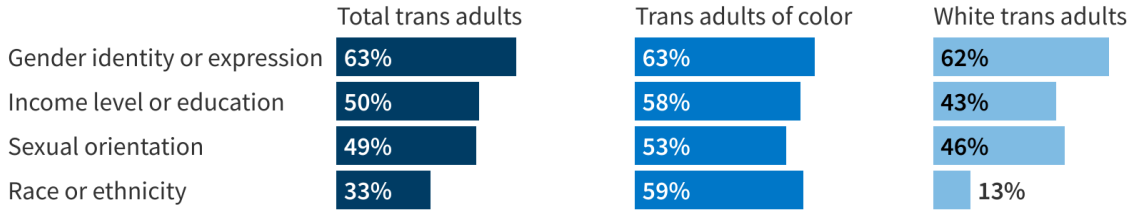
KFF

The KFF/Washington Post Trans survey found that many trans adults say they feel discriminated against at least "sometimes" due to their gender identity or expression, with trans adults of color even more likely to report multiple types of discrimination, including because of their race or ethnicity, income level or education, or sexual orientation, reflecting how discrimination can cut across intersecting identities. (See Figure 3.)

Figure 3

Two-Thirds Of Trans Adults Feel Discriminated Against Because Of Their Gender Identity Or Expression, With More Trans Adults Of Color Reporting Multiple Forms Of Discrimination

Percent of trans adults who say they feel discriminated against **frequently** or **sometimes** because of their...



Note: See topline for full question wording

Source: KFF/Washington Post Trans Survey (Nov. 10-Dec. 1, 2022)

KFF

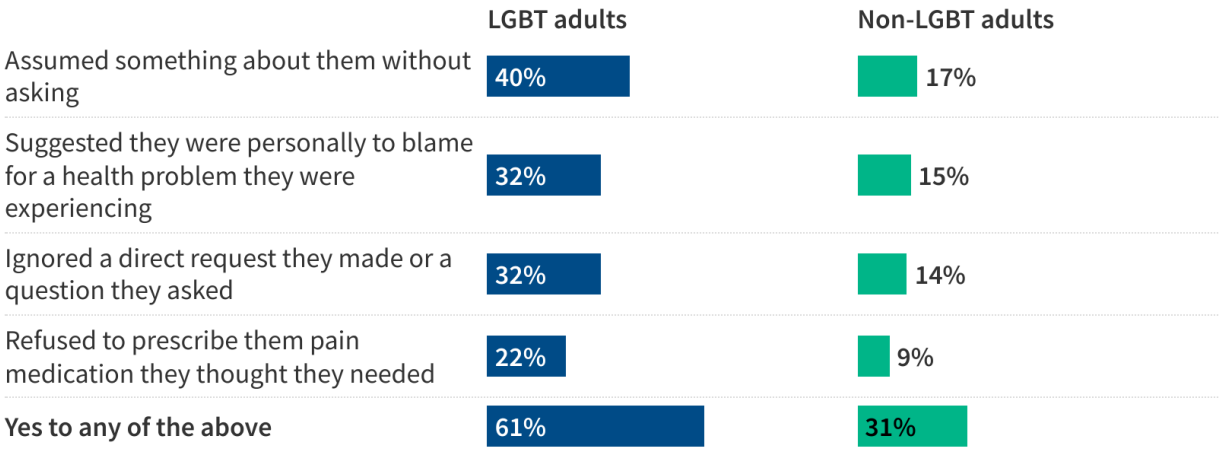
Experiences of stigma and discrimination also occur in health care settings, in part because pathologizing LGBTQ+ identity, behavior, and desire has a long history in medicine. Indeed, much of the early language of LGBTQ+ identity has its origins in 19th-century psychiatry, which defined LGBTQ+ people in opposition to heterosexual people (and health). The early medical literature promoted the idea that individuals with LGBTQ+ behavior or desire needed treatment, a notion that persisted for more than a century in dominant medical literature and, in 1952, homosexuality was defined as a psychiatric disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM), the tool for classifying mental health conditions in the United States; it was not removed as such until 1974 (though as a compromise APA added "sexual orientation disturbance" as diagnosis which was then replaced with "ego dystonic homosexuality" which was not removed until 1987.) While mainstream medicine has evolved from the view of needing to treat LGBTQ+ identity as a medical or psychological disorder, stigma and discrimination within medicine persist.

KFF polling shows that 6 in 10 LGBT adults report at least one of several negative experiences with a health care provider in the past three years – about twice the share of non-LGBT adults who report this. (See Figure 4.)

Figure 4

LGBT Adults Are Twice as Likely as Non-LGBT Adults to Report Negative Experiences With a Health Care Provider During Recent Visits

Percent who say a doctor or health care provider did any of the following in the last three years:



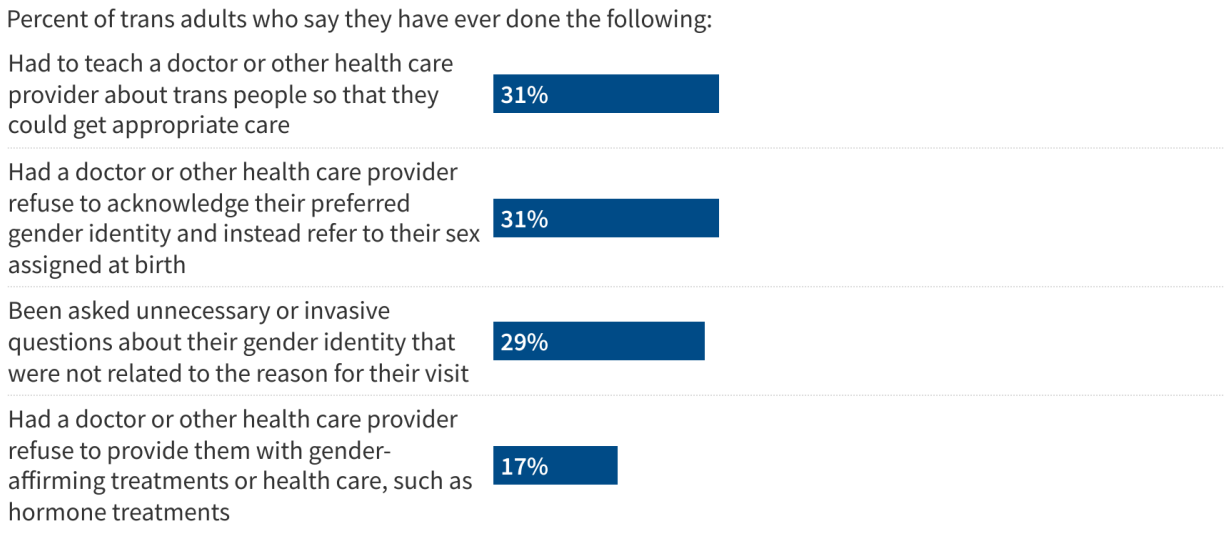
Note: Among adults who have used health care in the past three years. See topline for full question wording.
Source: KFF Survey on Racism, Discrimination, and Health (June 6- August 14, 2023)

KFF

Additionally, about 3 in 10 trans adults say they have had to teach a doctor or other health care provider about trans people to receive appropriate care, had a doctor refuse to acknowledge their preferred gender identity, or been asked unnecessary or invasive questions about their gender identity that were unrelated to their care. (See Figure 5.)

Figure 5

Around Three In Ten Trans Adults Say They've Had To Teach A Doctor About Trans People To Get Appropriate Care, Had A Doctor Refuse To Acknowledge Their Gender Identity



Note: Asked of trans adults. See topline for full question wording
Source: KFF/Washington Post Trans Survey (Nov. 10-Dec. 1, 2022)

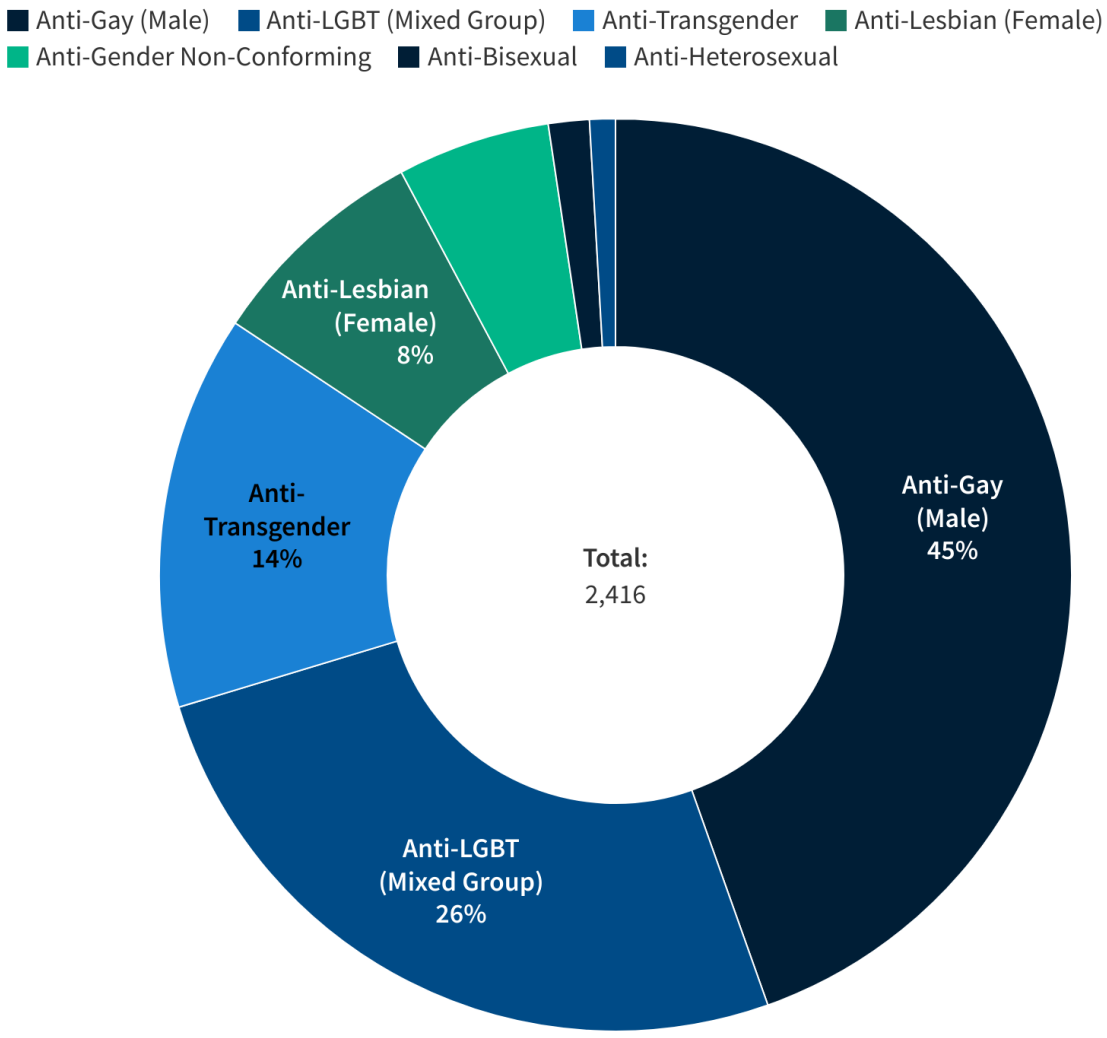
KFF

Experiences of stigma, discrimination, and mistreatment based on sexual orientation or gender identity occur in multiple non-health care environments and institutions as well, and these also negatively affect health and well-being.

Hate crimes, defined as "bias against people or groups with specific characteristics that are defined by the law," have negative effects on health, including both physical and psychological harm, and LGBTQ+ people are more likely to experience hate crimes than non-LGTBQ+ people. According to the FBI, in 2022, more than 1 in 5 hate crimes were related to being LGBTQ+**.** Of these, 17% were based on sexual orientation and 4% on gender identity, accounting together for 2,416 crimes in total. Hate crimes against gay men accounted for nearly half (45%) of these, followed by crimes against a combined group of LGBT people (26%), and then transgender people (14%). A smaller share were reported against lesbians (8%), gender non-conforming people (5%), bisexual people (1%), and heterosexual people (1%). (Notably, whether a hate crime gets reported to the FBI and how it is defined are highly variable so these statistics are likely an underrepresentation of actual crimes that occur.) (See Figure 6.)

Figure 6

LGBTQ Related Hate Crimes Reported to the FBI, 2022



Note: Variable names determined by FBI. In addition to these 2,416 single-bias crimes, 347 multi-bias crimes were reported to the FBI in 2022. It is unclear how many multi-bias hate crimes were related to sexual orientation or gender identity.

Source: Federal Bureau of Investigation Crime Data Explorer. Accessed 7/30/2024.

KFF

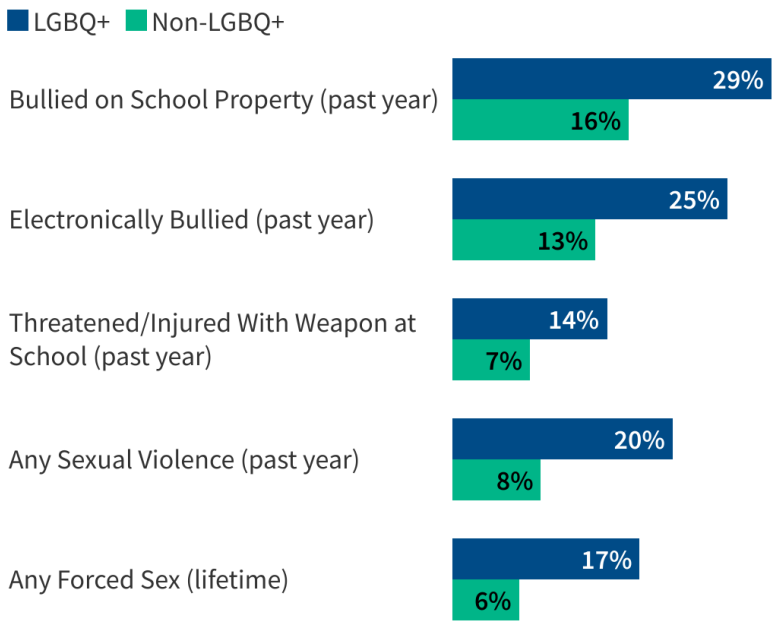
Sexual violence, in particular, is a common experience among LGBTQ+ people relative to non-LGBTQ+ people and is especially high among bisexual women and gay and bisexual men. Bisexual women report higher lifetime experiences with rape, other sexual violence and stalking, and lesbian women report higher rates of sexual violence and unwanted sexual contact across their lifetimes than heterosexual women. Gay and bisexual men report higher rates of sexual violence, unwanted sexual experiences, and sexual coercion than heterosexual men, with gay men also reporting higher rates of stalking across their lifetimes than heterosexual men.

Transgender people also face higher rates of intimate partner violence and are more likely to be the victim of a violent crime, with surveys finding that trans people report high rates of violence across a range of measures. KFF polling shows that a majority of trans adults (64%) say they have been verbally attacked and 1 in 4 say they have been physically attacked because of their gender identity, gender expression, or sexual identity. The share of trans adults who have been physically attacked because of their gender identity increases to 31% among trans people of color.

Young LGBTQ+ people are also impacted by higher rates of bullying and violence, including sexual violence, compared to their heterosexual peers. LGBQ+ high school students report higher rates of being bullied than heterosexual students, with LGBQ+ students about twice as likely as non-LGBQ+ students to report that they have been bullied on school property (29% v. 16%) or to report electronic bullying (25% v. 13%). Additionally, LGBQ+ high school students are twice as likely to report having been injured or threatened with a weapon at school compared to heterosexual students (14% v. 7%). Experiences with sexual violence generally (20% v. 8%) and forced sex in particular (17% v. 6%) were also more common among LGBQ+ high school students than heterosexual high school students. (See Figure 7.)

Figure 7

Experience of Bullying, Violence, and Sexual Violence Among High School Students, 2023



Source: Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023. U.S. Department of Health and Human Services; 2024.

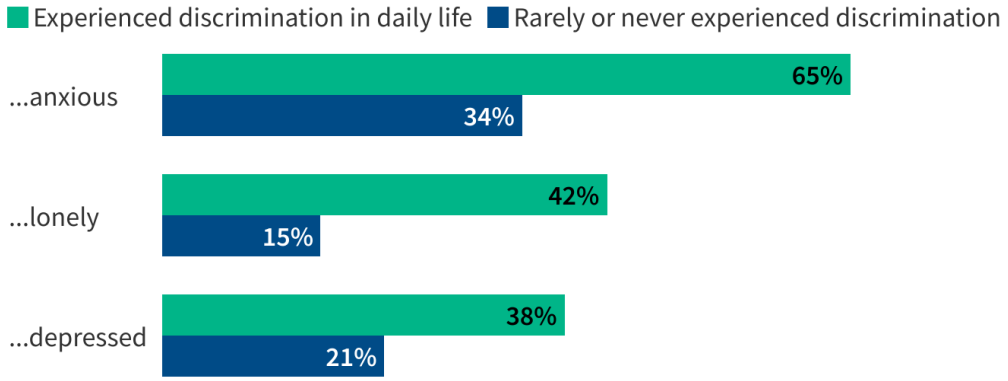
KFF

LGBTQ+ people's disproportionate experiences of maltreatment, stigma, and discrimination can have a significant and negative impact on present and future mental health**.** Indeed, LGBT adults who had recent experiences with at least one form of discrimination in the past year are more likely to report feeling always or often lonely (42% v. 15%), depressed (38% v. 21%) or anxious (65% v. 34%) than those who rarely or never experienced discrimination in daily life. Additionally, larger shares of LGBT women, younger LGBT adults, and lower-income LGBT adults report regular feelings of anxiety, loneliness, or depression. While other underlying factors beyond discrimination may contribute to these differences, the relationship between feelings of loneliness, anxiety, and depression and experiences with discrimination among LGBT adults remains significant even after controlling for race/ ethnicity, education, income, gender, and age (see section on mental health below). (See Figure 8.)

Figure 8

LGBT Adults Who Experience Discrimination Are More Likely Than Those Who Do Not to Report Feeling Anxious, Lonely, or Depressed

Percent of LGBT adults who say they have felt...either "always" or "often" in the past 12 month



Note: Adults who experience discrimination in daily life are those who say they experienced any of the following at least a few times in the past year: People act as if they think you are not smart; You are criticized for speaking a language other than English in public (asked of those who responded in a language other than English); You receive poorer service than other people at restaurants or stores; You are threatened or harassed; or People act as if they are afraid of you. Insufficient sample size to report results separately for LGBT adults who describe their gender as something other than man or woman; responses for these individuals are included in total LGBT adults. See topline for full question wording.

Source: KFF Survey on Racism, Discrimination, and Health (June 6- August 14, 2023)

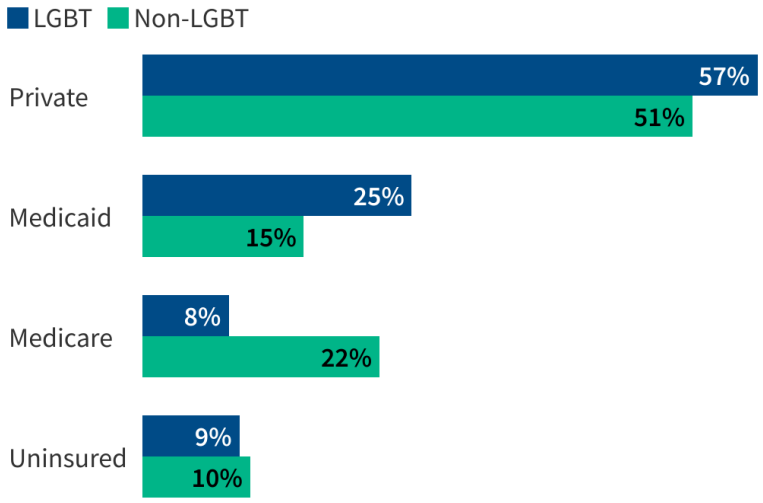
KFF

Health Coverage and Access

Overall, LGBT people report similar rates of being uninsured as non-LGBT people (9% v. 10%). LGBT adults, who are notably both younger and lower income than the general population, have higher rates of Medicaid coverage (25% v. 15%) and lower rates of Medicare coverage (8% v. 22%). They are slightly more likely to be covered by private insurance than non-LGBT adults (57% v. 51%). (See Figure 9.)

Figure 9

Insurance Coverage Among LGBT and Non-LGBT Adults, 2023-2024



Note: Based on 7 months of polling. Probability sample of 972 LGBT adults.
Source: KFF Health Tracking Polls (May 2023 through April 2024).

KFF

Research has found that having a usual source of care is associated with increased use of preventive care and better health outcomes, but LGBT people are more likely to report not having a usual source of care than non-LGBT people (19% v. 12%). (From KFF's Survey of Racism, Discrimination, and Health). One study found that LGBTQ people were more likely to lack access to providers, delay care, face issues taking medications due to cost, and have fewer routine checkups than heterosexual cisgender people.

KFF polling has also found that many LGBT adults say negative health care experiences have affected their willingness to seek care, their health care coverage, and their physical health. For example, LGBT adults are significantly more likely than non-LGBT adults to report that having a negative health care experience in the last three years caused their health to get worse (24% v. 9%), made them less likely to seek health care (39% v. 15%), or caused them to switch health care providers (36% v. 16%).

LGBTQ+ People's Health Today

While in some areas, the health experiences of LGBTQ+ people mirror those of non-LGBTQ+ people, in other areas, LGBTQ+ people face disparities in health outcomes due to their sexual orientation and gender identity, as well as other factors such as race/ethnicity, class, nationality, and age. Disparities related to mental health, substance use, and sexual health are especially apparent, and LGBTQ+ people also experience certain chronic conditions at higher rates than heterosexual and cisgender people. In some cases, these are driven by social factors such as the biosocial impact of experiencing stigma and discrimination, higher rates of alcohol use and smoking, and obesity. They may also stem from fear of engaging with the health system, including from past experiences of discrimination, which may lead to forgoing routine screening or needed care.

There may also be a link between health care access, competency, and affordability (discussed above) and the ability to detect, control and treat disease. For example, research has found that transgender and gender-diverse people are both less likely to receive cancer screenings and also have a higher incidence of HIV- and HPV-associated cancers.

Overall Health Status

Despite being a younger population, a group traditionally reporting higher levels of well-being, LGBT people are more likely to report being in fair or poor physical health than non-LGBT people (26% v. 19%).

LGBT+ people also report that they are managing chronic conditions and living with disabilities that impact daily life at higher rates than non-LGBT+ people. Half (50%) of LGBT+ people reported that they had an ongoing health condition that requires regular monitoring, medical care, or medication, compared with 45% of non-LGBT+ people. Additionally, one-quarter (25%) of LGBT+ people reported having a disability or chronic disease that keeps them from participating fully in work, school, housework, or other activities, compared with 16% of non-LGBT+ people.

Likewise, a larger share of LGBT+ people report taking at least one prescription medication on a regular basis than non-LGBT+ people (62% v. 55%). This includes more than half (54%) of young LGBT+ adults (ages 18 to 24) who reported regularly taking a prescription compared to just over one-third (36%) of non-LGBT+ adults in the same age group.

Chronic Conditions

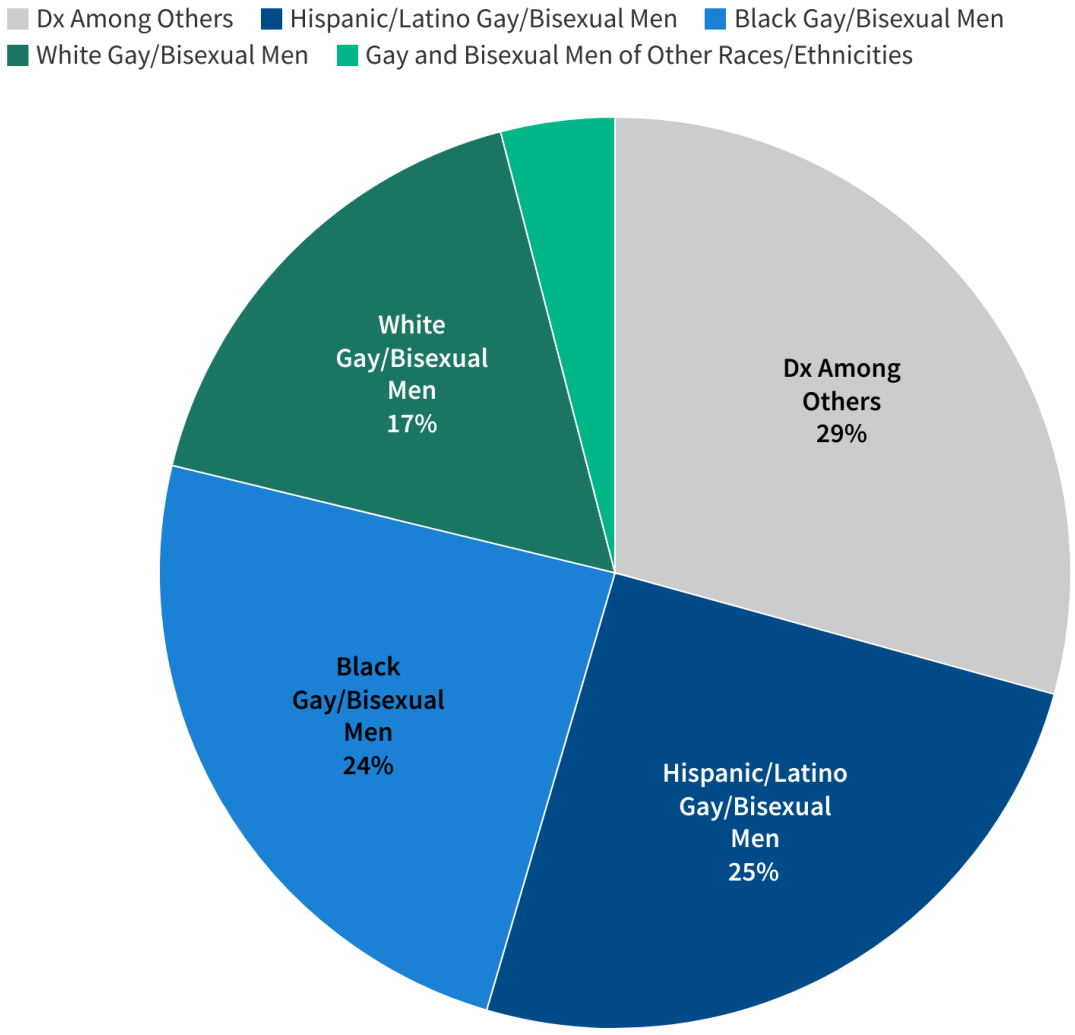
Studies have found disparities in certain chronic conditions among LGBTQ+ people, including reports of higher rates of diabetes among lesbians and gay and bisexual men and higher rates of cardiovascular diseases and cancers in certain populations. One study found LGBTQ+ survey respondents were more likely to report having asthma, arthritis, diabetes, kidney disease, hypertension, cardiovascular disease, heart attack, stroke, and chronic obstructive pulmonary disease (COPD) than non LGBTQ+ respondents.

HIV and STIs

There are significant HIV and STI-related disparities among gay and bisexual men, other men who have sex with men, and transgender women compared to other groups and the population as a whole. These disparities may arise for a range of reasons, including sexual networks, differences in behavior, and biological or social factors. In addition, increased incidence of HIV and STIs can, in turn, put these groups at higher risk for other comorbid conditions like other STIs and certain cancers. Nearly three-quarters (71%) of people diagnosed with HIV in 2022 were gay and bisexual men or other men who have sex with men, and of those, young Black and Latino men were disproportionately represented. (See Figure 10.)

Figure 10

Nearly Three-Quarters of HIV Diagnoses in 2022 Were Among Gay and Bisexual Men and Other Men Who Have Sex with Men, Mostly Among Black and Hispanic/Latino Men



Note: Data is based on HIV transmission route, not identity. Those with both injection drug use and male-to-male sexual contact as possible transmission pathway are included among gay and bisexual men. Diagnoses among others includes diagnoses among women and diagnoses among men who report only heterosexual sex or injection drug use as a transmission pathway.
Source: CDC. Atlas Plus. 2022.

KFF

A meta-analysis estimated that 14% of transgender women and 3% of transgender men are HIV positive. Black and Hispanic transgender women are disproportionately impacted, with prevalence estimates of 44% and 26%, respectively.

Among those seeking care at STD clinics, gay and bisexual men are more likely to test positive for gonorrhea and chlamydia than women or heterosexual men. An estimated 34% of cases of primary and secondary syphilis cases reported in 2022 were among gay and bisexual men and other men who have sex with men, and cases have increased significantly over the past decade. Additionally, the 2022 mpox outbreak occurred almost exclusively among gay and bisexual men and other men who have sex with men, with Black and Hispanic men being especially impacted. While data are limited on gender identity and STIs, studies have indicated that incidence and prevalence levels of gonorrhea and chlamydia among transgender women are similar to those among cisgender gay and bisexual men.

Mental Health and Substance Use

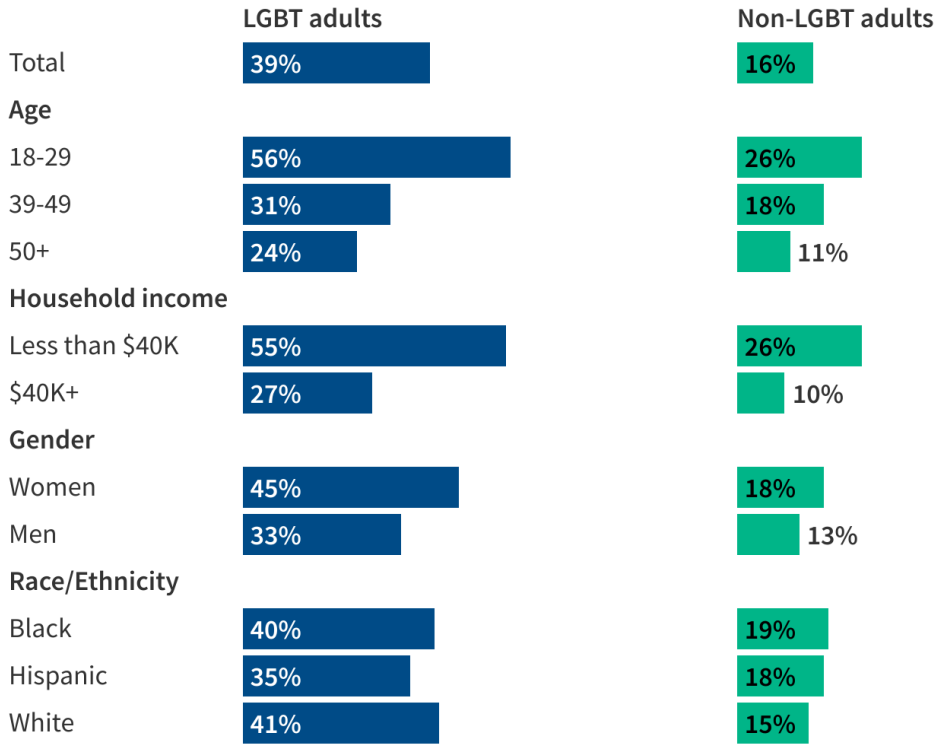
LGBTQ+ people face greater mental health challenges and disparities than non-LGBTQ+ people, including in accessing mental health care. The drivers of these disparities are complex and may relate, in part, to widespread experiences of stigma and discrimination (as described above). Current attempts to institute anti-LGBTQ+ policies in many states and communities may contribute to poor mental health outcomes and increase the need for care.

LGBT adults are more likely than non-LGBT adults to describe their mental health and emotional well-being as either “fair” or “poor” (39% v. 16%). LGBT adults with household incomes below $40,000 are about twice as likely as LGBT adults with higher incomes to report fair or poor mental health (55% v. 27%), as are LGBT adults ages 18-29 compared to those ages 50 and older (56% v. 24%). Across racial and ethnic groups, about 4 in 10 Black (40%), Hispanic (35%) and White (41%) LGBT adults describe their mental health as fair or poor. (See Figure 11.)

Figure 11

Four in Ten LGBT Adults Describe Their Mental Health as Fair or Poor, About Twice The Share of Non-LGBT Adults Who Report the Same

Percent who describe their mental health and emotional well-being as **fair** or **poor**:



Note: Black adults include multiracial and single-race adults of Hispanic and non-Hispanic ethnicity. Hispanic group includes those who identify as Hispanic regardless of race. White includes single-race non-Hispanic adults only. Insufficient sample size to report results separately for LGBT adults who describe their gender as something other than man or woman; responses for these individuals are included in total LGBT adults. See topline for full question wording.

Source: KFF Survey on Racism, Discrimination, and Health (June 6- August 14, 2023)

KFF

More specifically, about half (54%) of LGBT adults report feeling anxious either "always" or "often" in the past year, while a third report feeling lonely (33%) or depressed (32%) "always" or "often" – more than twice the shares of non-LGBT adults who report the same. As noted earlier, those who experienced recent discrimination were more likely to report these feelings than those who did not.

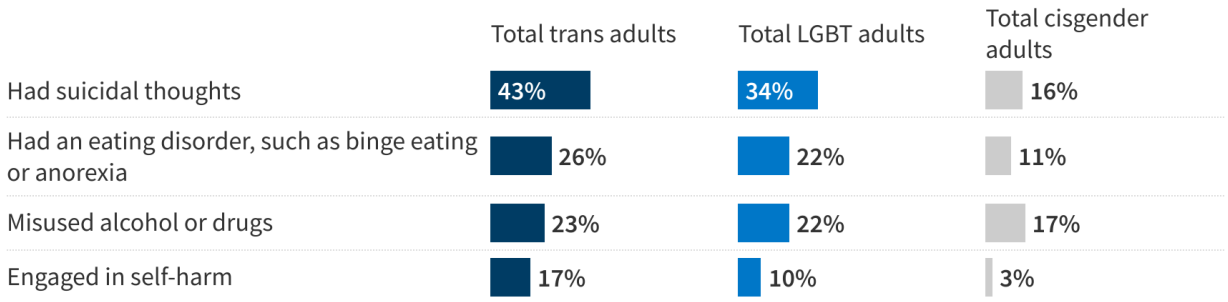
LGB adults also report having serious thoughts of suicide, making a suicide plan, or attempting suicide at higher rates than non-LGB adults, with disparities especially pronounced among bisexual adults**.** LGB adults also report higher rates of substance use and substance use disorder (SUD) than non-LGB adults, with rates especially high among bisexual adults.

KFF's polling of trans adults shows that many struggle with serious mental health issues, including 4 in 10 (43%) who say they have had suicidal thoughts in the past year. Trans adults are about six times as likely as cisgender adults to say they have engaged in self-harm in the past year, and more than twice as likely to say they have had an eating disorder in the past year or had suicidal thoughts in the past year. (See Figure 12.)

Figure 12

Many Trans Adults Say They Struggle With Serious Mental Health Issues Compared To Smaller Shares Of Cisgender Adults

Percent who say, in the past twelve months, they have done each of the following:



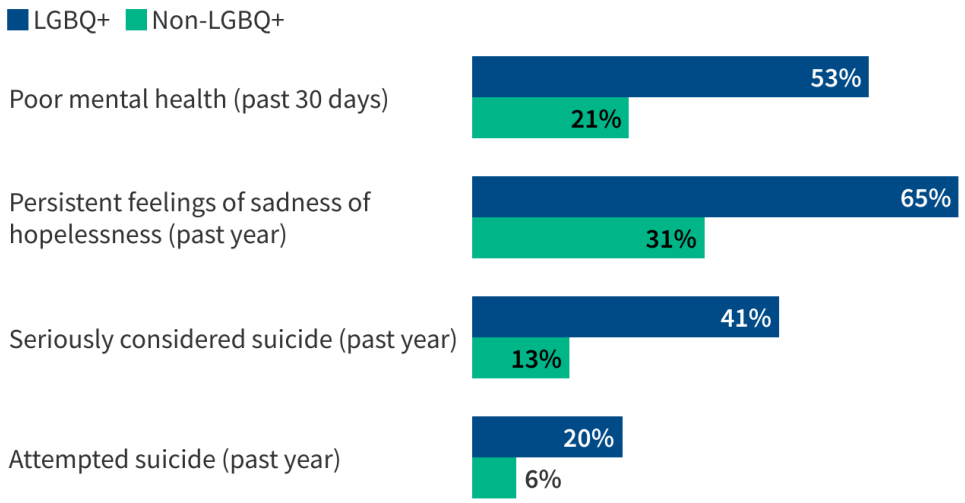
Note: See topline for full question wording
Source: KFF/Washington Post Trans Survey (Nov. 10-Dec. 1, 2022)

KFF

Mental health disparities are especially significant among young LGBTQ+ people**.** In 2023, more than half (53%) of LGBQ+ high school students reported poor mental health in the past 30 days compared to 1 in 5 (21%) heterosexual students and more than twice as many reported persistent feelings of sadness or hopelessness over the past year (65% among LGBQ+ students compared to 31% among heterosexual students). In addition, 41% of LGBQ+ high school students reported having seriously considered suicide during the past year, with 20% having attempted suicide, rates that are substantially higher than for heterosexual students (13% and 6%, respectively). (See Figure 13.)

Figure 13

Mental Health Experiences of High School Students, by LGBQ+ Identity, 2023



Source: Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023. U.S. Department of Health and Human Services; 2024.

KFF

Substance use rates were also higher among LGBQ+ high school students than their non-LGBQ+ peers. LGBQ+ students and students with any same-sex partners were more likely to engage in a range of substance use behaviors than their peers, including use of alcohol, marijuana, any illicit drug, vaping, and prescription opioids.

In addition to higher reported rates of mental health challenges, LGBT people, particularly those in fair or poor mental health and younger adults, report greater challenges accessing mental health care and are more likely to report forgoing needed mental health care than non-LGBT adults. About half (46%) of LGBT adults say there was a time in the past three years when they thought they might need mental health services but didn't get them, more than twice the share of non-LGBT adults who say so (20%). Reported challenges to care include affordability and accessibility of providers, including finding a provider who can relate to their background and experiences.

Best Practices for Competent Care

Access to competent and inclusive health care that meets the needs of LGBTQ+ people can improve engagement with the health system and, ultimately, health outcomes.

The American Medical Association (AMA) provides recommended standards of practice with LGBTQ patients and resources to help make medical practices LGBTQ-friendly, such as including posters, brochures, and other materials that are LGBTQ-inclusive, revising intake materials to be affirming and inclusive, and participating in further provider education.

Similarly, the American Psychiatric Association also provides guidance, including acknowledgment of the role the association played in perpetuating stigma for LGBTQ+ people in the past and guiding practitioners to not make assumptions about sexual orientation or gender identity in gathering medical information, reminding providers that families can be helped to move towards more acceptance of LGBTQ+ children to improve their mental health, and explicitly coming out against 'conversion or reparative' therapy. Indeed, the use of "conversion therapy" is condemned among all major health groups, 28 of which signed a 2023 joint statement against its use, stating that such interventions are both ineffective and harmful, and about half of states have enacted a ban on coverage therapy for minors.

Other resources highlight the importance of language use in caring for LGBTQ+ people, including when it comes to how sexual orientation and gender are discussed and described and how patients are addressed with respect to names and pronoun use. Leadership "buy-in" and the role of LGBTQ+ champions are also highlighted, as are the benefits of inclusive policies. Data collection used to improve health outcomes, staff training, and partnering locally with the LGBTQ+ community are also noted as ways to be a more affirming practice.

Providing health care services or competent referrals for health services that are disproportionately needed by the LGBTQ+ community is another way to offer inclusive care. This might include behavioral health services, STI care and screening, or inclusive family planning services. Another such service is gender affirming care (see below).

Gender Affirming Care

Gender affirming care is a model of care which includes a spectrum of "medical, surgical, mental health, and non-medical services for transgender and nonbinary people" aimed at affirming and supporting an individual's gender identity. Gender affirmation is highly individualized. Not all trans people seek the same types of gender affirming care or services and some people choose not to use medical services as a part of their transition. Gender affirming care is tailored to an individual's needs across the lifespan.

Virtually all major U.S. medical associations support youth access to gender affirming care, including the American Medical Association, American Academy of Pediatrics, and the American Psychological Association, among others. In particular, these groups point to the evidence demonstrating that medically necessary gender affirming care enhances mental health outcomes for transgender youth, including by reducing suicidal ideation. Professional guidance for gender affirming care, including for young people, is provided by the Endocrine Society and the World Professional Association for Transgender Health, bodies that also support access to this care model.

There is no one way to transition. KFF polling finds commonly utilized gender affirming activities are related to a social transition, such as changing the types of clothes worn (77%), changing hairstyles/grooming habits (76%), or going by different pronouns (72%). Slightly fewer, but still a majority, of trans adults use a different name

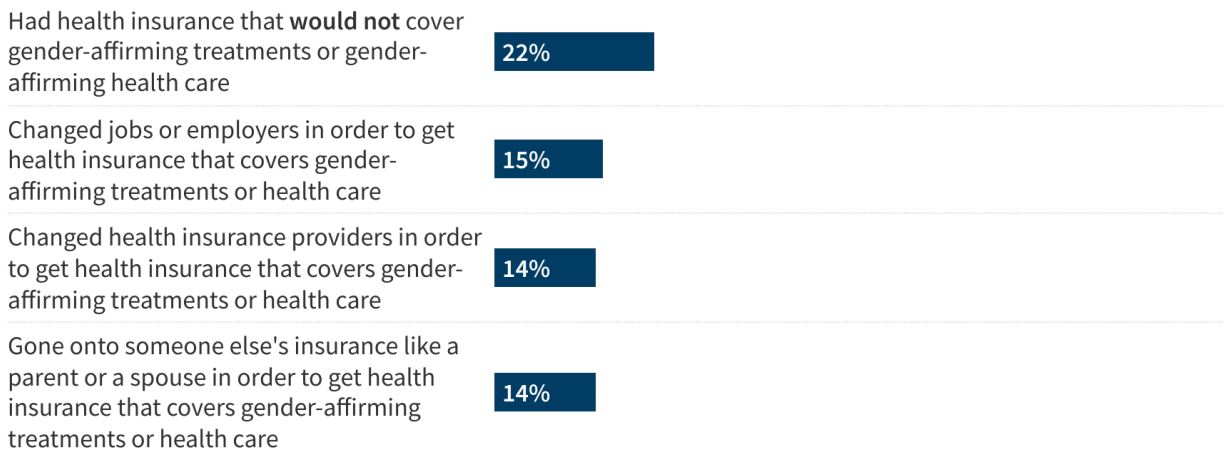
than the one on their birth certificate (57%). Fewer than half of trans adults report attending counseling or therapy as a part of their gender transition (38%) (which is sometimes a requirement for other gender affirming care), legally changing their name on identifying documents (24%), or using hormone treatments or puberty-blocking hormones (31%) Despite common rhetoric, surgical care is a rare component of gender affirming care, with just 16% of trans adults reporting having received gender-affirming surgery. While the number of young trans people using puberty blockers or hormone therapy has increased modestly in recent years, the overall number of those using these prescriptions remains fairly low and multiple studies have shown gender affirming surgery is extremely rare among minors.

Lack of insurance coverage for gender affirming care is a barrier to receiving these services. KFF's polling finds, for example, that among trans adults with health insurance, about a quarter (27%) say their insurance covers gender affirming treatment or health care, while 14% say their health insurance does not cover this and 6 in 10 (58%) are unsure. One in 5 trans adults say they have had health insurance that would not cover gender affirming treatments or health care (22%). About 1 in 7 trans adults have changed jobs or health insurance in order to get gender affirming treatments or health care. (See Figure 14.)

Figure 14

One in Five Trans Adults Say They Have Had Health Insurance That Would Not Cover Gender Affirming Treatments or Gender Affirming Care

Percent of trans adults who say they have ever...



Note: Asked of trans adults. See topline for full question wording
Source: KFF/Washington Post Trans Survey (Nov. 10-Dec. 1, 2022)

KFF

Despite the evidence around the role gender affirming care can play in promoting well-being for young people and support from the medical community, some have argued against this care claiming that the services are experimental and lack an evidence base or that young trans people commonly change their minds about their

gender identity. To date, more than half (26) of US states (as of September 2024) have enacted restrictions on gender affirming care for minors. As a result, young people may be unable to get medically necessary care depending on where they live and research has demonstrated that young transgender people's mental health is negatively impacted when this care is denied including leading to an increased risk of suicidality. Further, claims around lack of evidence and changing identity are not borne out by the data and, in fact, the very same services are provided to young people in other medical circumstances without controversy.

Policy Impact

Policymaking, including in health care, can both facilitate and hinder access to care and coverage, and ultimately, health outcomes, for LGBTQ+ people. Recent examples of how policymaking addresses LGBTQ+ people's health include:

- **Supreme Court of the United States (SCOTUS) Decisions:** Several recent Supreme Court decisions have impacted the health and well-being of LGBTQ+ people. SCOTUS decisions regarding marriage equality have been particularly far reaching with both the *Windsor* (2013) and *Obergefell* (2015) decisions providing same-sex married couples with legal access to spousal health insurance benefits for the first time, among other changes. In *Bostock* (2019), SCOTUS ruled that in the context of employment, discrimination based on sex encompasses sexual orientation and gender identity—a decision that was subsequently used to support extending sex protections in health care to LGBTQ+ people (see discussion of Section 1557 below). In the fall of 2024, SCOTUS will hear arguments over a Tennessee law that bans gender affirming care for minors based on a petition brought by the Biden administration arguing against the ban and examine whether the law violates the 14th Amendment's Equal Protection clause. A decision is expected in the summer of 2025.
- **Section 1557:** One area that has received significant attention over the last decade is Section 1557 of the Affordable Care Act (ACA). Section 1557 prohibits discrimination on the basis of a range of factors, including sex, and applies to health programs and activities receiving federal financial assistance (referred to as covered entities). Specifically, it prevents covered entities from discriminating against certain protected groups in providing health care services, insurance coverage, and program participation. Across different Presidential administrations, lengthy rulemaking and court challenges have affected the application of Section 1557, particularly around whether sexual orientation and gender identity should be encompassed in sex protections. The Obama administration interpreted the statute to include protections on the basis of gender identity and sex-stereotyping, laying out specific protections for trans people, while the Trump administration removed such protections. The Biden administration has since restored and expanded on protections, including by also interpreting sex protections to protect against discrimination on the basis of sexual orientation, following the *Bostock* decision.
- **Mental Health:** Policy can also positively or negatively impact the mental health of the LGBTQ+ community. For example, 988, the federally-mandated suicide and crisis line, supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), includes specific services to meet the needs of LGBTQ+

young people. SAMHSA also released a "road map" for supporting LGBTQ+ youth, an LGBTQI+ Family Support Grant providing nearly $2 million in funding for programs that address behavioral health for LGBTQ youth, and more than $5 million for "Family Counseling and Support for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex+ Youth and their Families," The agency also funds the Center of Excellence: LGBTQ+ Behavioral Health Equity aimed at supporting "implementation of change strategies within mental health and substance use disorder treatment systems to address disparities impacting the LGBTQ+ community." The Biden administration issued a rule to better protect LGBTQ+ youth in foster care. In addition to federal efforts, some states are also electing to highlight and address the behavioral health needs of LGBTQ+ people, sometimes through the use of federal funds. On the other hand, there is evidence that the promulgation of state laws and policies restricting access to LGBTQ+ health and other services negatively affects the mental health of the community.

- **Data collection:** (See also callout box on data collection.) Better understanding of who the LGBTQ+ community is and what challenges they face, allows policymakers, providers, and other individuals and groups to meet their needs better and provide care and coverage that is culturally competent. Addressing care needs may happen in the provider's office, at the health system level, or in the policy arena. Research on LGBTQ+ people and health has increased over time, and the federal government has implemented a range of efforts to improve collection and reporting of data on LGBTQ+ people. For example, in 2016 the NIH formally designated sexual and gender minorities (SGMs) as a health disparity population for research purposes. In doing so, NIH recognized the health disparities faced by this population and that "the extent and causes of health disparities are not fully understood, and research on how to close these gaps is lacking." Many federal surveys now ask sexual orientation and gender identity questions, including the Behavioral Risk Factor Surveillance System Survey, the National Survey on Drug Use, the National Health Interview Survey, and the Youth Risk Behavior Survey. However, data collection is not routine in federal surveys and systems and is sometimes an optional variable for states or a restricted variable for researchers. Data collection efforts have also been subject to partisan politics, with the Obama administration working to expand SOGI data collection, the Trump administration seeking to roll efforts back, and the Biden administration again working to enhance these efforts. The Biden administration issued an executive order calling for agencies to enhance routine collection of sexual orientation and gender identity data to improve outcomes and address disparities, and an implementing roadmap in a Federal Evidence Agenda. Data collection efforts are variable at state and health system levels.
- **State and Local Policymaking:** While federal policymaking plays an important role in individuals' lives, so too does state and local policymaking, perhaps, especially so in health care. Over the past few years, there has been a rash of policymaking addressing LGBTQ+ people's health. Policies have both aimed to expand protections and well-being for LGBTQ+ people and sought to restrict access to care or loosen antidiscrimination standards. For example, as of August 2024, half of states have enacted policies aimed at limiting or prohibiting youth access to gender affirming care and most of this policymaking took place within a recent 18-month period. Other states have enacted "refuge laws" (also known as "shield laws") that generally aim to protect individuals, families, and providers living in states where these bans have been

enacted. State policymaking has also focused on LGBTQ+ people and access to services through private and public insurance coverage. For example, while some states expressly prohibit insurers from discriminating against people based on sexual orientation and gender identity, others are silent on the issue. Similarly, some state Medicaid programs explicitly cover gender affirming care, others have exclusions, and some have no clear policy; even those that do cover this care may not cover all the services an individual needs. Another example of protections is that about half of states have enacted laws banning conversion therapy for minors. Finally, some LGBTQ+ related policy is not overtly health-related but has the potential to impact well-being. For example, preventing schools from adopting LGBTQ+ anti-bullying policies or enacting laws that require school staff to out transgender youth to their families stand to negatively impact health outcomes.

Future Outlook

Despite the increase in the share of people identifying as LGBTQ+ and in public support for LGBTQ+ relationships and protections against discrimination, LGBTQ+ people continue to face health disparities and worse health outcomes in several areas. In many cases, these are directly related to ongoing experiences of stigma, discrimination, and violence. Policy efforts to address health disparities among LGBTQ+ people, including those tied to experiences of stigma and discrimination, have increased over time. Still, there has been growing partisanship in some areas of LGBTQ+ rights and access, particularly for LGBTQ+ youth, and a rise in policies and laws that restrict access to recommended care. Monitoring these policies and better understanding the actual experiences of LGBTQ+ people will help inform efforts to address and mitigate health disparities for this population moving forward.

Resources

- LGBT Adults' Experiences with Discrimination and Health Care Disparities: Findings from the KFF Survey of Racism, Discrimination, and Health
- Trans People in the U.S.: Identities, Demographics, and Wellbeing
- Policy Tracker: Youth Access to Gender Affirming Care and State Policy Restrictions
- Mental Health Care Needs and Experiences Among LGBT+ People
- The Biden Administration's Final Rule on Section 1557 Non-Discrimination Regulations Under the ACA

This chapter was prepared by Lindsey Dawson, Jennifer Kates, Alex Montero, and Ashley Kirzinger and draws on existing KFF products.

KFF

The independent source for health policy research, polling, and news.

Headquarters
185 Berry Street, Suite 2000
San Francisco, CA 94107
650.854.9400

Washington Office &
Barbara Jordan Conference Center
1330 G Street NW
Washington, DC 20005
202.347.5270

This publication is available at kff.org/health-policy-101