

# Building on the Affordable Care Act to Make the Health System Work for Young Gay Men: An Action Plan

## Acknowledgements

**Trust for America's Health** is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

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# *Building on the Affordable Care Act to Make the Health System Work for Young Gay Men*

## Introduction

The Affordable Care Act (ACA), the health reform law that was enacted in 2010, is expected to greatly expand access to stable and affordable insurance coverage for millions of Americans. Extensive research has documented that insurance matters; people with insurance coverage are less likely to report going without necessary care due to inability to pay and are more likely to report positive health outcomes than people who are uninsured.<sup>1</sup> Young gay men, however, are a population with distinct needs that has rarely been the focus of attention for the health system. They may be among the least likely to automatically translate having insurance coverage into receiving consistent, high quality medical care. Therefore, focused efforts are needed to explain the importance of health coverage, facilitate enrollment in coverage, address structural barriers to care, and support their engagement with the health system once they obtain coverage.

With the ACA developing new systems of care and new ways of paying for services, there is a fresh opportunity to examine key aspects of the healthcare delivery system to ensure that it is

### A note on language:

We use “gay men” in this report to refer to gay and bisexual men and other men who have sex with men. In practice, advocates and healthcare providers should be sensitive to the multifaceted and fluid nature of sexual identities and behaviors and respect individual preferences for how people wish to be recognized.

In addition, it is important to note that, while there is overlap in the needs and concerns of young gay men and transgender women, their needs are not identical. It is beyond the scope of this document to address the needs of transgender women.

Additional work is needed to expand the capacity of the health system to provide high quality healthcare services to transgender men and women.

When we speak of “young” gay men, we are roughly focused on biologic males aged 13 to 29 years of age, as that is the age cohort commonly used by the CDC to report much of its surveillance data. Further, this age group roughly correlates with certain ACA coverage policies for young people, as people under age 26 can be covered by their parents’ insurance and people under 30 can purchase catastrophic coverage plans. Many of the recommendations and information here may also be relevant across a broader age range.

designed to facilitate good care and improved health outcomes for program beneficiaries and health plan enrollees. Indeed, the ACA includes several key provisions that create new protections and new opportunities to more proactively meet the needs of lesbian, gay, bisexual, and transgender (LGBT) individuals, including important protections against discrimination on the basis of sexual orientation and gender identity.

In assessing the health system’s capacity to meet the needs of young gay men, important questions to ask include:

- *How can the health system create safe environments in which young gay men can disclose their sexual orientation and honestly discuss their thoughts, behaviors, and healthcare needs and concerns?*
- *In the absence of life-threatening emergencies, what circumstances lead these young men to naturally come into care?*
- *How can opportunities created by the Affordable Care Act be leveraged to support the needs of young gay men?*

New insurance coverage extended to young gay men under the ACA is a base upon which to build a more effective system of care. To do so, however, targeted actions must be undertaken to ensure that healthcare supported by the ACA is welcoming to young gay men, is equipped to meet their needs, and is of high quality.

This action plan describes optimal components of an effective system of care that integrates health promotion and prevention with the healthcare system for young gay men. For all young gay men, it encourages the development of an open, engaged, and accommodating healthcare system that respects their identity and meets their needs. For young gay men with HIV, it identifies key components of a system of care that leads to earlier identification of HIV infection, promotes continued engagement in care, and maximizes early initiation and sustained adherence to antiretroviral therapy. It proposes a system of care with a holistic approach to health that is inclusive of, but not exclusively focused on, HIV. For HIV-negative young men, it provides recommendations for priority services that maintain health and help individuals remain HIV-negative. These themes are combined with specific information about enrollment, benefits, and provider networks under the ACA.

The plan is intended to provide young gay men and their advocates with enough specificity around key policy and programmatic provisions to empower education and inform advocacy. We hope that the information and action steps included here allow readers to achieve tangible improvements and lead to new partnerships with healthcare providers and health plan administrators. We also envision this paper as a resource for health plans, providers, and others who wish to make the rapidly evolving healthcare system function better for young gay men.

### **Why focus on young gay men?**

The Nation is making major strides in respecting the rights and dignity of LGBT people, but it can still be very difficult to be young and gay in America. A multitude of factors—including increased depression, anxiety, and exposure to bullying—disproportionately affect young gay men. These factors themselves are damaging and contribute to the “syndemics” of HIV and sexually transmitted infections (STIs).<sup>2</sup>

Research focused on the specific health needs and disparities experienced by LGBT individuals identifies the health risk factors and needs of young gay men. For example:

- The 2011 Institute of Medicine (IOM) report on “The Health of Lesbian, Gay, Bisexual, and Transgender People” reported on health risk factors for gay men,<sup>3</sup> many of which pertain to systemic issues that predispose young gay men to experience health disparities, including increased risk for experiencing elevated levels of harassment, perceived and actualized discrimination, violence, victimization,<sup>4</sup> familial emotional and physical abuse, familial rejection<sup>5</sup> and greater risk of becoming homeless as a result of their sexual-identity.

- A national study of homeless youth services providers estimated that 40% of the youth served by their agencies were LGBT youth.<sup>7</sup>
- Gay men at all life stages have substantially higher rates of substance use and abuse<sup>8</sup> and greater levels of suicide ideation and suicide attempts.<sup>9,10</sup>
- Young gay men experience disparities in mental illness rates, including a higher prevalence of depressive/mood disorders and anxiety disorders than their heterosexual peers.<sup>11</sup> A 2004 study found the prevalence of depression in gay men to be 4.5 to 7.6 times higher than their heterosexual peers.<sup>12</sup> A 2002 study found that 12% had attempted suicide, as compared to 3.6% of heterosexual men.<sup>13</sup>

Ron Stall, Amy Herrick, and others have looked at syndemics that link the risk for HIV infection with other medical and psychosocial conditions and have shown that exposure to these conditions can be additive. Gay youth who experience more conditions such as depression or anxiety, or that are more exposed to bullying and other forms of marginalization, are more likely to engage in higher-risk sexual activities.<sup>14,15</sup>

Young gay men also bear the brunt of the HIV epidemic in the US. HIV rates are stable or falling for all demographic groups in the US, except young gay men, among whom HIV incidence is *rising* across all races and ethnicities.<sup>16,17</sup> Indeed, from 2008 to 2010, rates of new HIV infections among young gay men (age 13-24) increased by 22%.<sup>18</sup> Young black gay men are most heavily impacted, comprising more than half of new infections (55%) among these young men. Looking at these data from another angle, young gay men aged 13-24 comprise less than 1% of the US population, yet they account for roughly 18% of new US HIV infections each year.<sup>19</sup> Therefore, to move toward ending the HIV epidemic in the US, young gay men must be prioritized.

Other STIs are also heavily concentrated among gay men. For example, the Centers for Disease Control and Prevention (CDC) reports that in 2008, men who have sex with men (MSM) accounted for 63% of syphilis cases nationally, and they are often diagnosed with other STIs including chlamydia and gonorrhea.<sup>20</sup> Consistent condom use, vaccination, and other practices can effectively prevent many STIs. Moreover, many STIs can be cured or treated, emphasizing the need for the health system to better deliver effective prevention and treatment services to young gay men.

The responsibility for promoting the health of young gay men cannot fall solely on the health system. Health plans and providers, however, do bear a significant responsibility for meeting the healthcare and prevention needs of their gay and sexual minority consumers.

This document lays out five priority domains that are critically important for creating the structural backbone of a healthcare system that can meet the needs of young gay men.

## Building on the ACA to Make the Health System Work for Young Gay Men: Key Domains

1. Enrollment
2. Adequacy of benefits
3. Adequacy of the provider network
4. Engagement in healthcare for young gay men with HIV
5. Culturally competent health systems that promote healthy living

### 1. Enrollment

Like many Americans, young gay men have often not been covered by health insurance because of cost, an inability to navigate the individual insurance market, employment in small businesses that do not offer health insurance benefits, or laws that permitted insurers to exclude people with pre-existing conditions (including HIV) or to charge them exorbitant premiums.

The ACA makes great strides towards eliminating these barriers. The law and its implementing regulations prohibit health plans offered through new exchanges (described below) from discriminating on the basis of gender identity or sexual orientation, and offer premium and cost-sharing assistance based on income.<sup>21</sup> For young gay men with HIV or other pre-existing conditions, another important change under the ACA is that as of January 1, 2014, health plans may no longer deny someone coverage on the basis of a pre-existing condition.

In addition, the ACA significantly broadens options for health insurance coverage. These options are paired with a new individual responsibility to maintain coverage: beginning in January 2014, U.S. citizens and legal residents will be required to maintain health insurance coverage or face an annual penalty that begins at the greater of \$95 or 1% of annual income.<sup>22</sup> The penalty rises to \$695 or 2.5% of annual income by 2016 and will be adjusted for the cost of living after that time.<sup>23</sup> While the individual responsibility requirement is in place as of January 1, 2014, President Obama announced on November 14, 2013 that insurance companies could allow Americans to keep certain canceled insurance policies that do not meet the requirements of the ACA for another year as they adjust to the new demands of the health care law.

Identifying the best plan and type of coverage under the ACA are important decisions, and navigating the enrollment process can be confusing for many people. Advocates have an important role to play in linking young gay men to appropriate sources of information about the insurance options available.

Under the ACA, young gay men and others looking for insurance coverage have different options depending on their age, income level, citizenship, and family status:

#### 1. Remaining on parents' private insurance

The ACA requires companies selling group or individual insurance that provides dependent coverage to allow parents to keep their children on their health insurance plans until their children turn 26 years of age.<sup>24</sup> In general, this option must be available even if the children no longer live with their parents, are not dependents for tax purposes, are married, attend college, or receive no financial support from their parents. A young gay man with a parent who may be able to include him on his or her insurance should have the parent contact the company to determine how and when he can enroll.

This option may raise privacy concerns, depending on the insurance plan's practices with regard to information sharing (discussed further under "Confidentiality," p. 26, and in Action Steps, below). Importantly, a young person who is eligible to be covered by a parent's insurance is not required to enroll in this coverage, and if he has other coverage options, he should weigh differences in cost, scope of coverage, and privacy concerns.

## 2. Employer insurance

For 2014, there is no employer penalty in the ACA for failing to provide insurance coverage. Penalties, however, will begin the following year.<sup>25</sup> In the meantime, even without a penalty, many employers do offer some level of coverage, and young gay men without insurance should make sure they understand what, if any, options they may have through their employer. Young men who have coverage through their employers will in general have more control over their health information than those who are on their parents' insurance; though if they still live at home, they should be aware that information may be sent to them where other family members could access it. They should ask the insurance company if explanation of benefits (EOBs) could be emailed directly to them instead of mailed to their home address.

## 3. Medicaid

Medicaid is a joint federal state program that offers health insurance for low-income people. Eligibility varies by multiple factors, including age:

- a. For young gay men through 18 years of age: Medicaid and the Children's Health Insurance Program (CHIP) are public programs that offer health insurance to children. Currently, all states must cover children with family income below 100% of the federal poverty level (FPL) (\$23,550 for a family of four) in Medicaid. Many states have chosen to offer Medicaid coverage for children at higher income levels.<sup>26</sup> In addition, CHIP covers children whose household income is too high for Medicaid. Many states provide CHIP coverage to children and young adults who live in families with income up to 300% of the FPL or higher.
- b. For young gay men aged nineteen or older: Some states already cover childless adults, including, in some cases, people with HIV. Under the ACA, states have the option of expanding Medicaid to cover



all nonelderly adults under 138% of the FPL for an individual.<sup>27</sup> As of December 2013, 25 states plus the District of Columbia have announced their intent to expand Medicaid coverage through the ACA.<sup>28</sup>

#### **4. Private insurance offered through state-level exchanges or “marketplaces”**

Individuals in households not eligible for Medicaid can purchase coverage through state-level insurance “exchanges” or “marketplaces.” (In this document, we will use the term “exchanges” for simplicity.) Some states operate their own exchanges;<sup>29</sup> while other states will have “Federally-Facilitated Exchanges,” (FFE) administered by the federal government. Plans sold through exchanges are called “Qualified Health Plans,” or QHPs. Regardless of the exchange model, exchanges are available in every state and allow people to compare Qualified Health plans based on costs, benefits, and provider networks. Open enrollment for these health plans began on October 1, 2013 and continues through March 31, 2014. Insurance coverage will be effective January 1, 2014 for individuals and households enrolling by December 15, 2013 and by the first of the following month for those who enroll by the 15<sup>th</sup> of later months in the open enrollment period. For example, a person who enrolls by February 15, 2014 will have coverage beginning March 1, 2014.

Financial assistance in the form of advanceable tax credits (meaning you do not need to wait to file your taxes to receive the credit) will be available to help pay premiums for individuals and households living between 100% and 400% of the FPL who are ineligible for Medicaid, Medicare, or affordable employer-based coverage. In addition, assistance for other cost sharing will be available for those individuals and households living between 100% and 250% of the FPL. For example, an individual earning \$20,000 per year, or 174% of the FPL, would be required to pay \$85 per month for his/her premium after the premium subsidy and would be eligible for additional cost-sharing assistance.<sup>30</sup>

There are multiple resources to help guide individuals seeking to enroll in insurance. In addition to the online resources listed under Action Steps below, CMS funds agencies to provide “navigators” that engage in outreach and enrollment in every state. In addition, many states are funding organizations to act as in-person assisters for the enrollment process. Some states have targeted this funding to ensure that grantees serve specific populations, such as people with HIV or LGBT people. For individuals with HIV, many Ryan White HIV/AIDS program grantees and funded providers may also offer guidance to people in assessing their new insurance options and enrolling in coverage (see section on Medicaid benefits on page 16 for more information about the Ryan White program).

Young gay men who are lawfully present immigrants (sometimes called documented or legal immigrants) are required to have insurance. They are eligible to purchase health insurance through exchanges and can receive subsidies based on income level. They also may be eligible for Medicaid if they have lived in the US for more than five years.

### Who is Left Out?

In states that are not expanding Medicaid, young gay men aged nineteen and over living under 100% of the FPL may be in a difficult situation because they do not earn enough to be eligible for subsidies to buy private plans through exchanges. They can receive free or low-cost care in a number of settings, including community health centers. If they have HIV, Ryan White Program-funded clinics offer free or low cost services. Hospitals also must provide a certain level of stabilizing emergency care to anyone, regardless of insurance or immigration status.

In addition, it is important to note that most types of insurance described in this section are unavailable to undocumented immigrants. Undocumented immigrants are ineligible for Medicaid and CHIP (other than certain categories of emergency assistance), and may not purchase insurance through exchanges, with or without subsidies. Young gay men who are undocumented may have coverage through employers. If they do not, they may seek care from community health centers and Ryan White Program-funded clinics (for people with HIV), which do not consider immigration status for eligibility.<sup>31</sup>

### When can people enroll?

The initial “open enrollment period” for plans sold through Exchanges started October 1, 2013, and will end March 31, 2014. People who enroll by the 15<sup>th</sup> of each month within this period will gain coverage beginning the first day of the following month. If someone experiences a “qualifying life event” such as loss of other insurance, he can sign up outside the open enrollment period. For next year, the open enrollment period will be November 15, 2014 – January 15, 2015. Medicaid and CHIP have no specific enrollment period: people who are eligible may apply and gain coverage at any point in the year. For more information, see <https://www.healthcare.gov/glossary/open-enrollment-period/>

### Action Steps:

- **Identify your state’s Medicaid and CHIP eligibility levels and whether your state is expanding Medicaid:** Gather information on whether your state is expanding its Medicaid program and what the eligibility requirements will be in 2014. For general information about the status of Medicaid in your state, the Kaiser Family Foundation maintains an updated listing of states’ status on the Medicaid expansion.<sup>32</sup>

In states that have expanded Medicaid eligibility, one specific decision that is made at the state level is whether people with HIV are considered “medically frail,” which would prevent them from being forced to enroll in a managed care plan. If you work with young gay men with HIV, you may want to contact your state Medicaid agency to ask if they exempt all people with HIV from mandatory enrollment in a benchmark managed care plan.<sup>33</sup>

Another issue is whether your state considers same-sex spouses as “married” for purposes of Medicaid eligibility; ask your state Medicaid agency for further information.

- **Determine if your state is running its own exchange or if it is being run solely or primarily by the federal government as a “Federally-Facilitated Exchange”:** Identifying the type of exchange that exists in your state can help you determine the agency to approach with problems and concerns. As of December 2013, sixteen states plus DC will be running their own exchanges, while 27 will be federally-facilitated and 7 will have a hybrid “partnership” model. See <http://kff.org/health-reform/state-indicator/state-decisions-for-creating-health-insurance-exchanges-and-expanding-medicaid/> for the current status in your state.
- **Learn about the ACA’s antidiscrimination provisions and how they affect young gay men:** Once you identify the entity running the exchange in your state, contact them to ensure that they are familiar with, and implementing, the relevant ACA antidiscrimination provisions, including those related to sexual orientation and gender identity. The American Academy of HIV Medicine’s (AAHIVM) Health Reform website identifies the websites for the State and Federally-Facilitated exchanges: <http://www.aahivm.org/frmHomeDetails.aspx?nId=NTg=><sup>34</sup>
- **Use the federal health reform website to help individual young men determine their eligibility for Medicaid, CHIP, or coverage through your state’s exchange:** As of October 1, 2013, [www.healthcare.gov](http://www.healthcare.gov) serves as a national portal for determining eligibility for either Medicaid or exchange plans. The website directs people to the next steps of enrollment based on the information provided.

Young gay men can use the site to determine if they are eligible for Medicaid or CHIP in their state, or for subsidized coverage through the exchange. Note that same-sex spouses in every state are considered married by the federal government and can apply for subsidies jointly if they file joint federal taxes. Nongrandfathered plans must offer spousal coverage to same-sex spouses if they offer it to opposite-sex spouses. More information about this and other issues related to the ACA enrollment of LGBT people can be found at [www.out2enroll.org](http://www.out2enroll.org).

- **Identify enrollment assistance entities in your state that may be appropriate resources for young gay men:** In states that have chosen not to run their own exchanges, the federal government funds organizations to act as Navigators to conduct outreach and enrollment. The list of funded navigators in those states is available online.<sup>35</sup> See also <https://www.healthcare.gov/how-do-i-get-help-enrolling-in-the-marketplace/> for more information. Identify agencies that may be appropriate sources of information for young gay men or reach out and provide information (such as this document) about how they can best meet young gay men’s needs. For states running their own exchanges,

each state's website should have information about navigators and other official sources of assistance.<sup>36</sup>

In addition to reaching out to these funded navigators and assisters, advocates for young gay men can take advantage of state and federal training materials to gain knowledge that will help them directly advise their focus population. Federal training materials are available online, and include information that will be generally applicable in all states.<sup>37</sup> In addition, in states running their own exchanges, you can contact the state through the exchange website to ask if trainings or training documents are available. The AAHIVM website includes the websites of all exchanges.

- **Identify your community's need for information about how immigration status affects eligibility for insurance under ACA programs.** As discussed above, while lawful residents have access to many of the benefits of expanded coverage under the ACA, generally, undocumented immigrants do not. If some of the young gay men you work with fall into either of these categories, familiarize yourself with the basics of how the ACA will affect their opportunities to access health insurance and health care. The National Immigration Law Center has multiple documents explaining how the ACA affects different categories of immigrants.<sup>38</sup> The Center for American Progress has information specific to LGBT undocumented immigrants: <http://www.americanprogress.org/issues/immigration/report/2013/03/08/55674/living-in-dual-shadows/>.
- **Share information with young gay men:** Depending on the type of organization you are a part of, find ways to share enrollment information with the young gay men with whom you work. This could be as simple as distribution of information via traditional or social media directing clients to [www.healthcare.gov](http://www.healthcare.gov), or could mean more involved outreach, such as education sessions on the basics of enrollment as described in this document. Also consider asking navigator or assister agencies to make presentations specifically for young gay men. In addition, the Center for American Progress has developed factsheets detailing enrollment and coverage issues for LGBT people, including on the Medicaid expansion and on state-level exchanges, which may be appropriate for the population with which you work.<sup>39</sup> The Kaiser Family Foundation has also launched a consumer website on Obamacare and HIV at <http://greaterthan.org/campaign/obamacare/>. Regardless of the format, getting information to young gay men during this initial open enrollment period is vital. [Note, however, that young men aging out of Medicaid or CHIP coverage, or experiencing other “qualifying life events” such as a change in family status or income, may be able to enroll in exchange coverage outside of the initial open enrollment period.]

## 2. Adequacy of Benefits

For young gay men, identifying commonly needed health services and pushing the health insurance system to offer coverage that effectively pays for these services is critical. While many parts of the health system will be focused on general standards for all people, advocates for young gay men may need to identify specific benefit needs for this population and determine if they are being met by Medicaid programs, exchanges, health plans and health care providers.

In order to push for the specific needs of young gay men, it is important to understand the basic benefits standards that guide health plan coverage policies. The ACA establishes certain key standards for coverage provided in individual and small group plans, as well as in Medicaid “expansion plans” in states that opt to expand their Medicaid programs. These requirements are in addition to nondiscrimination provisions that prohibit plans from discriminating in designing their benefits on the basis of health status, disability, age, race, gender, gender identity, and sexual orientation, among other factors.

### Essential Health Benefits

The ACA requires all individual and small-group plans – whether offered inside or outside of state-level exchanges – to cover ten categories of “Essential Health Benefits”:

- Ambulatory patient services (also called outpatient services, which are prevention, diagnostic, and treatment services provided in a doctor’s office or a hospital);
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Prescription drugs;
- Rehabilitative and habilitative services and devices (which include services such as physical and occupational therapy that help people gain, re-gain, or maintain the ability to function and perform activities of everyday life);
- Laboratory services (such as x-rays and blood tests);
- Preventive and wellness services and chronic disease management (which could include vaccinations and screenings); and
- Pediatric services, including oral and vision care (generally for children and young adults under age 21).

These categories encompass a broad range of services, including many that are of particular importance for young gay men. For example, the “mental health and

substance use disorder services” category is key for this population because of the disproportionate impact of mental illness and substance use disorder. Under the ACA and regulations issued under the Mental Health Parity and Addiction Equity Act of 2008, these services must be covered in no more restrictive a manner than other medical and surgical services.

In general, within these ten broad categories, states and plan issuers will have a great deal of flexibility. Therefore, it will be crucial for individuals and advocates at the state level to take a close look at plan brochures and other available documents to determine what information is available about the scope of benefits each plan offers. (See further discussion under Action Steps, below).

### Coverage of Preventive Services

Under the ACA, all nongrandfathered<sup>40</sup> private plans—large group, small group, or individual offered inside or outside exchanges—must cover, without any cost-sharing, a key set of preventive health services. These include all services recommended with an A or B rating by the U.S. Preventive Services Task Force (USPSTF) and all immunizations recommended by the Advisory Committee on Immunization Practices. These recommendations include many screenings and interventions that are important to the health of young gay men, including many related to sexual health, as well as screenings related to depression, tobacco use, alcohol use, and cancers.

## **US Preventive Services Has Given HIV Screening an “A” Rating: A New Tool for Expanding HIV Screening**

It is important for all people to know their HIV status, and particularly for young gay men who are at high risk of HIV. Current HHS treatment guidelines recommend the earliest possible initiation of treatment after HIV infection to preserve the immune system and prevent the build-up of a reservoir of infection within the body.<sup>41</sup> Also, research shows that the vast majority of people with HIV in the U.S. who know their HIV status take active steps to avoid transmitting the virus to others.

Unfortunately, young people with HIV are far less likely than others to know their status. CDC estimates that while overall 18% of Americans with HIV are unaware of their status, the figure is 59% among 13-24 year olds.<sup>42</sup>

Several recent policy developments could facilitate broader access to HIV screening for adolescents and adults. The USPSTF recently updated its screening recommendation to support routine, opt-out screening for all adolescents and adults aged 15 through 65. This means that providers should conduct HIV tests on all people in this age group when they come in for care whether or not they have an identifiable risk for HIV. This recommendation, which is more closely aligned with the CDC guidelines (routine screening for ages 13 through 64), has the potential to greatly improve coverage of HIV screening for all people, including young gay men.

As discussed in this section, all nongrandfathered, private plans, as well as all Medicaid expansion plans, must cover certain preventive services without cost sharing, including those recommended by the USPSTF. Therefore, they must cover routine HIV screening without cost sharing. Coverage for routine HIV screening will be required in private plans for plan years beginning on or after April 30, 2014 and in Medicaid expansion plans as soon as coverage begins on January 1, 2014.

States' existing “traditional” Medicaid programs are not required to cover USPSTF recommendations, but an analysis of coverage policies in 2013 found that 31 states plus the District of Columbia do cover routine HIV screening.<sup>43</sup>

A number of changes must occur for the USPSTF recommendation to translate into meaningful increases in access to testing, and advocates for young gay men have an important role to play.

- ▲ First, it is crucial that advocates at the state and local levels monitor coverage as described in plan brochures, and as reported by enrollees to determine if plans are incorporating routine HIV screening in clinical visits as part of their standard of care.
- ▲ Second, young gay men and others need to understand that if they go to a doctor for a preventive service, and the doctor bills separately for the visit and the service, it is possible that they will still be responsible for cost-sharing for the office visit. A young man who wishes to see a provider specifically for HIV testing should ask if he would be responsible for a copayment for the office visit.
- ▲ Third, providers, especially those who offer HIV screening or see large numbers of gay men, must be made aware of the new coverage requirement and how it applies to different insurers.

## Medicaid Benefits

In states that expanded Medicaid enrollment through the ACA, most newly eligible people are likely to be required to enroll in Medicaid managed care plans. These enrollees are eligible for the same general set of essential health benefits as those enrolled in plans sold through exchanges and are also eligible for the same preventive services without cost-sharing.

Enrollees in these Medicaid “expansion” plans, however, may have more limited access to medications than enrollees in the traditional Medicaid program. This difference is because newly contracted expansion plans are permitted to have more limited formularies than existing contracted Medicaid plans. See Action Steps, below, regarding this issue in your state.

Advocates should note that an important medication regimen to look at is PrEP, or pre-exposure prophylaxis, taken by people who are at risk of HIV infection to reduce their risk. Some private plans already cover PrEP, but may require specific prior approval or place other restrictions on access.

### *Action Steps:*

- **Review benefit manuals for plans that participate in your state’s exchange and identify gaps in coverage:** The federal portal [www.healthcare.gov](http://www.healthcare.gov) will link people to information specific to their states. Advocates and potential enrollees may need to follow up with specific plans to get more detailed information. They should review plan brochures to identify coverage for key services, including services for young gay men with and without HIV. This analysis may be most effective if conducted statewide, perhaps in coordination with a state’s HIV/AIDS program or with Ryan White Program grantees in the state, who will be directly affected by plans’ scope of coverage.

A review of plans’ manuals may reveal gaps in coverage. For example, a plan may state that it covers HIV testing only when deemed medically necessary, even though, as described above, plans are now required to screen for HIV infection in adolescents and adults aged 15 to 65 years (and to screen younger adolescents and older adults who are at increased risk). While the USPSTF does not make recommendations regarding frequency of testing, the CDC suggests that gay men be tested at least annually. Medicaid agencies could clarify this as part of their implementation of this benefit. Consider compiling a set of problems identified through review of plan brochures, and contact your state’s exchange—or the federal government, if your state has a federally facilitated exchange—to report these gaps early in the process.<sup>44</sup> Request that the exchange contact any plans that appear to fall short of the requirements described above and have them update their coverage guidelines. You can also contact plans directly to discuss your concerns or the Federal agency,



Health and Human Services, to express concern about a Federally-run Exchange.

- **Review Medicaid managed care plans' covered benefits and quality and performance measures. Advocate with the plans to identify standards of care for young gay men:** Medicaid managed care plans or other versions of managed care, such as primary care case management, already exist in almost every state. In states that are expanding Medicaid, newly eligible people may be required to enroll in such plans or programs. Contact your state Medicaid agency and request information about coverage requirements within all types of Medicaid managed care plans in your state.<sup>45</sup> If you identify gaps in the coverage that affect young gay men, request a meeting with the state Medicaid agency to determine whether and how these gaps can be addressed.
  
- **Work to educate health care providers in your area about CDC's recommendations for young gay men:** Insurance coverage for services is only part of expanding access to services; doctors and other providers need to recommend services to their patients, conduct routine sexual histories and complete exams, and counsel patients regarding the importance of key screenings. Clinicians may not always be aware of the specific health needs of young gay men. For example, a doctor may be aware of current general recommendations for HIV screening, but may not know that the CDC recommends more frequent screening for gay and bisexual men with certain risk factors. Identify appropriate providers or provider groups in your area, community health centers, and hospital or university outpatient departments and share information about the specific needs of their young gay male patients. University and other training programs should also be included in the dissemination of information, and advocates should work with health departments, which already may be engaged in related provider education activities. The CDC factsheet *For Your Health: Recommendations for a Healthier You (Gay and Bisexual Men's Health)* is a good start for providers, as well as patients.<sup>46</sup>
  
- **Document any benefits/coverage problems experienced by young gay men enrolled in either exchange coverage, Medicaid, or CHIP:** As coverage expansion takes place starting on January 1, 2014, young gay men who have gained new insurance coverage will start to experience how effective their benefits are in affording access to preventive and other services. In addition to other medical benefits, one specific concern that may arise is that Medicaid expansion enrollees may have access to more limited drug formularies than offered in the traditional Medicaid programs. Some organizations are concerned that these limitations may hurt people with chronic conditions who require access to multiple drugs, such as people with HIV.<sup>47</sup> Plans are required to have procedures for requesting off-formulary drugs, but it is unclear how effective those procedures will be for patients.

Your organization may wish to serve as a clearinghouse for complaints or concerns from young gay men who are not getting coverage for the health services they need, including prescription drugs. If the problems are in exchange plans, it may be helpful to request a meeting with the entity running your state's exchange. If the problems are in Medicaid plans, request a meeting with your state's Medicaid agency's medical director. Provide documentation of coverage gaps and request clear responses regarding why these gaps occur and how they will be addressed. Note that to initiate investigations based on complaints, programs may require specific information about enrollees and services, so complaints should only be pursued with the specific permission and understanding of the affected enrollee.

### 3. Adequacy of the provider network

A critical link to high quality care for many young gay men is ensuring that they have access to a primary care provider and other providers with whom they can form trusting, open relationships.

The ACA and its implementing regulations establish some minimum standards for the networks of providers in plans offered through exchanges. In general, these plans must “[m]aintain[] a network that is sufficient in number and types of providers, including providers that specialize in mental health and substance abuse services, to assure that all services will be accessible without unreasonable delay.”<sup>48</sup> Plans are required to make their provider directories available to their respective state exchange for publication online, make the directory available to potential enrollees in hard copy upon request, and note in the directory which providers are not seeing new patients. It is not clear that this information is readily available in all states yet.

The law also requires plans to contract with “those essential community providers, where available, who serve predominately low-income, medically-underserved individuals.”<sup>49</sup> The ACA defines an Essential Community Provider (ECP) to include community health centers and a range of other public health clinics and providers, including some, like Ryan White Program-funded clinics and STD clinics, of particular relevance to young gay men.

Plans, however, do not have to contract with every essential community provider in their service area. States that operate their own exchanges can set standards for how many ECPs a plan must include in their networks. In Federally-Facilitated Exchange states, plans can meet a “safe harbor” for the ECP requirement if they have contracts with at least 20% of ECPs in the service area in the plan network; agree to offer contracts to at least one ECP in each category in each county; and agree to offer contracts to all available Indian providers.<sup>50</sup> Because Ryan White Program-funded clinics are one category under the rule, every plan in a Federally-Facilitated Exchange state must offer contracts to at least one Ryan White Program-funded provider, if available, in each county.

While comparing insurance options under the ACA, young gay men and their advocates should carefully review the provider networks available in different plans.

For all young gay men, it will be important to identify providers who care for LGBT patients in a culturally competent way. These could be providers who already serve young gay men, or advocates at the state or local level could identify providers who may be appropriate for the many young gay men who do not have a regular source of care. See the Action Steps below for information on identifying healthcare facilities that reflect LGBT equity and inclusion and may be appropriate providers for young gay men.

For young men with HIV, it is important to receive medical services from experienced, high-quality HIV providers when possible. For some young men, this may be a doctor or Ryan White Program-funded clinic from which they already receive care. Other young men may need to identify such a provider. The Action Steps section below includes information on identifying HIV-experienced providers.

### *Action Steps:*

- **Identify the providers in your area that will deliver quality care for young gay men:** You may already be familiar with specific clinics or physicians in your community that provide good quality care for LGBT people, including young gay men. If not, or to look for more, the Human Rights Campaign has developed an LGBT Healthcare Equality Index that identifies hospitals and clinics with a commitment to equity and inclusion. The 2013 report includes a list of facilities meeting core criteria related to nondiscrimination policies, visitation rights, employment nondiscrimination, and staff training.<sup>51</sup> In addition, the Gay and Lesbian Medical Association has a directory of providers available at [www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=939&grandparentID=534&parentID=938&nodeID=1](http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=939&grandparentID=534&parentID=938&nodeID=1). As young gay men in your community are making decisions about health insurance coverage, make them aware of these LGBT-experienced providers and confirm which QHPs and Medicaid managed care plans they participate in as network providers. In addition, see Action Steps under domain 1 for resources to help providers improve their services for LGBT people.
- **Identify HIV-experienced clinicians in your area:** For young gay men with HIV, identify qualified, experienced HIV providers. There are several resources available, including:
  - ▲ The federal HIV/AIDS Bureau (HAB) that operates the Ryan White Program has a site that lets you search for Ryan White Program-funded providers in your area: [http://findhivcare.hrsa.gov/Search\\_HAB.aspx](http://findhivcare.hrsa.gov/Search_HAB.aspx)

- ▲ HIVMA: The HIV Medical Association lets you search for providers who are currently providing HIV care and request to be in the database. You can also search by population served and insurance type accepted.<sup>52</sup> HIVMA also has a white paper on identifying providers who are qualified to provide HIV care.<sup>53</sup>
- ▲ The American Academy of HIV Medicine has a referral link that allows you to search for providers offering HIV primary care. See <http://www.aahivm.org/>.

- **Once you have identified LGBT-experienced and HIV-experienced providers or practices, encourage and assist them in joining plans offered through the exchange and Medicaid managed care plans in your state:** Provider networks of plans offered through your state’s exchange or as part of the network for Medicaid managed care plans in your state may already include some of the individual providers or clinical practices you identify. Others may not, however, or only may be part of the network for a subset of plans. To maximize access to these providers for young gay men and other newly insured individuals, reach out to these providers or practices to encourage them to enter agreements with plans sold through the exchanges and with Medicaid managed care plans. The American Academy of HIV Medicine has an extensive set of resources available to help providers understand and contract with both types of plans.<sup>54</sup> HIVMA also has multiple resources for providers, including a document with specifics on how to contract with new private and Medicaid managed care plans.<sup>55</sup>
- **Identify any Essential Community Provider requirements in your state that may help motivate plans sold through exchanges to add ECPs to their networks:** The Essential Community Provider requirement,<sup>56</sup> discussed above, can help promote access to important care for young gay men; for example in federally-facilitated states, plans will have to offer contracts to at least one Ryan White provider, if available, in each county. States running their own exchanges may set their own standards.

If the key providers you have identified qualify as ECPs,<sup>57</sup> encourage them to identify as such when they reach out to plans offered through the exchange. This may create an incentive for plans to contract with them to meet minimum ECP requirements.

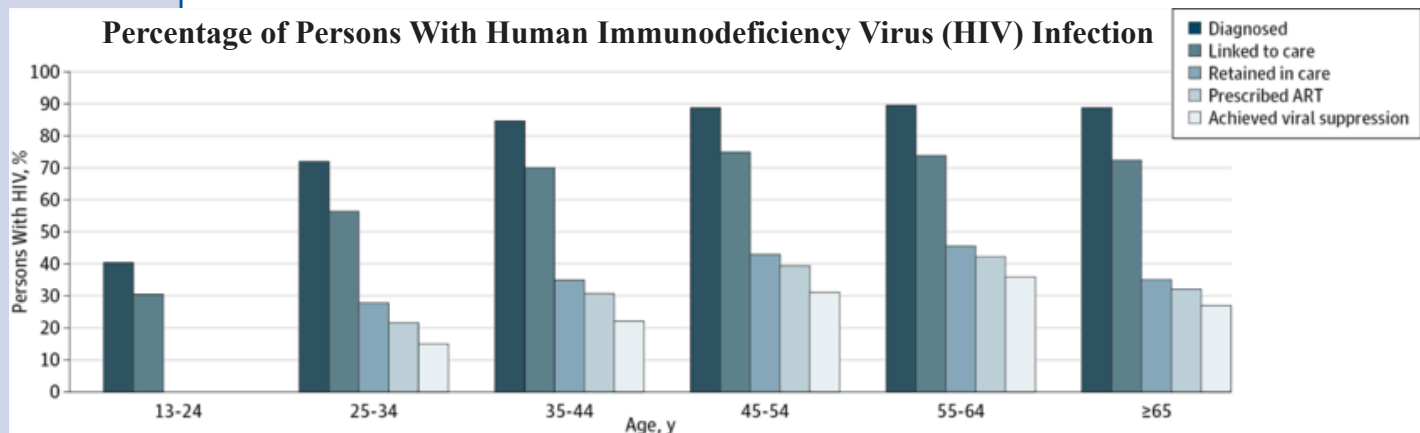
#### **4. Engagement in healthcare for young gay men with HIV**

In addition to the general health needs of all young gay men, young gay men with HIV have specific and important medical and social support needs that must be addressed. Young gay men and others with HIV can lead long and healthy lives, but this presumes that they receive services and supports that lead them to appropriate care, such as accessing and sustaining antiretroviral therapy (ART).

HIV incidence in the U.S. is rising.<sup>59</sup> Efforts, however, to target programs, services, and service delivery models may focus on all youth or gay and bisexual men of all ages without sufficiently targeting programs and services to adolescent and young adult gay men, despite their often significant and distinct needs.

The recognition of this gap comes at the same time as the concept of the HIV treatment cascade developed.<sup>60,61</sup> The treatment cascade is a representation of engagement in care from HIV diagnosis through effective HIV viral suppression. The cascade shows that the health system struggles to support people in engaging and maintaining their engagement in care. This challenge with the health system combined with the structural barriers to good care identified throughout this action plan create large barriers to young gay men accessing the HIV health care services they need and establishing an ongoing and regular relationship with a care provider.

Recent analysis by CDC scientists indicates that young people (all risk categories combined) are far less likely to be diagnosed and linked to HIV care than those in higher age groups:<sup>62</sup>



Source: *Differences in Human Immunodeficiency Virus Care and Treatment Among Subpopulations in the United States*

H. Irene Hall, PhD; Emma L. Frazier, PhD; Philip Rhodes, PhD; David R. Holtgrave, PhD; Carolyn Furlow-Parmley, PhD; Tian Tang, MS; Kristen Mahle Gray, MPH; Stacy M. Cohen, MPH; Jonathan Mermin, MD; Jacek Skarbinski, MD

In some cases, the first step to improving the quality of care for young gay men involves assessing what is and is not working in a given community. As a general matter, however, it is important to ensure that medical providers serving young gay men with HIV not only have the capacity to provide culturally competent care, but have knowledge of current standards for HIV care, a challenge not only for providers serving young gay men, but all those with HIV. Where primary care providers may not see people with HIV full-time, this may mean establishing ways for such doctors to consult with experts who treat a large number of people with HIV.

Finally, even as many young gay men gain access to private insurance or Medicaid, the Ryan White program will continue to be a major resource for support. It is important that health insurance cover as many health services as possible for young gay men, both with and without HIV. The Ryan White program, however, can continue to provide services for people with HIV that have come to be known as “coverage completion” services. Those services include supports often not adequately covered by insurance, such as assisting with cost sharing, which can

become an insurmountable barrier to care, and assistance with services poorly or inadequately provided by public and private insurance programs, sometimes including intensive case management, medical transportation, and other services necessary to support adherence to treatment and engagement in care. Therefore, while it will be critically important for Ryan White grantees and providers to be aware of services covered by insurance, it also will be important for Medicaid programs, health plans, and health care providers to be aware of what Ryan White offers and of other social support services available in their community that can supplement covered services in ways that better support engagement in care. In addition, the Ryan White program will continue to serve people with HIV who do not have access to health insurance (see text box, “Who is Left Out?”), p. 10).

### *Action Steps:*

- **Encourage Medicaid programs and health plans to establish evidence-based quality and performance measures that support the delivery of current standards of HIV care:** Treating HIV is complex and standards of care are rapidly evolving as new research and the release of new treatments and technologies are introduced. Health plans and medical providers, however, do not have to navigate this changing environment on their own. Unlike other conditions where there are no credible consensus recommendations to inform practice standards, HIV clinical practice standards are based on a strong evidence base and are widely acknowledged as setting the standard of HIV care in the US. Therefore, a key role for advocates for young gay men is to ensure that Medicaid programs and health plans know that all of their treatment decisions for their HIV patients should be anchored in the standard of care as exemplified by federal guidelines. Federally approved HIV/AIDS clinical practice guidelines are regularly updated and are available with other resources at the AIDSinfo website maintained by the National Institutes of Health (NIH), <http://aidsinfo.nih.gov/>. Health plans operating in the exchanges, as well as Medicaid programs (or health plans under contract with the Medicaid agency) should disseminate these guidelines and other information that forms the basis for any established performance measures. Medicaid programs also should require quality improvement processes to be undertaken to improve the performance of the plans generally, as well as among individual providers in the networks.
- **Encourage Medicaid programs and health plans to require formal linkages between primary care providers serving people with HIV and experienced HIV providers:** The Health Resources and Services Administration, which administers the Ryan White HIV/AIDS Program, has several resources for people with HIV and health care providers, including information on guidelines and treatment standards, as well as where and how to access services through the Ryan White HIV/AIDS Program: <http://hab.hrsa.gov>. Additionally, HRSA maintains the TARGET Center with additional materials and resources for Ryan White grantees and health and social services providers, <https://careacttarget.org>. You can use these

resources to encourage Medicaid programs and health plans, through their contracts with providers, to require providers to establish formal linkages with experienced HIV providers. Also, to assist them, you can make Medicaid programs and health plans aware of the extensive resources available from HRSA.

- **Encourage health care providers, Medicaid programs, and health plans to adopt IAPAC adherence guidelines:** As discussed above, many people with HIV are challenged in getting to viral suppression, but the treatment cascade data show that young gay men are often less aware of their HIV status and less engaged in care.<sup>63</sup> The International Association of Physicians in AIDS Care (IAPAC) conducted a review of the evidence for the effectiveness of various interventions to support individuals to remain engaged in care and adherent to treatment along the care continuum from diagnosis to viral suppression. Many health plans and providers may not be aware that such guidelines exist, yet they provide the evidence base that is often needed for health plans to approve payment for specific interventions. Therefore, an opportunity exists to educate health plans and providers about these guidelines and explain the rigor of the evidence-based review that was used to develop these guidelines. These guidelines may be accessed as follows: *Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons With HIV: Evidence-Based Recommendations From an International Association of Physicians in AIDS Care Panel*, Melanie Thompson et al, *Annals of Internal Medicine*. 2012 Jun;156(11):817-833, available at <http://annals.org/article.aspx?articleid=1170890>. Additional resources are available at [www.iapac.org](http://www.iapac.org).
- **Advocate for Medicaid programs and health plans to establish formal plans for reducing HIV stigma in health care settings by establishing written HIV sensitivity training standards for medical providers and frontline staff:** Many people with HIV often face incredible levels of stigma and discrimination that sometimes create the risk for interpersonal violence and otherwise create substantial barriers for some people to engage in healthcare. Because of the good news about the success of HIV treatment, however, targeted education about how language and attitudes harm access to care can be very useful at improving the quality of interactions that all people with HIV have with the healthcare system. This type of effort can be critically important for young gay men, especially those with the most tenuous engagement with the healthcare system. Therefore, one important action is to encourage Medicaid programs and health plans to ensure that staff at all levels is trained about the basic facts about HIV. An innovative resource for navigating some of the issues surrounding HIV stigma can be found at the Stigma Project, <http://www.thestigmaproject.org>.
- **Encourage and support young gay men to become proactive in maintaining their own health and working with their healthcare systems to adopt practices and procedures that support engagement in care:**

Much of this action plan is focused on pushing and prodding parts of the healthcare system to focus on and better serve young gay men. But a key role of advocacy also involves encouraging and supporting young gay men (whether or not they have HIV) to become engaged both in improving their own healthcare experience and in working with the healthcare system to adopt systematic reforms that benefit all young gay men.

## **5. Culturally competent health systems that promote healthy living**

The disconnect between having insurance and achieving good health outcomes is often tied to structural features of the health system that go beyond personal choices or individual behavior. Therefore, at this time when the ACA is leading to the development of new systems of care, there is a fresh opportunity to examine key aspects of the healthcare delivery system to ensure that it is designed to actively facilitate good care and improved health outcomes for program beneficiaries and health plan enrollees. Better integrating comprehensive health promotion, including HIV and STI prevention, into healthcare is an important way to provide holistic health services and opportunities to engage young gay men with the health system.

This approach is not only critical for meeting patient needs, but also will likely lead to improved health outcomes upon which providers and health plans are measured. This domain is intended to identify resources and strategies for health plans and healthcare providers to create the environment and culture in which young gay men will want to seek care and where they will be supported and encouraged to openly disclose issues and concerns with their healthcare providers.

The medical setting offers a rare opportunity to establish a safe space where adolescents and young adults can seek information and discuss their developing views on sexuality and sexual behavior with educated and trusted adults. Further, medical providers may have unique credibility to reinforce the health benefits of abstinence and delaying sexual initiation. For sexually active youth and young adults, medical providers can engage in a dialogue about sexual decision-making and risk reduction strategies in a way that fosters trust and bolsters the development of a positive long-term relationship with the medical system. Too often, however, providers either do not engage in a dialogue with their patients about sexual behaviors and risk, or they are ill-equipped or uncomfortable responding to the needs of their LGBT patients, including young gay men.

An important way to build trust and foster a sense of honest, open disclosure is to ensure that a health plan, provider's office, or medical facility is welcoming and affirming to LGBT people. Numerous LGBT organizations have done extensive work to create important resources for medical providers to better serve LGBT people. While most of these resources target clinical settings, the principles they



embody can be readily adapted to health plans, exchanges and Medicaid programs so that young gay men can see that they are not invisible and that their needs will be validated and addressed. Additionally, in contemplating new models for delivering services and looking for new approaches to improve engagement and retention in care, consideration should be given to new partnerships between medical professionals and other types of service providers. This may include establishing new partnerships with non-medical organizations in the health care delivery system. Many of the best practices for how to engage diverse populations, including LGBT people, to improve engagement in care come from community-based organizations. Such partnerships could take many different forms, but they have the benefit of helping medical staff increase their competency and comfort in serving young gay men and other populations. They may bring needed expertise to a care team both in terms of how to work with and build trust with patients and to better understand contextual factors that may create barriers to engagement in care.

## Critical Issue: Confidentiality

While many patients care about the privacy of their health information, young gay men may have particular questions and needs. Indeed, the willingness of these young men to access services may turn on their level of trust in their ability to control who will have access to their health information and their ability to receive certain services confidentially. Young men who still live at home, especially those who are on their parents' health insurance, may want to understand what information their parents may access regarding their sexual orientation, health status, and treatment they receive. Even as adults, young gay men may have particular concerns about the confidentiality of "sensitive" health information, such as HIV or STD status, or substance abuse and mental health disorders or treatment.

**The law and rules on this issue are complex.** Federal laws limit the collection, use, maintenance, and disclosure of personal health information (see "Health Information Privacy," <http://www.hhs.gov/ocr/privacy/>). These laws maintain the privacy, security, and confidentiality of personal health records. When people visit their healthcare providers, the providers can use their personal information to provide them treatment (including sharing this information with other providers in most circumstances). When people enroll in insurance, the insurer can use their personal information to bill for services and to perform other administrative functions. Further, information can be disclosed in certain other situations, such as when it is required by law or when they have reporting requirements to public health authorities. Individuals have the right to obtain their own personal health records in paper or electronic form when available and to limit certain disclosures of personal health information.

States may also have laws that allow minors to access certain services, such as HIV or STI screening, confidentially and without parental consent. State laws may also extend greater autonomy to young people to control their health information, such as for emancipated minors (see <http://www.kff.org/hivaids/state-indicator/minors-right-to-consent/>).

The American Academy of Pediatrics advises providers that care should be confidential and states that, "it is not the role of the pediatrician to inform parents/guardians about the teenager's sexual identity or behavior; doing so could expose the youth to harm." Further, AAP's guidance states that "parents should not have access to protected information without the adolescent's consent."<sup>64</sup>

Therefore, advocates for young gay men may have opportunities to educate and sensitize providers and plans to take active steps to protect the confidentiality of their young patients' information, where permitted by law.

More Resources on Confidentiality:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

<http://www.aids.gov/privacy/>

[http://www.hhs.gov/ocr/privacy/hipaa/faq/personal\\_representatives\\_and\\_minors/227.html](http://www.hhs.gov/ocr/privacy/hipaa/faq/personal_representatives_and_minors/227.html)

<http://www.guttmacher.org/pubs/confidentiality-review.pdf>

Levine, D.A. and the Committee on Adolescence, "Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth," *Pediatrics*, 2013;132e297, June 2013, available at <http://pediatrics.aappublications.org/content/132/1/e297.full.html>.

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## Action Steps

- **Encourage health plans and Medicaid programs to develop the capacity to meet the health needs of their LGBT clients, including special considerations for adolescents and young adults:** Many health plans and health care programs may not have the knowledge and understanding needed to effectively serve their young gay male clients. You can encourage them to develop this capacity and guide them to professional and community resources that exist to help equip organizations better serve young gay men. Key resources are included below.
  
- **Ask health plans and Medicaid programs to adopt the Community Standards of Practice for LGBT clients from the GLBT Health Access Project:** This is a brief, but comprehensive core set of practice and quality indicators that address administrative practices and services related to LGBT Health that cover topics including personnel, client's rights, intake and assessment, service planning and delivery, confidentiality, and community outreach and health promotion. You can encourage health plans, exchanges, and Medicaid programs to review and adopt these standards.
  
- **LGBT organizations should undertake health literacy campaigns, with a particular focus on LGBT youth.** Learning to be good consumers in the health system is an acquired skill. Becoming an effective self-advocate around LGBT health issues in the health setting is particularly challenging. But even the most culturally competent health providers will be limited in their effectiveness unless LGBT patients have a high enough level of health literacy.

### Key Resources

*Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health*, American College of Physicians, 2008, available for purchase at <https://www.acponline.org/ebizatpro/ProductsandServices/BooksfromACPPress/ACPPressDetail/tabid/203/Default.aspx?ProductId=17170>.

*Community Standards of Practice for Provision of Quality Health Care Services for Gay, Lesbian, Bisexual and Transgendered Clients* is available at <http://www.glbthealth.org/CommunityStandardsofPractice.htm>.

*Office Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth*, David A. Levine and the Committee on Adolescence, American Academy of Pediatrics, published in *Pediatrics* 2013;132:e297, available at <http://pediatrics.aappublications.org/content/132/1/e297.full.html>.

*Providing Optimal Care for Your MSM Patients*, NCSDD and NASTAD, available at <http://www.nastad.org/docs/Optimal-Care-Checklist-MSM-Provider.pdf> and <http://www.ncsddc.org/publications/optimal-care-checklists-providers-msm-patients>

## Conclusion

This document attempts to provide a relatively comprehensive look at the opportunities for the LGBT community to advocate for improved health care services, with a particular focus on prevention and treatment of HIV among young gay men, in the context of implementation of the Affordable Care Act. While most public attention has been on the start up on January 1, 2014, and the end of the open enrollment period on March 31, 2014, it is important to remember that implementation of the ACA and the many related health system changes it is inspiring is a multi-year process. For example, each year health plan contracts will be renegotiated, and states are constantly reviewing their Medicaid and other insurance policies. Similarly, health plans are constantly updating their provider networks and their expectations of them. Thus, while all of the recommendations and action steps in this paper are relevant to the current phase of the ACA's implementation, some of these actions steps may change with the state of health care in America. Advocates should see implementation of these action steps as a cyclical process, with multiple opportunities to achieve the kind of transformation that will result in an optimally effective health system that meets the needs of young gay men.

## Endnotes

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