

**U.S. Department of Health and Human Services  
Recommended Actions to Improve the Health and Well-Being of  
Lesbian, Gay, Bisexual, and Transgender Communities**

Below is a summary of the efforts taken by the U.S. Department of Health and Human Services (HHS) to improve the lives of lesbian, gay, bisexual and transgender (LGBT) people, as well as recommendations for future action. The recommendations were developed in response to the Presidential Memorandum on Hospital Visitation, which, in addition to addressing the rights of patients to designate visitors regardless of sexual orientation or gender identity, directed the Secretary to explore additional steps HHS could take to improve the lives of LGBT people.

For too long, LGBT people have been denied the compassionate services they deserve. That is now changing. HHS continues to make significant progress toward protecting the rights of every American to access quality care, recognizing that diverse populations have distinctive needs. Safeguarding the health and well-being of all Americans requires a commitment to treating all people with respect while being sensitive to their differences.

Summary of Actions

- **Equal Employment Opportunity Policy** – In March 2011, Secretary Sebelius updated HHS’s equal employment opportunity policy, which already prohibited discrimination based on sexual orientation, to explicitly protect against unfair treatment of employees and applicants for employment based on gender identity and genetic information.
- **Non-discrimination Policy** – On April 1, 2011, the Secretary issued a new policy explicitly requiring HHS employees to serve all individuals who are eligible for the Department’s programs without regard to any non-merit factor, including race, national origin, color, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information.
- **Hospital Visitation** – The President’s Memorandum on Hospital Visitation directed HHS to initiate rulemaking to ensure that hospitals receiving Medicare or Medicaid payments respect the rights of patients to designate visitors, regardless of sexual orientation, gender identity, or any other non-clinical factor. On November 17, 2010, HHS issued the final rule affirming those rights.
- **Advance Directives** – The Presidential Memorandum also called for new guidelines to facilitate hospitals’ compliance with existing regulations allowing patients to designate who they want to make medical decisions on their behalf through advance directives. The Centers for Medicare & Medicaid Services is on track to issue these guidelines in the coming months.
- **Internal LGBT Coordinating Committee** – To ensure effective coordination of LGBT-related policies and the consideration of LGBT concerns throughout HHS’s activities, Secretary Sebelius established an internal committee of senior representatives from each operating and staff division of the Department and named Assistant Secretary for Aging

Kathy Greenlee, Assistant Secretary for Health Howard Koh, and Acting Assistant Secretary for Children and Families David Hansell to co-chair this committee. The committee will produce an annual report on the Department's key accomplishments and upcoming initiatives.

- **Institute of Medicine Study on LGBT Health** – The National Institutes of Health (NIH) funded a study by the Institute of Medicine (IOM) to identify research gaps and opportunities related to LGBT health and outline a research agenda. The results of this study, announced on March 31, 2011, will assist HHS in enhancing its research efforts.
- **Healthy People 2020** – Every ten years, HHS develops national, science-based objectives for promoting health and preventing disease for the following decade. In 2010, for the first time, a formal workgroup was formed to examine the scientific literature and propose objectives regarding LGBT health. This initiative is part of HHS's overall effort to strengthen LGBT data.
- **National HIV/AIDS Strategy** – On July 13, 2010, Secretary Sebelius joined the President and Jeffrey Crowley, director of the Office of National AIDS Strategy, in announcing the National HIV/AIDS Strategy, a rigorous effort to increase access to care and lower the number of new HIV cases in the United States by 25 percent within the next five years. The strategy seeks to reduce HIV-related health disparities with a specific focus on high-risk populations, including LGBT populations.
- **The Affordable Care Act** – The health care law is helping to improve access to care for all Americans, including individuals in the LGBT community. Studies have shown that health disparities related to sexual orientation and gender identity are due in part to lower rates of health insurance coverage and a lack of cultural competency in the health care system. As HHS implements the Affordable Care Act, it will pay close attention to the unique health needs of LGBT populations and continue to include LGBT health experts on Affordable Care Act and other advisory boards, as appropriate.
- **Tobacco Control** – The 2009 Family Smoking Prevention and Tobacco Control Act authorizes the Food and Drug Administration (FDA) to regulate the content, marketing, and sale of tobacco products. These efforts, combined with tobacco cessation initiatives across HHS, have the potential to save millions of lives, particularly among high-risk populations, including LGBT populations. On November 10, 2010, HHS released a Department-wide strategic action plan to reduce tobacco use. To address higher smoking rates among LGBT individuals, this plan emphasizes the need for more research, and calls for the increased development of evidence-based, population-specific treatments and interventions. HHS will continue to work toward meeting these needs.
- **Aging Services** – In 2010, HHS funded the nation's first national technical assistance resource center to support public and private organizations serving the unique needs of LGBT older adults. HHS also published a toolkit for providing respectful and inclusive services for diverse communities, including LGBT populations.

- **Anti-Bullying Efforts** – Last year, HHS collaborated with five other departments – Education, Agriculture, Defense, Interior, and Justice – to establish a federal task force on bullying. HHS also announced an unprecedented, cross-departmental National Action Alliance for Suicide Prevention with a wide range of public and private partners to coordinate suicide prevention efforts, particularly among at-risk groups, such as LGBT youth. On March 10, Secretary Sebelius participated in the White House Conference on Bullying Prevention to further highlight the importance of making schools and communities safe for all students. HHS also launched a new website – [www.StopBullying.gov](http://www.StopBullying.gov) – which contains a specific section for LGBT youth. Additionally, the Secretary recorded a video, It Gets Better, at [www.ItGetsBetter.org](http://www.ItGetsBetter.org), encouraging young people to reach out for help to overcome bullying by their peers.
- **Improvements in Foster and Adoptive Care** – To help address barriers to permanency and well-being for LGBT foster youth, who are disproportionately represented in the foster care population, HHS recently awarded a \$13.3 million grant to the Los Angeles Gay & Lesbian Community Services Center. This is one of the largest federal grants ever awarded to an organization primarily serving LGBT individuals. HHS’s Administration for Children and Families also applied an existing cooperative agreement toward the development of respite care and support group models for LGBT parents to strengthen and support foster and adoptive placements. This grant will help reduce the barriers encountered by prospective and current foster and adoptive parents who are LGBT.
- **Runaway and Homeless Youth Services** – In contrast to previous years, HHS now requires that all organizations serving runaway and homeless youth be equipped to serve LGBT youth, who represent a disproportionate segment of this population. HHS also allows homeless and runaway youth providers to apply for funds to primarily serve LGBT youth. Moreover, HHS has begun the process of improving data collection among homeless and runaway LGBT youth through the Runaway Homeless Youth Information Management System.

#### Future Recommended Actions

HHS is moving forward with the following actions. HHS will continue to work in close coordination with LGBT community advocates in improving services and responding to the needs of these populations.

1. Later this year, [HealthCare.gov](http://HealthCare.gov), HHS’s innovative new on-line tool called for by the Affordable Care Act, will provide additional information of specific relevance to LGBT populations. In particular, the website will allow LGBT consumers to identify health insurance policies available to them that include coverage of domestic partners.
2. HHS will conduct outreach to organizations that serve LGBT communities to make them aware of available funding opportunities and, in Funding Opportunity Announcements, highlight programs that may particularly benefit LGBT populations.

3. The Department will continue to work toward increasing the number of federally-funded health and demographic surveys that collect and report sexual orientation and gender identity data, consistent with the President's support for evidence-based policies. In collaboration with other agencies throughout HHS, the Centers for Disease Control and Prevention (CDC) is leading an effort to develop and test questions on sexual orientation and gender identity. The Office of the Assistant Secretary for Health is also reviewing existing LGBT data and will generate baselines and targets addressing LGBT health disparities through the Healthy People 2020 initiative. This process will include meetings with LGBT data experts and stakeholders to provide transparency and opportunities for input.
4. HHS will continue to evaluate ways its programs can ensure equal treatment of LGBT families. For example, HHS will advise states and tribes that federal law allows them to treat LGBT couples similarly to non-LGBT couples with respect to human services benefit programs such as Temporary Assistance for Needy Families and child care. The Centers for Medicare & Medicaid Services will also notify states of their ability to provide same-sex domestic partners of long-term care Medicaid beneficiaries the same treatment as opposite-sex spouses in the contexts of estate recovery, imposition of liens, and transfer of assets. This includes not seizing or imposing a lien on the home of a deceased beneficiary if the same-sex domestic partner still resides in the home. It also includes allowing Medicaid beneficiaries needing long-term care to transfer the title of a home to a same-sex domestic partner, allowing the partner to remain in the home.
5. HHS will encourage new and existing health profession training programs, including behavioral health (e.g. mental health, substance abuse, and HIV) programs, to include LGBT cultural competency curricula. The lack of culturally competent providers is a significant barrier to quality health care for many LGBT people, particularly those who identify as transgender. HHS's Health Resources and Services Administration will also convene professional groups that represent LGBT health providers and students to identify challenges and opportunities for training LGBT providers and to isolate strategies geared toward increasing culturally competent care for LGBT patients. In consultation with LGBT communities, HHS will develop cultural competency goals and promote the use of cultural competency curricula inclusive of LGBT populations in future grants guidance. Moreover, to improve the capacity of practitioners in addressing behavioral health needs, HHS's Substance Abuse and Mental Health Services Administration will utilize existing federal and national training and technical assistance networks to support the adoption of behavioral health training materials.
6. HHS will provide guidance on the array of training and technical assistance available to state child welfare agencies to support LGBT youth, caregivers, and foster and adoptive parents.
7. HHS will continue to address discrimination, harassment, and violence against all individuals, including LGBT individuals, through domestic violence and other violence prevention programs. This includes recognizing LGBT populations as underserved communities in 2011 and 2012 Funding Opportunity Announcements under the Family

Violence Prevention and Services Program and, where appropriate, identifying LGBT populations as target populations for population-specific grants. HHS will integrate an even stronger component focusing on LGBT youth in all anti-bullying initiatives and continue working with the White House, Departments of Education, Agriculture, Defense, Interior, and Justice to ensure that states, schools, and the general public are aware of the resources available.