



ADVANCING EQUITABLE ACCESS TO CULTURALLY-COMPETENT HEALTHCARE AND PROTECTION FROM DISCRIMINATION FOR ALL LGBTQ+ TEXANS: POLICY RECOMMENDATIONS FOR THE TEXAS LEGISLATURE

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ABOUT DOCTORS FOR CHANGE

Founded in 2006, Doctors for Change is a 501(c)3 non-profit organization that focuses on addressing the challenges and inequities in health that people face across Houston and Texas. Though the organization began as a small group of Houston physicians, it has now grown into a network of clinicians, nurses, social workers, public health professionals, and other passionate community members.

OUR MISSION

Doctors for Change is a membership organization that champions health for all Houstonians and Texans through research, education, collaboration, and advocacy.

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Doctors for Change

www.doctorsforchange.org

OUR VISION

A city and state where communities have resources to ensure health for all.

ACKNOWLEDGEMENTS

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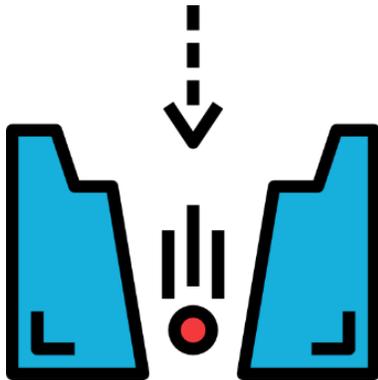


EXECUTIVE SUMMARY

Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals have limited access to culturally competent healthcare in Texas because of discrimination they face on the basis of their sexual orientation and/or gender identity.¹ Barriers to care are a key driver of health disparities across queer populations in Texas and throughout the United States. An alarming 26% of LGBTQ+ Texans lack health insurance, compared with 17.7% of adults statewide, leading to high costs and deferrals of care.^{1,2,3} LGBTQ+ Texans suffer higher rates of chronic disease, psychosocial vulnerability, and worse overall outcomes.^{4,5,6} Throughout Texas, most healthcare providers lack the training to effectively care for the unique needs of the LGBTQ+ population. Finally, discrimination against the LGBTQ+ community remains prevalent in many aspects of life for LGBTQ+ Texans, contributing negatively to their health and wellness. In the 2021 legislative session, the Texas Legislature can help ensure more equitable and affirming care for LGBTQ+ Texans. This policy statement, written by physicians and LGBTQ+ health advocates in Texas, outlines key measures that should be taken.

In **Section I** of this brief, we discuss the health disparities that LGBTQ+ Texans experience every day and propose policy measures to address them in the Texas Legislature. We review chronic health conditions such as asthma, diabetes, hypertension, and heart disease as well as substance abuse, mental health, access to reproductive and sexual healthcare, and advances in the care of transgender patients. In **Section II**, we discuss the importance of cultural competency for healthcare providers as well as privacy and protections for patients and providers. Finally in **Section III**, we examine LGBTQ+ anti-discrimination more broadly in areas such as health insurance, housing, employment, public accommodations, school, and incarceration as these areas greatly influence the health of LGBTQ+ Texans.

SECTION I: GAPS IN THE LGBTQ+ POPULATION'S ACCESS TO HEALTHCARE IN TEXAS



CHRONIC HEALTH CONDITIONS

In the United States, five chronic diseases -- heart disease, cancer, stroke, chronic obstructive pulmonary disease (COPD), and diabetes -- account for 7 out of 10 deaths among adults annually.⁷

Texans experience similar burdens of these illnesses, and LGBTQ+ Texans suffer from these chronic diseases at higher rates than the rest of the population. These diseases are largely preventable, yet no LGBTQ+ specific interventions have been implemented statewide.⁸

BARRIERS TO CARE ARE A KEY DRIVER OF HEALTH DISPARITIES

OBESITY, DIABETES, AND SUBSTANCE USE DISORDERS

Obesity is a leading risk factor for diabetes, hypertension, and heart disease. In 2015, the rate of obesity in Texas was 32.4%, compared to 29.8% nationally.⁹ Across the nation, lesbian and bisexual women experience higher rates of obesity than heterosexual women, due in part to higher rates of stress eating and other disordered behavior.¹⁰ In Texas, 11.4% of adults have diabetes, and the LGBTQ+ community is disproportionately affected. Among lesbian, gay, and bisexual Black adults, 20% have diabetes, more than twice the rate of the Black population in general, and four times that of White lesbian, gay, bisexual, and heterosexual adults.¹¹

Members of the LGBTQ+ community experience higher rates of substance use disorders compared with the general population. Compared with heterosexual Americans, lesbian, gay, and bisexual adults in the United States suffer high rates of heavy drinking and smoking compared with heterosexual people.^{12,13} These patterns are also seen among lesbian, gay, and bisexual youth in Texas. Compared to heterosexual youth, the self-reported rates of alcohol use by lesbian, gay and bisexual youth are nearly double (44% to 26%), triple for methamphetamine use (6% to 2%), and quadruple for injection drug use (9% to 2%).¹⁴



POLICY MEASURES FOR GAPS IN CHRONIC DISEASE AND SUBSTANCE USE DISORDER CARE FOR LGBTQ+ TEXANS

A key obstacle to healthcare access for the LGBTQ+ community has been discomfort in clinical environments among individuals who would otherwise seek care.¹⁵ Fortunately, affirming, non-judgmental clinical settings across the country have improved outcomes for chronic disease management, including diabetes and cardiovascular disease among LGBTQ+ individuals.^{16,17} In major Texas cities, there are individual centers with affirming care for LGBTQ+ Texans with chronic diseases and substance use disorders. However, gaps in care remain, especially in rural Texas, and successes seen in other areas of the country have been difficult to replicate in Texas. For example, the *Last Drag*, an LGBTQ+ smoking cessation program that was successful in other states,

struggled in south central Texas due to barriers such as lack of funding, issues with culturally sensitive language, and recruitment difficulties.¹⁸ These challenges illustrate the need for population-specific funding for programs in chronic diseases with a focus on culturally competent care to help reduce

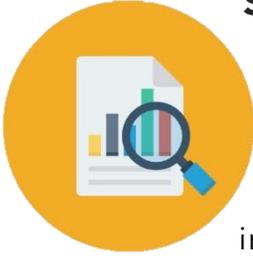
EXPAND COMMUNITY TREATMENT PROGRAMS AS AN ALTERNATIVE TO INCARCERATION FOR LGBTQ+ INDIVIDUALS WITH SUBSTANCE USE DISORDERS

chronic disease prevalence among LGBTQ+ Texans.

As substance use disorders and mental health disorders often occur concurrently, programs that address both will be better positioned to make lasting, beneficial impacts for individuals and communities. When substance use treatment and prevention programs are tailored specifically for pediatric and adult LGBTQ+ communities, they have been shown to be effective.¹⁹ However, policies must also address the root causes of substance use disorders such as housing instability, mental health burdens, and misuse of the criminal justice system to treat substance use disorders, as will be discussed later in this statement.

PROMOTE CHRONIC DISEASE AND SUBSTANCE USE DISORDER CARE FOR LGBTQ+ TEXANS THROUGH FUNDING FOR FOCUSED PROGRAMS, INCLUDING TELEMEDICINE SERVICES

SEXUALLY TRANSMITTED INFECTIONS



Sexually transmitted infections (STIs) continue to represent a significant health burden for all Texans. In 2018 over 145,000 Texans were diagnosed with chlamydia, 46,000 with gonorrhea, and 2,500 with syphilis.²⁰ Though the prevalence of these

infections among LGBTQ+ Texans

is unknown, national statistics indicate that LGBTQ+ people experience a higher burden of these infections. Additionally, they are less likely to access screening and treatment programs than heterosexual and cisgender individuals.²¹ LGBTQ+ individuals with a uterus and cervix are less likely to be encouraged to undergo a recommended STI screenings by their providers than

heterosexual cisgender women.²² The burden of STIs in Texas can be reduced by improving overall access to primary care. Additionally, the promotion of community-level interventions may reduce STI prevalence by training clinicians on inclusive preventative sexual health guidelines.

EXPAND FUNDING FOR CULTURALLY COMPETENT LGBTQ+ HEALTH CENTERS AND PROVIDERS FOCUSED ON PRIMARY CARE AND STI DIAGNOSIS AND TREATMENT

HIV/PREP ACCESS

People living with HIV (PLHIV) in Texas

According to the latest available data, in 2018 there were 94,106 people living with Human Immunodeficiency Virus (PLHIV) in Texas, the virus which causes Acquired Immunodeficiency Syndrome (AIDS).²³ Rates of new infections have declined over the past decade, but total new infections have remained relatively constant with 4,520 diagnoses in 2018.²⁴ Minority communities, particularly Black and Latinx Texans, are disproportionately impacted compared with White communities. Notably, rates of infection are at least double that of White men for Black and Latinx men. Even higher are rates among minority women, especially among Black women who are 14.6 times more likely to contract HIV than White women in Texas.²⁵ For LGBTQ+ Texans, infection rates are also higher than heterosexual and cisgender Texans. More than two-thirds of new infections in Texas occur in gay, bisexual, and men who have sex with men. Furthermore, 17.6% of new infections occurred in transgender women, who experienced 800 new cases in 2018.²⁵ Inherent in

these statistics are the additional risks that individuals who identify with multiple minority communities experience.

Access to HIV testing and treatment



Given the disproportionate rate at which minorities, and especially LGBTQ+ Texans, are infected with HIV, equitable access to testing is critical to ensuring access to care. However, disparities exist in HIV testing access across Texas. In Harris County emergency departments in 2020, White Houstonians were tested for HIV twice as often as African American Houstonians, even though Black Houstonians account for more than half of positive cases. Further, Black women accounted for less than one fifth of all tested but more than 65% of positive cases among women.²⁶ These trends are also observed within LGBTQ+ communities across the country and must be addressed here in Texas.²⁷ Such disparities in testing indicate the urgent need to overcome barriers to diagnosing HIV.

Further, overall survival following diagnosis of HIV is lower among LGBTQ+ communities nationally and in Texas.^{28, 29} Measures that can improve access to treatment include eliminating prior authorization and other bureaucratic requirements for patients who need HIV treatment.³⁰

PrEP access

Pre-exposure prophylaxis, known as “PrEP”, has proved highly effective at reducing rates of HIV transmission. Studies over the past decade have shown that when HIV-negative people took daily emtricitabine and tenofovir (brand name Truvada and Descovy), sexual transmission of HIV was reduced by greater than 90% and by greater than 70% among injection drug users.³¹ Despite the preventative success of PrEP, usage lags among vulnerable communities, especially in Texas. In Texas, lower rates of PrEP use among Black and Latino men is often driven by structural barriers to access such as cost, historic mistrust of medical professionals, and limited targeted public health outreach to minority communities about PrEP.³² These barriers can be addressed through measures to increase access to PrEP, HIV testing, and HIV treatment during the 2021 Texas legislative session.

Protection against discrimination due to HIV status



In Texas, a patient’s HIV status, if not disclosed, can be considered “a tool of bodily harm” and thus punishable according to physical assault statutes.³³ These laws thus confer risk of imprisonment among HIV+ individuals who engage in consensual sex but do not disclose their HIV status. Protection against discrimination due to HIV status is critical for destigmatization and promotion of safety when transmission risk is elevated.³⁴

Youth HIV education and treatment

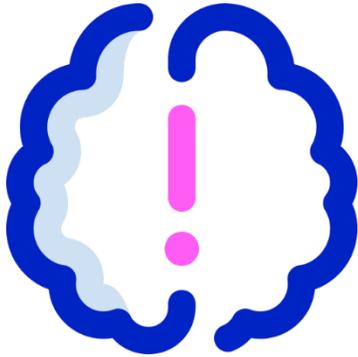
LGBTQ+ youth are an especially vulnerable population for HIV/AIDS due to factors such as rejection by family members, homelessness, and unemployment. Consequently, youth ages 13 to 24 accounted for 21% of all new HIV cases in the United States in 2018.³⁵ Unfortunately youth are among the least likely to know their HIV status and the least likely to retain treatment, with trends disproportionately impacting LGBTQ+ youth. This is true in Texas as well.³⁶

Policy Measures for HIV testing, treatment and education

ELIMINATE PRIOR AUTHORIZATION AND OTHER BUREAUCRATIC REQUIREMENTS FOR HIV TREATMENT SUCH AS WAS PROPOSED IN HB 3058 BY REPRESENTATIVE JULIE JOHNSON IN THE 86TH LEGISLATIVE SESSION

INCREASE FUNDING FOR AND ACCESS TO HIV TESTING AND PREP AMONG LGBTQ+ AND RACIAL MINORITY COMMUNITIES ALONG WITH CAMPAIGNS TO REDUCE STIGMA

MENTAL HEALTH



Mental Health among the LGBTQ+ adult population

The rates of mental illnesses and psychological distress among members of the LGBTQ+ community remain higher than those found in the general population. This is in part due to stigma faced by this population. LGBTQ+ individuals face discrimination in areas such as access to healthcare and social support, as well as higher rates of poverty, unemployment, and violence compared to heterosexual and cisgender individuals.³⁷ These disparities contribute to the higher incidence of substance use disorders and psychiatric conditions such as anxiety and depression seen in the LGBTQ+ population.^{38, 39,40} LGBTQ+ people also suffer from higher rates of self-harm and are twice as likely to attempt suicide.⁴⁰ These trends hold true in Texas as well. LGBTQ+ adults in Texas are more likely to be diagnosed with depression and report higher rates of binge-drinking than heterosexual and cisgender adults.⁴¹

Mental Health among the LGBTQ+ youth population

LGBTQ+ youth in Texas are more likely to be bullied in school and electronically, which contributes to a higher rate of school absence due to feeling unsafe.⁴¹ Being consistently bullied can lead a student to drop out of school, and subsequently become under-employed or unemployed. Of the transgender Texas students who said they had been harassed in school, 14% reported dropping out because of its severity.⁴¹ Lesbian, gay and bisexual students in Houston and Fort Worth reported higher rates of seriously considering suicide compared to their peers.⁴¹



Mental Health among the transgender population

Mental health for transgender individuals is strongly influenced by access to social and medical transitioning. Research demonstrates significant improvements in the psychological health of transgender individuals receiving gender-affirming hormone therapy and gender reassignment surgery.^{42, 43, 44} The American Psychiatric Association has condemned policies that limit access to these services that lead to improved mental health for transgender individuals.⁴⁵ The consequences of poor mental health for this population can be severe. The risk of suicide attempts among transgender people in the United States is near 40% or approximately nine times the general population

EXPAND FUNDING FOR LGBTQ+ MENTAL HEALTH CENTERS AND PROVIDERS, INCLUDING THERAPISTS, PSYCHOLOGISTS, AND PSYCHIATRISTS

REQUIRE SEX EDUCATION ON LGBTQ+ HEALTH AND INCREASE LGBTQ+ TRAINING FOR SCHOOL COUNSELORS AND PSYCHOLOGISTS IN TEXAS PUBLIC SCHOOLS

rate.⁴⁶ Policies that aim to decrease stigmatization while increasing access to mental health services for transgender Texans must be a priority.

Hormone therapy

Gender-Affirming Hormone Therapy (GAHT) is a necessary medical intervention. As discussed above, it is proven to alleviate adverse mental health effects in transgender individuals and is linked to a reduction in depression, anxiety, and stress.^{47, 48}

Hormone therapy is demonstrably safe and necessary for some transgender and non-binary youth, despite negative media attention. Children's perception of their gender identity often persists through adolescence and into adulthood, especially in children who have a strong



sense of their gender.⁴⁹ Even more, hormone blockers are reversible, making them a safe and effective intervention for transgender and non-binary youth.

Texas has made small steps toward providing this life-saving treatment to vulnerable populations, although access to hormone treatment still remains

**ENSURE THAT TEXAS
MEDICAID AND MEDICARE
PROVIDE COVERAGE FOR
HORMONE THERAPY FOR
GENDER AFFIRMING CARE**

uneven. In 2016, the Texas Department of Criminal Justice updated its policy to allow adult transgender inmates to begin hormone therapy while incarcerated.⁵⁰ However, the process of receiving this treatment is far from easy and can take years.⁵⁰ Among transgender Texan respondents to the 2015 U.S. Transgender Survey, 20% reported facing barriers to healthcare related to their

transgender identity. Further, 30% of respondents reported a negative encounter with a healthcare professional in the preceding year, 22% of respondents did not seek care for fear of mistreatment, and 38% did not seek care because they could not afford it.⁵¹ Texas must take steps to provide this necessary medical care for its transgender and non-binary population.

Reproductive Health and Preventative Care Access

All Texans require regular reproductive healthcare including preventive and acute care, however LGBTQ+ Texans face barriers to accessing the reproductive care they need. The United States Preventive Services Task Force (USPSTF) and medical professional societies recommend routine cancer screening for individuals based on age and risk factors in an effort to detect cancers early when they are curable. This includes cervical cancer screening with pap smears, breast cancer screening with mammography, and prostate cancer screening with laboratory tests. USPSTF recommended preventive care also includes STI screening, especially for those at highest risk. Texas had the fourth highest incidence of cervical cancer of all US states and the seventh highest mortality rate from 2012-2016.⁵² In 2019 more than 17,000 Texans were diagnosed with breast cancer and over 13,000 were diagnosed with cervical cancer.⁵³ Guideline-directed cancer screening can save lives.



Reproductive Health and Preventative Care Access CONT.

Unfortunately, LGBTQ+ Texans are disproportionately affected by these conditions due to the barriers they face in accessing reproductive care. Transgender men, lesbians, and bisexual cisgender women as well as non-binary people who have not undergone a mastectomy all require mammography at recommended ages and intervals to screen for breast cancer. Unfortunately, many breast imaging centers lack policies regarding mammography for transgender men and non-binary people.⁵⁴ Similarly, all patients with a cervix require pap smears at recommended ages and intervals for cervical cancer screening, including transgender men and non-binary people. Compared to heterosexual cisgender women however, LGBTQ+ patients are less likely to have an up-to-date pap smear.⁵⁵ They are also less likely to be encouraged to undergo pap smear by their providers than heterosexual cisgender women. When these patients do undergo a pap smear it is more likely to be inadequate due to patient and provider discomfort with the procedure.⁵⁶ Transgender women and non-binary people with prostates are at risk for prostate cancer and may benefit from screening, however providers may not offer this care. Providers in Texas may lack the knowledge to understand which screenings and exams are recommended for their LGBTQ+ patients, leading to decreased rates of screening for this population. They may also avoid the subject of reproductive care due to their personal discomfort or lack of experience with LGBTQ+ patients. Even more, providers may not know that their patients are LGBTQ+ and therefore cannot provide the appropriate care.⁵⁴ Lastly, LGBTQ+ patients may avoid providers out of fear that medical practices are not inclusive due to past experiences with providers.

REQUIRE FDA APPROVED
CONTRACEPTIVE DRUGS
AND DEVICES AS
COVERED CHIP
PRESCRIPTION BENEFITS,
AS PROPOSED IN HB800
AND HB937 IN THE 86TH
LEGISLATIVE SESSION

Family Planning and Abortion Access



Family planning is an area of reproductive health that also affects LGBTQ+ Texans. As discussed in above sections, LGBTQ+ patients face inequities in STI and HIV screening, prevention, and treatment and would benefit from expanded access to contraception. Texans with ovaries and uteruses also require access to emergency contraception, including abortions. When LGBTQ+ individuals require abortions, this care is largely provided at facilities that do not offer specialized transgender-specific services which may lead to these patients delaying or avoiding care.⁵⁷ The protection of access to safe and reasonably accessible abortion care is essential medicine for LGBTQ+ Texans.⁵⁸ Lastly, transgender men and non-binary people who become pregnant represent a vulnerable population. Many obstetrics providers lack experience in caring for transgender men and non-binary people during pregnancy, however this population deserves access to affirming care without threat of discrimination.

PROTECT ACCESS TO SAFE ABORTION SERVICES FOR ALL TEXANS, INCLUDING ALLOCATING STATE FUNDING TO CLINICS AND PROVIDERS THAT OFFER THESE SERVICES

CREATE A SALES TAX EXEMPTION FOR CONDOMS, AS PROPOSED IN HB315 IN THE 86TH LEGISLATIVE SESSION

CREATE STATE GUIDELINES ON PREVENTATIVE HEALTH MEASURES FOR LGBTQ+ PATIENTS



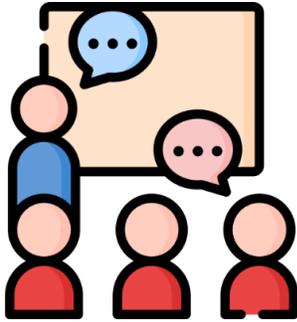
SECTION II: PROMOTING LGBTQ+ CULTURAL COMPETENCY IN HEALTHCARE

Texas is home to 850,000 individuals (4.1%) who identify as LGBTQ+, yet there is a lack of affirming and competent care for this population.⁵⁹ Many members of the LGBTQ+ community have concerns that healthcare providers hold negative biases toward the LGBTQ+ community, which decreases healthcare seeking behaviors.^{60,61} LGBTQ+ patients also have concerns about their privacy protections. To avoid discrimination, many LGBTQ+ patients attempt to seek out affirming providers. Patients however face barriers in finding such providers. Healthcare providers, however, are often limited by lack of training and institutional restrictions, and in the future may even be limited by laws that dictate the care they can offer LGBTQ+ patients. Through legislative and institutional action, Texas can improve healthcare for its LGBTQ+ residents.

While not a monolithic group, the LGBTQ+ community has unique needs that will require changes in approaches to healthcare. To start, healthcare professionals must be trained to provide quality care to patients who identify as LGBTQ+. Such training and education has been found to benefit providers' preparation in interacting with LGBTQ+ patients and may include education in medical school curricula, supervision under LGBTQ-affirming mentors, or continuing education workshops.⁶² Thus, attempts to implement training should occur both in health professional schools and for currently practicing providers through Continuing Medical Education (CME). Importantly, cultural competence depends not only on individual practitioners, but on medical institutions as well. Institutions are critical in establishing spaces and infrastructure that foster LGBTQ+ inclusion and also serve an important role in protecting both patient privacy and provider autonomy.

FORM A COMMITTEE COMPOSED OF LGBTQ+ COMMUNITY LEADERS, HEALTH PROFESSIONAL SCHOOL EDUCATORS, AND PROVIDERS TO DEVELOP A TEXAS CURRICULAR STANDARD FOR LGBTQ+ HEALTH WITH COURSEWORK, WORKSHOPS, AND CLINICAL TRAINING REQUIREMENTS

Education of Health Professionals



Health professional students from fields including medicine, nursing, pharmacy, and social work, are the future of healthcare and will become the leaders of the next generation. In order to achieve health equity, it is important that they are well trained to provide care to populations who have been historically underserved such as members of the LGBTQ+ community.

Curricular change improves knowledge and willingness to provide care to LGBTQ+ patients.⁶³ Despite the need and proven efficacy, there is no standardized curriculum by accrediting bodies to teach LGBTQ+ care or assessments to certify competency. In a study of 150 US and Canadian medical schools, students were found to undergo a median of 5 hours of LGBTQ+ care education across all years of medical school, with a

third of schools reporting no LGBTQ+ specific clinical training.⁶⁴ Of the 16 topics the authors considered important to LGBTQ+ healthcare, only a handful of schools taught all of them. Most medical schools were open to improving their curriculum but lacked guidance to do so. Nearly a decade later there is still no established set of competencies from accrediting or governing institutions to improve LGBTQ+ education in health professional school. Consequently,

DESIGNATE FUNDING FOR TEXAS HEALTH PROFESSIONAL SCHOOLS TO ESTABLISH LGBTQ+ CURRICULA

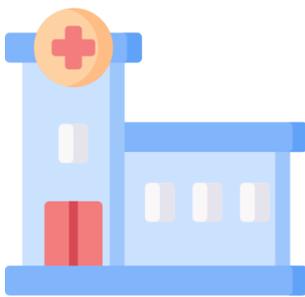
LGBTQ+ curriculum varies from adequate to absent across Texas and the United States. While the exact content of an LGBTQ+ healthcare curriculum is beyond our scope, health professional schools in Texas must educate students about the healthcare and psychosocial needs of the LGBTQ+ community through longitudinal training in order to improve the care of LGBTQ+ Texans.⁶⁵

Continuing Medical Education for Current Providers

Beyond ensuring future generations of providers are competent in providing care to LGBTQ+ patients, Texas must also train current providers to deliver high-quality care for the LGBTQ+ community. Medical education workshops are useful in increasing provider competence in caring for LGBTQ+ patients.⁶⁶ Therefore healthcare institutions, professional organizations, and community organizations should establish or expand availability of CME courses for all providers. Such courses can teach providers how to create affirmative environments, ask about sexual orientation and gender identity (SO/GI), respond compassionately to disclosures of LGBTQ+ identity, and provide culturally competent LGBTQ+ care. Texas must ensure that all providers can deliver inclusive, affirming care with the goal of improving health outcomes for LGBTQ+ patients.

PROVIDE FUNDING TO HEALTHCARE INSTITUTIONS, PROFESSIONAL ORGANIZATIONS, AND COMMUNITY ORGANIZATIONS FOR LGBTQ+ HEALTH CME WORKSHOPS

Institutional Roles in Improving LGBTQ+ Patient Care



Medical institutions must take a central role in ensuring their healthcare facilities are welcoming to both LGBTQ+ patients, visitors, and employees. The Human Rights Campaign's Healthcare Equality Index (HEI) is a benchmark used to evaluate the policies and practices of healthcare facilities regarding equity and inclusion of the LGBTQ+ community and can serve as a model for institutions.⁶⁷ Throughout Texas, healthcare facilities must make changes in both institutional policies and culture to create affirming environments and improve patient care. The HEI provides a strong framework for institutions in working towards this goal. In promoting diversity and inclusion efforts across Texas, the Texas Legislature can encourage healthcare institutions to

Medical institutions must take a central role in ensuring their healthcare facilities are welcoming to both LGBTQ+ patients, visitors, and employees. The Human Rights Campaign's Healthcare Equality Index (HEI) is a benchmark used to evaluate the policies and practices of healthcare facilities regarding

ENSURE THAT ALL HEALTHCARE INSTITUTIONS ACROSS THE STATE HAVE TRANSPARENT AND FAIR NON-DISCRIMINATION POLICIES, INCLUDING FAIR VISITATION POLICIES FOR LGBTQ+ PATIENTS AND THEIR FAMILIES, AND REQUIRE EACH INSTITUTION TO BE GRADED PUBLICLY BY THE HUMAN RIGHTS CAMPAIGN'S HEI



complete the HEI survey annually and can consider legislation and funding which strengthen competencies across its metrics.

Clinics, hospitals, and healthcare systems must strengthen non-discrimination protections for LGBTQ+ patients. These institutional policies must be widely communicated so patients and their loved ones feel safe while receiving care. Institutions can begin by providing immediate visual clues such as visible non-discrimination statements and policies, accessible educational materials and brochures, and posters from community LGBTQ+ organizations to signal that the environment is LGBTQ+ affirming.

Facilities that provide care must be modified to ensure single occupancy non-gendered restroom facilities are available.⁶⁸ Hospital visitation policies must be updated to include fair privileges for partners of LGBTQ+ patients.

FACILITIES THAT PROVIDE CARE MUST BE MODIFIED TO ENSURE SINGLE OCCUPANCY NON-GENDERED RESTROOM FACILITIES ARE AVAILABLE.

A significant issue that remains overlooked by many institutions is patient identification of sexual orientation and gender identity (SO/GI). Although LGBTQ+ identity plays a significant role in a patient's overall health and wellbeing, it is rarely a reason someone seeks medical attention. Many patients therefore never disclose their SO/GI information.⁶⁹

Disclosure relies on the trained and compassionate provider to ask or initiate discussion, however many providers avoid these questions.⁷⁰ Just as intake forms collect demographic information such as age, race, and marital status, so should they collect SO/GI data since it is important to each patient's identity and health. Documentation of SO/GI by compassionate and trained healthcare workers will provide a stronger foundation to understand the health disparities faced by LGBTQ+ Texans, allow providers to appropriately target their care, affirm to patients that their identity is valid and important to their health.

SUPPORT HEALTHCARE INSTITUTIONS IN CREATING PUBLIC REGISTRIES OF THEIR PROVIDERS WITH ADVANCED TRAINING OR PARTICULAR INTEREST IN LGBTQ+ HEALTH AND COMPILE THIS DATA INTO A STATEWIDE DATABASE ACCESSIBLE TO PATIENTS

Institutional Roles in Improving LGBTQ+ Patient care CONT.

Healthcare institutions can further improve their facilities for LGBTQ+ patients by focusing on their staff and employees. This involves ensuring non-discriminatory hiring practices for LGBTQ+ employees as well as highlighting employed providers who are specifically trained in the care of LGBTQ+ patients so they can be easily identified by patients. While employment non-discrimination is discussed later in this policy statement, it is important to emphasize that employers of providers must specifically foster affirming workplaces that attract and retain LGBTQ+ employees. The Human Rights Campaign's HEI also

addresses this issue and lists policies such as health insurance for domestic partners and family medical leave for all employees for all healthcare institutions to adopt. Additionally, institutions should identify providers with training and expertise in LGBTQ+ care and make this information available to other providers who may be interested in consultation with a queer health expert as well as patients who are seeking an experienced provider. Currently, very few institutions internally identify such providers, and even fewer facilitate provider self-identification as competent in LGBTQ+ care on online registries that are accessible to patients.⁷¹ Currently on the GLMA website, an

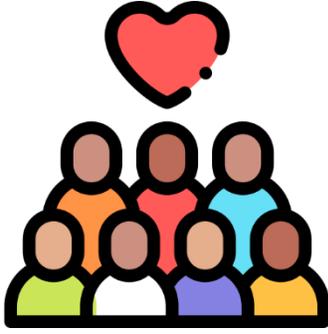
REQUIRE COLLECTION OF SO/GI DEMOGRAPHIC PATIENT INFORMATION IN CULTURALLY SENSITIVE MANNER BY HEALTHCARE INSTITUTIONS AND PROVIDERS

providers with expertise and interest in providing care relevant to LGBTQ+ patients such as HIV/AIDS care, gender-affirming medications and surgeries, and LGBTQ+ specific mental health services, as well as publicly identify these providers for patients to easily find.

REQUIRE HEALTHCARE INSTITUTIONS TO HAVE SINGLE OCCUPANCY NON-GENDERED RESTROOM FACILITIES ON EACH FLOOR AND ACCESSIBLE TO PATIENTS AND VISITORS

online database of LGBTQ+ affirming providers, there are only 139 registered providers across Texas for approximately 1 million LGBTQ+ Texans, and they are mostly located in the state's largest cities.⁷²

Certainly there are more than 139 affirming providers across the state. Texas should support institutions in building registries to identify



Community Partnerships

Input from community stakeholders is critical to outreach and improved health outcomes in the LGBTQ+ community. In many cities across Texas, there are local LGBTQ+ organizations that serve their community and understand their community's needs. As medical institutions

work to improve the trust between providers and LGBTQ+ patients via the programs and policies detailed above, members of the community should be invited to contribute. LGBTQ+ community organizations and leaders

can play a role in healthcare

institutions by

joining town hall meetings, serving on advisory boards, participating in provider training, and helping to draft hospital policies.

ENGAGE WITH LOCAL LGBTQ+ COMMUNITY ORGANIZATIONS WHEN DRAFTING HEALTHCARE POLICY

ESTABLISH FUNDING FOR COLLABORATION BETWEEN HEALTHCARE INSTITUTIONS AND LGBTQ+ COMMUNITY ORGANIZATIONS

PATIENT PRIVACY AND PROTECTIONS



Adult

Medical institutions must ensure the privacy and protection of patient information, specifically SO/GI data. While medical professionals may be more accepting of LGBTQ+ populations, society at large is still slowly shifting towards acceptance, and patients have legitimate fears of the consequences of being "outed" if their SO/GI information became public.

While HIPAA indeed protects patient healthcare information, healthcare providers and institutions must

reinforce privacy protection to assure their patients that any SO/GI information shared within the patient provider relationship will remain confidential.



LGBTQ+ patients are more willing to respond to questions about their sexual orientation in contexts where patients are ensured privacy and confidentiality by their providers or given a private space.⁷⁰ The guarantee of privacy facilitates more open discussion about SO/GI between patients and providers and allows for higher quality care.

Pediatric

LGBTQ+ children and adolescents, some of whom are younger than 5 years old, are exceptionally vulnerable. Privacy protections are essential for these individuals. Given that minors lack full autonomy and require parental consent for most medical procedures, their health information is accessible to their parents or guardians. This fact can create a unique challenge in asking about pediatric patients' SO/GI information since many LGBTQ+ children and youth are afraid of negative reactions from their families.

According to the most recent available data, the median age for when individuals first think they may have a minority SO/GI is 12, yet the median age for when they first disclose this to someone else is 20.⁷³ Adolescence is a time when individuals begin to discover their own LGBTQ+ identity and often rely on the internet for information, resources, and support to compensate for the lack of other support structures. While adolescents often trust their pediatricians, the risk of their families inadvertently finding out about their identity from health records may be a prohibitive barrier in adolescents disclosing their LGBTQ+ identity, and thus they hide this information from their provider.⁷⁴ Without a trusted source of medical information, LGBTQ+ youth often hold misconceptions about LGBTQ+ health.

AMEND TEXAS FAMILY CODE §§ 32.003, 32.004 TO ALLOW MINORS TO CONSENT FOR GENDER DYSPHORIA AND SEXUAL ORIENTATION COUNSELING AND TO ALLOW SEXUAL ORIENTATION AND GENDER IDENTITY INFORMATION TO BE WITHHELD FROM PARENTS/GUARDIANS UNLESS TREATMENT IS REQUIRED

PREVENT PAYORS WHO ACCESS PATIENT SO/GI INFORMATION FROM DISCRIMINATING AGAINST PATIENTS ON THE BASIS OF THIS INFORMATION

To increase the ability of providers to help pediatric LGBTQ+ patients, it is important to ensure that if adolescent patients disclose minority SO/GI, such information should not be available to the parent(s) or guardian(s) until the patient consents. Additionally, adolescent patients should have the ability to seek counseling or therapy without requiring parent or guardian consent in order to help address



the stresses and fears that can be associated with coming out as well as to find support and affirmation. Lastly, minors within three years of age in consensual same-sex sexual relationships should be free from discrimination and privacy violations by “Romeo and Juliet” laws. Currently in Texas, providers must report consensual same-sex sexual activity between minors, while minors in opposite-sex sexual relationships within a three-year age range are not subject reporting by providers. This unequal treatment of same-sex minors under the law jeopardizes the relationship between patient and provider, destroying trust and harming patients’ wellbeing.

ENSURE THAT SO/GI INFORMATION THAT IS COLLECTED FOR RESEARCH AND ANALYSIS IS DE-IDENTIFIED

Enhanced privacy protections for LGBTQ+ youth can strengthen relationships between pediatric patients and their providers and make patients more likely to disclose SO/GI information so that providers can offer the most appropriate care. This affirming relationship also allows for providers to

connect patients with resources and facilitate coming out to family members. Strong relationships with healthcare providers can also encourage family members to accept their child’s SO/GI, which has been shown to protect the mental health of pediatric LGBTQ+ patients.⁷⁵

AMEND TEXAS ROMEO AND JULIET LAWS TO PREVENT MANDATORY DISCLOSURE OF ADOLESCENT SAME-SEX RELATIONSHIPS IF THE AGE DIFFERENCE FALLS WITHIN WHAT IS CURRENTLY ALLOWED FOR OPPOSITE-SEX RELATIONSHIPS

Provider Protections

Every day healthcare providers in Texas and across America care for their patients in a way that is congruent with professional recommendations and scientific evidence. Unfortunately, this high-quality care has been threatened by legislative interventions that seek to punish physicians who follow evidence-based guidelines. In recent years, legislators in multiple states - CO, FL, IL, KY, MO, OK, SC, SD, WV - have introduced bills that would criminally punish doctors who follow best practices in treating children and adolescents with gender dysphoria or who identify as transgender.⁷⁶ In the 2021 Texas Legislative Session, multiple bills to enact similar policy have been proposed. These bills violate the patient-provider relationship by punishing doctors and restricting care. They must be opposed.



Expert physicians and scientists in the fields of Endocrinology, Pediatrics, Internal Medicine, and Obstetrics and Gynecology have published policy statements, consensus guides, and recommendations for physicians treating patients in this population.^{77,78,79,80,81,82,83} All agree that providers play an important role in offering medical treatment to transgender and non-binary patients, including youths. Protecting the relationship between physicians and their patients is critical and allowing anyone but clinicians in collaboration with patients and their families to dictate medical treatments not only puts these relationships at risk but can directly harm patients. Criminalizing particular medical care for transgender Texans would only worsen the mental health crisis and health disparities previously discussed, and likely erode the LGBTQ+ community's faith in the medical system. This care is also threatened

by medical institutions that have chosen to place limits on the scope of practice of the providers they employ. For example, hospital systems may restrict providers from prescribing gender affirming hormone therapy for transgender patients. In other institutions, there may be de facto restrictions due to institutional culture that discourages caring for LGBTQ+ patients. These restrictions on providers create barriers for LGBTQ+ patients to obtain the care they need and should be lifted with legislation. Access to gender affirming healthcare is medically necessary and providers in Texas must be granted specific legal protections to continue providing this evidence-based care to their LGBTQ+ patients.

OPPOSE LEGISLATION THAT WOULD CRIMINALIZE PROVIDERS FOR OFFERING MEDICAL AND SURGICAL TREATMENTS FOR LGBTQ+ PATIENTS THAT ARE IN ACCORDANCE WITH LEADING GUIDANCE AND EVIDENCE FROM EXPERTS AND PROFESSIONAL SOCIETY POLICY STATEMENTS, CONSENSUS GUIDES, AND RECOMMENDATIONS.

CREATE EXPLICIT LEGAL PROTECTIONS FOR PROVIDERS WHO TREAT LGBTQ+ PATIENTS MEDICALLY AND SURGICALLY IN ACCORDANCE WITH LEADING GUIDANCE AND EVIDENCE FROM EXPERTS AND PROFESSIONAL SOCIETY POLICY STATEMENTS, CONSENSUS GUIDES, AND RECOMMENDATIONS

SECTION III: NON-DISCRIMINATION



Introduction to Non-Discrimination Needs in Texas

Texas laws do not specifically protect LGBTQ+ Texans from discrimination on the basis of sexual orientation or gender identity. As a result, LGBTQ+ Texans face stigma in all parts of their lives, including at work, at school, and in public accommodations. This stigma can be further intensified based on an individual's intersectional identities, like race, religion, ability, or economic status. Living in a society that does not protect individuals from stigma and discrimination can negatively impact an individual's mental and physical health either directly or through worse economic status.⁸⁴ Additionally, the majority of Texans (66%) support non-discrimination laws that protect LGBTQ+ individuals.⁸⁵ Statewide anti-discrimination laws can significantly improve the quality of life of LGBTQ+ patients. Any legislation that permits discrimination against individuals on the basis of their sexual orientation, gender, or any intersectional identity they may have must be opposed.

In the 2019 Texas legislative session, lawmakers sought to advance legislation that would have allowed a state agency to "adopt any rule, regulation, or policy or impose a penalty" that would burden occupational license applicants and holders' ability to exercise their religion.⁸⁶ This implied that state license holders, such as physicians and teachers, could use these religious exemptions to deny services and care to LGBTQ+ Texans. Religious exemption bills often take the form of allowing individuals to refuse service to LGBTQ+ individuals. This bill would have perpetuated the discrimination and unequal access to services, healthcare, employment, and education many LGBTQ+ Texans face. Although this bill failed to pass in 2019, similar measures have been re-introduced in 2021 including HB1424, HB3083, GB247, and SB738. Unfortunately some discriminatory policies have already been enacted. For example, in October 2020, changes to the

SUPPORT A STATEWIDE, COMPREHENSIVE ANTI-DISCRIMINATION BILL TO PROTECT LGBTQ+ TEXANS IN ALL ASPECTS OF THEIR LIVES INCLUDING PROTECTION FROM DISCRIMINATION IN PUBLIC ACCOMMODATIONS, HEALTH INSURANCE COVERAGE, HOUSING, EMPLOYMENT, SCHOOLS, AND INCARCERATION.



Texas State Board of Social Worker Examiners Social Work Code of Conduct removed protections against discrimination for disability, sexual orientation, gender identity, and gender expression under the recommendation of Texas Governor Greg Abbott, who cited section 505.2015 of the Texas Occupations Code as legal defense.⁸⁷

A statewide, comprehensive anti-discrimination bill would protect LGBTQ+ Texans in all aspects of their lives, ensuring that they have equal opportunities to achieve their goals and live a healthy and fulfilling life. LGBTQ+ Texans need anti-discrimination legislation to protect them in areas such as housing, employment, public accommodations, education, and healthcare, all of which are closely interrelated and affect each other. In addition to improving health and quality of life, such a policy would improve Texas' economy in many ways, including by increasing recruitment and retention of highly qualified employees and increasing tourism.⁸⁸ Policies addressing discrimination should provide legal protections for LGBTQ+ Texans and consequences for those who discriminate.

OPPOSE LEGISLATION THAT ALLOWS INDIVIDUALS OR BUSINESSES TO PERPETUATE DISCRIMINATION AGAINST LGBTQ+ TEXANS, ESPECIALLY RELIGIOUS EXEMPTION LAWS

Public Accommodations

Public accommodations are any government or privately-owned facilities that provide goods or services to the public, and include restaurants, bars, hotels, and retail stores, but excludes places of worship and private clubs.⁸⁹ While the Civil Rights Act of 1964 prohibits discrimination in public accommodations, Texas' lack of a statewide law allows inconsistent enforcement throughout the state.⁹⁰ This leaves all Texans vulnerable to discrimination on the basis of race, gender, religion, age, sexual orientation, affecting areas of everyday life such as buying groceries or eating at a restaurant. Numerous cases of discrimination against LGBTQ+ Texans have been documented.⁹¹ For example, 24% of transgender Texans reported that they were mistreated by employees or staff at a public accommodation, including 12% who were denied equal service.⁹² The use of public restrooms by transgender individuals has recently been brought to national

PROTECT LGBTQ+ TEXANS AGAINST DISCRIMINATION IN PUBLIC ACCOMMODATIONS ON THE BASIS OF SEXUAL ORIENTATION AND GENDER IDENTITY WITH PUBLIC ACCOMMODATIONS NON-DISCRIMINATION LEGISLATION

attention. In 2017, legislation was proposed in Texas that would have required individuals to use public bathrooms on the basis of their sex assigned at birth.⁹³ To protect transgender and non-binary individuals from future legislation like this, a public accommodations law should include language that allows individuals to use a restroom or locker room that is consistent with their gender. The Texas legislature must pass legislation to provide protections against discrimination in public accommodations on the basis of sexual orientation and gender identity.

ENSURES THAT INDIVIDUALS CAN USE THE BATHROOM OR LOCKER ROOM THAT IS ALIGNED WITH THEIR GENDER IDENTITY

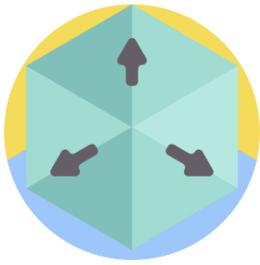


Health Insurance

Currently in Texas, there are no state protections prohibiting health insurers from discriminating against LGBTQ+ Texans based on gender identity or sexual orientation. This restricts LGBTQ+ people from access to inclusive and affirming health care. Nationally, such anti-discrimination policies are under threat. The Trump administration's interpretation of Section 1557 of the Affordable Care Act chose to not consider gender identity protections to be included as part of anti-sex discrimination language, leaving transgender and non-binary Texans vulnerable to their public and private health insurance plans, which may place burdensome exclusions and requirements to obtain gender-affirming care.^{94,95} For example, there are no laws specifically barring health insurance companies from placing age requirements for transgender and non-binary patients to receive gender affirming procedures or placing exclusions on medications or surgeries. Therefore, Texas must explicitly extend these protections to LGBTQ+ Texans through statewide legislation.

PROHIBIT PAYORS FROM DISCRIMINATING ON THE BASIS OF SEXUAL ORIENTATION OR GENDER IDENTITY

Medicaid Expansion



Medicaid is a health insurance program jointly financed by the state and federal governments that provides coverage for low-income families and individuals. The Affordable Care Act (ACA) of 2010 strengthened Medicaid by extending coverage to include adults with incomes at or below 138% of the federal poverty level. In 2012 however, the United States Supreme Court ruled that states have the option to expand Medicaid but are not required to do so.⁹⁶ Currently 38 states plus Washington DC have expanded Medicaid. Unfortunately, Texas is one of 12 states that has not adopted Medicaid expansion.⁹⁷ Medicaid expansion must be a priority of the Texas Legislature to improve the health of Texans, including members of the LGBTQ+ community.

PROHIBIT HEALTH INSURERS FROM EXCLUDING COVERAGE FOR MEDICALLY INDICATED GENDER AFFIRMING MEDICATIONS, PROCEDURES, AND OTHER THERAPIES FOR TRANSGENDER PATIENTS

Medicaid expansion in Texas would bring an estimated \$5.4 billion of additional federal funding into the state and make an additional 1.2 million Texans eligible for Medicaid coverage.⁹⁶ As discussed earlier, LGBTQ+ Texans are disproportionately affected by poverty and unemployment, and many Texans rely on employer sponsored health insurance. As a result, 26% of LGBTQ+ Texans are uninsured.⁹⁸ With Medicaid expansion, many of these individuals would gain access to coverage for the first time. Federal law mandates that state Medicaid programs must cover both acute care and primary care services, including reproductive and sexual health care, family planning, substance-use disorder treatment, and mental health care.^{xvii} Given the disparities LGBTQ+ Texans face in many of these areas, providing this population with Medicaid eligibility and therefore access to these critical services is a necessary step for the Texas Legislature to take to improve the health of LGBTQ+ Texans.

EXPAND MEDICAID FOR TEXANS UNDER THE FEDERAL AFFORDABLE CARE ACT

Housing and Homelessness



Housing and homelessness disproportionately affect LGBTQ+ individuals in Texas. LGBTQ+ Texans face higher rates of homelessness than the general population.^{99,100} LGBTQ+ Texans in need of public housing, senior housing, and re-entry housing face discrimination due

COLLECT AND PUBLISH DE-IDENTIFIED DATA TO TRACK THE HOMELESS POPULATION OF LGBTQ+ TEXANS

to their sexual orientation and gender identity. Research has established that housing insecurity leads to increased rates of mortality for adults, higher incidence of chronic conditions in children, and increased risk of preterm delivery for pregnant patients.^{101,102,103} As much of the homelessness and housing discrimination facing this population is systemic and due to longstanding societal factors, the Texas Legislature must take steps to rectify these housing issues. Texas does not protect LGBTQ+ individuals from discrimination in shelters, public housing, senior housing, re-entry housing, and foster homes due to their sexual orientation or gender identity. This deficit also enables mortgage lenders and private landlords to charge higher interest and rental rates as well as evict LGBTQ+ individuals. The Texas Legislature must act to address the disparities in housing and homeless for LGBTQ+ Texans.

Homelessness

On any given day, over 25,000 Texans experience homelessness.¹⁰⁴ While robust data for the exact percentage of homeless Texans who identify as LGBTQ+ are lacking, several studies have demonstrated that homelessness disproportionately affects LGBTQ+ individuals in Texas. In 2015, 16.3% of homeless youth in Texas self-identified as LGBTQ+ and 30% of transgender Texans reported a personal history of homelessness.^{105,106} The actual rates may be even higher, as stigma and fear of discrimination may prevent individuals from self-identifying as LGBTQ+. In 2015, 25% of homeless youth in Harris County identified as LGBTQ+ and in 2018, 25% of unsheltered youth in Dallas County identified as LGBTQ+.^{107,108} Homelessness is a significant problem for LGBTQ+ Texans and can be traced to a variety of causes. Often LGBTQ+ youth face abuse, mistreatment, or neglect leading them to run from home, foster homes, or group homes. Others are kicked out by their families due to their sexual orientation or gender identity.¹⁰⁹ Employment and housing

PROVIDE FUNDING TO LGBTQ+ FOCUSED SHELTERS AND HOMELESSNESS PROGRAMS



discrimination also contribute to disproportionately high rates of homelessness. LGBTQ+ Texans who are homeless or at high risk for future homelessness need the Texas Legislature to fund programs and services to help them obtain safe housing and end discriminatory policies that lead to homelessness for this population.

Housing

LGBTQ+ Texans who are fortunate to have access to housing may still suffer due to lack of state-wide protections from sexual orientation and gender identity discrimination in accessing shelters, re-entry housing, and public housing; obtaining private rental housing; and obtaining home mortgages. The United States Department of Housing and Urban Development's (HUD) 2012 Equal Access Rule established that any housing assisted by HUD or the Federal Housing Administration would be available to individuals regardless of their sexual orientation or gender identity. An additional 2016 Equal Access Rule clarified that single sex housing funded by the Office of Community Planning and Development would be available to all individuals of the specified gender identity regardless of any individual's sex assigned at birth.¹¹⁰ Unfortunately the Trump administration's July 2020 proposed rule change suggested shelters should be permitted to discriminate against transgender Texans based on discriminatory definitions of sex.¹¹¹ This rule change put countless LGBTQ+ Texans at risk for being forced out of their safety net housing and onto the streets.

**PROHIBIT
DISCRIMINATION ON THE
BASIS OF GENDER
IDENTITY OR SEXUAL
ORIENTATION IN PUBLIC
HOUSING, SHELTERS,
PRIVATE HOUSING
PROVIDERS, AND
SENIOR HOUSING
FACILITIES INCLUDING
NURSING HOMES AND
ELDER COMMUNITIES**

For many LGBTQ+ seniors, housing represents a significant challenge. Nationally, 48% of older same sex couples report experiencing senior housing discrimination¹¹². LGBTQ+ seniors are less likely than the general population to have children or someone to care for them and therefore often must rely on senior housing options including retirement communities and nursing homes.¹¹³ Unfortunately, Texas protections for residents of communities regulated by the Texas Health and Human Services Commission exclude sexual orientation and gender identity as explicitly protected classes.¹¹⁴ Formerly incarcerated LGBTQ+ Texans also lack protections from discrimination. LGBTQ+ Texans can be excluded from public housing and denied by private housing providers due to their criminal records.¹¹⁵ The intersection of former incarceration and LGBTQ+ identity makes these Texans especially vulnerable to discrimination, and

**PROHIBIT
DISCRIMINATION IN
FOSTER CARE FOR
LGBTQ+ YOUTHS**



unfortunately re-entry housing opportunities are significantly limited. In order to protect the vulnerable LGBTQ+ Texans, the Texas Legislature must explicitly prohibit sexual orientation and gender discrimination in all housing policy and provide funding to increase available housing options.

For many LGBTQ+ youth in Texas, their housing depends on the Texas child welfare system. LGBTQ+ youth are 2.7 times more likely to enter the child welfare system. Right now, there are an estimated 11,900 LGBTQ+ Texan youth living in foster care.¹¹⁶ Unfortunately, foster care housing is often not safe for LGBTQ+ individuals. Discrimination and stigmatization within the child welfare system has serious health consequences for these children. LGBTQ+ youth in foster care report more school fights, victimization, and mental health problems compared to heterosexual and cisgender youth.¹¹⁷ Texas does not have any laws to protect youth in foster care from sexual orientation or gender identity discrimination. Additionally, Texas does not require foster homes to be affirming of the sexual orientation or gender identity of LGBTQ+ youth. A statewide requirement for foster homes to affirm the sexual orientation and gender identity of LGBTQ+ youth in Texas as well as legislation to prohibit sexual orientation and gender identity discrimination within the Texas child welfare system is necessary to protect these vulnerable young Texans.

PROVIDE FUNDING FOR RE-ENTRY HOUSING FOR FORMERLY INCARCERATED LGBTQ+ TEXANS

Mortgage Lenders

Mortgage lenders based in Texas that are insured by the Federal Housing Administration (FHA) are required to abide by the above-mentioned HUD Equal Access Rule. However, privately insured lenders are not bound by these regulations. As these rules are subject to changes in interpretation, as references above, LGBTQ+ Texans cannot rely on them for protection. Same-sex couples applying for home mortgages between 1990-2015 were 73% more likely than opposite-sex couples to be denied a loan and were 3%-8% less likely to be approved. Additionally, same-sex couples who were approved for loans paid higher fees and interest rates.¹¹⁸ LGBTQ+ home buyers in Texas strengthen the Texas economy and help to build strong Texas communities. The Texas Legislature must end discriminatory mortgage lending practices for LGBTQ+ Texans.

PROHIBIT MORTGAGE LENDERS FROM DISCRIMINATING AGAINST HOME BUYERS ON THE BASIS OF GENDER IDENTITY OR SEXUAL ORIENTATION

Employment



LGBTQ+ Texans must rely on a patchwork of local and federal protections to avoid employment discrimination on the basis of sexual orientation and gender identity, as there are no such statewide laws in Texas. Locally, a number of cities such as Dallas, Austin, and San Antonio, along with some counties, have established municipal laws protecting both private and city employees, though in other areas, only city employees are protected.¹¹⁹

In 2019, the United States Supreme Court ruled through *Bostock v Clayton County, Georgia* that Title VII of the Civil Rights Act of 1964 protections against sex discrimination in employment includes gender identity and sexual orientation

PROHIBIT EMPLOYMENT DISCRIMINATION ON THE BASIS OF GENDER IDENTITY OR SEXUAL ORIENTATION BY BOTH PUBLIC AND PRIVATE EMPLOYERS

protections.¹²⁰ As a result of this ruling, existing federal law now prohibits employers from firing or refusing to hire individuals because of their gender identity or sexual orientation. However, Title VII only applies to employers with 15 or more employees, which leaves many LGBTQ+ Texans without employment protections.¹²¹ This arbitrary distinction must be removed to protect the employment of all LGBTQ+ Texans.

Given these gaps in employment protection, the Texas State Legislature must take steps to ensure all LGBTQ+ Texans are protected. Texas must pass a law prohibiting employment discrimination on the basis of sexual orientation or gender identity. LGBTQ+ Texans deserve the right to work and provide for their families without the fear of discrimination from their employer. Texas must be a state that welcomes businesses and recruits highly skilled employees. Employment non-discrimination legislation will strengthen the Texas economy and protect LGBTQ+ Texans.

REQUIRE TEXAS EMPLOYERS TO ADOPT AND PUBLISH EQUAL EMPLOYMENT OPPORTUNITY POLICIES



LGBTQ+ Youth in Schools

Most LGBTQ+ students in Texas report that they have been harassed or assaulted on the basis of their sexual orientation, gender expression, or gender identity, and over half did not report it to school

staff.^{122,123} Schools should be a place where young people can learn and socialize while feeling safe and included. Unfortunately, Texas does not have state laws that specifically protect LGBTQ+ youth from bullying, in person or virtually. Instead, youth and their families must depend on individual school districts to provide this protection. There are no state laws that ensure that students are addressed by school staff by the name and pronouns that are consistent with their gender identity. Their legal names, if different than their chosen names, should be kept confidential. In school, students should have access to restrooms and locker rooms that feel most affirming, including access to single occupancy/non-gendered facilities as discussed earlier in this statement. They should be able to access equal educational opportunities, as well as participate in sports teams consistent with their gender identity. In the

REQUIRE TEXAS SCHOOLS TO ALLOW LGBTQ+ STUDENTS TO USE THE BATHROOM AND LOCKER ROOM THAT ARE ALIGNED WITH GENDER IDENTITY AND TO PARTICIPATE IN SPORTS TEAMS THAT ARE ALIGNED WITH THEIR GENDER IDENTITY

current legislative session, SB373 and HB1458 seek to discriminate against LGBTQ+ youth in Texas sports by requiring students to participate in sports based on the gender listed on their birth certificate or on the basis of the undefined term “biological sex” respectively. Such legislation would allow any coach, fan, or other student to accuse an LGBTQ+ student of not belonging and potentially subject accused children to invasive exams or other privacy violating evaluations. These bills must be opposed.

LGBTQ+ students in schools with affirming and inclusive school policies, with supportive student organizations and staff, and with an inclusive curriculum experience less discrimination, less absenteeism, and higher academic achievements.¹²⁴ In September 2020 however, the Texas Board of Education rejected part of a proposed curriculum that required middle school and high school students to learn about sexual orientation and gender identity.¹²⁴ Ensuring that Texas students are able to excel and feel seen and safe at school in preparation for a fulfilling and healthy adulthood should be the priority of our state.

REQUIRE TEXAS SCHOOLS TO USE THE CHOSEN NAME AND CORRECT PRONOUNS FOR LGBTQ+ STUDENTS AND THAT LEGAL NAMES THAT ARE DIFFERENT FROM CHOSEN NAMES REMAIN CONFIDENTIAL



PROVIDE FUNDING FOR THE CREATION OF SINGLE OCCUPANCY GENDER NEUTRAL RESTROOM FACILITIES IN TEXAS SCHOOLS

ENSURE THAT ALL SCHOOL CURRICULA ARE LGBTQ+ INCLUSIVE, ESPECIALLY THE HISTORY, HEALTH, AND SEXUAL EDUCATION CURRICULA.

Incarcerated Individuals

LGBTQ+ individuals are overrepresented in the American justice system. In Texas prisons, nearly 5,000 individuals identify as LGBTQ+, many of them also identify as Black.¹²⁵ The discrimination LGBTQ+ individuals face in all parts of their lives result in higher rates of unemployment, homelessness, school absenteeism, and worse mental health, which in turn, often result in involvement in the justice system. The majority of Texans with a history of incarceration report being first incarcerated before the age of 22, and the majority report being incarcerated more than once.¹²⁶ LGBTQ+ youth often follow a common pathway into the justice system called the school to prison pipeline, fueled by rejection and stigmatization, and often perpetuated by the reliance of law enforcement officers with no LGBTQ+ training to provide discipline and even forcible removal in schools.¹²⁵

Adult LGBTQ+ Texans face abuse and harassment by staff and other individuals in prison.¹²⁵ Transgender and non-binary individuals are often placed in facilities based on their sex assigned at birth instead of their gender identity, furthering stigma and harassment. Despite having the federal Prison Rape Elimination Act (PREA), many LGBTQ+ individuals continue to be sexually and physically abused while incarcerated. Incarcerated LGBTQ+ Texans must be protected while in custody.

REQUIRE LGBTQ+ PEOPLE IN CUSTODY TO BE PLACED IN FACILITIES CONSISTENT WITH THEIR GENDER IDENTITY

DECREASE RELIANCE ON LAW ENFORCEMENT OFFICERS TO ADDRESS DISCIPLINE ISSUES FOR STUDENTS IN TEXAS SCHOOLS, AND ENSURE THAT ANY SCHOOL OFFICERS HAVE BEEN COMPLETED LGBTQ+ COMPETENCY TRAINING

REQUIRE TEXAS CRIMINAL JUSTICE INSTITUTIONS TO USE THE CHOSEN NAME AND PRONOUNS FOR LGBTQ+ INDIVIDUALS AND THAT LEGAL NAMES THAT ARE DIFFERENT FROM CHOSEN NAMES REMAIN CONFIDENTIAL

CREATE AN INDEPENDENT OVERSIGHT ENTITY TO ENSURE THAT INCARCERATED LGBTQ+ TEXANS REMAIN IN SAFE AND AFFIRMING ENVIRONMENTS AND HAVE ACCESS TO APPROPRIATE MEDICAL AND MENTAL HEALTH CARE, AS PER TEXAS DEPARTMENT OF CRIMINAL JUSTICE POLICIES.

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