



Office of Minority Health

WORKING TO ACHIEVE HEALTH EQUITY

CMS OMH Celebrates Pride Month

Throughout June, the Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) celebrates [Pride Month](#). In recognition of this health observance, it is important to mention that the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Two spirit (LGBTQIA2S+) community is comprised of various groups that have their own unique health disparities. While members of the LGBTQIA2S+ community share the burden of often being stigmatized for their sexual orientation or gender identity and expression, their individual experiences vary by race, ethnicity, income, and other characteristics.

Pride Month is also an opportunity to focus on health care outcomes and access of the LGBTQIA2S+ community. For example, compared to other men, gay, bisexual, and other men who have sex with men are impacted by higher rates of HIV and other sexually transmitted diseases, tobacco and drug use, and depression. Lesbians are less likely to get preventive services for cancer. And among transgender men and women, Black people had the highest rates of new HIV diagnoses, followed by Hispanic people.

Since the passage of the Affordable Care Act, uninsured rates among LGBTQIA2S+ populations have seen a sizeable decrease, falling from 17.4% in 2013 to 8.3% in 2016. The overall uninsured rate for the LGBTQIA2S+ population was 12.7% in 2019, compared to 11.4% for non- LGBTQIA2S+ individuals. Despite improved insurance rates, this population continues to face barriers to care. These barriers include being more likely to delay care, less likely to have a usual source of care, and more likely to be concerned about medical bills than their non- LGBTQIA2S+ counterparts. In addition, barriers can include a lack of health care professionals adequately trained in providing culturally competent care, as well as high cost-sharing and/or lack of coverage for certain services including hormone treatments and other gender-affirming care. Telehealth has become a way to deliver “life-saving” health care for this community, especially for those that live in rural areas or other locations without access to inclusive facilities, providers, and treatments.

During Pride Month, CMS OMH is highlighting how you can help address these barriers and disparities impacting the LGBTQIA2S+ community. Below is a list of resources that you can share during Pride Month and beyond to help individuals get the most out of their health coverage.

Resources

- Use the [Sexual and Gender Minority Clearinghouse](#) to find health surveys that include questions about sexual identity, attraction, and behavior.
- Take the MLN training “[Improving Health Care Quality for LGBTQ People](#)”.
- Download and share the [HIV/AIDS Disparities in Medicare Fee-For-Service Beneficiaries](#) for an overview of HIV/AIDS prevalence among racial and ethnic groups as well resources.
- Share Coverage to Care [Consumer Resources](#) and [Prevention Resources](#) to help patients learn to make the most of their health coverage. Also use the [Roadmap to Behavioral Health](#) to understand how to use your coverage to improve your physical and mental health.
- Download the Office of the Assistant Secretary for Planning and Education’s [Health Insurance Coverage and Access to Care for LGBTQ+ Individuals: Recent Trends and Key Challenges](#) issue brief, which discusses demographic characteristics of the LGB+ community, recent trends in insurance coverage for this population, and various challenges and barriers to care faced by the broader community.
- Review Telehealth.gov’s [Telehealth and LGBTQ+ patients](#) resource for providers to learn how telehealth can support LGBTQIA2S+ patients.
- Visit the Substance Abuse and Mental Health Service Administration’s [Center of Excellence on LGBTQ+ Behavioral Health Equity](#), which provides behavioral health professionals with information on supporting the LGBTQIA2S+ population.

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