



## Sexual Orientation and Gender Identity

Health disparities associated with sexual orientation and gender identity (SOGI) can lead to avoidable hospital readmissions, reduced quality of care, and higher costs. Understanding medication use, misuse, health outcomes, and plan limitations by SOGI can help managed care pharmacists identify gaps in care and develop interventions to address inequities.

### CALL TO ACTION

- Educate health care professionals on the importance of collecting and updating SOGI data annually, at minimum.
- Provide health care professional training on using inclusive and respectful language to collect SOGI data.
- Build trust with health plan members by explaining how the plan collects, uses, transfers, stores, and accesses SOGI data in ethical and non-discriminatory practices.
- Develop comprehensive standards for SOGI data collection beyond gender while ensuring flexibility and inclusive language.
- Enable members to opt out of information collection rather than opt in.




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### WHY THIS MATTERS


Lack of valid and reliable SOGI data can lead to missed opportunities for health plans to provide effective and safe care for their members. Regularly assessing health care use and outcomes by SOGI can help managed care ensure appropriate care is provided, customize interventions, and meet the unique needs of their members. For example, if a health plan is aware that a member is using hormone therapy for transitioning, this information can increase trust, ensure appropriate pronoun use, and inform appropriate clinical care and safety monitoring.

Compared to heterosexuals, **sexual minority members** are

**95% MORE LIKELY** 


to **REDUCE** medication use by using alternative or less costly medications.<sup>1</sup>

Among high-risk gay and bisexual men, **Latinos** are

**22% MORE LIKELY** 

to **NOT** be treated with **PrEP** for HIV treatment compared to whites.<sup>2</sup>

Compared to heterosexual adults, **transgender adults in California** are

**180% MORE LIKELY** 

to have a **DELAY** or **NOT** receive medications.<sup>3</sup>

## Existing Standards

The U.S. Department of Health and Human Services does not mandate the collection of SOGI data and provides minimum standards for collecting gender identity data (e.g., male or female).<sup>4</sup> Other federal agencies that collect SOGI data include the Health Resources and Services Administration which requires the reporting of gender identification (e.g., male, female, transgender male/female-to-male, transgender female/male-to-female, and other) and sexual orientation (e.g., lesbian or gay, straight, bisexual, something else, don't know). Nearly all state Medicaid applications ask questions regarding member sexual orientation and gender identity on applications.<sup>5</sup>

Organizations that have published recommendations and developed models, standards, and resources for SOGI include the National Academies of Sciences, Engineering & Medicine Consensus, Health Level Seven International Gender Harmony, and the Fenway Institute.<sup>6, 7, 8</sup>



### Examples of Inclusive SOGI Questions

For data matching purposes, what sex were you assigned at birth?

- Female
- Male

Gender identification – What is your current gender identification?

- Female
- Male
- Transgender Woman/Transgender Female
- Transgender Man/Transgender Male
- Genderqueer/gender nonconforming neither exclusively male nor female
- Additional gender category, please specify \_\_\_\_\_
- Choose not to disclose

Sexual orientation – Which of the following do you identify most closely with?

- Lesbian, gay, or homosexual
- Bisexual
- Something else
- Choose not to disclose
- Straight or heterosexual
- Non-binary
- Do not know

*These questions were adapted from the Fenway Institute, and Oregon Health Plan recommended questions.<sup>5, 8</sup>*

## SOGI Data Sources Used by Health Plans

The most common methods for collecting SOGI data (mainly gender identity data) are during health plan enrollment, case management programs, health risk assessments, patient experience surveys (e.g., CAHPS), and the limited transfer of clinical data from providers or health information exchanges (e.g., prior authorization forms).<sup>9</sup>

## Challenges and Opportunities Related to SOGI Data



### CHALLENGE

SOGI is fluid; thus, data needs to be continuously updated and cannot be stagnant.<sup>5, 8, 9</sup>



### OPPORTUNITIES

- Update sexual orientation and gender identification data once a year, at minimum, as it may change throughout a person's lifetime.



### CHALLENGE

Health care professionals are uncomfortable collecting data on sexual orientation and gender identity due to lack of training.<sup>5, 8, 9</sup>



### OPPORTUNITIES

- Incorporate education and training on when and how to ask SOGI questions into health care professionals (e.g., pharmacists, nurses, and physicians) curriculum and post-graduate training.<sup>9</sup>

## Challenges and Opportunities Related to SOGI Data



### CHALLENGE

Plan members are hesitant to provide sensitive information, especially about their sexual orientation or gender identity, due to a lack of trust in how the data will be used to impact their care.<sup>5, 8, 9</sup>



### OPPORTUNITIES

- Include standard language regarding ethical SOGI data collection and use. Information should be publicly available in multiple languages.
- Certify appropriate data security standards for secure data transfer and ensure information is used ethically (e.g., non-discriminatory and non-biases practices).



### CHALLENGE

Information on sexual orientation and gender identity data are not comprehensive or complete. Sexual orientation data are not often collected.<sup>5, 8, 9</sup>



### OPPORTUNITIES

- Ensure SOGI data collection is beyond gender and incorporates inclusive and flexible language.
- Collaborate with community navigators and other advocates to increase self-reported SOGI data through education.
- Allow SOGI data collection as an “opt-out” rather than an “opt-in” feature to increase data completeness.

## What Managed Care Pharmacy is Doing



### Oregon Health Authority:

The Oregon Health Authority Office of Equity and Inclusion **developed, expanded, and vetted standards for SOGI data collection.** The standards include recommendations for respectful communication when collecting demographic information for eligibility, coverage, and care coordination.<sup>10</sup>



**Elevance Health:** Elevance Health **added a non-binary birth-sex selection “U” to their membership and electronic enrollment process.** The addition of “U” does not denote the member’s preference but signals that the gender preference is unknown to the plan. The addition of this selection acknowledges that the member’s identity preference is essential to overall health and well-being.<sup>11</sup>



**SCAN Health:** To address the needs of LGBTQ+ seniors, a new plan offering was created with Included Health to connect members with gender-affirming providers and offer behavioral health and on-demand health services and virtual visits for members. The plan also offers **lower copayments on certain specialty-tier drugs**, such as HIV treatments and gender-affirming hormone treatments.<sup>12</sup>

## References

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