

## LGBTQ+: Providing Compassionate Care Within the Law

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## Learning Objectives:

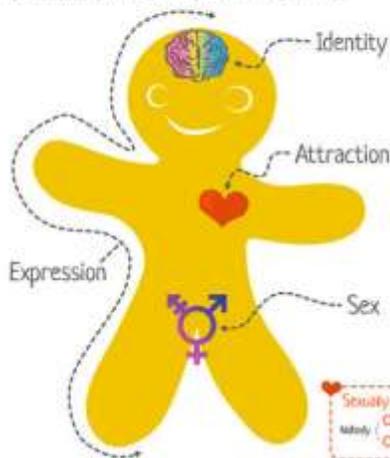
1. Identify key health disparities and unique care needs experienced by LGBTQ individuals.
2. Describe current Oklahoma and federal laws impacting the delivery of care to LGBTQ patients.
3. Apply culturally competent communication techniques to build trust and respect with LGBTQ patients.
4. Navigate ethical and legal challenges when providing care in a restrictive or evolving legal environment.
5. Implement inclusive practices that promote equity and safety for LGBTQ patients within their healthcare setting.

# The Genderbread Person v3.3

by its pronounced **METROsexual** community

4

Gender is one of those things everyone thinks they understand, but most people don't. Like fractions, Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This easy 220-page guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



**Gender Identity**

How you think about yourself in relation to gender. It's how you feel about your gender, and how you want to be perceived.

Woman-ness

Man-ness

How often it goes in your head, follow your gender? Based on how much you align or don't align with what you understand to be the options for gender.

**Gender Expression**

How you present gender through your actions, dress, and demeanor, and how these presentations are interpreted based on gender norms.

Feminine

Masculine

**Biological Sex**

The physical sex characteristics you're born with and develop, including genitalia, early voice, skin pores, body hair, hormones, chromosomes, etc.

Female-ness

Male-ness

**Sexually Attracted to**

Attracted to Women/Femina/Femininity

Attracted to Men/Mas/Masculinity

**Romantically Attracted to**

Attracted to Women/Femina/Femininity

Attracted to Men/Mas/Masculinity



<b>Gay/Lebian</b>	describes a person whose enduring physical, romantic and/or emotional attractions are to people of the same gender
<b>Transgender</b>	describes a person whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth
<b>Genderqueer</b>	describes a person who experience their gender identity and/or gender expression as falling outside the categories of man and woman
<b>Bisexual</b>	describes a person able to form enduring physical, romantic and/or emotional attractions to those of the same gender or to those of another gender
<b>Pansexual</b>	describes a person attracted to all genders
<b>Polysexual</b>	describes a person attracted to more than one gender, but not all, but doesn't identify as bisexual because it implies that there are only two genders
<b>Asexual</b>	describes a person who is not sexually attracted to any group of people
<b>Demisexual</b>	describes a person who is not sexually attracted to anyone until they form a strong emotional connection with someone

**Straight or Heterosexual:** sexual orientation describing a woman who is emotionally and sexually attracted to men or a man who is emotionally or sexually attracted to women.

**Cisgender (Cis):** adjective used to describe an individual whose gender identity aligns with the sex they were assigned at birth

**Legal Sex:** Sex used for legal/administrative purposes; found on patient's legal ID

# Equity and Health Outcomes

## **Equity**

Per the CDC, Health Equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. It means we provide healthcare to whomever needs it without personal bias or prejudice. It means EVERYONE feels safe and respected when visiting their physician's office, and it facilitates positive interactions between providers and patients.

## **Health Outcomes**

When a patient feels respected because they are treated with dignity, the patient is more likely to open up and trust their healthcare providers regarding all aspects of their life.

We want to treat **the whole person**.

## LGBTQ+ Health Risks

- Heart disease
- Violence
- Substance abuse, including tobacco/vaping
- Mental health conditions
- Obesity and eating disorders
- Breast and cervical cancer (preventative care)
- Sexually transmitted infections (STI)

## LGBTQ+ Health Risks

- Youth are more likely to attempt suicide and be homeless.
- Higher rates of tobacco, alcohol and other drug use.
- Higher prevalence of certain mental health issues.
- Transgender individuals have a high prevalence of attempted suicide and victims of violence.
- Gay, bisexual, and MSM are at higher risk for HIV and other sexually transmitted infections.
- Young MSM and transgender women are at especially high risk for HIV.
- Lesbians and bisexual women are more likely to be overweight or obese.
- Lesbians are less likely to get preventive services for cancer.
- Elderly LGBT individuals face additional barriers to optimal health because of isolation and a lack of culturally appropriate social services and providers.

### Access to health care and health insurance

■ Heterosexual ■ LGB ■ Transgender

**Health Disparity #1:** Heterosexual adults are more likely to have health insurance coverage.

% of adults with health insurance



**Health Disparity #2:** LGB adults are more likely to delay or not seek medical care.

% of adults delaying or not seeking health care



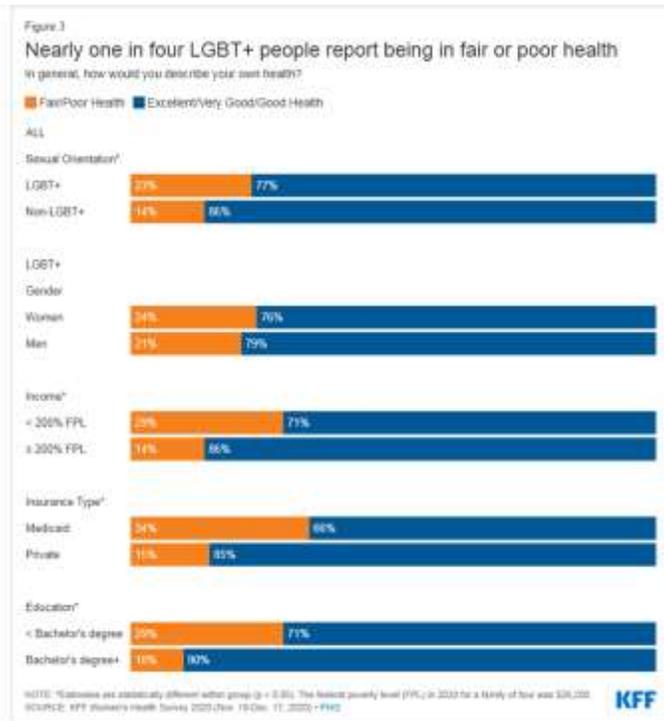
**Health Disparity #3:** LGB adults are more likely to delay or not get needed prescription medicine.

% of adults delaying or not getting prescriptions



**Health Disparity #4:** LGB adults are more likely to receive health care services in emergency rooms.

% of adults receiving ER care



## Healthcare system issues:

- Medical forms do not reflect the continuum of sexual orientation, sexual identity, and gender identity.
- Neglect to ask about pronoun preferences.
- Assume all patients are heterosexual and paired with opposite sex partners.
- Limited cultural diversity training
- Medical students average five hours or less on LGBTQ+ training
- Absence of LGBTQ+ health literature or signage.
- Failure to accept same sex partners as health proxies.
- Employment practices lack updates on fair, inclusive, and safe work environments for LGBT people.

Figure 5

**One-Third of LGBT Adults Report Experiencing Unfair, Disrespectful Treatment by a Health Care Provider, Including Four in Ten Lower-Income LGBT Adults**

Percent who say that a doctor or other health care provider treated them unfairly or with disrespect in the past three years for any reason:



**Experienced discrimination<sup>†</sup> at health care visit\***



**Larger Shares of LGBT+ Adults Report Negative Experiences with Their Providers Compared with Non-LGBT+ Adults**

Thinking about your health care visits in the last two years, did you experience any of the following, or not?



## Gender-Affirming Care



GAC is healthcare that respects and supports a patient's gender identity, which may differ from their assigned gender at birth. Every American Medical Association currently recognize this care as essential and lifesaving.

### How can we provide gender-affirming healthcare to our LGBTQIA2S+ community?

- Avoid gender-specific language until names and pronouns have been confirmed.
- Use a person's chosen or affirmed name and pronouns. (Verify these identifiers have been added to the EHR so everyone can properly address the patient.)
- Center the visit around the whole patient, not just their gender identity.
- Be honest about mistakes and demonstrate a willingness to learn from the patients.

## Implicit Bias

- Healthcare professionals should establish solid, trusting relationships with patients in order to promote healthier behaviors.
- When working with LGBTQ (or any minority group) patients, it is especially important to build rapport to counteract the exclusion, discrimination, and stigma that many have experienced previously in health care. Despite our best intentions, however, internal --or implicit--biases may affect the way we talk to and behave with patients.
- For health care professionals, biases can lead to inequitable care, either through biased clinical decisions, or through communicating bias in conversation with patients.
- During these exchanges, a clinician or other staff person may say something or use body language that communicates a stereotype or antagonistic message about LGBTQ people. These “microaggressions” often determine whether a patient follows medical advice or returns for care.
- A constant stream of negative messages can become internalized, adding to an LGBTQ person’s stress and contributing to worse behavioral and physical health outcomes.

## Implicit Bias

Start by noticing times when prejudicial attitudes and beliefs arise.

At this point, it is helpful to ask ourselves these questions:

- How do my current beliefs serve me?
- What might I lose if I change my beliefs?
- What are the costs of maintaining my current perspective?
- How might it benefit me to change?

## Provide a Welcoming Environment

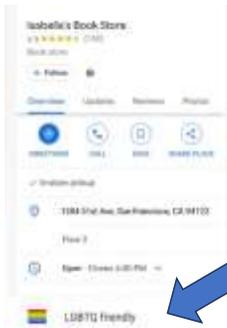
- Lead by example as a physician or APP
- Visual cues/inclusive signage that your practice is a safe space
- Customize patient intake forms
- Display educational materials
- Post a non-discrimination statement
- Use inclusive language
- Engage in training for providers and staff
- Consult guidelines/resources when needed
- Staff badges
- Gender inclusive restrooms

Our physicians and staff support the American Medical Association nondiscrimination policy, in that:

This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex or gender identity.



# Your Online Presence



## Inclusive Language

- Review phone etiquette
- Revise patient intake form
- Preferred Name vs Legal Name
- Gender-neutral language
- Avoid: sir, ma'am, etc
- Remember that it's okay to make mistakes, it's the intent and effort that matters most.

Old Language	Recommended update
<b>Mother/Father</b>	Parent(x)/Guardian(s)
<b>Husband/Wife</b>	Spouse/Partner(s)
<b>Marital Status</b>	Relationship Status: Single; Married; Partnered; Separated; Divorced; Widowed
<b>Living Arrangement</b>	Alone; Spouse/Partner(s) Child(ren); Sibling; Parent(x)/Guardian(s); Group setting; Personal care attendant; Other
<b>Sex/Gender:</b> Male or Female	What is your current gender identity: Male; Female; Transgender Male/Transgender Man/ Female-to-Male (FTM); Transgender Female/Transgender Woman/Male-to-Female (MTF); Genderqueer - neither exclusively male nor female; Other; Choose not to disclose.  What sex were you assigned at birth on your original birth certificate: Male, Female, Choose not to disclose
<b>Sexual Orientation</b>	Do you think of yourself as: Straight or heterosexual; Lesbian, gay, or homosexual; Bisexual; Something Else; Don't Know; Choose not to disclose.
<b>Family History</b>	Use "Blood relative" in questions.
<b>Nursing Mother</b>	Currently nursing. This wording is inclusive of those who do not identify as a mother (or a woman), but who are currently nursing to be included in this response.
<b>Female Only/ Male Only</b>	Remove sex-specific language and include "Not applicable" as a response option.

# Inclusive Language

- We ask everyone the same questions.
- All answers are voluntary. No one MUST answer.
- The more we know about our patients, the better we will be a meeting the individual needs of our patients.
- There is NO agenda. It is strictly about healthcare.
- Only those directly involved with the patient's healthcare and/or anyone the patient specifically authorizes will have access to the answers

If you...		
...make a mistake	➔	Apologize. "I am sorry for using the wrong pronoun. I did not mean to disrespect you."
... cannot locate patient information	➔	"Could your chart be under a different name?" or "What is the name on your insurance/legal ID?"

## Inclusive LANGUAGE

Avoid	Instead
"wife" "husband" "boyfriend" "girlfriend"	"spouse" "significant other" "partner"
"mom" "dad"	"parent" "parent(s)" "lawparent"
"son" "daughter"	"children"
"ladies" "gentleman" "guys" "gals"	"everyone" "people" "colleague" "team"
"sexual preference"	"sexual orientation" "sexuality"
"maternity leave" "paternity leave"	"parental leave"
"M." "Ms." "Miss" "Mrs."	"Alex" "Sharon" "James" "Blake" <span style="border: 1px solid black; border-radius: 50%; padding: 2px; font-size: 8px;">Apply as non-patient name.</span>
"she" "he"	"they" "them"
"homosexual"	"gay" "lesbian"
"mailman" "policeman" "chairman"	"mail clerk" "police officer" "chairperson"



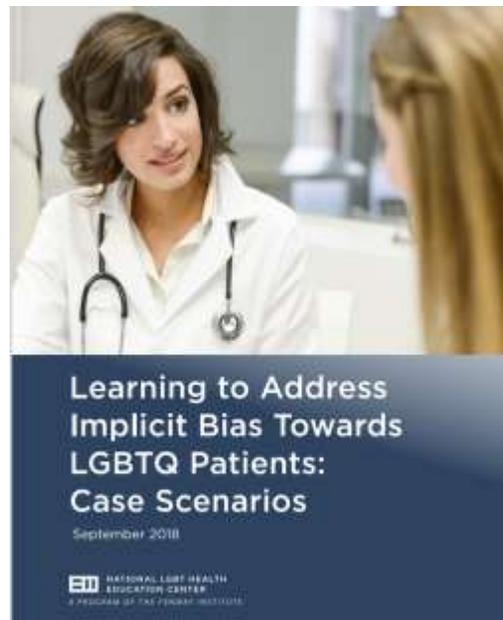
## Actionable Suggestions and Guidelines for Gynecological Surgical Practice with Queer Patients

Office/clinic	Intake forms and clinical interviews	Sexual history and physical exam	General
Ensure office signs and educational materials are inclusive (e.g. avoiding "women's health" if possible)	Collect information about sex assigned at birth, gender identity, sexual orientation, partner gender(s), and pronouns	Ask if the patient would like to be verbally walked through the exam as you are performing it	Reflect correct pronouns for your patients and partners they refer to; if you are unsure, use gender neutral pronouns (they/them) or ask politely: "Can you remind me of your pronouns?"
Train all care team members, including front desk staff, nurses, and lab techs in using correct pronouns, treating people with respect, and other guidelines included here	Allow patients to select multiple options and include open-ended response options that allow patients to describe their identity in their own words	Ask permission before physical touch, and be specific about what you will touch and why	If you realize you've misgendered a patient, it's ok to acknowledge and correct yourself; demonstrating a willingness to learn and improve can build respect with your patients
Ensure the availability of a gender-neutral restroom	Ask about history with the healthcare system to better recognize hesitance based on previous discrimination	Ask for and use preferred or gender-neutral terminology for body parts before you touch them	Try to reflect the language people use about their bodies or opt for gender-neutral medically accurate language
Ensure that providers you refer to are also inclusive and affirming of queer patients	Ask about sexual organs and sexual behaviors to assess risk, rather than just sexual orientation	Do not assume "sex" refers to vaginal penetration with a penis, assess multiple types of intercourse (such as oral, vaginal, anal, use of shared toys)	Recognize that a patient's healthcare needs and experiences are shaped by the intersection of various identities, including race, gender identity, socioeconomic status, and more

<p>Ask if the presence of trainees would make patients uncomfortable, recognizing that asking a minoritized patient to represent their community as a training experience may be uncomfortable</p>	<p>Conversations around family planning, STI risk, contraception, and abortion should be approached based on patient needs and preferences; providers can present these topics as broad options for all patients, allowing them to follow up directly if they feel the discussion is relevant to them</p>	<p>Approach conversations about sex with open-ended, nonjudgemental questions such as "Is there anything about your identity or sexual health that you think would be helpful for me to understand as we discuss your care today?"</p>	<p>When broaching topics about sexuality, consider statements such as: "We ask all our patients about their sexual orientation to ensure we provide the best care possible," to frame such questions as a standard of high-quality healthcare rather than something exceptional or specific to queer patients</p>
<p>Post a nondiscrimination policy in waiting rooms and online</p>	<p>Implement post-appointment surveys asking for patient feedback on their comfort and experience</p>	<p>Ask patients to tell you if they feel uncomfortable during the exam or if they need to stop at any time</p>	<p>If you feel confident in your team's ability to meet these guidelines, list your practice on queer affirming doctor lists and sites</p>
<p>Have printed materials available on resources such as the Trevor Project and Trans Lifeline</p>	<p>Consider offering alternative options for filling out forms (e.g. online before the appointment instead of in the waiting room) to ameliorate discomfort or fear of stigma</p>	<p>When assessing aberrant or atypical sexual behaviors or experiences, determine the patient's subjective distress to distinguish between sexual dysfunction and desired sexual practice</p>	<p>Dedicate time to continuing medical education surrounding queer identities and health disparities as communities and guidelines continue to evolve</p>
<p>Decorate with artwork depicting diverse couples and families</p>	<p>Include spaces for both legal name (if needed to access records) and preferred name/name they would like the provider to use during their visit</p>	<p>If taking a patient's weight is required, ask if they want to see their weight or offer to cover up the scale to respect patients with eating or body image pathology</p>	<p>Move beyond "allyship": maintain accountability both in the presence and absence of queer colleagues or patients, even when no one is watching</p>

## Case Scenarios

[file:///C:/Users/jwhitt/Downloads/learning-to-address-implicit-bias-towards-lgbtq-patients-case-scenarios%20\(1\).pdf](file:///C:/Users/jwhitt/Downloads/learning-to-address-implicit-bias-towards-lgbtq-patients-case-scenarios%20(1).pdf)



## MAXIMIZING EHR PLATFORMS

The screenshot shows a patient's SmartForm for Sexual Orientation and Gender Identity. The form is titled "Sexual Orientation and Gender Identity SmartForm" and includes the following sections:

- Sexuality:** Patient's sexual orientation: Straight, Bisexual, Something else.
- Legal information:** Legal first name: Sarah, Legal last name: Zittel, Legal sex: Female, Male, Unknown.
- Gender identity:**
  - Autofill with default responses for: Cisgender female, Cisgender male.
  - Patient's gender identity: Female, Male, Transgender Female.
  - Patient's sex assigned at birth: Female, Male.
  - Patient pronouns: she/her/hers, he/him/his, they/theirs/theirs, patient's name.
  - Alternative steps patient may take, if any: presentation aligned with gender identity, preferred name aligned with g any.
  - Patient's future affirmation plans, if any: (empty field with icons for undo, redo, delete, insert, and search).
- Organ inventory:**
  - Organs the patient currently has:
 

Breasts:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cervix:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ovaries:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uterus:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vagina:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Penis:	<input type="checkbox"/> Yes <input type="checkbox"/> No
  - Organs present at birth or expected at birth to be:
 

Breasts:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cervix:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ovaries:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uterus:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vagina:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Penis:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## DOCUMENTING PREFERRED NAME

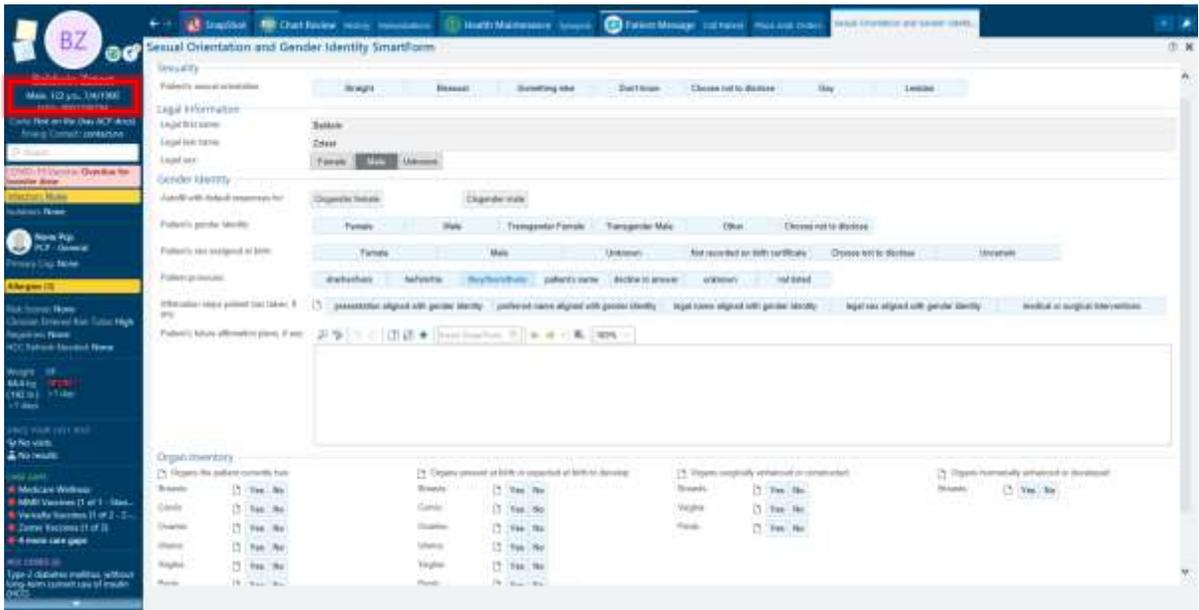
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The screenshot displays a patient demographics form with several tabs: 'Contact Information', 'Clinical Information', 'Additional Information', and 'Advance Directives'. The 'Name Edit' dialog box is open, showing the following fields:

- Name: Baldwin Zrtest
- Title: [Empty]
- First name: Baldwin
- Middle name: [Empty]
- Last name: Zrtest
- Suffix: [Empty]
- Academic: [Empty]
- Preferred name: [Empty]
- Preferred type: [Empty]

The 'Preferred name' field is highlighted with a red box. The 'Name' field in the background form is also highlighted with a red box. The 'Accept' and 'Cancel' buttons are visible at the bottom of the dialog box.

# DOCUMENTING SEXUAL ORIENTATION GENDER IDENTITY (SOGI)



## What's the benefit?

- Consistency across the chart
- Ability to print paperwork with preferred name and pronouns
- Prevention of medical errors/duplicate charts

The screenshot displays a medical chart review for a patient named Becca Zztest. The patient's gender is listed as 'Male', which is highlighted with a red box. The patient's age is 122 years old, and their date of birth is 7/4/1900. The chart review panel shows the preferred name 'Becca Zztest' and the legal name 'Baldwin Zztest'. The pronouns are listed as 'she/her/hers'. Other demographic information includes 'Gender identity: Transgender Female', 'Legal sex: Male', 'Sex assigned at birth: Male', and 'Marital status: Divorced'. A notification at the bottom indicates that the COVID-19 vaccine booster dose is overdue.



# Bostock v. Clayton

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- 2020 Supreme Court case
- Gerald Bostock, was fired from his county job after he expressed interest in a gay softball league at work
- Bostock believed his employer used a claim of misspent funds as a pretext for firing him for being gay
- Held Title VII of the Civil Rights Act of 1964 protects employees against discrimination on the basis of sexual orientation and gender identity



## Affordable Care Act Section 1557

- On 1/20/21, an Executive Order was issued
- Prohibits discrimination in healthcare, including denial of insurance coverage or care, based on sex, gender identity, and sexual orientation
- Prohibits health facilities, programs, and activities receiving federal funding from discriminating based on these factors
- Requires providers to treat individuals in a manner consistent with their gender identity, including access to healthcare facilities



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## Ongoing Challenges

- While insurers are generally prohibited from denying or limiting coverage for gender-affirming care, there are still situations where insurance plans may have exclusions or limitations
- Despite federal protections, LGBTQ individuals still face barriers to accessing healthcare, including stigma, discrimination, and difficulty in finding competent and welcoming providers





# OKLAHOMA LAWS AND THEIR IMPACT

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## Oklahoma Senate Bill 613

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- A law banning gender-affirming care for transgender youth under 18
- Threatens medical providers with felony charges, civil action, and license penalties for violating the law
- Has led to lawsuits challenging the law and concerns about the potential harm to transgender youth





## Health Insurance

- No state law protecting LGBTQ individuals from discrimination in private insurance
- Oklahoma's state Medicaid plan has exclusions for transgender-related care, potentially limiting access to necessary medical services
- Has state employee health plans that explicitly exclude gender-affirming care

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# Oklahoma House Bill 1224

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- Could allow medical practitioners to refuse health care to a patient if the service violates their conscience
- Recently passed on the House floor in a 70-28 vote
- The bill now moves to the Oklahoma Senate for consideration, where a similar bill, SB 959, failed in committee earlier this year
- Critics say the proposed law would adversely affect LGBTQ Oklahomans seeking gender-affirming care



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Navigating ethical and legal challenges  
when providing care in Oklahoma

# Uphold Patient Rights and Confidentiality

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## Respect for Autonomy

Recognize and respect the patient's right to make their own decisions about their healthcare, including their gender identity and sexual orientation.

## Confidentiality

Maintain the privacy of patient information, especially in situations where individuals may feel vulnerable or face discrimination.

## Non-discrimination

Ensure that all patients receive equitable and respectful care, regardless of their LGBTQ status.

# Know the Law

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## Stay Informed

Be aware of current legal protections and evolving laws related to LGBTQ rights, including nondiscrimination laws, privacy protections, and access to healthcare.

## Understand Legal Obligations

Ensure you understand your legal and ethical obligations in providing care, particularly in areas like informed consent, confidentiality, and mandatory reporting.

## Consult with Experts

If you encounter complex legal situations, seek advice from legal professionals or organizations specializing in LGBTQ rights.

# Provide Culturally Competent Care

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Inclusive Language: Use affirming and respectful language when referring to LGBTQ individuals and their relationships.

Respect for Identity: Respect patients' self-identified names, pronouns, and gender identity.

Awareness of Specific Issues: Be aware of the unique health challenges and barriers faced by LGBTQ individuals, such as discrimination, mental health concerns, and access to care.

Create a Welcoming Environment: Make your practice or facility a welcoming and inclusive space for LGBTQ+ individuals, potentially through signage, policies, and staff training.

Partner with Community Resources: Connect patients with community organizations and support networks that can provide additional resources and advocacy.

# Address Ethical Considerations

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## Objectivity

Maintain objectivity and avoid allowing personal beliefs or biases to influence your clinical judgment.

## Advocate for Patients

Advocate for your patients' rights and ensure they receive the care they need, even in the face of legal or social challenges.

## Consider Potential Conflicts

Be aware of potential conflicts between personal beliefs, professional ethics, and legal requirements.

## Seek Guidance

If you encounter ethical dilemmas, consult with colleagues, ethics committees, or other professionals for guidance.

# Addressing Specific Challenges

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## Restrictions on Care

If you encounter restrictions on providing certain types of care (e.g., gender-affirming care), explore all available options to ensure your patient receives the care they need, potentially involving referrals to other providers or advocacy.

## Discrimination

If you encounter discrimination or denial of care, document the situation and consider reporting it to appropriate authorities or organizations.

## Evolving Legal Landscape

Stay up-to-date on legal developments and adapt your practices accordingly, while continuing to advocate for equitable access to care.

We all just  
need a safe  
place to take  
care of  
ourselves and  
our health  
needs.

WE ARE ALL  
HUMAN  
HUMAN  
HUMAN  
HUMAN  
HUMAN

Be a good human  
and a good physician  
providing good  
primary care.

## Citations

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  - [www.kff.org/affordable-care-act/issue-brief/the-biden-administrations-final-rule-on-section-1557-non-discrimination-regulations-under-the-aca](http://www.kff.org/affordable-care-act/issue-brief/the-biden-administrations-final-rule-on-section-1557-non-discrimination-regulations-under-the-aca)
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11. [HB 1224: https://www.oklahoman.com/story/news/politics/2025/03/31/oklahoma-hb1224-health-care-providers-deny-care-conscience-lgbtq/82687661007/](#)

## Resources

- The National LGBTQIA+ Health Education Center
  - <https://www.lgbtqihealtheducation.org>
- Health Equality Index from the Human Rights Campaign
  - [www.hrc.org/hej](http://www.hrc.org/hej)
- Center of Excellence for Transgender Health
  - [www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)
- World Professional Association for Transgender Health
  - [www.wpath.org](http://www.wpath.org)
- The Fenway Guide to LGBT Health, 2nd Edition
  - <https://store.acponline.org/ebizatpro/Default.aspx?TabID=251&ProductId=21572>
- All-Inclusive Information
  - <https://www.mapresearch.org/equality-maps>

# QUESTIONS?

