

# Best Practices for Enrolling LGBT New Yorkers in NYSOH Coverage



Sponsored by the LGBT  
Task Force of Health Care  
For All New York



# Presenter Information

## **Finn Brigham**

Director of Care Coordination

Callen-Lorde Community Health Center  
356 West 18th Street  
New York, NY 10011



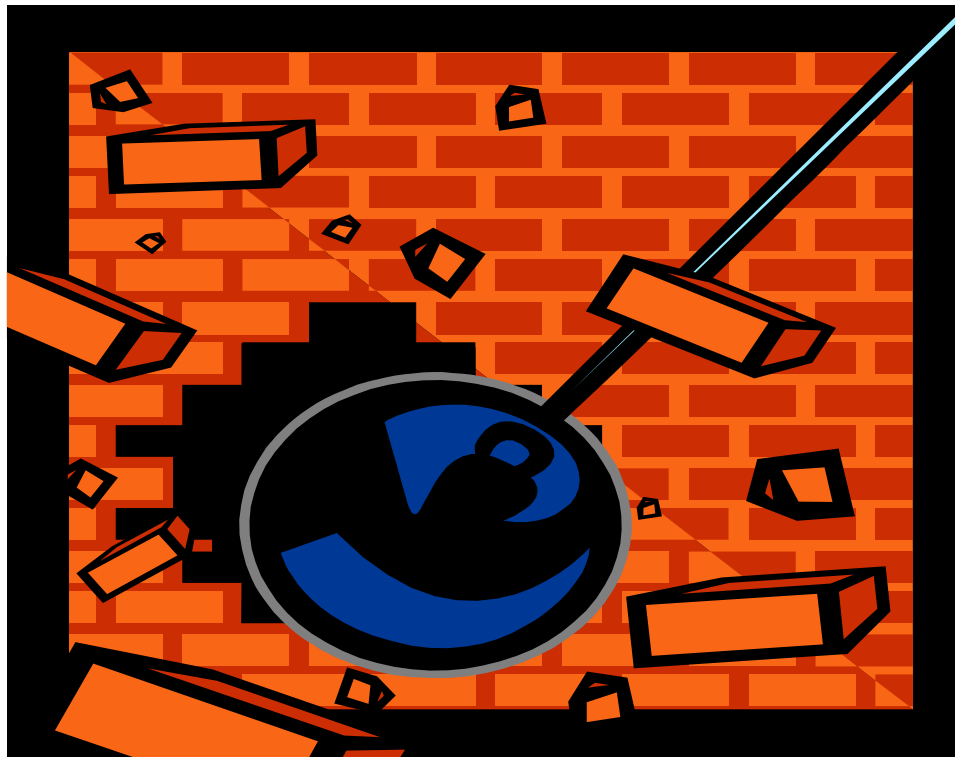


**"It hurts when I swallow my pride."**

# Why is this important?

- Many LGBT people are in need of social services, medical care and basic access to employment and housing. LGBT people face many barriers to adequate service and health care, including discrimination, ignorance, poverty, prejudice, and fear.
- Many health insurance plans don't cover everything LGBT people need and may not have provider networks that include LGBT-competent providers. These are among the specific issues you may face when helping LGBT New Yorkers apply for coverage. Historically, LGBT people have had disproportionately high rates of un-insurance.
- A recent Gallup poll found LGBT un-insurance had dropped from 24.2 percent before the ACA to 17.6 percent after the first open enrollment period. But that still is higher than for non-LGBT adults, whose rate is now 13.2 percent according to Gallup.
- There are **very** few health providers and hospitals in the country that have supportive and sensitive health services for LGBT people.

# Breaking Down the Terms



# Lesbian, Gay, and Bisexual

## ☐ Lesbian and Gay

- People who have (or desire to have) an intimate relationship with individuals of the same gender.

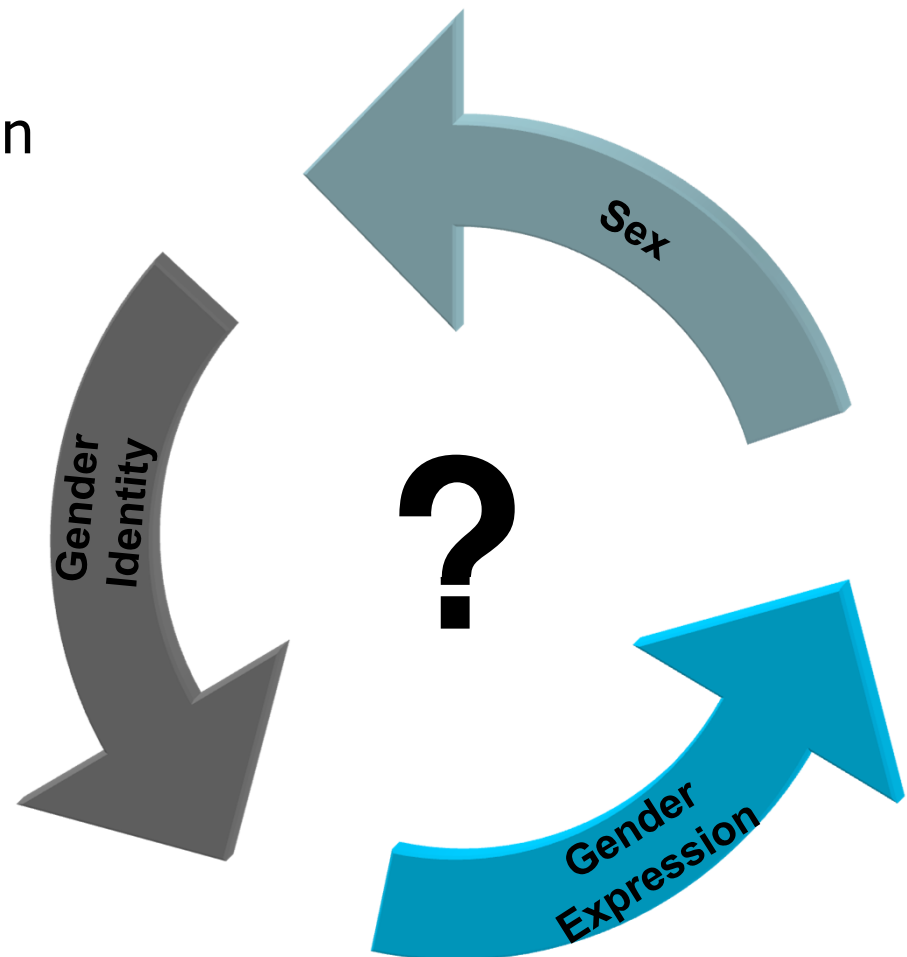
## ☐ Bisexual

- People who have (or desire to have) an intimate relationship with individuals of the same or different gender.



# Gender building blocks

- Gender is typically evaluated on three axes
  - Sex
  - Gender Expression
  - Gender Identity



# SEX

- Sex refers to a person's biological status
- There are several indicators of biological sex, including
  - Sex chromosomes
  - Gonads
  - Internal reproductive organs
  - External genitalia

We would use the term “assigned female (or male) at birth” when we refer to the sex delineated on a birth certificate.



# **GENDER EXPRESSION**

- Gender expression refers to the way in which a person acts to communicate gender within a given culture.
- This may include clothing, communication patterns, and interests
- A person's gender expression may or may not be consistent with socially prescribed gender roles
- A person's gender expression may or may not reflect his or her gender identity

# Gender Identity

- Internal, self conception of one's gender
- We all have a gender identity- for some of us this matches our assigned gender, our bodies, and social perceptions and for others it does not
- For this reason, sex and gender identity are different; one may identify with a gender that does not match one's biological sex.

# Gender Identity and Sexual Orientation are Different Things

- **Sexual Orientation** is the direction of one's sexual attractions. Sexuality can change over time and is usually labeled as lesbian, gay, straight, bisexual, queer
- Every individual has a biological sex, a gender identity and a sexual orientation.
  - All can be considered fluid.
- Being transgender does not mean you're gay and being gay does not mean you're transgender.

# Transgender *people*

- Common or accepted definitions...
  - People who feel the binary gender (M or F) they were assigned at birth (usually solely based on genital presentation) is a ***misleading or incomplete*** description of themselves
- Trans-*woman* or trans-*man*? Language should be affirming and accurate
  - Say *trans-woman*
    - To refer to a person who was *assigned* male at birth
    - And lives and/or identifies as a **woman**
  - Say *trans-man*
    - To refer to a person who was *assigned* female at birth
    - And lives and/or identifies as a **man**

# Connecting it to HealthCare



# The LGBT Experience: Discrimination in Health Care

- ❖ 74% have experienced discrimination in health care<sup>1</sup>
- ❖ 51% of LGBT adults have withheld their sexual orientation from their health care provider<sup>2</sup>
- ❖ 24% of LGBT patients have withheld information about sexual practices, compared with 5% of heterosexual<sup>3</sup>

1. Kaiser Family Foundation, November 2001

2. Harris Poll, November 2002

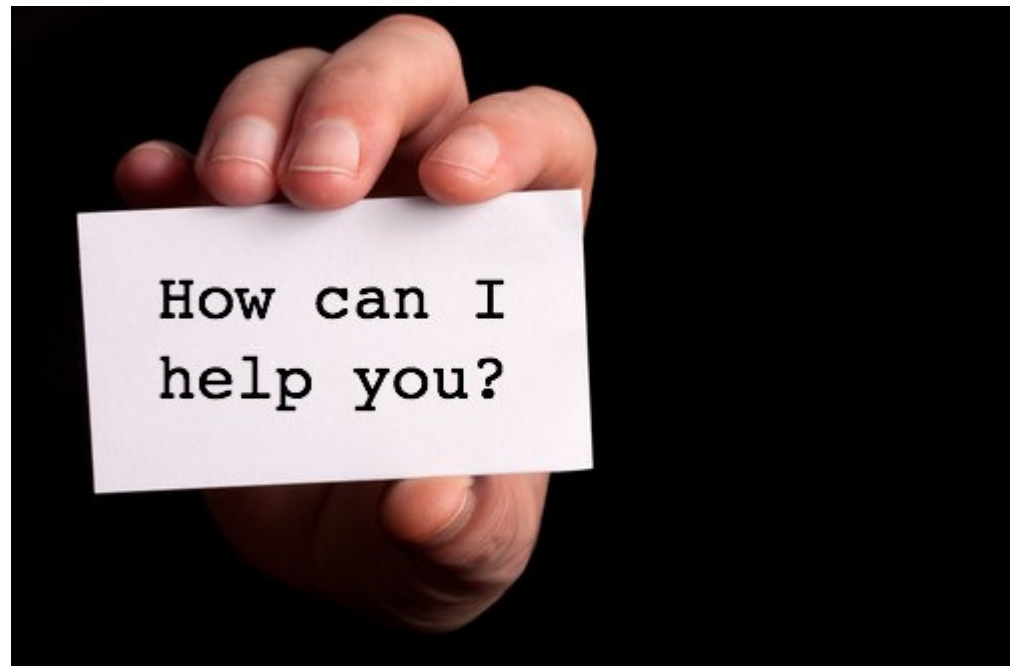
3. Harris Poll, December 2003

# NATIONAL TRANSGENDER DISCRIMINATION SURVEY REPORT ON HEALTH AND HEALTH CARE

Findings of a study by the National Center for Transgender Equality and the National Gay and Lesbian Task Force, October 2010

- Survey participants reported very high levels of postponing medical care when sick or injured due to **discrimination (28%)**
- Respondents faced significant **hurdles** to accessing health care, including:
  - **Refusal of care: 19%** of the sample reported being refused care due to their transgender status
  - **Harassment and violence in medical settings: 28%** of respondents were subjected to harassment in medical settings
  - **Lack of provider knowledge: 50%** of the sample reported having to teach their medical providers about transgender care
- Respondents reported **over four times** the national average of HIV infection

- How can navigators and CACs help LGBT people through the enrollment process and in choosing a plan that is right for them?





# ISSUES SPECIFIC TO **GAY** AND **LESBIAN** APPLICANTS

1. If **gay** men or **lesbians** have a provider they feel comfortable with, ensure they choose a plan that is accepted by that provider.
2. **Lesbians** may be interested in alternative insemination options. If they are interested in this option there are some plans that cover it. They can work with their plan and provider around this. Encourage them to research their plan to ensure these services are covered before choosing.
3. Some **gay** men who may be in sero-discordant couples (one is HIV negative and one is HIV positive) may be interested in Pre-Exposure Prophylaxis (PrEP). Most Medicaid plans cover this (although some require a prior-authorization). Encourage gay men to research their plans before choosing if they are interested in this.
4. **Gay** Marriage is now LEGAL in New York State and the striking down of DOMA means those marriages are recognized federally. All same sex marriages should be considered exactly the same as marriage between a heterosexual couple.

# ISSUES SPECIFIC TO **HIV** POSITIVE PEOPLE

- 1. Medicaid has special managed care plans called SNPs that are only for **HIV** positive individuals. These plans include more HIV Case Management possibilities. Sadly, right now applicants cannot chose a SNP at the time of enrollment but can request it later.
- 2. **HIV** medications can cost thousands of dollars each month. Ensure individuals' medications are included on their formulary.

# ISSUES SPECIFIC TO HIV POSITIVE PEOPLE

- 3. The state has a benefit called AIDS Drug Assistance Program (ADAP). A section of this program called APIC will pay the premiums of eligible HIV positive people up to \$2,000 a month!
- In order to be eligible for this program you must be a New York State Resident, make under 435% (about \$50,000) of the federal poverty guidelines, and be HIV positive. ANY eligible HIV positive New Yorker should be taking advantage of this option. You can obtain an application at <https://www.health.ny.gov/forms/doh-2794.pdf>

# ISSUES SPECIFIC TO TRANSGENDER INDIVIDUALS

- Many **transgender** individuals have changed their names or their gender markers (M to F or vice versa). This can become an issue regarding identity proofing.
- There is no “final” way to change your gender marker, it is a process.
- It can be changed on your social security card, insurance card, passport, state ID (including license), birth certificate etc.
- There is no specific order in which to make these changes
- There is an “official” way to change your name and a court of law will give you official paperwork indicating your name has legally changed. Even though this has been done in court, you must bring that proof to all of these entities to get your name changed on these documents.

# ISSUES SPECIFIC TO TRANSGENDER INDIVIDUALS

- The NYSOH enrollment application follows the name and gender marker indicated on an applicant's social security documents.
- This means that if a person wants to use their new/legal name and or gender marker on their application they must have previously changed it at social security.
- For information on how to change your name and gender marker with social security go to <http://srp.org/resources/how-to-change-your-id-documents>
- Many times even if an applicant has made the correct changes to their name and gender marker on their social security documentation, they will STILL need additional identity proofing if they have had Medicaid with a different name/gender marker with NY Medicaid in the past.
- It can be very triggering to ask an **transgender** person to tell you what their birth name was. We suggest you ask the applicant to write it down for you rather than have to say it aloud.

# ISSUES SPECIFIC TO TRANSGENDER INDIVIDUALS

- It is VERY important to refer to any **transgender** applicant with the name and gender marker they choose REGARDLESS of what their legal name is or how they present.
- We suggest asking **transgender** applicants (or ideally ALL applicants) which pronoun they prefer when you first sit down with them. Options may be he/him, she/her, ze/hir, they/them, or name only.
- For example: Ze is here for hir application appointment. Or they are here for their application appointment. Or Nadia is here for Nadia's application appointment.
- Do your very best to use these names and pronouns. It is an important step in showing your **transgender** applicants that you respect them and want to assist them.

# ISSUES SPECIFIC TO TRANSGENDER INDIVIDUALS

- Currently New York Medicaid has a ban from covering any **transgender** specific related health care.
- This includes hormone therapy and any **transgender** specific surgical procedures.
- The Affordable Care Act Qualified Health plans vary in regards to their coverage, but many do not cover this type of care. Check the summary of benefits for a plan to see if there are any specific exclusions.

# ISSUES SPECIFIC TO TRANSGENDER INDIVIDUALS

-It is important to remind **transgender** people that if they do change their gender marker, then care specific to their previous gender marker will not be covered.

-For example, if you are a **transgender** man (F to M), and you change your gender marker from F to M on your insurance, you will (more than likely) no longer be able to get GYN services including PAPs covered. It is important that trans people be able to know the potential ramifications of changing their gender markers.



# MAKING THE EXPERIENCE AT YOUR AGENCY LGBT FRIENDLY

Think about:

- Is my space LGBT friendly?
- Are there posters/flyers that include LGBT people?
- Do my forms say things like "partner" instead of "spouse" and/or do they include options other than M and F on the gender boxes?
- Are there gender neutral bathrooms?
- Do I have LGBT staff or staff that have been trained in LGBT competency?

# Questions and Discussion



# Contact Information

**Finn Brigham**

fbrigham@callen-lorde.org

212-271-7266

# Resources

- GLBT Health Access Project <http://www.glbthealth.org/>
- Gay and Lesbian Medical Association <http://www.glma.org/>
- Transgender Health Program: Vancouver Coastal Health <http://www.vch.ca/transhealth/>
- Mautner Project, Lesbian Health <http://www.mautnerproject.org/>
- Transgender Care [www.transgendercare.com](http://www.transgendercare.com)
- LGBT Cancer Network <http://www.cancer-network.org/>
- Gender Education & Advocacy [www.gender.org](http://www.gender.org)
- LGBT Center of NYC [www.gaycenter.org](http://www.gaycenter.org)
- Positive Health Project [www.positivehealthproject.org](http://www.positivehealthproject.org)
- National Coalition for LGBT Health [www.lgbthealth.net](http://www.lgbthealth.net)
- Trans Health <http://www.trans-health.com/>
- Transgender Health Initiative of New York <http://www.transgenderlegal.org/our-work/health/thiny/>
- National Center for Lesbian Rights <http://www.nclrights.org/>
- AIDS Action <http://www.aidsaction.org/>
- Lesbian, Gay, Bisexual, & Transgender Medical Education Assessment (LGBT-MEA) <http://med.stanford.edu/lgbt/>
- *Healthy People 2010 Companion Document for LGBT Health*  
[http://www.lgbthealth.net/side\\_hp2010.shtml](http://www.lgbthealth.net/side_hp2010.shtml)
- <http://thehill.com/policy/healthcare/215994-gallup-lgbt-people-more-likely-to-be-uninsured>