



HUMAN  
RIGHTS  
CAMPAIGN®

The Honorable Csm. Yvette Alexander  
Chair, Committee on Health and Human Services  
1350 Pennsylvania Ave. NW  
Washington, DC 20004

October 26, 2015

**Re: SUPPORT for B21-168, the LGBTQ Cultural Competency Continuing Education Amendment Act of 2015**

Dear Chairperson Alexander and Members of the Committee on Health and Human Services:

The Human Rights Campaign (HRC), on behalf of its nearly 20,000 members in the District of Columbia, thanks you for holding a hearing on B21-168, the LGBTQ Cultural Competency Continuing Education Amendment Act of 2015. This vital measure that will ensure that medical and mental health providers receive cultural and clinical training regarding lesbian, gay, bisexual, and transgender (LGBT) people and health issues as part of their existing continuing education requirements. We urge you to swiftly pass this important legislation.

The Human Rights Campaign is America's largest civil rights organization working to achieve LGBT equality. By inspiring and engaging all Americans, HRC strives to end discrimination against LGBT citizens and realize a nation that achieves fundamental fairness and equality for all. HRC believes that every person should have access to safe and welcoming healthcare that respects diversity and addresses health disparities.

B21-168 would require licensed clinical healthcare providers in the District to include two credits of instruction on cultural competency or specialized clinical training focusing on patients that are LGBT. Because the bill applies to existing continuing education requirements, it will not impose additional hours of training on any profession, not apply to professionals that do not engage in clinical care, and leave the designation of appropriate training to the relevant licensing boards. The bill was modeled on a very successful law passed in the District in 2012 which requires medical providers to receive continuing education in HIV.<sup>1</sup>

Culturally competent care is care that respects diversity in the patient population as well as the cultural factors that can affect health and healthcare, such as language, thoughts, communication styles, beliefs, values, and attitudes. It is critical to reducing healthcare disparities and improving access to high-quality healthcare that is respectful of and

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<sup>1</sup> D.C. Code § 3-1205.10(b)(4).

responsive to the needs of all LGBT individuals, especially those who identify as transgender.<sup>2</sup>

Culturally competent care is especially important for LGBT people, as they continue to face substantial disparities in health, resulting from the stress of pervasive stigma; substance abuse and other health-endangering coping strategies; a reluctance to seek medical care due to fear of and actual healthcare discrimination; and the disproportionate impact of sexually transmitted disease.<sup>3</sup> Lack of fully accepting, culturally and clinically competent healthcare contributes to these disparities. According to a nationwide 2009 survey, more than half of LGBT respondents experienced being refused needed care or being treated in a discriminatory, disrespectful manner.<sup>4</sup> In addition, transgender individuals face even higher disparities. One in five transgender individuals has been denied services by a doctor or other provider due to their gender non-conformity. One in four transgender individuals said they had postponed care when sick or injured and postponed preventive healthcare due to discrimination and disrespect by providers.<sup>5</sup> Even health care providers who do not overtly discriminate can convey an attitude of discomfort or disrespect that discourages the frank communication, trust, and respect critical to the provider-patient relationship.

Despite the importance of adequate cultural competency training to reduce healthcare disparities, LGBTQ healthcare issues receive very little coverage in healthcare professional schools and many healthcare providers have never been trained on these issues. Professional organizations<sup>6</sup> and healthcare experts<sup>7</sup> have emphasized the need for further training on these issues for providers.

While the District has taken great strides toward ensuring health coverage for and preventing healthcare discrimination against LGBT people, training in cultural competency for most healthcare providers remains very limited. Most professional ethics codes require providers to be culturally competent; however, competency training may be insufficient with respect to LGBT people, who are at risk for stigmatization and discrimination. More

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<sup>2</sup> See attached Evidence of Effectiveness of LGBTQ Competency Training for Health Professionals document.

<sup>3</sup> See attached LGBTQ Health Disparities One Pager.

<sup>4</sup> *When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV*, Lambda Legal (2010). Available at: <http://www.lambdalegal.org/publications/when-health-care-isnt-caring>

<sup>5</sup> Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011. Available at: [http://www.thetaskforce.org/static\\_html/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf)

<sup>6</sup> American Association of Medical Schools (2014), *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born With DSD: A Resource for Medical Educators*. Available at: <http://offers.aamc.org/lgbt-dsd-health> and The Joint Commission (2011), *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide*. Available at: <http://www.jointcommission.org/lgbt>

<sup>7</sup> Institute of Medicine (2011), *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Available at: <https://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>

than 10% of the District's population identifies as LGBT,<sup>8</sup> and so it is critical for licensed clinical healthcare providers to understand how to appropriately treat individuals who identify as LGBT.

This bill is of special importance to the health and well-being of transgender people in the District. DC has been a leader in expanding healthcare coverage for transgender people by preventing insurance providers from having arbitrary exceptions for transition-related care in their plans, by ensuring that public employees receive inclusive benefits, and by ensuring that Medicaid provides inclusive benefits for transgender people. However, this increase in coverage has not been matched by an increase in provider knowledge or availability.<sup>9</sup> This bill will help expand the knowledge and expertise of provider networks to appropriately provide healthcare to transgender people.

B21-0168 will ensure that licensed healthcare providers in the District receive the cultural and clinical competency instruction needed to adequately apply the attitudes, knowledge, and skills that will enable them to provide quality healthcare for LGBT patients. We urge you to swiftly pass this important legislation. If you should have any questions regarding HRC's support for B21-168, please contact me at 202-572-8960 or by email at [Alison.Gill@hrc.org](mailto:Alison.Gill@hrc.org).

Sincerely,



Alison Gill, Esq.  
Senior Legislative Counsel  
Human Rights Campaign

Attached:

- DC B21-168 One Pager
- DC B21-168 FAQ
- LGBTQ Health Disparities One Pager
- Evidence of Effectiveness of LGBTQ Competency Training for Health Professionals
- Letters of Support from Various Organizations

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<sup>8</sup> Gary J. Gates and Frank Newport, *LGBT Percentage Highest in D.C., Lowest in North Dakota*, GALLUP (2013). Available at: <http://www.gallup.com/poll/160517/lgbt-percentage-highest-lowest-north-dakota.aspx>

<sup>9</sup> See Gill A., *Coverage is Not Enough: Working for Comprehensive Transgender Healthcare*. HRC Blog, April 27, 2015. Available at: <http://www.hrc.org/blog/entry/coverage-is-not-enough-working-for-comprehensive-transgender-healthcare>