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Saul Levin, M.D., M.P.A.

November 22, 2017

Center for Faith-Based and Neighborhood Partnerships Office of Intergovernmental and External Affairs U.S. Department of Health and Human Services Hubert H. Humphrey Building 200 Independence Avenue SW Washington, DC 20201

To Whom It May Concern,

On behalf of the American Psychiatric Association (APA), the medical specialty society representing over 37,000 physicians who specialize in the treatment of mental illnesses and substance use disorders, we submit the following comments in response to the Department of Health and Human Services' (DHHS) request for information on removing barriers for religious and faith-based organizations to participate in DHHS programs and receive public funding.

While we recognize the important role that faith-based organizations play in improving access to healthcare for vulnerable individuals, we are concerned that this proposal would create religion-based exceptions that would allow providers to discriminate against Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) patients. Based on longstanding policies, the APA supports laws that protect the civil rights of our LGBTQ patients, and that includes ensuring that they cannot be denied health services.

DHHS has made strides to address health disparities among LGBTQ patients and we urge the Department to refrain from weakening nondiscrimination regulations that would undermine that progress. Current research finds that LGBTQ patients have many of the same health concerns as the general population, but they experience some health challenges at higher rates, and face several unique health challenges shaped by a host of social, economic, and structural factors. As it relates to mental and behavioral health, LGBTQ individuals are at elevated risk, with studies finding that they are two and a half times more likely to experience depression, anxiety, and substance misuse. Additionally, these patients experience higher rates of sexual and physical violence compared to their heterosexual counterparts.¹ Among transgender patients, the risk of physical conditions is also exacerbated with increased rates of tobacco use, HIV and AIDS, and weight problems. Despite the need for health services, half of gender

¹ Jen Kates et al., "Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the

minorities educate their own providers about necessary care and 20 percent report being denied care.^{2,3,4}

The mission of DHHS is "to enhance and protect the health and well-being of all Americans," and we are concerned about any regulatory changes that would roll back protections to ensure all patients are treated with dignity and respect and have access to care without fear of discrimination. We urge you to ensure that federal dollars are serving all patients and improving their health outcomes.

Thank you for the opportunity to submit our comments.

Sincerely,

Saul Lewin, us, men

Saul Levin, M.D., M.P.A. CEO and Medical Director

² Grant JM, Lisa A, Mottet Justin, Tanis Jack, Harrison Jody, Herman L, Keisling Mara. Injustice at every turn: A report of the National Transgender Discrimination Survey. Washington, DC; National Center for Transgender Equality and National Gay and Lesbian Task Force; 2011. James et al., 2016; Reisner et al., 2016

³ Sandy James et al., 2015 U.S. Transgender Survey 11, 12, 14 (2016), <u>http://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF</u>



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