Voices for Equity

How the experiences of transgender Georgians can inform the implementation of nondiscrimination provisions in the Affordable Care Act

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Contents

Introduction
PAGE 3

Protections provided under the Affordable Care Act's Section 1557 for transgender persons
PAGE 4

Responses of transgender Georgians in surveys and focus groups
PAGE 6

Policy recommendations
PAGE 13

Conclusion
PAGE 17

Acknowledgements
PAGE 18

Appendices
PAGE 19

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Introduction

The passage of the Patient Protection and Affordable Care Act (ACA) was notable not only for increasing access to health insurance coverage for millions of Americans but also for its broad non-discrimination provisions. The ACA's nondiscrimination provisions under Section 1557 prohibit discrimination on the basis of race, color, national origin, sex, age, or disability in many health programs and activities. Section 1557 and its protections have been in effect since 2010,[1] and the U.S. Department of Health and Human Services (HHS) issued a final rule implementing these protections in May 2016. The final rule determined that discrimination on the basis of gender identity and sex stereotyping are equally prohibited under Section 1557, and as a result, lesbian, gay, bisexual, transgender, and queer (LGBTQ) Georgians have protections from discrimination in health coverage and care for the first time.

Nationwide transgender individuals face significant barriers to accessing health care because of their gender identity; however, little is known about the experiences of the estimated 55,000 transgender individuals in Georgia as they interact with the health care system.[2] To better understand the challenges that transgender Georgians may face when accessing health care, Georgians for a Healthy Future, Georgia Equality, and The Health Initiative conducted in 2016 an online survey of LGBTQ Georgians and four focus groups of transgender individuals. The themes from these focus groups, combined with the survey data, and data from the *Report of the 2015 U.S. Transgender Survey* provide a compelling narrative of barriers that transgender individuals routinely face when seeking health care and utilizing their health insurance.[3]

Understanding the health care needs, access barriers, and discrimination experiences of transgender individuals in Georgia can inform the work of advocates, stakeholders, and policymakers to reach the shared goal of ensuring health equity for all Georgians, especially transgender Georgians.

The goals of this brief are to:

- **Describe the protections for transgender individuals under Section 1557 of the Affordable Care Act.**
- **Discuss the results from a series of transgender focus groups and survey of the LGBTQ community in Georgia, and the 2015 U.S. Transgender Survey to understand transgender individuals' experiences in health care.**
- **Recommend actions that health care providers, policy makers, and advocates can take to support improved health care access and equity for transgender Georgians.**

Transgender
a term used to describe people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth

Gender identity
a person's internal, personal sense of being a man, a woman, a blend of both, or neither

Cisgender
a term used to describe people whose gender identity and/or expression corresponds with cultural expectations based on the sex they were assigned at birth

Protections provided under the Affordable Care Act's Section 1557 for transgender persons

Section 1557

makes it unlawful for most health providers, programs, and activities to discriminate against a person based on race, color, national origin, sex, age or disability.

The Patient Protection and Affordable Care Act (ACA)'s broad recognition as the most significant federal health care reform effort in decades often overshadows its role as a consequential civil rights law. The ACA's Section 1557 built on past civil rights laws and broadened the categories of people protected from discrimination under federal law. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in health programs and activities that receive federal financial assistance or are administered by the federal government or any entity established under Title I of the ACA. Notably, Section 1557 marks the first time that sex discrimination in health care is prohibited under federal law.

Section 1557 and its protections have been in effect since 2010,[4] and the U.S. Department of Health and Human Services (HHS) issued a final rule implementing these protections in May 2016. The final rule interprets sex discrimination to specifically include transgender and gender non-conforming people, including people who identify as gender queer or non-binary. The rule also affirms that discrimination on the basis of gender identity and sex stereotyping are equally prohibited under Section 1557. Sex stereotypes of gender expression include "behavior, clothing, hairstyles, activities, voice, mannerisms, or body characteristics." As a result of the Section 1557 final rule, lesbian, gay, bisexual, transgender, and queer (LGBTQ) Georgians have protections from discrimination in health coverage and care for the first time.

The rule does not name sexual orientation specifically as a protected class, however HHS notes that such discrimination is prohibited under Section 1557 when it is based on gender stereotypes.[5] For instance, federal regulators investigated a complaint from a man who faced harassment by multiple drivers because of his feminine gender expression when receiving transportation services for his doctors' appointments from a private medical transportation provider in Georgia. The complaint was resolved after all staff, including drivers, were required to receive training on how to avoid sex stereotyping and use appropriate terminology, among other measures.[6]

Section 1557 applies to all health programs and activities that receive federal financial assistance through HHS, are administered through HHS, or are established under Title I of the ACA. In Georgia, this means that all health insurance plans offered through the Marketplace (also called healthcare.gov) and most other health insurance plans, facilities, programs, and providers are covered under this rule. Section 1557's protections are in addition to other federal requirements that prohibit discrimination based on sexual orientation and gender identity in marketplace benefit design and marketing practices.[7]

Current landscape

On December 31, 2016, the U.S. District Court for the Northern District of Texas in *Franciscan Alliance, Inc. et al v. Burwell* issued a nationwide preliminary injunction that temporarily prohibits HHS from enforcing 1557's prohibition of sex discrimination with respect to gender identity and termination of pregnancy. As a result, HHS' Office for Civil Rights (HHS OCR) may not enforce these provisions of the Section 1557 rule while the injunction remains in place. However, HHS OCR will continue to enforce important protections against discrimination on the basis of race, color, national origin, age, or disability, as well as other sex discrimination provisions that are not impacted by the court's order.[8]

While this injunction means that HHS OCR is not currently enforcing this part of the provision, health programs and activities that receive federal financial assistance must still follow the 1557 regulation. For example, insurers, state Medicaid programs, and most types of health care providers are still subject to the same 1557 rules. Their obligations and the prohibition against sex discrimination have not changed, and individuals who face discrimination can file a lawsuit to challenge discriminatory practices.

Responses of transgender Georgians in surveys and focus groups

Overall, transgender persons face compounded health inequities when compared to the general population and to other LGB populations. To understand the health care needs, access barriers, and discrimination experiences of transgender individuals in Georgia this report now turns to the results of a series of four focus groups of transgender Georgians and an online survey conducted by Georgians for a Healthy Future and Georgia Equality (GHF/GE survey), and Georgia specific data from the 2015 U.S. Transgender Survey. (For a detailed methodology of the focus groups and GHF/GE survey, see Appendices A & B.) These data provide a narrative of diverse experiences and settings in which transgender Georgians face significant barriers to accessing health care.

60%

of Georgia transgender respondents reported discrimination in health care settings due to gender identity.

33%

of transgender respondents reported that they had been denied health care due to their gender identity.

26%

In the past year, 26% of Georgia respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person

Access to care barriers as a result of gender identity

Focus group participants and GHF/GE survey respondents recounted experiences of discrimination in a variety of health care settings. Sixty percent of transgender respondents to the GHF/GE survey reported discrimination in health care settings due to gender identity. Transgender respondents reported more experiences of discrimination because of their gender identity than other survey respondents in primary care, access to OBGYNs and other specialists, urgent care clinics, public health clinics, mental health providers, emergency rooms, hospitals/ in-patient facilities, and pharmacies.

Five percent of all survey respondents and 33% of Georgia transgender respondents reported that they had been denied health care due to their gender identity. Of transgender respondents, 17% reported being denied health care by a health care provider and 12% were denied health care by an insurance company due to their gender identity.

In Georgia and nationally, 33% of transgender individuals who saw a health care provider in the past year reported having at least one negative experience related to being transgender. This included being refused treatment, verbally harassed, physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.[9] In the Georgia focus groups, participants articulated difficulty accessing culturally and medically competent health care and finding providers willing to prescribe hormone replacement therapy (HRT), consistent with the experiences of transgender people in other states.[10] Focus group participants and survey respondents reported being less likely to seek care, delay obtaining needed care, or not returning for follow-up care due to experiences of culturally or medically incompetent care. In the past year, 26% of Georgia respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person.[11] The GHF/GE survey found that 43% of transgender respondents and 21% of all respondents reported delaying getting health care because they did not feel comfortable disclosing their sexual orientation and/or gender identity to health care providers.

Medically and culturally competent transgender care

Cultural competence is the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.[12] Overall, focus group participants recounted a lack of culturally and medically competent transgender care and a feeling of medical limbo because of the difficulty in obtaining both transgender-specific and non-gender-related medical care. Furthermore, several participants recounted that access barriers were compounded because of race discrimination and/or limited English proficiency.

Cultural competence

is the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.

Examples of culturally incompetent care reported within the Georgia focus groups included health professionals pushing their religious beliefs; questioning an individual's need to transition; use of the incorrect pronoun; use of an individual's legal name instead of preferred name; and at times outright discrimination by front office staff or medical personnel. One transgender participant recounted experiencing blame and judgment by a health care provider,

> *"these things probably happen to me because 'I'm confused' and that 'I need to believe in a higher power."*

Another said,

> *"I never get the right name. Never get the right pronoun and that's not healthy."*

In the 2015 U.S. Transgender Survey, 13% of Georgia participants reported that a professional, such as a psychologist, counselor, or religious advisor, tried to stop them from being transgender, a harmful practice known as conversion therapy.

One focus group participant spoke of an open-minded but medically incompetent primary care provider who had not previously treated a transgender individual,

> *"The problem with her [primary care provider] she was just incompetent about anything LGBT… I'm glad you accept me, but I need people who do more than accept. I want people who are excited to have me as their patient and care for me as a person."*

Examples of medically non-competent care included unnecessary referrals to specialists such as endocrinologist, repeated referrals to counselors before being willing to prescribe hormone therapy, and primary care providers unwilling to treat or unknowledgeable about other health needs. One focus group participant articulated the need for medical care tailored to transgender individuals and the impact of medical incompetence,

Being non binary and gender non-conforming I get a lot of why are you on testosterone and wearing makeup? Just could you clarify for me. I just need to… I need to… Were you born male and going? Which way are you going?

—Focus group participant

“I feel like I was forced to come off of HRT [hormone replacement therapy] because he [primary care doctor] was not educated enough … But he made me feel scared. …I would have been further along in my journey had I not been so frightened from what he said to me.”

To find culturally and medically competent providers, focus group participants reported relying on word of mouth and self-advocacy. For example, one participant shared how to become a patient of a local transgender-friendly primary care provider,

“If you’re not part of the group she’s not taking any new patients unless you’re in the group”

while another participant emphasized the need to be assertive,

“I’ve never had any problems with them because I’m very direct.”

Focus group participants spoke of positive culturally and medically competent experiences and the positive impact that these had in their care,

“Once I got a doctor that I felt like saw me as a human being it’s like I realized everything was wrong with everything I been through before.”

Another said,

“Yes, so I got an appointment there and they asked me what pronouns I prefer. They were really great.”

Transgender identity overshadows other health needs

Across the focus groups, individuals expressed a feeling of medical limbo in which, especially when seeking medical care not related to gender transition, medical staff are distracted from the health issue for which they were seeking treatment by the individual’s gender identity. One participant articulated this by saying,

“I think they think that’s our main issue. Well, just give me my hormones. That’s all I want is my hormones, but that’s not, that might not even be what’s going on with me right now … I need you to take care of the rest of me. I need you to take care of my primary care stuff, my mental health stuff all of that because hormones are not it. I think that is what they focus on.”

Georgia focus group participants articulated that this focus on their gender identity as a medical condition rather than on underlying factors limits their access to mental health care, sexually transmitted disease (STD) testing, and appropriate treatment, particularly in emergency departments. One non-binary, gender non-conforming focus group participant recounted presenting at an emergency department with difficulty breathing and speaking:

“I remember lying there and I think the doctor comes in and starts yelling at the nurse. ‘Why did you order a pregnancy test for this patient?’ And then they start arguing back and forth you know standing over me about their justification on why I must be one sex or the other and I’m sitting here like nothing to do with pregnancy. … Has to do with my throat. I need to breathe.”

Health insurance coverage for routine and transition-related care

Section 1557 bans categorical transgender exclusions and applies to most health insurance plans, including all plans sold through the health insurance Marketplace (also called healthcare.gov). The rule does not require insurers to cover transition related care and does not include any specific list of services that insurers must cover. However, if a plan covers a certain treatment for a non-transgender person, it cannot be denied to a transgender person based on their gender identity.[14]
This means that an insurer cannot limit access to sex-specific services such as a hysterectomy or prostate exam based on sex assigned at birth, gender identity, or recorded gender. For example, insurers must cover an annual pelvic exam for a transgender man as they would for any cisgender woman.

The 2015 U.S. Transgender Survey found that 20% of Georgia respondents experienced a problem in the past year with their health insurance related to being transgender, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender.[15] These data were reflected in the Georgia focus groups where one transgender woman recounted,

“They [insurance] don’t cover my hormones which is ridiculous and they won’t cover breast mammograms or just like general health care they won’t do that because my insurance still claims me as a male and I’m scared that if I change it then they won’t cover prostate or testicular or penile anything….”

Another recounted,

“There is a doctor that … will do the top surgery [chest reconstruction], but you have to have insurance. And my insurance … won’t cover it.”

Within the GHF/GE survey, 38% of insured transgender individuals reported successfully using their insurance for services relating to gender transition. Similarly, 38% of insured transgender individuals reported that their insurance covered hormones for gender transition and 8% reported that their insurance covered gender transition-related medical procedures.

This narrative and the Georgia-specific survey data mirror a review of available health insurance plans in Georgia in 2017. Georgia plans do not have transgender exclusions, but the majority have broad cosmetic exclusions that would limit access to at least some transition-related care.[16]

"People in the metro [sic] health professional community treat being trans as a mental illness and gender expression as a symptom of some other disorder"
—Focus group participant

The Williams Institute estimates that reducing the major depressive disorder disparity rate between LGBTQ and non-LGBTQ people would benefit Georgia's economy by $110.6 to 147.3 million per year.[27]

Additional challenges accessing mental health care

Transgender individuals in the Georgia focus groups reported difficulty accessing appropriate and culturally competent mental health care. They reported having their gender identity treated as a mental illness and difficulty accessing appropriate services such as inpatient psychiatric facilities when in need of necessary mental health services for diagnosed mental illnesses. Access to appropriate and culturally competent mental health care is a key aspect of overall transgender health, especially because transgender individuals have higher rates of mental illness, depression, anxiety disorders, and attempted suicides when compared to the overall population.[17] Lesbian, gay, and bisexual adults in Georgia who completed the 2015 Behavioral Risk Factor Surveillance System (BRFSS) survey were significantly more likely to have been diagnosed with a depressive disorder by a health care professional than non-LGB adults who completed the survey (50% v. 18%).[18] Among transgender individuals, 39% of Georgia U.S. Transgender Survey respondents experienced serious psychological distress in the month before completing the survey.[19]

Transgender focus group participants recounted how their gender identity further limited access to appropriate and culturally competent mental health care. One participant described waiting in an emergency department for inpatient mental health care,

> *"They couldn't let me out, they had to transfer me to another unit, but they said there's no beds available and I was seeing patient after patient, non-trans patients, getting transferred out. Meanwhile, day after day is passing. I'm not getting any treatment. I'm just here waiting in the emergency room …. **Eventually it was communicated to me that both because you're uninsured and because you're trans its harder to find a bed. We're getting facilities telling us we aren't prepared to accept somebody like that.** We won't accept somebody like that …. So there have been people, trans people that ended up in that holding space for literally 30- 40 days. I was a little less than that…"*

Georgia focus group participants recognized that this lack of access to culturally and medically appropriate mental health care has potentially disastrous consequences. One transwoman, while seeing a counselor and endocrinologist to begin HRT recalled,

> *"that was the month in which I grabbed a gun and decided I was going to blow my brains out… and I'm paying $600 [for the therapist] to write me a letter [to begin HRT] …. I didn't tell anybody about my sexual behavior that I was at risk. I didn't tell anybody because I just wanted to get your stupid letter so I could get the HRT. You give me the HRT but you don't deal with the things that are going on in my life."*

Access to preventive care and treatment for HIV/AIDS

Nationally, transgender individuals have higher rates of HIV than the general population. Respondents in the 2015 U.S. Transgender Survey were living with HIV at nearly five times the rate in the U.S. population. The 2015 U.S. Transgender Survey also identified higher HIV rates among transgender women (3.4%), especially transgender women of color. Nearly one in five (19%) Black transgender women were living with HIV, and American Indian (4.6%) and Latina (4.4%) women also reported higher rates.[20]

Thirteen percent of all GHF/GE survey respondents and 10% of transgender respondents reported living with HIV/AIDS. Among GHF/GE survey respondents who reported living with HIV/AIDS, 97.3% of all respondents and 100% of transgender respondents reported currently receiving treatment. Of the four Georgia focus groups, one focus group was specific to transgender women who have been diagnosed with HIV. Targeting this population may be one of the reasons why such high prevalence and treatment rates are reported among the GHF/GE survey respondents. Two HIV positive GHF/GE survey respondents reported not currently being on HIV treatment because of annual out-of-pocket costs of tens of thousands of dollars.

Despite often engaging in higher risk sexual behavior, transgender individuals face difficulty accessing appropriate preventative care. One transgender woman reflected,

> *"If the doctor sees me as gay then the doctor will offer me PrEP [Pre-Exposure Prophylaxis] or test me for HIV ….or have a conversation and offer me a safe sex packet. And if the doctor sees me as straight then I win. The doctor sees me as a woman and then I get mistreated because the doctor sees me as a woman and doesn't see these problems as my problems because he sees HIV as a gay man's problem."*

Among GHF/GE survey respondents, 60% of all respondents and 52% of transgender respondents reported familiarity with Pre-Exposure Prophylaxis (PrEP) as an HIV prevention method. Among survey respondents using PrEP, 27.6% of all respondents and 13.3% of transgender respondents reported that their insurance covers the cost; 48.3% and 53.3% respectively reported that their insurance does not cover the costs; and 24.1% and 33.3% respectively reported being uninsured.

Additional barriers for transgender people of color and non-native English speakers

Discrimination against individuals with limited English proficiency (LEP) is also prohibited in the health care programs and activities covered by Section 1557's rule (defined under national origin). More than 1.3 million Georgians have LEP. In addition to facing the discrimination and barriers discussed above, some transgender individuals also recounted experiencing compounded discrimination based on their race and language access. One participant shared,

> *"for trans women of color it's even more crazier with the discrimination period. Your skin color dictates what kind of services and what kind of treatment you are going to get."*

In addition, LEP transgender focus group participants needing interpretation services recounted a general lack of understanding and cultural non-competence among medical interpreters. For example, some medical interpreters did not know how to translate transgender-related words and ideas from the patient's primary language into English.

Awareness of Section 1557 protections and complaints process

In the GHF/GE survey, half of survey respondents were aware of the federal protections against discrimination in the health care setting provided by Section 1557 of the ACA. The Georgia focus groups provided an opportunity to discuss the protections further and explore participants' perceptions about how the rule impacts them. Participants were generally aware of the rule and their reactions ranged from viewing 1557 as a positive tool to feelings of hopelessness and self-advocacy fatigue around submitting a 1557 complaint. Regarding self-advocacy and questioning if submitting a complaint with the OCR is effective, one individual said,

> *"I think it's a particular context of what really happens when a complaint is filed particularly if there aren't 100 other complaints to go with it and to me it just feels like there is no accountability for this type of treatment. It doesn't matter how loud you shout they (federal authorities) are kind of isolated from those consequences."*

Policy recommendations

The Affordable Care Act represented a significant opening of the health care system to many Americans who had historically been shut out or marginalized, including transgender individuals. However, it is clear from our findings that transgender Georgians still face significant barriers to accessing medically appropriate physical and mental health care, utilizing the full benefits of their health care coverage, finding health care providers who offer culturally competent care, and interacting with the health care system in a way that promotes and protects individual dignity. To ensure equitable treatment of transgender Georgians and that federal 1557 discrimination protections are utilized to protect transgender individuals from discrimination within health care will require collaboration between policymakers at all levels of government, advocates, health care systems and providers, and the transgender community. Presented here are key policy opportunities that we identified through our review and analysis of the data articulated in this paper.

For federal policy makers

The ACA's Section 1557 is not subject to repeal through the budget reconciliation process that Congressional leaders pursued through much of 2017 in order to dismantle major provisions of the ACA. However, the federal rule that guides how the section is interpreted may be revised under the current administration, an action that HHS has suggested it may take.[21] In any reconsideration of the 1557 rule, federal policy makers should seek input and data about their health care needs and experiences from the transgender community and transgender advocates. Understanding how the 1.4 million transgender adults in the U.S. utilize and experience the health care system, some of which is discussed in this report, is essential in crafting policy that responds to the needs of patients and consumers.[22] Our findings indicate that federal policy makers will observe that transgender people continue to face common and significant discrimination and that a federal prohibition of discrimination on the basis of gender identity is essential.

For state policy makers

Policy makers in the legislative and executive branches of Georgia's government have a substantial role to play in the creation of a state environment where transgender people can access the health care they need and live freely without the fear of discrimination. State policy makers could pursue a number of strategies each of which promises to improve the health care experiences of transgender Georgians and taken together would represent consequential progress towards reducing inequities in Georgia's health care system.

The Georgia General Assembly should consider

1. the enactment of statewide nondiscrimination protections that prohibit discrimination on the basis of sexual orientation and gender identity in areas of everyday life that include health care, employment, housing, and public accommodations;
2. legislation to limit the amount of out-of-pocket costs that consumers, including transgender consumers, have to pay for prescription drugs, such as HIV medications;
3. policies that encourage or require licensed health care providers to be trained in LGBTQ cultural and clinical competency; and
4. a prohibition on the practice of conversion therapy.

The Georgia Department of Insurance (DOI) should issue guidance prohibiting transgender discrimination in health insurance coverage as has been done by 18 states and Washington D.C., and affirm the state's commitment to enforcing Section 1557 protections for all state-regulated insurance plans.[23] The DOI should also take steps to help make prescription drugs more affordable and accessible for all consumers, including transgender individuals, by ensuring that prescription drug formularies do not include discriminatory benefit designs.

The Georgia Department of Community Health, which oversees Georgia's Medicaid program, should adopt an affirmative coverage protocol for transition-related care for transgender enrollees. Doing so would be consistent with the actions of 14 other states and Washington D.C. and is an emerging best practice nationwide to demonstrate compliance with Section 1557 and to offer clarity to providers, consumers, and insurers participating in the Medicaid program.[24]

For health care providers and health systems

Health systems should ensure that their policies and procedures address transgender health needs and provide transgender cultural competency training for all staff. The Human Rights Campaign and Lambda Legal, for instance, have developed a guide to transgender-affirming hospital policies to assist health systems in creating equal access to quality health care for transgender patients.[25] At a minimum, health care facilities should update their polices and train their staff to align with the Human Right's Campaign Healthcare Equality Index and should consider participating in the voluntary HEI review and report. In addition, health systems should leverage technology and Electronic Medical Records (EMR) to ensure that "preferred name or nickname" is a required field so that transgender individuals are addressed properly and to collect data about how the sexual orientation and gender identity of their patients may influence treatment and outcomes.

Health care providers, institutions, and organizations can and should focus on providing transgender specific cultural competency for all staff and medical training for all providers. Cultural competency training for front desk staff and medical personnel is available through local organizations, such as The Health Initiative and Georgia Equality, and national organizations like the Human Rights Campaign. Health care providers, even "transgender friendly providers" should also ensure that their front office and support staff are trained to use appropriate pronouns and names. When hiring or training interpreters, health systems should ensure that interpreters undergo transgender cultural competency training and are familiar with how to work with transgender individuals with an emphasis on the importance of correct pronoun use. Continuing medical education providers should offer clinical competence trainings so that practicing providers are able to better serve their transgender patients. Medical schools should integrate transgender-specific medical training into their programs so that newly trained providers are gaining the skills needed to treat patients at any stage of transition. For example, the University of Louisville School of Medicine eQuality Project integrates 50 hours of LGBTQ health care into their overall medical curriculum.[26]

For mental health care providers

Mental health care providers should incorporate the same recommendations made for physical health care providers to increase overall medically and culturally competent care. In addition, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) should review their policies and procedures, especially for inpatient mental health care, to ensure that transgender individuals seeking services through DBHDD are provided appropriate mental health services and treated in accordance with their gender identity.

Human Rights Campaign Healthcare Equality Index (HEI)

is a tool and resource for health care facilities to promote patient centered, equitable, and inclusive care to LGBTQ persons; its annual report indicates the level of LGBTQ inclusive policies that participating health systems have adopted. In the 2017 HEI, none of the 15 participating Georgian hospitals had a perfect score and only three were designated "Top Performers."[28]

For advocates

Advocates play an important role in connecting consumers to the resources, supports, and information that they need and in collecting information about consumers' health care experiences to help inform the policy making process. As advocates work to connect transgender Georgians with needed resources, they should bear in mind that these individuals often face negative health care experiences and must advocate on their own behalf regularly, which may result in self-advocacy fatigue. Advocates may help address this fatigue by proactively assisting individuals who have experienced discrimination to file a complaint with the appropriate entities and linking them to appropriate civil rights resources.

Advocates should make use of available resources to link transgender persons to transgender friendly health care providers. For example, Georgia Equality is developing a Transgender Resource Guide; this resource will be distributed to local transgender organizations and shared statewide in order to connect transgender individuals to culturally and medically competent health care providers. Similarly, The Health Initiative maintains a provider directory of trans- and LGB-friendly providers. Resources like these can help to provide transgender individuals with the information and support that they need to access appropriate and competent health care and coverage.

Beyond direct consumer assistance, advocates should seek out partnerships with other organizations to advocate for a more equitable health care system for transgender individuals. Through collaboration with transgender and LGB advocates, health advocates can ensure that their efforts reflect the lived experiences of transgender consumers and LGBT consumers broadly, and that the health care policies considered by elected officials reduce barriers to care and facilitate equitable access, cost, and quality of care. These partnerships must reflect the intersectionality of Georgia's consumers by bringing together health, transgender, and LGB advocates with groups advocating for people and communities of color, immigrant organizations and groups representing other marginalized communities.

Conclusion

The Affordable Care Act's Section 1557 nondiscrimination protections are an important step forward in ensuring that all consumers have equitable access to health coverage and care.

The initial implementation of the 1557 rule shows promise for protecting transgender and LGB individuals from discrimination; however, changes in the way the protections are interpreted or enforced may slow the progress made thus far.

Engaging transgender consumers and organizations and monitoring the implementation and enforcement of the Section 1557 rule will continue to be important in the coming years.

Collaboration among the transgender community, advocates, health care stakeholders, and policymakers will also be instrumental in actively addressing discrimination and other barriers to care and building an equitable health care system for all Georgians.

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APPENDIX A:

Focus groups methodology and recruitment

Georgians for a Healthy Future, Georgia Equality, and the Health Initiative conducted four focus groups with transgender individuals during the last quarter of 2016 in order to understand how, when, where, and why transgender individuals in Georgia access health care; identify health discrimination trends and specific examples among transgender individuals in Georgia; assess awareness and knowledge of Section 1557 of the Affordable Care Act; and determine if aware, individuals understand how and when to file a 1557 complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Georgia Equality and The Health Initiative recruited participants for the focus groups through their established networks and community outreach. All focus group participants received a $25 gift card for their participation.

Focus groups were segmented according to gender identity. Participants self-selected the focus group in which they would participate:

- Gender non-conforming (Atlanta, October 27, 2016)
- Transwomen (Atlanta, October 27, 2016)
- Transwomen living with HIV/AIDS (Atlanta, November 19, 2016)
- Transgender men and women regardless of HIV/AIDS status (Savannah, November 15, 2016)

Each focus group lasted approximately two hours and was led by a trained focus group facilitator using a facilitator's guide. The guide written by GHF, GE, and THI staff and reviewed by national and local LGBT experts.

APPENDIX B:

GHF/GE Survey Methodology

In order to better understand the experiences of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals in Georgia in a variety of health care settings and how these individuals access health care, Georgians for a Healthy Future, Georgia Equality, and the Health Initiative designed and conducted an online survey of LGBTQ Georgians. The survey questions were written by GHF and GE staff, reviewed by national and local LGBT experts, and pilot tested with focus group participants in October 2016. Survey responses were collected from November 2016 – January 2017. GE, GHF, and THI solicited survey participation through email and social media.

A total of 905 respondents completed the survey, 60 of whom self-identified as transgender.

APPENDIX C:

Selected results from the GHF/GE survey

How Old Are You?

	All Respondents		Transgender Identifying	
	Percent	Count	Percent	Count
18-24	8.7%	79	21.67%	13
25-34	19.9%	180	20.00%	12
35-44	20.2%	182	18.33%	11
45-54	19.9%	180	15.00%	9
55-64	18.7%	169	13.33%	8
65 or older	12.5%	113	10.00%	6
Answered question		903		59
Skipped question		2		1

Transgender identifying survey respondents were younger than the overall survey respondents, with, 21.7% in the 18-24 range as compared to 8.7% in the 18-24 range among all survey respondents. 38.3% of transgender survey respondents were age 45 or older as compared to 51.1% of all survey respondents.

Are you of Hispanic or Latino or Spanish Origin?

	All Respondents		Transgender Identifying	
	Percent	Count	Percent	Count
Yes	5.1%	46	10.0%	6
No	94.9%	854	88.3%	53
Answered question		900		59
Skipped question		5		1

10.0% of transgender participants identified as of Hispanic or Latino origin as compared to 5.1% of the overall respondents.

What race(s) are you? (Mark all that apply)

	All Respondents		Transgender Identifying	
	Percent	Count	Percent*	Count
American Indian or Alaska Native	4.7%	42	8.33%	5
Asian	1.3%	12	3.33%	2
Black or African American	11.6%	104	11.67%	7
Native Hawaiian or other Pacific Islander	0.2%	2	0%	0
White	89.4%	801	88.33%	53
Answered question		896		67/60
Skipped question		9		0

** The percentage for transgender identifying will be over 100% because participants could choose from more than one category.*

What gender do you identify as? (Select all that apply)

	All Respondents		Transgender Identifying	
	Percent	Count	Percent*	Count
Transgender	6.7%	60	100%	60
Female	43.3%	391		
Male	50.6%	456		
Gender Non-conforming	4.9%	44	13.33%	8
Self-identity (other)	2.5%	23		
Answered question		902		60
Skipped question		3		0

Of the total respondents 60 participants identified as transgender. Eight of the identified transgender respondents defined themselves as gender non-conforming, as well. For survey analysis, the 60 individuals who identified as transgender in this question are compared to the overall group. See the following question below in which 74 individuals followed up to identify as either male to female or female to male with another 12 individuals self-identifying.

**The percentage for transgender identifying will be over 100% because participants were allowed to choose from more than one category.*

If transgender are you...

	All Respondents		Transgender Identifying	
	Percent	Count	Percent	Count
Female to Male	3.5%	25	30%	18
Male to Female	6.9%	49	58.33%	35
N/A	87.9%	627		0
Self-identify (other)	1.7%	12	11.67%	7
Answered question		713		60
Skipped question		192		0

A total of 74 respondents (10.4%) identified as either female to male or male to female when asked this question. (This is compared to 6.7% of all respondents who identified as transgender). 3.5% identified as female to male and 6.9% as male to female.

How would you describe your sexual orientation? (select all that apply)

	All Respondents		Transgender Identifying	
	Percent	Count	Percent*	Count
Gay	44.3%	400	13.33%	8
Lesbian	23.7%	214	18.33%	11
Bisexual	14.6%	132	28.33%	17
Queer	13.1%	118	31.67%	19
Self-identify	1.4%	13	8.33%	5
Heterosexual	10.6%	96	20%	12
Choose not to label	4.3%	39	8.33%	5
Other	4.9%	44	25%	15
Answered question		902		92/60
Skipped question		3		0

Among all survey respondents, 44.3% self-identified as gay, 23.7% as lesbian, 14.6% as bisexual, 13.1% as queer, 10.6% as heterosexual, and 10.6% self-identified, choose not to label, or identified as other. Transgender identifying respondents classified their sexual orientation as queer with 31.67%.

** The percentage for transgender identifying is over 100% because participants could choose from more than one category.*

What type of health insurance do you have? (select all that apply)

	All Respondents Percent	All Respondents Count	Transgender Identifying Percent*	Transgender Identifying Count
Private Insurance	74.8%	671	55%	33
COBRA	1.3%	12	3.33%	2
Medicare	16.5%	148	15%	9
Veterans' Administration	2.2%	20	3.33%	2
Medcaid	3.6%	32	6.67%	4
CHIP	0.0%	0		0
Tricare	2.7%	24	5%	3
No insurance	8.2%	74	20%	12
Answered question		897		65/59
Skipped question		8	1.67%	1

Transgender individuals were more likely to be uninsured (20.0%) than all respondents (8.2%); 74.8% of all respondents reported private insurance as compared to 55% of transgender identifying respondents.

**The percentage for transgender identifying will be over 100% because participants were allowed to choose from more than one category.*

If insured, who provides your health insurance? (select all that apply)

	All Respondents Percent	All Respondents Count	Transgender Identifying Percent*	Transgender Identifying Count
Employer	52.4%	423	30%	18
COBRA	1.2%	10	3.33%	2
Self (e.g., purchase privately directly through an insurance company or on the Health Insurance Marketplace	15.9%	128	11.67%	7
Government (e.g., Medicare, Medicaid, CHIP, Veterans Insurance)	20.8%	168	21.67%	13
Parent or legal guardian	7.2%	58	13.33%	8
Domestic partne's employer	2.2%	18		0
University/school	1.5%	12		0
Legal spouse's employer	8.3%	67	5%	3
Answered question		807		51/47
Skipped question		98	21.67%	13

Among insured respondents, 52.4% of all respondents reported that their insurance was provided through an employer as compared to 30% of transgender identifying respondents. Similar percentages of respondents for all and transgender respondents (20.8% and 21.7% respectively) reported government provided health insurance (Medicare, Medicaid, CHIP, or Veterans Insurance, while 15.9% of all respondents and 11.67% of transgender respondents reported purchasing private insurance directly or through the Marketplace.

** The percentage for transgender identifying will be over 100% because participants were allowed to choose from more than one category.*

Does your employer provide health insurance to domestic partners?

	All Respondents		Transgender Identifying	
	Percent	Count	Percent	Count
Yes	45.8%	356	16.67%	10
No	24.2%	188	21.67%	13
Not sure	30.0%	233	36.67%	22
Answered question		777		45
Skipped question		128	25%	15

If yes: Does your domestic partner use this benefit?

	All Respondents		Transgender Identifying	
	Percent	Count	Percent	Count
Yes	13.3%	102	6.67%	4
No	18.7%	143	6.67%	4
Not applicable	68.0%	521	60%	36
Answered question		766		44
Skipped question		139	26.67%	16

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