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# **Key Lessons for LGBT Outreach and Enrollment**

## **Under the Affordable Care Act**

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# Executive Summary

The Affordable Care Act presents an unprecedented opportunity to improve the wellbeing and economic security of millions of Americans, including lesbian, gay, bisexual, and transgender (LGBT) people and their families. In particular, health reform has the potential to help close LGBT health disparities by improving access to quality, affordable health insurance coverage that connects LGBT people with the care they need to stay healthy. However, this opportunity may not be fully realized if outreach and enrollment efforts do not effectively engage LGBT communities.

Out2Enroll is a national campaign that serves as a key link between LGBT communities and the Affordable Care Act by connecting LGBT people with information about their new coverage options. Based on Out2Enroll's experience and interviews with key stakeholders, this report identifies key lessons for LGBT outreach and enrollment learned during the initial open enrollment period from October 2013 to March 2014. We found that:

- The visibility and effectiveness of LGBT-oriented outreach and enrollment varied significantly by state.** These variations largely arose from the level of formal marketplace commitment to LGBT inclusion and the extent to which LGBT community and allied organizations were able to participate in the health reform effort.
- Stakeholders—including federal and state marketplaces, assisters,\* community leaders, and Out2Enroll—took advantage of a variety of opportunities to engage LGBT people.** These opportunities included the development of LGBT-specific messaging and education materials and dissemination by trusted messengers; targeted efforts to engage LGBT community members at outreach and enrollment events; and a consistent presence at community events and locations where LGBT people congregate.
- LGBT outreach was complicated in many states by uncertainty surrounding outstanding policy issues related to relationship recognition, transgender health, HIV coverage, and plan transparency.** Specifically, stakeholders in a variety of states reported significant confusion about the treatment of legally married same-sex spouses, domestic partners, and people in civil unions, particularly in light of the federal government's implementation of the Supreme Court's decision in *Windsor*\*\*; the continued prevalence of transgender-specific insurance exclusions; and insurance carrier practices that discourage enrollment of those with chronic conditions such as HIV. Federal and state officials have taken steps to address some of these issues, but many uncertainties remain.

\* Throughout this report, we use the term "assister" to refer to all entities that formally assisted consumers with outreach and enrollment, including navigators, in-person assisters, certified application counselors, community health centers, and other consumer assistance personnel.

\*\* The *Windsor* decision invalidated Section 3 of the Defense of Marriage Act, which had previously prevented the federal government from recognizing same-sex spouses.

## Moving Forward

The initial open enrollment period offered significant opportunities to raise awareness and promote LGBT health equity. Yet more must be done to ensure that LGBT people fully understand and take advantage of their new coverage options under the Affordable Care Act.

Looking ahead to the 2015 open enrollment period, Out2Enroll makes the following recommendations:

- **Outreach and enrollment efforts in every state should explicitly include LGBT communities.**

Federal and state marketplaces should create and disseminate education and outreach materials that explicitly address LGBT-specific issues. Marketplaces should also fund or encourage the development of assister coalitions that include LGBT organizations. These coalitions can increase outreach opportunities in LGBT communities and enhance the ability of non-LGBT organizations and allies to engage LGBT people effectively.

- **Assisters should receive LGBT-specific cultural competency training.**

Assisters reported receiving numerous questions during the 2014 open enrollment period regarding LGBT-specific concerns, such as the treatment of same-sex relationships in the marketplaces and the availability of marketplace coverage without transgender-specific exclusions. Many stakeholders expressed a desire for training opportunities around these issues and guidance on ways to effectively engage LGBT community members.

- **All marketplaces should collect voluntary demographic information on sexual orientation and gender identity.**

Federal regulations permit the marketplaces to collect a range of demographic information, as long as the disclosure of this information is optional for applicants. The collection of voluntary data on LGBT status is a critical part of ensuring that the marketplaces understand and address LGBT needs. These data are important for informing marketplace outreach and enrollment efforts among LGBT communities and assessing the effectiveness of LGBT-inclusive cultural competency and nondiscrimination requirements.

LGBT people are—and will continue to be—part of the success story of the Affordable Care Act. Out2Enroll will build on the successes of 2014 and continue to do its part by developing LGBT-specific resources, working closely with our partners to spread the word about the importance of health reform for LGBT communities, and ensuring that outreach and enrollment efforts effectively connect with LGBT people in every state.

## LGBT people are—and will continue to be—part of the success story of the Affordable Care Act.

# Introduction

To help connect LGBT people with their new coverage options, Out2Enroll—in conjunction with partners across the country—developed a national campaign to serve as a key link between LGBT communities and the Affordable Care Act during the initial enrollment period from October 2013 to March 2014. This report identifies key lessons learned from these efforts and ways to build upon this success to maximize future LGBT outreach and enrollment. This report reflects Out2Enroll’s experiences as well as those of key stakeholders from across the country. We are extremely grateful to the representatives from the following organizations who shared their insights, reviewed our findings, and contributed thoughtful comments on strategies for ensuring that the benefits of health reform reach LGBT communities across the country:

California LGBT Health & Human Services Network • DC Health Link  
Equality NC • Georgia Equality • Lesbian Health Initiative of Houston  
National Center for Transgender Equality • NY State of Health  
Northern Colorado AIDS Project\* • PFLAG National  
Tennessee Primary Care Association • The Health Initiative  
Washington Healthplanfinder

\* Supported by a grant from the GLBT Community Center of Colorado

# Background

**LGBT communities face significant poverty, discrimination, and health disparities.** Contrary to popular stereotypes, LGBT people are disproportionately likely to live in poverty, particularly if they are parents, women, or people of color. Nationwide, one in five gay and bisexual men and one in four lesbian and bisexual women live in poverty, and the 2011 report *Injustice at Every Turn* found that more than 25 percent of transgender respondents had an annual household income under \$20,000.<sup>1,2</sup> In addition to economic disparities, LGBT individuals frequently face systemic obstacles to quality health care such as refusals of care, substandard care, inequitable policies and practices in health care settings, and exclusion from health outreach and education efforts.<sup>3</sup> These experiences of discrimination correlate with significant health disparities in LGBT communities, including greater exposure to violence and higher rates of tobacco and other substance use, mental health concerns such as depression, HIV and other sexually transmitted infections, and cancer.<sup>4</sup> These disparities are even more pronounced for LGBT people who are also members of other groups that are disadvantaged because of their race, ethnicity, or other aspects of identity.

**LGBT communities are disproportionately uninsured.** LGBT people are more likely than the general population to lack health insurance coverage, and more than one in three LGBT people with incomes under 400 percent of the poverty level—those potentially eligible for Medicaid coverage or financial assistance to purchase a new health plan under the Affordable Care Act—were uninsured in 2013.<sup>5</sup> Sixty-seven percent of these uninsured LGBT individuals had been uninsured for two or more years, and 40 percent carried medical debt that they could not afford to pay off. Reasons why

LGBT people are more likely to be uninsured include a lack of relationship recognition for same-sex couples in the majority of states, which makes it difficult for these couples to cover each other with employer-sponsored coverage, and widespread employment discrimination against LGBT people, which traps many LGBT people in poverty and lower-wage jobs that do not offer benefits such as health insurance coverage.<sup>6</sup>

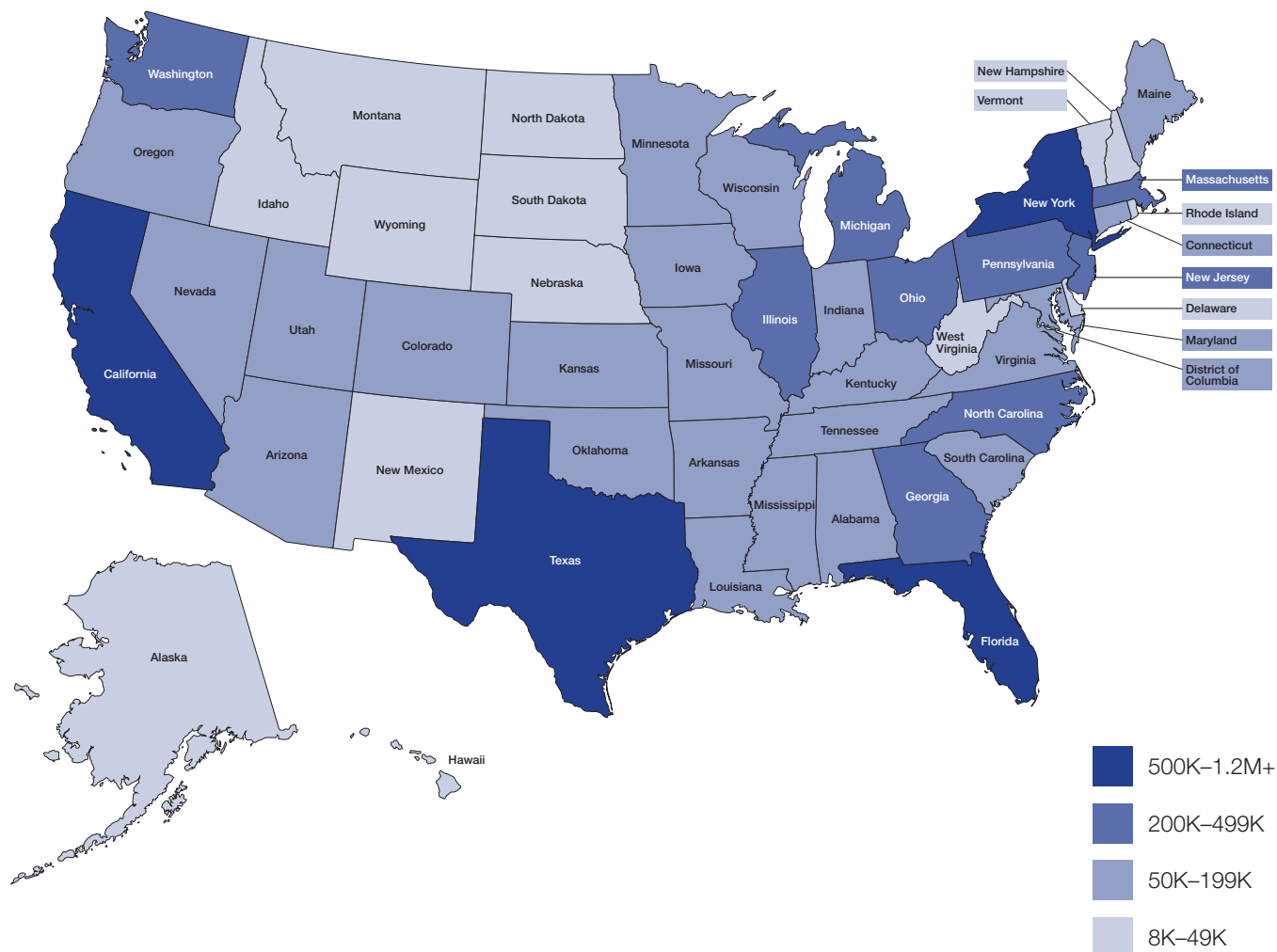
**Many LGBT people live in states where few legal protections currently exist for LGBT individuals and their families—and where states have declined to fully implement health reform.** There are at least nine million LGBT individuals, including almost 650,000 same-sex couples raising two million children, living in every corner of the U.S.<sup>7,8</sup> The majority of LGBT people do not live in the handful of major cities that are well-known for their LGBT populations, such as San Francisco, Chicago, or New York. Instead, like millions of other Americans, they live predominantly in the most populous region of the country: the South. Millions of LGBT people—and half of low- and middle-income LGBT people without health insurance—live in the states that span from Texas to Florida and north to Missouri and Virginia, where they enjoy no legal relationship recognition, extremely limited legal protections from discrimination in areas of everyday life such as employment, and inconsistent implementation of national initiatives such as the Affordable Care Act. For example, as of late 2013, an estimated three million LGBT people live in states that have declined to expand their Medicaid programs to cover low-income adults or operate their own marketplaces.<sup>9</sup>

## Many LGBT people are uninformed about their new coverage options under the Affordable Care Act.

Before the start of open enrollment in October 2013, many LGBT people had not heard of the new coverage options available under the Affordable Care Act. In particular, 70 percent of low- and middle-income LGBT people—those potentially eligible for financial assistance under the law—reported being unaware of their new options for accessing coverage through the marketplaces or Medicaid. Even among those who had

heard of the health reform law, LGBT people overwhelmingly expressed skepticism about whether it would address their concerns and meet their needs.<sup>10</sup> This is particularly true for transgender people, many of whom have experienced discrimination throughout the healthcare system, from insurance companies that refuse to insure them or cover the care they need to providers who lack cultural competency in providing treatment in an appropriate and respectful way.

## Where LGBT People Live, 2013



Source: Data from Movement Advancement Project *LGBT Populations* (last visited July 6, 2014)  
[https://www.lgbtmap.org/equality-maps/lgbt\\_populations](https://www.lgbtmap.org/equality-maps/lgbt_populations)

# The State of LGBT Outreach and Enrollment

Health reform presents a significant opportunity to address LGBT health disparities and improve the wellbeing and economic security of LGBT people and their families. To help make this opportunity a reality, Out2Enroll, state and national partners, and communities across the country adopted innovative strategies to spread the word about new coverage options for LGBT people. This section identifies these strategies, lessons learned during the initial open enrollment period, and outstanding policy issues that affected LGBT outreach and enrollment.

**The visibility and effectiveness of LGBT-oriented outreach and enrollment varied significantly by state.** Although LGBT people are disproportionately uninsured across the country, outreach to LGBT communities varied significantly by state based on the formal commitment of the marketplaces to LGBT inclusion and the degree to which LGBT organizations were able to successfully engage with assister coalitions and other outreach efforts.

## Marketplace Commitment to Ensuring LGBT Inclusion.

In approaching outreach and enrollment, state marketplace officials consistently stressed the importance of reaching uninsured individuals where they are. DC Health Link, for example, adopted a philosophy of meeting uninsured people “where they live, work, play, and pray.” State marketplace officials also emphasized the importance of adopting strategies that reflect each state’s diversity and leveraging trusted relationships that community organizations already have with the populations they serve.

Leading up to the launch of the marketplaces in October 2013 and throughout the initial open enrollment period, the U.S. Department of Health and Human Services (HHS) published several blog pieces and fact sheets regarding the importance of the Affordable Care Act for LGBT communities.<sup>11</sup> However, HHS did not explicitly

identify the LGBT population among the vulnerable and underserved populations that potential navigator grantees needed to reach.<sup>12</sup> As a result, many marketplaces and assister coalitions adopted definitions of diversity that did not incorporate a specific effort to reach out to LGBT communities.

In contrast, some state marketplaces—such as Covered California and DC Health Link—clearly identified LGBT communities as an underserved population and intentionally engaged local LGBT organizations in conducting outreach and enrollment. Covered California, for example, awarded a \$1 million grant to the Los Angeles LGBT Center and the California LGBT Health & Human Services Network—a statewide coalition of organizations that includes community centers, researchers, advocates, and providers—for LGBT-specific outreach and education.<sup>13</sup> This dedicated funding was crucial to helping Covered California reach out to LGBT communities across the state, including hard-to-reach populations such as transgender people, rural LGBT people, and immigrants. DC Health Link assisters included local institutions such as the DC Center for the LGBT Community, La Clinica Del Pueblo, Us Helping Us, and Whitman-Walker Health, a federally qualified health center that has a long history of working with LGBT people.

Out2Enroll includes both a national campaign and state-based outreach dedicated to promoting LGBT enrollment; disseminating targeted health reform information to LGBT communities; and developing innovative initiatives to engage LGBT people through strategic partnerships, public events, and marketing campaigns.

## The Out2Enroll Campaign at a Glance

Here are some key ways Out2Enroll connected with LGBT communities during the initial open enrollment period:

- Launched the campaign on September 12, 2013 at a White House event featuring keynote remarks from Secretary of Health and Human Services Kathleen Sebelius and Senior Advisor to the President Valerie Jarrett, and insights from LGBT community leaders from across the country.
- Developed a consumer-friendly website—the core of a branded campaign that provides evidence-based messaging information and materials on LGBT-specific health reform issues—that was launched on National Coming Out Day in October 2013.
- Produced original, shareable LGBT-specific content for social media platforms, including blog pieces, photo memes, and videos, to engage LGBT consumers across the country.
- Produced public service announcements featuring prominent LGBT people, such as NBA star Jason Collins, and testimonials from LGBT people who got covered under the Affordable Care Act.
- Created LGBT-specific materials, including posters, postcards, flyers, and application guides, to support the efforts of our wide range of partner organizations.
- Distributed new resources, including media toolkits, community event toolkits, and regional event toolkits, to help partners tailor their outreach to LGBT communities.
- Co-sponsored regional events and trained assisters in cities across the country to raise awareness of enrollment opportunities among LGBT communities and to promote LGBT cultural competency.

## Out2Enroll by the Numbers

- Convened more than 200 LGBT leaders from 23 states at the White House to launch Out2Enroll.
- Engaged 36 LGBT and health advocacy organizations to serve as advisory committee members.
- Received over 65,000 views on the Out2Enroll website, which includes more than 40 questions and answers on health reform issues.
- Distributed public service announcements reaching over 400,000 people.
- Secured over 150 earned media pieces on LGBT outreach and enrollment.
- Developed an LGBT cultural competency training curriculum and trained more than 200 assisters in 5 states to date.
- Worked with partner organizations to direct \$70,000 to local LGBT organizations in Florida, Michigan, Pennsylvania, and Texas.



### **“Affordable health care and coverage are LGBT equality issues” —La'Tasha's Story**

Growing up, La'Tasha did not think she could ever visit the White House as a proud, out, black lesbian. But, in March 2014, she joined other LGBT consumers from across the country to speak with Dr. Jill Biden, the Second Lady of the United States, and share how health reform has impacted her life. Through her work as executive director of New Voices Pittsburgh, La'Tasha has advocated fiercely to promote the well-being of black women and girls in the greater Pittsburgh region. However, the high cost of health care was prohibitive for her small organization and, for the past four years, La'Tasha lived with the uncertainty of not having health

insurance coverage. But that all changed on January 1, 2014. Thanks to the Affordable Care Act, La'Tasha signed up for a plan through HealthCare.Gov and got the care she needs for her preexisting conditions. La'Tasha noted that her visit to the White House showed that “I am part of a large and growing community of LGBT people who have seen our lives changed for the better by the Affordable Care Act.”

Adapted from: La'Tasha Mayes, “Op-Ed: Getting Health Insurance Matters to Equality,” *Advocate* (2014). <http://www.advocate.com/commentary/2014/03/28/op-ed-getting-health-insurance-makes-difference-lgbt-equality>

Other state marketplaces—such as NY State of Health and Washington Healthplanfinder—did not identify LGBT communities as a specific target but partnered with local LGBT organizations that could effectively reach LGBT people. For example, through a competitive procurement open to all eligible entities, NY State of Health awarded \$2.4 million over five years to Community Health Project Inc. (also known as Callen-Lorde Community Health Center) in New York City. Callen-Lorde has substantial experience serving LGBT people and conducting enrollment for Medicaid and the state's AIDS Drug Assistance Program. NY State of Health also includes representatives from LGBT communities in its regional advisory committee, which advises state officials and makes ongoing recommendations on the operation of the state's marketplace.

State marketplace officials also committed to reaching LGBT people through direct advertising in online and print media outlets, engaging trusted local leaders as community ambassadors, conducting word-of-mouth campaigns, participating in community events, and visiting locations where LGBT people gather. In conducting these activities, officials emphasized that

LGBT communities themselves are very diverse. As one official put it, “we recognized that the community was not monolithic, so we could not have a monolithic approach—we made a point to address sub-communities, such as the transgender community and the leather community.” State marketplaces also focused on groups that included LGBT communities of color and LGBT young people.

**Participation by LGBT Community Organizations in Outreach and Enrollment Efforts.** The success of LGBT-specific outreach was also affected by the ability of LGBT community organizations to participate in health reform efforts. As one interviewee put it, “it is very important to make sure that LGBT community groups are at the table—being at the table means you are actual partners, so LGBT people trusted the information we were bringing.”

A major factor limiting the participation of LGBT organizations was funding, particularly in the 34 states with federal marketplaces that had to share a total of \$67 million in grants for outreach and enrollment.<sup>14</sup> To help achieve enrollment goals with these limited resources, HHS emphasized the importance of forming

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broad-based coalitions and partnerships—but most states did not have coalitions that included LGBT community organizations.

Some coalitions did make specific efforts to reach LGBT communities by engaging trusted LGBT organizations. In Georgia, for example, statewide LGBT advocacy organizations and health organizations leveraged their longstanding relationship to make the case that the state’s assister coalition needed to include targeted outreach to LGBT people.<sup>15</sup> The coalition’s activities, funded as part of a four-state initiative overseen by the Structured Employment Economic Development Corporation (SEEDCO), included a grant to The Health

Initiative, a nonprofit dedicated to improving the health and wellbeing of Georgia’s LGBT community. With this grant, The Health Initiative hired three staff members dedicated to LGBT-specific outreach efforts and enrollment assistance.

Further, HHS awarded \$150 million in 2013 and \$58 million in 2014 to more than 1,000 community health centers nationwide to help fund enrollment efforts.<sup>16</sup> Several of these grantees, such as Boston’s Fenway Health, Baltimore’s Chase Brexton Health Services, and Houston’s Legacy Health Services, have historically served LGBT communities and have been able to share this expertise with others.

## LGBT Health Centers: Helping Reach Those Most in Need

Fenway Health’s new Manager for Outreach and Insurance Engagement, Coco Alinsug, supervises a group of four assisters at the health center. Coco’s past experience in outreach to primarily LGBT communities is informing his team’s approach to insurance enrollment, which is to be out in the community as much as possible. He emphasizes the fact that organizations targeting LGBT communities must reach beyond large events like annual LGBT Pride parades; rather, organizations must be present in many places throughout the year.

“We are considering the role of the insurance navigators and thinking about how they can be out in the communities, not just behind their desks in the health center. We need to think differently about enrollment,” Alinsug says. The ultimate goal is to balance *inreach* with *outreach*. For example, in addition to having patients enroll in coverage using computers when inside the health center, the team is also bringing iPads and other mobile technology to LGBT-friendly environments, such as gay and lesbian clubs and bars. “We know that we can’t only wait for new enrollees to come to us. We have to get out there and educate people about the changes and show them that there are so many options for insurance now,” Alinsug says.

Source: *Optimizing LGBT Health Under the Affordable Care Act: Strategies for Health Centers* (National LGBT Health Education Center & Center for American Progress, November 2013). <http://www.lgbthealtheducation.org/wp-content/uploads/Brief-Optimizing-LGBT-Health-Under-ACA-FINAL-12-06-2013.pdf>

In addition to federal and state funds, other initiatives contributed resources to support LGBT participation in outreach and enrollment activities. In particular, the Black Civic Engagement Project, the Latino Civic Engagement Project, and the Service Employees International Union (SEIU) partnered with Out2Enroll to support outreach efforts in African American, Latino, and LGBT communities in Florida, Michigan, Pennsylvania, and Texas.<sup>17</sup> This partnership funded five LGBT community organizations—Equality Pennsylvania, Michigan’s KICK, the Lesbian Health Initiative of

Houston, New Voices Pittsburgh, and Miami’s Save DADE—to work in coalitions to promote LGBT enrollment, particularly among LGBT people of color, and conduct targeted outreach to LGBT people through events such as community-oriented information sessions and wellness fairs.

In Texas, for example, the Lesbian Health Initiative of Houston partnered with a variety of stakeholders—including Get Covered America, One Voice Texas, Gateway to Care, and Young Invincibles—to elevate

## It’s Good to Have Friends!

Out2Enroll is incredibly grateful to the members of its advisory committee and community partners that held or supported LGBT-specific events across the country. These partners include:

7 Rivers LGBT Resource Center Afiya Center AID Atlanta AIDS Resource Center of Wisconsin Atlanta Pride Committee Be Magazine Beth Israel Medical Center Black Transmen Black Transwomen Center for Black Equity CenterLink Cimarron Alliance Equality Center Community Catalyst Congregation Beth El Binah Cream City Foundation DC Center Diverse & Resilient DVIS Empire State Pride Agenda Equality Arizona Equality California Equality Louisiana Equality Pennsylvania Fair Wisconsin Family Safety Center Tulsa FORGE Forward Gay & Lesbian Community Center of Southern Nevada Gay and Lesbian Medical Association Georgia Equality Get Covered America Grady Health System HIV Prevention Justice Alliance HIVHealthReform.org HOPE Hope for Peace & Justice Howard Brown Health Center Human Rights Campaign Interfaith Alliance of Tulsa Kentucky Health Justice Network Lambda Legal Legacy Community Health Services Lesbian Health and Research Center Lesbian Health Initiative of Houston LGBT Center of Raleigh LGBT Elder Initiative LGBT Health & Human Services Network LULAC Mazzoni Center National Black Justice Coalition National Latina Institute for Reproductive Health NC State GLBT Center New Voices Pittsburgh Oklahomans for Equality One in Ten OneColorado OSU Center for Health Sciences Our Family Coalition OutCentral Parkland Pennsylvania Association of Community Health Centers Pennsylvania Health Access Network PFLAG National PFLAG Tulsa Chapter Phillips Theological Seminar Planned Parenthood of Greater Texas Planned Parenthood of the Heartland Planned Parenthood of Western Pennsylvania Project TurnAround Foundation PROMO Protecting Arizona’s Family Coalition Raising Women’s Voices Resource Center Rutgers School of Nursing Southwest Center for HIV/AIDS Stonewall Columbus Street Works The Center The Equality Network The Health Initiative Trans Pride Initiative Transgender Education Network of Texas Transgender Law Center Tulsa CARES United Way of America Vanderbilt University School of Medicine William Way LGBT Community Center Young Invincibles

the need to reach the uninsured LGBT population and deliver LGBT-specific information to a diverse group of constituents, including community-based organizations; federally qualified health centers; safety net clinics; hospitals; specialty care providers; assisters; and city, county, state, and federal officials. Through these partnerships, the Lesbian Health Initiative of Houston helped ensure that LGBT communities had a representative at local Affordable Care Act implementation meetings and events and broadened its own reach by, for example, joining the Cancer Alliance of Texas as its first LGBT community organization member and taking a seat on the Alliance's Affordable Care Act Priority Focus Area workgroup.

Even in the absence of dedicated funding, LGBT and allied organizations across the country—including many that do not focus primarily on health—pitched in to assist with promoting outreach and enrollment and to help make sure that the benefits of the Affordable Care Act reach the LGBT communities they serve. Advocacy organizations with large national networks, such as CenterLink, PFLAG National, the National Center for Transgender Equality, the National Gay and Lesbian Task Force, and the Human Rights Campaign, partnered with Out2Enroll to promote the importance of health reform through blog posts, mailings, webinars, social media, newsletters, national and local meetings, and community events. The Strong Families Coalition worked with Out2Enroll and LGBT organizations across the country to ensure that LGBT individuals and their families were aware of their new coverage options through the marketplaces. And state-based LGBT advocacy organizations leveraged their relationships

with local LGBT communities to promote education and enrollment in states such as Michigan, North Carolina, Utah, and Wisconsin.

The Utah Pride Center, for instance, partnered with the Utah Health Policy Project to put on the Q Health Initiative, a multi-day event in September 2013 focusing on LGBTQ (the Q stands for “queer”) health and the Affordable Care Act. The Q Health Initiative included community information sessions about the upcoming open enrollment period and an LGBT cultural competency training session for assisters. On the other side of the country, Equality NC connected LGBT community members with assisters across the state, including in conservative rural areas, and distributed health reform information at its community events. The organization also launched a campaign in early 2014 to highlight insurance discrimination that was preventing legally married same-sex couples from enrolling in family coverage offered through the marketplace. Thanks to efforts that included media outreach and a Twitter Town Hall, the state's largest insurer soon reversed its policies and agreed to cover these couples.

**Stakeholders—including federal and state marketplaces, assisters, community leaders, and Out2Enroll—took advantage of a variety of opportunities to engage LGBT people.** Stakeholders identified a variety of opportunities to inform LGBT community members about their new coverage options, including developing and sharing LGBT-specific materials using culturally relevant messengers, organizing outreach and enrollment events, and establishing a consistent presence at community events and locations where LGBT people congregate.

**Even in the absence of dedicated funding, LGBT and allied organizations across the country pitched in to assist with promoting outreach and enrollment and to help make sure that the benefits of the Affordable Care Act reach the LGBT communities they serve.**

**LGBT-Specific Materials and Messengers.** LGBT people, like the general population, have many questions about what health reform is and how it might affect them. Many LGBT people express additional skepticism because of the exclusion and discrimination they have experienced in many areas of their lives, including in health insurance and health care. Understanding that relevant and accurate information is key to overcoming this skepticism and motivating LGBT people to enroll in coverage, Out2Enroll developed a website with more than 40 questions and answers in the following categories: “Considering Coverage,” “Weighing Your Options,” “What’s Covered?” and “From Coverage to Care.” Out2Enroll also developed fact sheets, toolkits,

and other resources to help assisters and LGBT organizations conduct successful outreach and enrollment efforts.

Federal officials and state marketplace officials also used LGBT-specific images and messaging to reach LGBT people via social media and print advertisements. For example, in December 2013, Covered California highlighted LGBT-themed advertising on billboards and in print advertising to help ensure that LGBT communities felt included in the marketplace’s marketing and outreach efforts.<sup>18</sup> Billboard advertisements were displayed in the Bay Area, San Diego, and Los Angeles.



Source: Healthcare.gov

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## Got Questions? We've Got Answers

LGBT people have specific questions. These questions were consistently the most viewed questions on the Out2Enroll website:

- What if I'm transgender?
- Can I enroll in family coverage with my same-sex spouse or partner?
- Why should getting covered matter to the LGBT community?
- How can I find an LGBT-friendly provider who takes my insurance?
- Can I get financial assistance?
- Can I get financial assistance with my same-sex spouse?

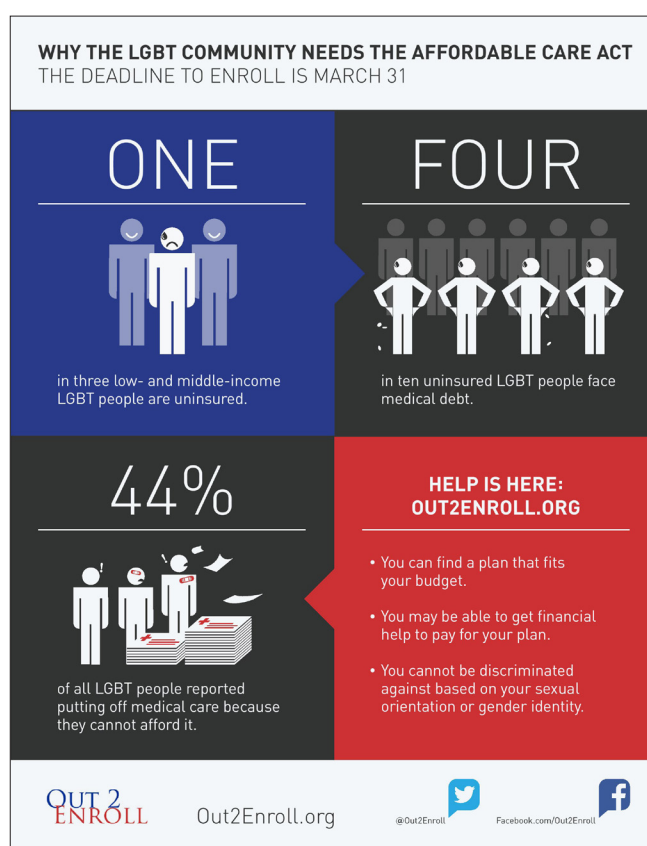
See these answers and even more LGBT-specific questions at [www.out2enroll.org](http://www.out2enroll.org)

Skepticism among LGBT people also underscores the need for trusted organizations and individuals to undertake highly visible efforts to deliver information about health reform. One state marketplace official observed that LGBT people were much more likely to engage with assisters who were clearly LGBT-identified; as she put it, “people would be like magnets to our assisters once they saw they were part of the community, because they felt a sense of trust and solidarity.”

To reflect the importance of community members as trusted messengers, the Out2Enroll website also features video messages from prominent LGBT community members such as NBA star Jason Collins; personal video testimonials from LGBT people who got covered; and a blog featuring articles by LGBT activists, assisters who are working with LGBT people, and LGBT community members who wanted to share their stories.

Some assisters and LGBT organizations developed and distributed their own LGBT-specific content through

blogs, Facebook, and Twitter; online enrollment centers; digital newsletters; blog posts; and email blasts. The National Center for Transgender Equality, for example, regularly posted blog pieces about the benefits of health reform and sent emails to its members sharing personal stories of transgender individuals who had enrolled. Other organizations developed resources that could be easily distributed at community events or shared online.



Source: Out2Enroll

**Out2Enroll produced original, shareable LGBT-specific content for social media platforms, including blog pieces, photo memes, and videos, to engage LGBT consumers across the country.**

The Health Initiative in Georgia, for example, printed cards that included their own and Georgia Equality's logos, while PFLAG National developed template health reform graphics and resources that were readily shareable by its regional networks and local chapters.

**Meeting LGBT People Where They Are.** Assistors and LGBT organizations adopted a variety of approaches to meeting LGBT people where they are, including participation in community events and a consistent presence at prominent community venues. For example,

DC Health Link assisters distributed information at AIDS Walk Washington, ManDate DC, the Miss DC Transgender Pageant, and the Mid-Atlantic Leather Weekend, among other events. Other assisters disseminated enrollment information at pride festivals, health fairs, National Black HIV Awareness Day events, and state equality events; wrote articles and op-eds for local LGBT media; and gave presentations via webinars and at community centers, churches, and partner assistance sites.

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**Developed by Strong Families and our partners at:**

- Basic Rights Oregon
- Brown Boi Project
- Center for American Progress
- Equality New Mexico
- Family Equality Council
- Forward Together
- Montana Women Vote
- National Center for Lesbian Rights
- National Gay and Lesbian Task Force
- Out2Enroll
- Raising Women's Voices
- SPARK Reproductive Justice Now
- Southwest Women's Law Center
- Transgender Law Center
- Transgender Resource Center of New Mexico
- Western States Center
- Young Women United

Source: Washington Healthplanfinder

Source: Strong Families Coalition

## Stakeholders used a variety of tools to raise LGBT awareness about their options and the need to get covered.

Assisters also maintained a consistent presence at venues where LGBT people gather, such as LGBT community centers, colleges and universities, places of worship, public libraries, and HIV/AIDS service organizations. For example, assisters from the Tennessee Primary Care Association—one of two main assister entities in Tennessee—partnered with the state’s Ryan White Program and the AIDS service organization Nashville CARES to help with enrollment for six hours a day, three days a week. Assisters in Colorado, the District of Columbia, and Tennessee particularly noted the importance of partnering with churches and other faith communities to promote outreach and enrollment. DC Health Link assisters, for example, held monthly events at Inner Light Ministries and the Metropolitan Community Church of Washington to engage LGBT communities about health reform and to provide other assistance as needed, such as help with legal name changes for transgender people.

LGBT-specific assisters also frequently served non-LGBT populations and partnered with non-LGBT organizations to staff events and other activities. For example, The Health Initiative in Georgia often participated in enrollment events that were not specific to LGBT communities. As an organization representative explained, “I did an event at a church last week after they sought us out—all our materials identify us as an LGBT organization, but it wasn’t a hindrance because they know they need people to provide quality information.” The same was true for DC Health Link, where Us Helping Us—an organization that focuses on improving the health and wellbeing of gay black men—provided enrollment services to LGBT and non-LGBT people alike by working closely with ex-offenders and assisting at enrollment events linked with tax services.

**LGBT outreach was complicated in many states by uncertainty surrounding outstanding policy issues related to relationship recognition, transgender health, HIV coverage, and transparency.** Research in 2013 clearly showed that an overwhelming majority of LGBT people who are eligible for financial assistance say they are curious about the health reform law and describe health insurance as either very important or as a necessity they would not give up.<sup>19</sup> However, outreach to and enrollment of LGBT community members has been complicated by unanswered questions related to issues such as relationship recognition for legally married same-sex couples and those in domestic partnerships or civil unions; the continued prevalence of transgender-specific insurance exclusions; insurance carrier practices that discourage enrollment by those with chronic conditions such as HIV; and a lack of plan transparency.

Federal and state officials have taken steps to address some of these issues, but uncertainty remains. As one LGBT organization, put it, “we tell people to contact us if they have any problems with discrimination, but there is definitely uncertainty, which makes it hard to put out accurate messaging.”

**Coverage for Same-Sex Couples.** Because of the current patchwork of marriage equality and relationship recognition laws across the United States, some legally married same-sex couples have faced barriers to enrolling in family coverage. The issue was first raised in North Carolina after a same-sex couple was told that the family policy they had purchased together through the marketplace was invalid because the policy’s definition of “spouse” did not include same-sex couples. Equality NC and partners helped elevate this issue in the media in early 2014, and the insurance company eventually

## **LGBT-specific assisters also frequently served non-LGBT populations and partnered with non-LGBT organizations to staff events and other activities.**



The initial open enrollment period offered numerous opportunities to identify promising practices that effectively connected LGBT people with new coverage options. Here are the key lessons that Out2Enroll identified:

## Lessons Learned: Eight Ways to Promote LGBT Outreach and Enrollment

**1. Engage LGBT and ally organizations and community leaders in outreach and enrollment efforts.** Every marketplace and assister coalition should engage with LGBT organizations, allies, and community leaders. Develop an advisory committee on LGBT outreach and actively work with the committee on an ongoing basis to develop strategies for how best to reach LGBT people.

**2. Embed enrollment and LGBT cultural competency in your institution's culture.** Every interaction with a client or community member is an opportunity to learn if they have health insurance and to direct them to appropriate resources. And word of mouth about this experience—positive or negative—spreads quickly through the community. Train every staff member or volunteer on LGBT cultural competency and the importance of letting community members know that your organization can assist with enrollment.

**3. Put enrollment in the broader context of people's lives.** Seize opportunities for engagement when people are already focused on their health, such as staffing a table at a community health fair or providing materials at HIV testing sites. Emphasize that health insurance is an important component of a healthy lifestyle.

**4. Reflect the diversity of LGBT communities.** LGBT communities include individuals and families of every race, ethnicity, religion, ability, age, primary language, immigrant experience, and socioeconomic level. And LGBT people live everywhere, including rural areas. Help ensure that assisters reflect this diversity by hiring staff and volunteers from a variety of backgrounds and making sure that materials are

broadly accessible, particularly for people with disabilities and those whose primary language is not English.

**5. Collaborate with trusted organizations.** Identify and partner with organizations that have established networks that incorporate and overlap with LGBT communities. Among others, these organizations may include faith communities, immigrant advocacy organizations, reproductive health advocates, racial and economic justice advocates, AIDS service organizations, campus student groups, ex-offender programs, mental and behavioral health providers, legal service organizations, community health centers, and state LGBT equality organizations.

**6. Personalize your messages.** LGBT individuals need to know that health reform reflects their specific needs and takes these needs seriously. Personalize your content by incorporating LGBT-friendly language and images; including state-specific information; and tailoring information to specific groups such as transgender people, LGBT people of color, and LGBT young people.

**7. Be out and proud of your efforts.** Let LGBT individuals know they can trust your organization to help them. Be vocal and visible about your interest in reaching LGBT people and key influencers, and distribute branded materials, such as brochures, condoms, stickers, or pens, at LGBT events and social spaces.

**8. Share success stories of LGBT enrollment.** Put a human face on the need for LGBT people to enroll by sharing success stories from your community. Reach out to the media, write an editorial, or connect with Out2Enroll to make your voice heard.

## Federal and state officials have taken steps to address some of these issues, but uncertainty remains.

decided to amend its definition of “spouse” to cover legally married same-sex couples. Out2Enroll heard similar stories from families across the country, and the issue received attention in national media outlets such as the *Washington Post* and LGBT-specific publications such as the *Advocate*.<sup>20</sup> In response, HHS issued guidance in spring 2014 requiring insurers in every state to make spousal coverage equally available to same-sex and different-sex spouses starting on January 1, 2015.<sup>21</sup>

The guidance does not, however, clarify nationwide rules on domestic partnerships or civil unions for purposes of family coverage. Further, additional HHS guidance from spring 2014 explicitly allows states to refuse to recognize same-sex married couples as a family for purposes of Medicaid coverage, meaning that low-income couples will continue to face eligibility and access rules that vary significantly based on where they live, particularly while many states continue to reject the Medicaid expansion.<sup>22</sup>

**Transgender-Specific Insurance Exclusions.** Prior to health reform, discrimination was rife in insurance markets. The Affordable Care Act introduced significant new standards designed to limit such practices, including new prohibitions on discrimination on the basis of gender identity and sexual orientation by qualified health plans and all other new health insurance plans that include the essential health benefits.<sup>23</sup> Despite these new requirements, however, the continued widespread use of discriminatory transgender-specific exclusions in insurance plans persists.

These exclusions explicitly discriminate on the basis of gender identity by denying transgender people coverage for medically necessary health services—including hormone therapy, mental health services, and surgeries—that are covered for non-transgender consumers on the same plans.<sup>24</sup> Exclusions are

significant barriers to enrollment for transgender people, who see them as a breach of the promise that the Affordable Care Act will help them receive the health care they need. As a transgender man in Virginia noted, “what [the plan is] telling me is not that a service isn’t provided to any of its members...it’s that any care provided to treat [gender dysphoria\*\*\*] is ‘not medically necessary’ and not covered. If, in fact, such a denial of coverage doesn’t violate nondiscrimination policies, those policies are broken.” Another transgender consumer, upon receiving conflicting and inaccurate information from the Michigan marketplace about the availability of coverage without transgender exclusions, said bluntly: “Why bother with insurance at all?”

Since the passage of the Affordable Care Act, there have been several significant policy advances that are helping to open access to insurance coverage for transgender people. For instance, federal regulators concluded in May 2014 that Medicare, which already covered hormone therapy and mental health services for transgender people, cannot categorically exclude coverage for surgeries related to gender transition.<sup>25</sup> Shortly afterwards, the federal Office of Personnel Management also removed a general exclusion for transition-related care in coverage offered in all states through the Federal Employee Health Benefits program.<sup>26</sup> As of July 2014, insurance commissioners in eight states and the District of Columbia have issued guidance clarifying that gender identity and sex nondiscrimination protections in state insurance law prohibit transgender-specific exclusions. And some new insurance plans, such as the health insurance co-op established in Colorado under the Affordable Care Act, have adopted a policy from the very beginning of not using discriminatory transgender exclusions.

\*\*\* Gender dysphoria is a medical term that describes the need that many transgender people have for medical services related to gender transition.

**“I no longer need to sell my home to pay for my health expenses” —Regina’s Story**

When Regina made the courageous decision to live her life as the woman she has always known herself to be, she lost a lot: Her marriage dissolved, and with it went her insurance coverage, which had been through her wife’s employer. As an older transgender woman who had been a stay-at-home parent for many years, she struggled to find a job while paying over \$1100 per month in health care costs –\$440 for her insurance premium plus \$700 for a hormone therapy prescription and asthma medications that her insurance didn’t cover. By the time October 2013 rolled around, Regina was on the verge of having to sell her house to pay off her medical debts. But once the GLBT Community Center of

Denver helped her navigate Colorado’s health insurance marketplace, she was able to find a cheaper plan from the new nonprofit Colorado Health Co-Op that not only covers her prescriptions but doesn’t exclude coverage for any of the health care she needs as part of her gender transition. For Regina, as for so many other transgender, gay, lesbian, and bisexual people across the country, the Affordable Care Act is more than a law – it’s a gift.

Adapted from: Regina Gray, “Health Access: Full Exposure – A Pathway to Better Health,” *Colorado Consumer Health Initiative Full Coverage* (2014). <http://cohealthinitiative.org/blog/2014-05-07/health-access-full-exposure-pathway-better-health>

Despite these advances, however, too many plans—including marketplace plans in most states and the majority of state Medicaid programs—continue to exclude coverage for the medically necessary care many transgender people need. Until these exclusions are clearly and consistently treated as a prohibited form of discrimination by both federal and state regulators, their continued prevalence in plans across the country will continue to bar transgender people from getting coverage under the Affordable Care Act.

**Discrimination Against People With HIV.** Stakeholders in states across the country also raise significant concerns about insurer policies and practices that discourage the enrollment of LGBT individuals with significant health needs, such as HIV. The issue came to a head in early 2014 when the LGBT legal advocacy organization Lambda Legal won an injunction against insurers in Louisiana for endangering the life of a man with HIV by refusing to accept third-party premium payments from the Ryan White Program, which provides vital coverage for lower-income people living with HIV or AIDS.<sup>27</sup> Though HHS released new guidance requiring insurers

to accept these payments, insurers in numerous states quickly began a race to the bottom to find new ways to discourage people with HIV from purchasing their policies. For example, in a practice that has already resulted in a legal challenge via the HHS Office for Civil Rights, many insurers are covering HIV medications, including generics, at the highest cost-sharing tiers, which requires new enrollees to pay thousands of dollars a month in out-of-pocket costs.<sup>28</sup>

**Lack of Plan Transparency.** These outstanding policy questions and continuing concerns about discrimination have a chilling effect on successful outreach and enrollment for LGBT communities. These concerns are often exacerbated by a widespread lack of transparency in plan offerings. Like other consumers with specific health needs, many LGBT people want to know the details of the coverage they are considering buying. They want to be able to compare drug formularies, review policy language to understand whether plans have transgender-specific exclusions or other limits on benefits, and ensure that LGBT-friendly providers are included in their plan’s network.

As an outreach grantee in California noted, for instance, assisters frequently had to explain California's requirements regarding coverage for gender transition, which are among the strongest in the nation. As she put it, "knowing these protections were out there was not enough to overcome the historical discrimination that people experienced. People still wanted to see the plan documents." In most cases, however, plan documents with benefits and coverage information are inadequate, difficult to obtain, or entirely unavailable. Access to adequate information about covered benefits and services, including exclusions, formularies, and cost-

sharing structures, will continue to be critical to ensuring that LGBT people understand their options and enroll in coverage that meets their needs.

Federal and state officials have addressed some, but not all, of the outstanding policy issues that pose barriers to effective LGBT outreach and enrollment. Unanswered questions, such as those identified above, will continue to cause confusion and could compromise efforts to reach LGBT people. Federal and state officials should prioritize the need to resolve these issues ahead of the 2015 open enrollment period.

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# 2015: Next Steps for LGBT Outreach and Enrollment

The 2014 open enrollment period offered significant opportunities to connect LGBT communities with their new coverage options under the Affordable Care Act. Yet more must be done to ensure that LGBT people fully understand their new options and are able to take advantage of them. Indeed, LGBT-specific outreach and education must be an ongoing priority for marketplaces, particularly given opportunities for special enrollment, year-round eligibility for Medicaid, and the approach of the 2015 open enrollment period. This section identifies several high-priority issues, with an emphasis on engagement of LGBT and allied organizations, LGBT-specific cultural competency training for assisters, and LGBT data collection.

## Outreach and Enrollment Ahead of the 2015 Open Enrollment Period

Stakeholders reported a variety of approaches and activities to continue LGBT engagement between spring 2014 and the next open enrollment period, which begins on November 15, 2014. These activities include:

- Distributing information at LGBT Pride events, music and art festivals, fairs, health and wellness clinics, and adoption agencies
- Hosting LGBT-specific enrollment events and continuing to support LGBT enrollment centers
- Educating community members at events and through presentations, with an emphasis on special enrollment periods and Medicaid coverage
- Training partners on LGBT cultural competency and enrollment issues
- Providing additional training opportunities for assisters
- Developing additional LGBT-specific content, such as fact sheets on how to file a complaint in the face of discrimination
- Promoting digital resources and continuing social media campaigns

**Outreach and enrollment efforts in every state should explicitly include LGBT communities.**

LGBT outreach varied largely on the basis of each marketplace's commitment to reaching LGBT community members and was more rare and more difficult in states with a federal marketplace. Gaps in LGBT outreach and enrollment arose from funding limitations, the limited timeframe in which local organizations could apply for navigator grants, limited existing partnerships between LGBT organizations and consumer health advocacy organizations, and the fact that state social and political environments hostile to health reform are also frequently those that tolerate and sometimes actively promote discrimination against LGBT people and their families.

For the 2015 open enrollment period, federal and state marketplaces can help narrow gaps in LGBT outreach and enrollment by funding or encouraging the development of assister coalitions that include LGBT organizations. These coalitions will increase opportunities for outreach to LGBT communities and promote a greater degree of LGBT cultural competence among non-LGBT organizations.

Assisters can also partner with LGBT organizations in every state to support outreach and enrollment efforts: Numerous stakeholders noted the value of coordination and regular communication between LGBT and non-LGBT organizations. And LGBT organizations themselves have a significant role to play in incorporating information about the Affordable Care Act into their work with LGBT community members.

Some LGBT organizations—such as The Health Initiative, members of the California LGBT Health & Human Services Network, and the Northern Colorado

AIDS Project—hired dedicated staff for LGBT outreach and enrollment efforts. Others, including those that did not receive state or federal funding, successfully incorporated health reform information into their regular activities. For example, Equality NC included enrollment information in its existing campaigns and directed LGBT people to culturally competent assisters. PFLAG National similarly committed to distributing and sharing LGBT-specific content about health reform with its members; as a PFLAG representative said, “it became embedded—if we were putting something out, it was going to include the Affordable Care Act.”

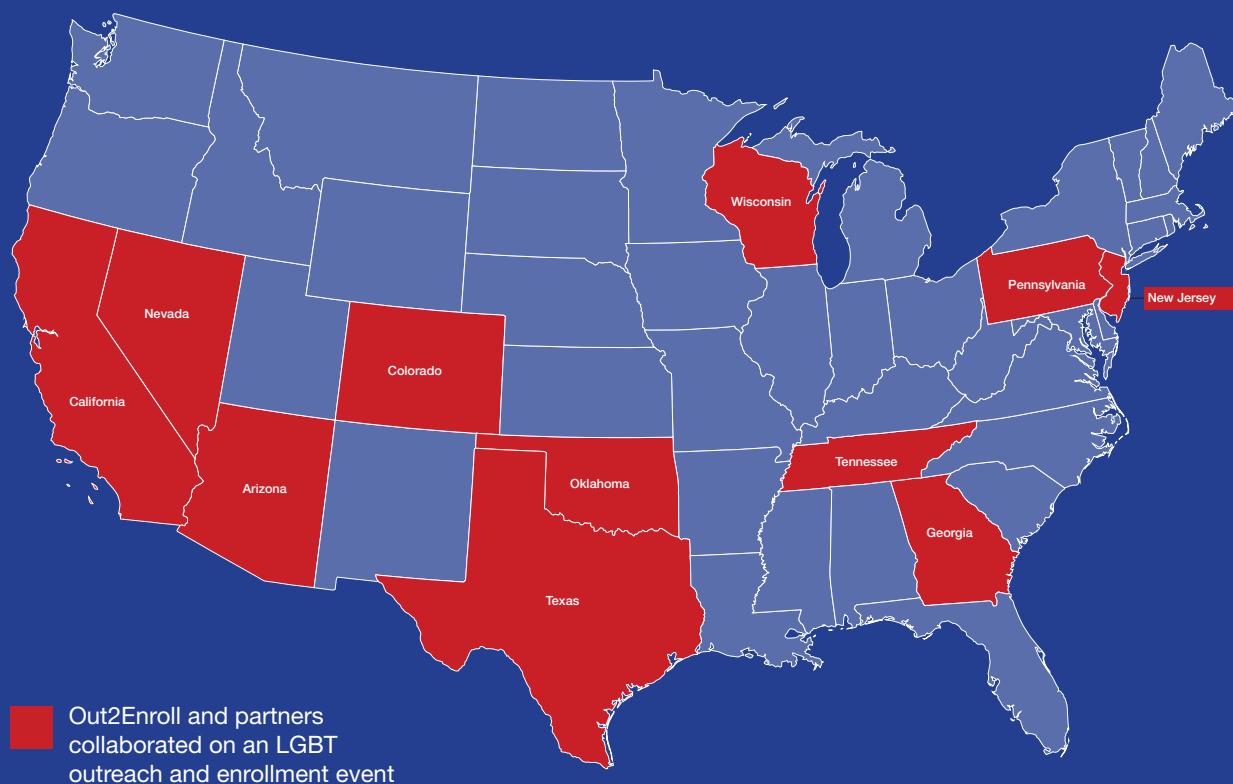
To help facilitate such efforts, Out2Enroll plans to establish a digital working group where LGBT organizations communicate regularly with each other about content and ways to spread the word about health reform. Organizations that want to support outreach and education efforts to LGBT communities can also join or establish coalitions with groups that are already doing so. Through the “Get Answers” section of its website, Out2Enroll offers event and messaging toolkits to help support organizations that want to engage LGBT community members.

**Assisters should receive LGBT cultural competency training.** Particularly for marginalized populations such as LGBT communities, trusted messengers are key to the success of outreach and enrollment. LGBT people overwhelmingly report a desire for culturally competent assistance from organizations and individuals that are knowledgeable about LGBT concerns: Nearly 7 in 10 low- and middle-income LGBT people indicated that it is very important to them that assisters understand LGBT issues around health insurance.<sup>29</sup> Ongoing training will be critical to meet this need.

**For the 2015 open enrollment period, federal and state marketplaces can help narrow gaps in LGBT outreach and enrollment by funding or encouraging the development of assister coalitions that include LGBT organizations.**

## Out2Enroll on the Road

Out2Enroll—in conjunction with HHS, the White House, and local partners—collaborated on 25 outreach and enrollment events in 11 states during the initial open enrollment period. At each event, participants heard remarks from local partners and national officials and had the opportunity to participate in an educational town hall about what the Affordable Care Act means for LGBT communities. Attendees were also able to enroll in coverage with the help of local assisters. At many events, Out2Enroll also provided cultural competency training on LGBT-specific enrollment issues for local assisters.



The degree to which assister training included LGBT-specific information in the initial enrollment period varied by state. DC Health Link and NY State of Health, for example, incorporated LGBT-specific information within their broader training on cultural competency, including case studies with LGBT-specific scenarios such as enrollment for a same-sex couple. As one state marketplace official noted, “incorporating LGBT-specific

scenarios addressed the issue more than saying, ‘you need to be aware of the concerns of the LGBT community.’” Some state marketplace officials also solicited stakeholder feedback on training and outreach strategies. In New York, for example, marketplace officials solicited input from a statewide network of LGBT leaders on the content of the marketplace’s assister training manual.



## **Out2Enroll offers training to assisters on working with LGBT people and answering LGBT-specific questions and has already delivered this training to a variety of assisters in Oklahoma, Pennsylvania, Tennessee, Texas, and Wisconsin.**

In the training for navigators in the 34 states with federal marketplaces, HHS identified a handful of LGBT-specific policy issues, such as the fact that legally married same-sex couples can jointly apply for financial assistance. However, the majority of stakeholders reported interest in additional LGBT-specific training opportunities. Even in states that were highly intentional in their efforts to reach out to LGBT communities, stakeholders wanted more access to ongoing training and education opportunities to help promote LGBT outreach and enrollment. Moreover, continuing training will be particularly important in light of ongoing changes to federal and state rules on policy issues that affect LGBT outreach and enrollment.

Given the lack of LGBT-specific training ahead of the initial open enrollment period, assisters in many states reported a lack of awareness about certain LGBT health issues, such as transgender-specific insurance exclusions. As one interviewee put it, “I will be the first to admit that there are a lot of things that may impact the LGBT community that we may just not know...for instance, we learned that some plans don’t cover gender reassignment surgery or hormones, and we would not have learned this unless there were specific questions.”

Where formal training was not available, some LGBT community organizations stepped forward to help fill the gap. In Georgia, The Health Initiative responded to questions raised by coalition partners and proactively disseminated information about issues related to the Ryan White Program.

Yet stakeholders in many states raised concerns that outreach and enrollment would have been insufficient if LGBT organizations had not stepped forward to be part of state coalitions or to engage as key community partners. As one interviewee put it, “as we got deeper into the open enrollment period, we realized that some of the people who identified as uninsured could be grouped into categories, and one of the categories we were missing the LGBTQ community.” Another noted the importance of referring people to organizations that are familiar with LGBT issues; as she put it, “it was extremely important to know that we could make referrals to culturally competent organizations.”

Out2Enroll offers training to assisters on working with LGBT people and answering LGBT-specific questions and has already delivered this training to a variety of assisters in Oklahoma, Pennsylvania, Tennessee, Texas, and Wisconsin. We continue to offer this training, as well as LGBT-specific messaging and technical assistance, to assisters across the country. More information about this training and technical assistance is available by at [www.out2enroll.org](http://www.out2enroll.org).

To bolster these efforts and help meet the demand for LGBT cultural competency training, HHS should incorporate additional LGBT cultural competency information, such as LGBT-specific scenarios, into its training materials.



**All marketplaces should collect voluntary demographic information on sexual orientation and gender identity.** Data collection is a critical part of informing marketplace outreach and enrollment efforts among LGBT communities, assessing the effectiveness of LGBT-inclusive cultural competency and nondiscrimination requirements, and ensuring that LGBT needs are understood and addressed.

Unfortunately, only one interviewee, DC Health Link, noted that its assisters were encouraged, but not required, to report the gender identity of the individuals they served. Because no marketplaces reliably collected data on LGBT identity during the initial open enrollment period—despite clear indications that LGBT people are disproportionately uninsured—policymakers, researchers, and advocates lack even the most basic information about how many LGBT people have enrolled in coverage and the degree to which the Affordable Care Act may be helping close LGBT health disparities.

The lack of LGBT data also seriously hampers efforts to conduct effective outreach to LGBT communities. Covered California, for example, used enrollment data to prioritize outreach and enrollment efforts to particularly underserved segments of the population and to identify

which types of population-specific materials to develop. When enrollment data revealed a significant gap in Latino enrollment, Covered California increased its efforts to reach this community.<sup>30</sup> Yet without similar data on sexual orientation and gender identity, LGBT organizations and their partners face substantial obstacles in making the case for similar efforts to reach underserved LGBT people. As one interviewee put it, “the lack of any actual data on uninsured LGBT people meant we could tell Covered California who we were reaching, but we did not have the data to prove it.”

Federal regulations permit the marketplaces to collect demographic information, as long as the disclosure of any information not expressly related to eligibility determination is optional for applicants.<sup>31</sup> And research shows that questions on sexual orientation and gender identity do not discourage individuals from completing demographic and other surveys.<sup>32</sup> Federal and state marketplace officials should start collecting voluntary information on LGBT identity in the 2015 enrollment period by adding optional sexual orientation and gender identity questions to the existing optional demographic questions on race and ethnicity on marketplace applications.

**Data collection is a critical part of informing marketplace outreach and enrollment efforts among LGBT communities, assessing the effectiveness of LGBT-inclusive cultural competency and nondiscrimination requirements, and ensuring that LGBT needs are understood and addressed.**

# Conclusion

Health reform is an unprecedented opportunity to address LGBT health disparities and improve the wellbeing and economic security of LGBT people and their families. To help deliver on this promise, Out2Enroll and partners across the country joined forces to inform LGBT communities about new coverage options. Although the initial open enrollment period offered significant opportunities to connect LGBT community members with their new coverage options, more must be done to effectively reach LGBT people and trusted messengers in states across the country.

Stakeholders such as marketplace officials, federal officials, LGBT leaders, consumer health advocates, assisters, LGBT allies, and LGBT community members have a crucial role to play in increasing awareness about health reform and helping ensure that the benefits of the Affordable Care Act reach everyone who needs them.

## About Out2Enroll

Out2Enroll is a consortium of organizations led by a steering committee comprised of the Center for American Progress, the Federal Agencies Project, and the Sellers Dorsey Foundation. Out2Enroll includes a national campaign and state-based outreach to promote enrollment of the LGBT community, the development of targeted information about health reform for the LGBT community, and innovative opportunities to engage the community through strategic partnerships and high-profile events and marketing campaigns. Through these efforts, Out2Enroll serves as a key link between LGBT communities and new coverage options available under the Affordable Care Act.

We wish to express our gratitude to the members of our advisory committee, our community partners, and our funders. Out2Enroll could not do this work without their unwavering support.

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