

# AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 212  
(I-16)

Introduced by: Medical Student Section

Subject: Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation

Referred to: Reference Committee B  
(Ann R. Stroink, MD., Chair)

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- 1 Whereas, There are an estimated 700,000 transgender individuals in America, not accounting  
2 for individuals who may identify with a non-conforming gender identity, who face unique  
3 obstacles to receiving healthcare;<sup>1,2</sup> and  
4
- 5 Whereas, A lack of healthcare worker awareness and sensitivity regarding different sexual  
6 orientation/gender identity (SO/GI) and/or patient intake forms that fail to accurately record a  
7 patient's preferred name, appropriate pronoun, sex, and gender identity can cause transgender  
8 individuals to delay or not seek out care at all;<sup>3</sup> and  
9
- 10 Whereas, The inclusion of SO/GI options with open-ended questions on patient forms validates  
11 patients' identities,<sup>2</sup> allows for a more inclusive medical environment, encourages patient  
12 disclosure leading to more complete and accurate patient health information, and recognizes  
13 that biological sex, gender identity, and sexual orientation are separate facets of a patient's  
14 identity;<sup>4,5</sup> and  
15
- 16 Whereas, Accurate SO/GI information will help physicians establish a more complete social  
17 history for all patients,<sup>6,7</sup> screen for gender and lifestyle-specific disease,<sup>6</sup> and identify what  
18 organs an individual may or may not have that may require preventative health screenings;<sup>8</sup> and  
19
- 20 Whereas, The Department of Health and Human Services has ruled that "providers participating  
21 in the EHR Incentive Programs will need to have certified health IT with the capability to capture  
22 SO/GI to meet the CEHRT definition in 2018 and subsequent years" and that "certification does  
23 not require that a provider collect this information, only that certified Health IT Modules enable a  
24 user to do so;"<sup>9</sup> and

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<sup>1</sup> Makadon H. Ending LGBT invisibility in health care: The first step in ensuring equitable care. *Cleve Clin J Med.* 2011; 78: 220-224.

<sup>2</sup> Gates, G. J. (2011) "How Many People are Lesbian, Gay, Bisexual, and Transgender?" The Williams Institute. Available at: <http://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/how-many-people-are-lesbian-gay-bisexual-and-transgender/>

<sup>3</sup> Mizock, L., & Lewis, T. (2008). Trauma in Transgender Populations: Risk, Resilience, and Clinical Care. *Journal of Emotional Abuse*, 8(January 2015), 335–354. <http://doi.org/10.1080/10926790802262523>

<sup>4</sup> Gay and Lesbian Medical Association. Guidelines of Care for Lesbian, Gay, Bisexual, and Transgender (LGBT) Patients. New York. January 2006.

<sup>5</sup> American Psychological Association. (2011). "Definition of Terms: Sex, Gender, Gender Identity, Sexual Orientation." Available at: <https://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf>

<sup>6</sup> "How to Gather Data on Sexual Orientation and Gender Identity in Clinical Settings." Policy Brief by the Fenway Institute. January 09, 2012.

<sup>7</sup> "Why Gather Data on Sexual Orientation and Gender Identity in Clinical Settings." Policy Brief from the Fenway Institute. January, 09, 2012.

<sup>8</sup> Deutsch, M. B., Green, J., Keatley, J., Mayer, G., Hastings, J., & Hall, A. M. (2013). Electronic Medical Records and the Transgender Patient: Recommendations from the World Professional Association for Transgender Health EMR Working Group. *Journal of the American Medical Informatics Association : JAMIA*, 20(4), 700–703. <http://doi.org/10.1136/amiajnl-2012-001472>

<sup>9</sup> "2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications." Office of the Federal Register. Available at: <https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#h-46>

- 1 Whereas, Pursuant to existing AMA policy H-160.991, our AMA believes that the physician's  
2 nonjudgmental recognition of sexual orientation and behavior enhances the ability to render  
3 optimal patient care in health as well as in illness; therefore be it  
4  
5 RESOLVED, That our American Medical Association support the inclusion of a patient's  
6 biological sex, gender identity, sexual orientation, preferred gender pronoun(s), and  
7 (if applicable) surrogate identifications in medical documentation and related forms in a  
8 culturally-sensitive and voluntary manner (New HOD Policy); and be it further  
9  
10 RESOLVED, That our AMA advocate for collection of patient data that is inclusive of sexual  
11 orientation/gender identity for the purposes of research into patient health. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 09/30/16

#### **RELEVANT AMA POLICY**

**Health Care Needs of Lesbian Gay Bisexual and Transgender Populations H-160.991** - 1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian gay bisexual and transgender (LGBT) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBT; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBT Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBT patients; (iii) encouraging the development of educational programs in LGBT Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBT people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBT communities to offer physicians the opportunity to better understand the medical needs of LGBT patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity. 2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for women who have sex with women to undergo regular cancer and sexually transmitted infection screenings due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; and (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases. 3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBT health issues. 4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBT people. CSA Rep. C, I-81 Reaffirmed: CLRPD Rep. F, I-91 CSA Rep. 8 - I-94 Appended: Res. 506, A-00 Modified and Reaffirmed: Res. 501, A-07 Modified: CSAPH Rep. 9, A-08 Reaffirmation A-12 Modified: Res. 08, A-16

**Conforming Birth Certificate Policies to Current Medical Standards for Transgender Patients H-65.967** - 1. Our AMA supports policies that allow for a change of sex designation on birth certificates for transgender individuals based upon verification by a physician (MD or DO) that the individual has undergone gender transition according to applicable medical standards of care. 2. Our AMA: (a) supports elimination of any requirement that individuals undergo gender affirmation surgery in order to change their sex designation on birth certificates and supports modernizing state vital statistics statutes to ensure accurate gender markers on birth certificates; and (b) supports that any change of sex designation on an individual's birth certificate not hinder access to medically appropriate preventive care. Res. 4, A-13 Appended: BOT Rep. 26, A-14

**Health Disparities Among Gay, Lesbian, Bisexual and Transgender Families D-65.995** - Our AMA supports reducing the health disparities suffered because of unequal treatment of minor children and same sex parents in same sex households by supporting equality in laws affecting health care of members in same sex partner households and their dependent children. Res. 445, A-05 Modified: CSAPH Rep. 1, A-15

**Nondiscriminatory Policy for the Health Care Needs of LGBT Populations D-65.996** - Our AMA will encourage and work with state medical societies to provide a sample printed nondiscrimination policy suitable for framing, and encourage individual physicians to display for patient and staff awareness-as one example: "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." Res. 414, A-04 Modified: BOT Rep. 11, A-07 Modified: Res. 08, A-16

**Nondiscriminatory Policy for the Health Care Needs of LGBT Populations H-65.976** - Our AMA encourages physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, health care workers, or employees to include "sexual orientation, sex, or gender identity" in any nondiscrimination statement. Res. 414, A-04 Modified: BOT Rep. 11, A-07 Modified: Res. 08, A-16

**Sexual Orientation and/or Gender Identity as Health Insurance Criteria H-180.980** - The AMA opposes the denial of health insurance on the basis of sexual orientation or gender identity. Res. 178, A-88 Reaffirmed: Sub. Res. 101, I-97 Reaffirmed: CMS Rep. 9, A-07 Modified: BOT Rep. 11, A-07

**Eliminating Health Disparities - Promoting Awareness and Education of Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Issues in Medical Education H-295.878** - Our AMA: (1) supports the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care without regard to their gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin or age; (2) supports students and residents who wish to conduct on-site educational seminars and workshops on health issues in Lesbian, Gay, Bisexual, and Transgender communities; and (3) encourages the Liaison Committee on Medical Education (LCME), the American Osteopathic Association (AOA), and the Accreditation Council for Graduate Medical Education (ACGME) to include LGBT health issues in the cultural competency curriculum for both undergraduate and graduate medical education; and (4) encourages the LCME, AOA, and ACGME to assess the current status of curricula for medical student and residency education addressing the needs of pediatric and adolescent LGBT patients. Res. 323, A-05 Modified in lieu of Res. 906, I-10 Reaffirmation A-11 Reaffirmation A-12 Reaffirmation A-16

**Strategies for Enhancing Diversity in the Physician Workforce H-200.951** - Our AMA (1) supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, gender, sexual orientation/gender identity, socioeconomic origin and persons with disabilities; (2) commends the Institute of Medicine for its report, "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce," and supports the concept that a racially and ethnically diverse educational experience results in better educational outcomes; and (3) encourages medical schools, health care institutions, managed care and other appropriate groups to develop policies articulating the value and importance of diversity as a goal that benefits all participants, and strategies to accomplish that goal. CME Rep. 1, I-06 Reaffirmed: CME Rep. 7, A-08 Reaffirmed: CCB/CLRPD Rep. 4, A-13 Modified: CME Rep. 01, A-16 Reaffirmation A-16

**National Health Survey H-440.885** - Our AMA supports a national health survey that incorporates a representative sample of the U.S. population of all ages (including adolescents) and includes questions on sexual orientation, gender identity, and sexual behavior. CSA Rep. 4, A-03 Modified: BOT Rep. 11, A-07