Lesbian, Gay, Bisexual, and Transgender (LGBT) Health

AAFP Position
The AAFP supports full legal equality for same-gender families, including individuals that identify as lesbian, gay, bisexual, and/or transgender (LGBT), and access to health care that addresses health disparities that occur within this historically marginalized population. The AAFP opposes legislation that further marginalizes this community and its health needs, including reparative or conversion therapy. Within the AAFP, the LGBT Member Constituency advocates for the unique needs of both this patient population as well as LGBT physicians.

LGBT Health
Approximately 4.5 percent of Americans identify as LGBT. This population represents a unique set of health priorities and challenges for physicians and experiences significant discrimination in housing, employment, schooling, and health settings. LGBT people are at a higher risk for suicide, substance use, depression, and other adverse health outcomes as compared to the general population. Among LGBT youth, suicide rates are three times higher than that of their heterosexual peers, with rates amongst trans youth even higher.

Reparative Therapy
Overwhelming scientific evidence has disproved the pseudoscience behind reparative, or conversion, therapy. This practice often uses coercion, spiritual, or religious means to change an individual’s sexual orientation, gender identity, or gender expression to heterosexual, cisgender, and gender-conforming. The AAFP, along with the American Medical Association, American Psychiatric Association, American Psychological Association, American Academy of Pediatrics, and American Counseling Association, have all denounced conversion therapy as ineffectual and very harmful, particularly for LGBT youth. Despite no scientific evidence for the efficacy of this treatment, the Williams Institute on Sexual Orientation and Gender Identity Law and Public Policy estimates that approximately 689,000 LGBT adults in the US have undergone some form of conversion therapy. Approximately 350,000 of these adults received treatment as adolescents. As of July 2019, eighteen states (CA, CO, CT, DE, HI, IL, MA, ME, MD, NJ, NY, NV, NM, NH, OR, RI, VT, WA), DC, and dozens of counties and municipalities across the country have banned the practice on minors through legislation. In addition, New York has prohibited Medicaid and private payers from covering conversion therapy through executive order.

Decriminalization of HIV
The human immunodeficiency virus (HIV) is a retrovirus that can lead to the development of acquired immunodeficiency syndrome (AIDS). HIV/AIDS disproportionately affects members of the LGBT community, particularly men who have sex with men (MSM). Despite great advances

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in the prevention and treatment of HIV/AIDS, there is still no cure for this virus, which is responsible for thousands of new cases diagnosed annually. Pre-exposure prophylaxis (PrEP) is a preventative, once-daily pharmacological treatment for populations at high-risk for HIV. Taken consistently and correctly, PrEP can reduce the risk of sexual transmission of HIV by more than 90 percent. When paired with correct condom use, regular screenings for sexually transmitted infections, and comprehensive sexuality education, the risk of HIV transmission can be even lower.

Many states have taken steps to eliminate stigma and the criminalization of HIV from state statute codes. Unlike most communicable diseases, the intentional transmission of HIV in most states is a criminal offense: 32 states have laws criminalizing HIV exposure (AL, AK, AR, CO, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, MD, MI, MN, MI, MO, MT, NV, NY, NC, ND, OH, OK, PA, SC, SD, TN, TX, UT, VA, WA). In 2017, California passed legislation reducing the punishment for intentional transmission of HIV and knowingly donating HIV-infected blood from a felony to a misdemeanor. It is the only state to have passed this sort of legislation.

Transgender Markers
Individuals who identify as transgender may seek to obtain birth certificates with gender markers to match their gender identity, separate from seeking any gender-confirming treatments or procedures. While most states have a process in place to address this, the requirements vary by state. In 14 states, a court order is needed to change a gender marker, with seven states (AL, AR, CO, DE, GA, MT, WI) requiring proof of gender-confirming surgery and seven (MO, NV, NH, UT, VT, VA, WA) not requiring proof. In another 22 states and DC, a physician’s note is required to change a gender marker, with seven states (AZ, KY, MI, NE, NJ, NM, NC) requiring proof of gender-confirming surgery and 15 (CA, CT, FL, HI, IL, IA, ME, MA, MN, NY, ND, OR, PA, RI, WA) and DC not requiring proof. Mississippi requires both a court order and physicians’ letter, while Maryland requires one or the other. In Louisiana, gender-confirming surgery is required prior to a marker change but further documentation is not specified. In an additional 10 states (AK, IN, ID, KS, OH, OK, SC, SD, TX, WV), the law generally does not address gender marker changes, although legal experts believe it is possible to change gender markers with a court order in a majority of those states. Tennessee expressly prohibits the changing of gender markers on its birth certificates.

In 2017, California became the first state to pass legislation requiring all state-issued documents, including birth certificates, to allow residents to choose a third, non-binary category in addition to male or female known as “non-specified,” or “X.” New York City also allows for a gender-neutral, or “X,” option after the city passed legislation in 2018.

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