



THE SECRETARY OF HEALTH AND HUMAN SERVICES

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We are proud to release the sixth annual report of the U.S. Department of Health and Human Services (HHS) Lesbian, Gay, Bisexual, and Transgender (LGBT) Policy Coordinating Committee (Committee). Through this Committee, HHS has built a legacy of working to improve the health and well-being of LGBT communities. The scope of what we have been able to achieve together is remarkable, and we are proud to have had a role in the dramatic social, political, and legal shift towards nationwide LGBT equality over the past eight years. This Administration's leadership has been instrumental in paving the way for a brighter future for LGBT Americans.

It is important to reflect on how far we have come. Before the Affordable Care Act (ACA) in 2010, cancer patients, transgender people, and those living with HIV could all be denied healthcare because of a pre-existing condition. The Defense of Marriage Act was still in effect, and LGBT people could be barred from seeing their loved ones even as they lay dying in the hospital.

Over the past six years, HHS has made incredible progress in moving the ball forward on LGBT equality, health, and well-being. In 2010, we took action to ensure that all people, including LGBT people, have the right to be visited by their loved ones while in the hospital, as well as the right to decide who can make medical decisions on their behalf through advance directives.¹ These were groundbreaking developments for the LGBT community at the time, particularly because they took place while the Defense of Marriage Act was still in force and the federal government was restricted from fully recognizing marriage equality. We have now been able to extend broad protections against discrimination to LGBT individuals and families in receiving health-care and coverage through the final rule implementing Section 1557, the non-discrimination provision of the Affordable Care Act, which we issued earlier this year.

The ACA has played a central role in our ability to improve care and coverage for all Americans, and for LGBT individuals and families in particular. Today, over 20 million people have gained health care coverage because of this historic law. We have built on the foundation of the ACA to improve access to care and coverage for LGBT individuals in a number of important ways: by prohibiting discrimination in health-care against LGBT individuals; building the health and human services workforce and providing resources to help them effectively serve LGBT individuals; and by laying the groundwork for LGBT inclusion in electronic health records and other forms of data collection, which will inform future generations of research and science working to improve health outcomes for LGBT people.

¹ 42 CFR 482.13(a), (b), (h) (concerning hospital patients' rights); 42 CFR 482.608(a) (concerning critical access hospital patients' visitation rights); and 42 CFR 485.635(f) (concerning compliance with federal requirements including regulations governing advance directives and required patient disclosures); *see also* guidance for hospitals and critical access hospitals, available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R75SOMA.pdf>.

And yet, with all of the progress we have made, we continue to see profound health disparities throughout LGBT communities, especially among people of color and those who are transgender. We know that LGBT youth are particularly vulnerable, and are at higher risk of bullying and harassment, substance use, physical and sexual violence, and suicidality. At the intersections of race, ethnicity, sexual orientation, and gender identity, we see significant disparities as well. For example, if current rates continue, 1 in 2 black men who have sex with men (MSM) and 1 in 4 Latino MSM in the United States will be diagnosed with HIV during their lifetime.² In recognition of the significant health disparities facing the LGBT population and the important role that research plays in identifying and helping to mitigate those disparities, this year the National Institutes for Health (NIH) officially designated sexual and gender minorities as a health disparity population for research, in addition to establishing the NIH Sexual and Gender Minority Research Office.

Looking ahead, HHS will continue to work to deliver meaningful and measurable impact for the LGBT community, and will take the necessary steps to make sure LGBT health and human services work is an integral part of the Department's mission over the long term. To sustain these efforts, we took a huge step forward earlier this year when we established the position of Senior Advisor for LGBT Health within the Office of the Assistant Secretary for Health.

Today, in recognition of the significant role that the LGBT Policy Coordinating Committee has played in many of our LGBT successes, I am directing the Assistant Secretary for Health to take steps to formalize the Committee and ensure its place as a longstanding fixture within the Department. It is the Department's vision that the Committee will continue to work in partnership with stakeholders to eliminate barriers and improve outcomes for all LGBT communities in the years to come.

In this final annual HHS LGBT report of the Obama Administration, we want to celebrate the progress that we have made, and take an opportunity to underscore the health disparities that we know remain. As we share our vision for a healthy future, I hope you will join us in helping to make it a reality.

Sylvia M. Burwell

² CDC. *Diagnoses of HIV infection in the United States and dependent areas, 2014. HIV Surveillance Report 2015;26; see also, <http://www.cdc.gov/hiv/group/msm/bmsm.html>.*