



YOUNG LGBTQ ADULTS AND THE AFFORDABLE CARE ACT

Introduction

The Affordable Care Act (ACA) marks a historic coverage expansion for young lesbian, gay, bisexual, trans*, and queer (LGBTQ)¹ adults, as millions of uninsured people ages 18 to 34 are newly eligible for free or low cost coverage. Decades of inadequately informed care from physicians² and unaffordable or discriminatory health coverage have harmed health outcomes for young LGBTQ adults.³ To be sure, they continue to face challenges in finding quality care, such as providers with insufficient education on the needs of LGBTQ patients, harassment or insensitivity to sexual or gender-related health needs, and health plans excluding transgender care.⁴

Nevertheless, the ACA promises young LGBTQ adults improved treatment outcomes and quality of life. New affordable options include expanded eligibility for Medicaid and tax credits to lower the cost of buying a plan on Healthcare.gov or a state marketplace.⁵ All insurance policies now cover pre-existing conditions such as HIV and preventive services like STD/I tests, depression screenings, contraception, and women's preventive services at no additional cost. The ACA also forbids discrimination on sexual orientation and gender identity in health care – the first time a federal law has done so.⁶ Moreover, in June 2013, the Supreme Court struck down the Defense of Marriage Act (DOMA), allowing married same-sex couples to participate in the health marketplaces equally. The following fact sheet details the ACA's impact on young LGTBQ adults.

Why the ACA Matters to LGBTQ Young Adults

Young LGBTQ adults historically face a “double whammy” in health care: high rates of poverty make health insurance unaffordable, and they fear discrimination from professionals in the health industry when eventually seeking care.⁷ Furthermore, lesbian, gay, and bisexual individuals (LGB) are more likely to be uninsured than their heterosexual counterparts.⁸ In California, for example, which tracks insurance coverage by sexual orientation, 31 percent of lesbian and gay individuals ages 18 to 34 are uninsured, compared to 26 percent of their heterosexual counterparts.⁹ Nationally, 19 percent of transgender people lacked any sort of insurance in 2010.¹⁰

Young LGBTQ adults, when polled, value privacy, confidentiality, respect, honesty, and good listening from their primary care providers.¹¹ But physicians report feeling unprepared to bring up or address sexual orientation issues with their LGBTQ patients.¹² Transgender and gender non-conforming individuals additionally face refusal of care, harassment and violence, and a lack of provider knowledge in medical settings.¹³ Unsurprisingly, LGBTQ adults of all ages are nearly twice as likely to delay seeking medical care than heterosexual adults.¹⁴ *These negative health care experiences make the ACA's reforms crucial, as broadened access to insurance coverage allows young LGBTQ adults to seek the care they need when they need it.*

The ACA's Impact on LGBTQ Health Outcomes

The ACA's many provisions are already working to improve health outcomes for LGBTQ young adults by making insurance cheaper and removing barriers to coverage for those with pre-existing conditions.

Unfortunately, despite encouragement from HHS to increase cultural competency trainings among behavioral health providers under the ACA,¹⁵ the medical profession still lacks training to specifically address the health needs of LGBTQ young adults seeking primary care. In certain states, insurance companies remain able to discriminate based on gender identity.¹⁶ Moreover, not all marketplace plans offer equal coverage of prescription medications for HIV-positive individuals.¹⁷

Dependent coverage and Medicaid for former foster youth until age 26

More than 3.1 million young adults of all sexual orientations and gender identities have been able to stay on or join a parent's plan until age 26 since 2010, including LGBTQ young people.¹⁸ Still, many LGBTQ young adults under 26 may not have access to a parent's plan when facing displacement from their families of origin, particularly after experiencing decreased parental support in response to their sexual orientation or gender identity.¹⁹ Now, these young adults have options: they can choose a private plan and apply for tax credits on the state and federal health insurance marketplaces.²⁰ Additionally, those formerly in foster care can seek free coverage under Medicaid without an income or asset requirement until age 26, in all fifty states.

New health insurance marketplace and premium tax credits

In 2010, transgender survey respondents reported fewer offers of employer coverage than the population at large.²¹ Now, young adults without an offer of employer-based coverage can shop for plans on the new health insurance marketplaces, and may qualify for tax credits to lower their costs. In the new health insurance marketplaces, consumers can shop for and compare health plans online, by phone, or in person. Many young LGBTQ individuals will be eligible for a new kind of "advanceable" tax credit that can lower the cost of buying insurance up front for individuals and families falling within certain income ranges – up to about \$46,000 for an individual or \$94,000 for a family of four.

Additionally, as a direct result of federal guidance following the Supreme Court's DOMA decision, young, legally married same-sex couples in any state will now be able to file taxes jointly, receive tax credits as a household, and purchase family plans on the marketplace.²² Young adults in same-sex domestic partnerships or civil unions can qualify individually for tax credits to apply toward a plan, and if their state allows, may be able to pool individual tax credits toward a family health plan.²³

Expanded Medicaid eligibility (in certain states)

The ACA gives states the option to expand eligibility for Medicaid, a public health insurance program, to include all individuals making up to 138 percent of the poverty line – about \$16,000 for an individual or \$32,000 for a family of four. Many homeless young adults, more likely to be financially independent and low income, will be eligible for Medicaid. As a result, LGBTQ young adults, disproportionately likely to be homeless compared to their peers,²⁴ will benefit widely from Medicaid expansion. So far, 26 states and the District of Columbia have opted to expand Medicaid coverage.²⁵

No more coverage denials based on pre-existing conditions or identity

*Individuals can no longer be denied coverage or charged more due to their HIV status, sexual orientation, or gender identity.*²⁷ This will particularly benefit African American trans* women and gay and bisexual men, who experience unparalleled rates of new HIV diagnoses. In 2010, young men who have sex with men comprised 72 percent of new HIV infections among 13 to 24 year olds,²⁸ and twice as many young African American gay and bisexual men receive this diagnosis as whites.²⁹

Young trans* individuals also experience higher rates of HIV infection than their older counterparts, and will disproportionately benefit from this non-discrimination provision. For example, of transgender women testing positive for HIV in NYC from 2007 to 2011 in New York, 52 percent were in their 20s.³⁰

Without a consistent primary care provider, young HIV-positive adults face discouraging health outcomes: those infected with HIV under the age of 25 are less likely to know their status, and as a result, less likely to seek and receive medical care for the virus.³¹ When young adults receive quality health insurance coverage under the ACA, including benefits like testing and wellness visits, they can find a primary care provider and receive continued care for an HIV diagnosis.

Preventive services at no extra cost

Health plans must now provide preventive services at no additional cost to consumers. LGBTQ young adults who get covered can access free HIV screenings, alcohol misuse screenings and counseling, depression screenings, domestic violence screenings and counseling, and contraception.³² Getting tested can help ensure young people receive the treatment they need. For example, the CDC estimates 60 percent of all youth with HIV have not been tested, are unaware of their status, and do not receive treatment for the infection.³³ Preventive services and early detection are now free under most health plans, and lead to better long-term health outcomes for young adults.

Needed benefits for women

Contraception at no additional cost is particularly important to young lesbians and bisexual women, who are just as likely as their heterosexual peers to engage in heterosexual sex, but may be more likely to become pregnant.³⁴ Additionally, insured women in same-sex relationships are less likely than their counterparts in heterosexual relationships to have received Pap tests and mammograms in the past three years, and uninsured women in same-sex relationships are less likely still to receive preventive services.³⁵ The ACA could help change this because contraception and preventive services are now included at no cost on all plans.

Mental health services

In a national survey on trans* health and health care, over 25 percent of respondents reported misusing drugs or alcohol to cope with discrimination, and 41 percent reported attempting suicide.³⁶ LGB young adults also report greater rates of substance use, initiated at younger ages than their heterosexual counterparts,³⁷ as well as increased incidence of depression and anxiety.³⁸ Under the ACA, mental health and substance use services are one of ten Essential Health Benefits covered on most plans. *For more on how the ACA improves access to mental health care for young adults in general, see [Young Invincibles' July 2013 fact sheet on mental health services](#).*

Non-discrimination provisions

The ACA prohibits discrimination in health care programs on the basis of sex, gender identity, or sex stereotypes, and applies to insurers, hospitals, some navigators, marketplaces, and all entities that receive federal funds.³⁹ *In fact, it is the first federal law prohibiting sex discrimination in health care.*⁴⁰

Unfortunately, many plans may not pay for gender-confirming hormones or surgery, or pre- and post-transition care, because of written exclusions of care related to gender identity.⁴¹ Furthermore, insurance companies often word these exclusions vaguely and apply them broadly to transgender individuals, even denying coverage for preventive screenings like mammograms on the basis that the benefit relates to “changing sex or sexual characteristics.”⁴² Fortunately, some states, including CA, CO, DC, OR, and VT, have passed laws prohibiting anti-transgender exclusions in health plans.⁴³ *Young adults who experience discrimination have a right to report their experience with the Office for Civil Rights at the Department of Health and Human Services by visiting www.hhs.gov/ocr/civilrights/complaints/index.html.*

What Did the DOMA Decision Change?

Since the Supreme Court ruled the Defense of Marriage Act (DOMA) unconstitutional in June 2013, same-sex legally married couples can now file taxes jointly. Uninsured individuals shopping for health care for the first time will use their tax filing to calculate household income, which determines Medicaid eligibility and the amount of a tax credit on the marketplace. Same-sex couples in states that recognize gay marriage no longer have to pay taxes on a spouse’s benefits, whether from a marketplace plan or employer-based coverage,⁴⁴ and may even be eligible for a refund of previous taxes paid.⁴⁵

Conclusion

Thanks to the ACA, millions of young adults in the United States are gaining access to health insurance coverage and needed medical services; young LGBTQ adults are no exception. Under the law, LGBTQ young adults now have more options for getting covered, including strengthened coverage for HIV-positive individuals and non-discrimination provisions to protect same-sex couples and gender non-conforming patients.

Additional steps will guarantee that all LGBTQ individuals can truly enjoy adequate coverage. Currently, trans* individuals in certain states face discrimination due to exclusion provisions, and HIV-positive individuals may find marketplace plans inadequate to manage their treatment. States should introduce anti-trans-exclusion legislation and make information on prescription coverage for HIV-positive individuals more readily available. Lastly, providers can better serve the newly-insured by seeking additional education and training on cultural competency and the unique health needs of their LGBTQ patients. Along with the key provisions of the ACA, these steps will help to improve health outcomes for all LGBTQ young adults.

End Notes:

1. We use the term “LGBTQ” in this paper to refer to individuals who have identified themselves as lesbian, gay, bisexual, transgender, queer, or questioning. Surveys or studies we cite may indicate otherwise, as indicated throughout this brief. Where we use the term trans*, we refer to all non-cisgender gender identities, including but not limited to trans, transgender, genderqueer, genderfluid, non-binary, and two-spirit individuals.
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3. Ibid., 67.
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7. IOM, *The Health of Lesbian, Gay, Bisexual, and Transgender People*, 224.
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12. Ibid.
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16. Christen McCurdy, “How to Pay for Health Care when you’re Trans*,” *Pacific Magazine*, July 22, 2013, accessed December 3, 2013, <http://www.psmag.com/health/how-to-pay-for-health-care-when-youre-trans-62946/>.
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18. Assistant Secretary for Planning and Education (ASPE), *Report Shows Affordable Care Act has Expanded Insurance Coverage Among Young Adults of All Races and Ethnicities* (Washington, DC: HHS, 2013), 1, accessed October 28, 2013, <http://aspe.hhs.gov/health/reports/2012/YoungAdultsbyGroup/ib.pdf>.
19. IOM, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*, 169, 231
20. In order to qualify for tax credits an individual must not be a tax dependent.
21. National Center for Transgender Equality and The National Gay and Lesbian Task Force, *National Transgender Discrimination Survey Report*, 8.
22. DOMA was a federal law enacted in 1996 allowing states to individually refuse to recognize same-sex marriages. In *United States v. Windsor* in 2013, the Supreme Court struck down the law, and as a result, same-sex couples can seek coverage or advanced premium tax credits under the Affordable Care Act regardless

- of their state of residence. For more, see, e.g. Sarah Kliff, “The feds now must recognize same-sex marriage. That changes Obamacare,” *The Washington Post*, June 26, 2013, accessed January 27, 2014, <http://www.washingtonpost.com/blogs/wonkblog/wp/2013/06/26/the-feds-now-must-recognize-same-sex-marriage-that-changes-obamacare/>.
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 33. *Ibid.*
 34. IOM, *The Health of Lesbian, Gay, Bisexual, and Transgender People*, 153.
 35. *Ibid.*, 224.
 36. National Center for Transgender Equality and The National Gay and Lesbian Task Force, *National Transgender Discrimination Survey Report*, 1, 14.
 37. IOM, *The Health of Lesbian, Gay, Bisexual, and Transgender People*, 4, 159.
 38. *Ibid.*, 190.
 39. NWLC, *Nondiscrimination Protection In the Affordable Care Act* (Washington, DC: 2013), accessed December 3, 2013, <http://www.nwlc.org/resource/nondiscrimination-protection-affordable-care-act-section-1557>.
 40. *Ibid.*
 41. Kellan Baker and Andrew Cray, *Ensuring Benefits Parity and Gender Identity Nondiscrimination in Essential Health Benefits*, 5.
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