The Affordable Care Act's Impact on LGBTQ+ People: What's at Stake if it Goes Away?

In the midst of an increasingly severe public health crisis and the biggest economic downturn since the Great Depression, the Trump administration, 17 Republican attorneys general and one Republican governor are pursuing a lawsuit seeking to topple the entire health care system. The <u>Health Care Repeal Lawsuit</u>, also known as *California v. Texas* (formerly *Texas v. US*), is set to be heard by the Supreme Court on November 10. If successful, it will end the Affordable Care Act (ACA) and all of the consumer protections it provides, putting the health of many LGBTQ+ people at risk and leaving millions of Americans without preventive care, treatment options or long-term coverage.

The ACA is a fundamental part of the fabric of the American health care system. It is inextricably intertwined with Medicare and Medicaid and works with and through those programs to provide care to millions of people across the country when they need it most. Though progress has stalled since 2017, due to the Trump administration's sabotage of the law, an estimated 20 million people gained coverage between 2010 and 2016, thanks to the ACA.

The ACA is also a core piece of civil rights legislation, moving our nation on a path closer to health equity. The ACA has served as a lifeline for millions of LGBTQ+ individuals who too often have found themselves cut off from health care coverage and critical health care services due to widespread anti-LGBTQ+ policies and stigma. Here's what's at stake for LGBTQ+ people if the ACA goes away.

The Uninsured Rate for LGBTQ+ People Could Double

Prior to the ACA, LGBTQ+ people were often denied coverage and health services outright due to their sexual orientation and gender identity, and many experienced <u>abusive treatment</u> and discrimination by health care providers. Still others could not enroll in health insurance with their spouse or children because they were not recognized as a family.

The ACA banned these discriminatory practices and ensures that LGBTQ+ people can access the health coverage they need. Since 2013, the ACA has helped narrow coverage disparities among low- and middle-income LGBTQ+ people by cutting their <u>uninsurance rate almost in half, from</u> 34 percent in 2013 to 16 percent in 2020. Transgender people made significant gains: the uninsured rate dropped from 59 percent in 2013 to 25 percent in 2013. Among LGB people of all incomes, the <u>uninsurance rate was cut almost in half, from 19 percent in 2013 to 10 percent in 2016</u>. With access to coverage, LGBTQ+ people have improved access to the health care services that they need, improving health outcomes for those with chronic conditions such as HIV/AIDS, substance use disorder, or mental or behavioral health needs.

<u>Medicaid expansion</u> is particularly important for LGBTQ+ communities, especially for <u>transgender people and LGBTQ+ people of color who are living in poverty</u> due to <u>anti-LGBTQ+</u> <u>policies</u> that allow, for instance, employment discrimination, housing discrimination or the denial of family tax credits and social security benefits. According to the Kaiser Family Foundation, Medicaid expansion has <u>significantly increased access to coverage and care for</u> people living with HIV/AIDS, a disease that continues to <u>impact gay and bisexual men, as well</u> as transgender women, at much higher rates than the general population. In states that





expanded Medicaid, people living with HIV who qualify to enroll no longer have to wait for an AIDS diagnosis in order to become eligible for Medicaid. That means they can get into lifeextending care and treatment before the disease has significantly damaged their immune system.

Non-discrimination Protections for LGBTQ+ People Would Be Completely Gone

The ACA also builds on existing federal civil rights protections to ban health care and health insurance discrimination against LGBTQ+ people. Insurers can no longer deny coverage to LGBTQ+ people, use discriminatory exclusions that target transgender people and the gender affirming care they need, or charge higher rates based on sexual orientation or gender identity. And federally funded hospitals, clinics, and health care programs like Medicare and Medicaid cannot treat LGBTQ+ patients and their families unfairly. Though more can be done to address LGBTQ+ health disparities and improve access to care, the ACA has made historic and significant progress in ending health discrimination against LGBTQ+ people.

But, since 2017, the Trump administration has repeatedly worked to <u>undermine these</u> protections, with the goal of making it easier to deny care to LGBTQ+ (and especially transgender and gender diverse) people. These actions would be harmful at any time but are especially devastating during the COVID-19 pandemic.

Our Fight Against the Pandemic Becomes Even Harder

As the country confronts both the immediate and long-term threats posed by the COVID-19 pandemic, it is more important than ever to retain and expand pathways to coverage. In the short term, the ACA helps ensure that millions of people can get the testing, treatment and care they need to keep our communities safe.

COVID-19 poses a significant threat to the health of LGBTQ+ people and especially LGBTQ+ people of color. LGBTQ+ people experience higher rates of chronic conditions (such as HIV and <u>cancer</u>) that increase a person's <u>risk</u> for more severe illness and higher mortality rates after contracting COVID-19. This could leave LGBTQ+ people suffering long-term effects as a result of COVID19's impact on respiratory, renal, and other vital systems. These health disparities may be even greater for LGBTQ+ people of color. Further, many LGBTQ+ people fear discrimination from health care providers and staff. This fear may lead LGBTQ+ people to choose not to seek medical care they need during the pandemic, endangering themselves, their loved ones, and the community. Additionally, if the ACA is eliminated, LGBTQ+ people with COVID-19 could be treated as having a new pre-existing condition, meaning higher costs and reduced coverage.

Beyond the health threats from COVID-19, the pandemic has resulted in widespread economic instability. Little is known about the extent of COVID-19's impacts on the lives and livelihoods of LGBTQ+ individuals because we lack inclusive data on sexual orientation and gender identity. However, survey data shows that two in five LGBTQ+ people, more than 5 million people total, work in industries that have been hit hardest by the pandemic, including food service, hospitals, colleges, retail and K-12 education, and could be at a higher risk for contracting the virus. Rising unemployment rates also present enormous hurdles for LGBTQ+ people, especially transgender individuals, who already experience high rates of poverty and unemployment due to workplace discrimination.





Protecting the ACA and building on its successes must be a top priority for health care advocates and champions, particularly those working with and for LGBTQ+ communities.

Right now, the Trump administration and Senate Republicans are rushing to confirm a conservative Supreme Court nominee, Amy Coney Barrett, who shares their aim of ending the Affordable Care Act and the health and economic security it provides to millions of people across the country. Opposing this nomination and any nomination before the new Presidential term begins is the most critical work we can do in this moment.

As we move closer to November 10, when the Supreme Court will hear oral arguments in the Health Care Repeal Lawsuit, it becomes increasingly important to amplify the stories of LGBTQ+ individuals who depend on the ACA and the consumer protections it provides in local and national media outlets, on social media platforms and in all spaces where health care issues are discussed. The Supreme Court does not make decisions in a vacuum and making these stories visible, along with the potential consequences to real people's lives if the Court strikes down the ACA, is paramount.



