



Modern Military Association of America

**Modern Military Association of America
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STATEMENT OF

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BEFORE THE

HOUSE VETERANS' AFFAIRS COMMITTEE

SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION

117th Congress

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Chairman Mrvan and Ranking Member Rosendale and House Committee on Veterans' Affairs, Subcommittee on Technology Modernization. I am Jennifer Dane, an Air Force veteran, and the Executive Director and CEO of the Modern Military Association of America (MMAA) – the nation's largest LGBTQ+ military and veteran non-profit dedicated to advancing fairness and equality. We have 85,000 members and supports and we appreciate the opportunity to present testimony addressing legislative priorities for our organization in the 117th Congress.

The Modern Military Association of America supports the following bills: H.R. 4591, VA Electronic Health Record Transparency Act of 2021; H.R. 2250, Department of Veterans' Affairs Information Technology Reform Act of 2021; H.R. 2326, Veterans' Cyber Risk Awareness Act; and Department of Veterans Affairs Demographic Data Collection Improvement Act of 2021 (discussion draft).

As the nation's largest health records management system for LGBTQ+ individuals, the VA's modernization and transparency are crucial. As our organization supports the H.R. 4591, VA Electronic Health Record Transparency Act of 2021; H.R. 2250, Department of Veterans' Affairs Information Technology Reform Act of 2021; and the H.R. 2326, Veterans' Cyber Risk Awareness Act, this written testimony will reflect our organizations call for immediate support and passage of the Department of Veterans Affairs Demographic Data Collection Improvement Act of 2021 (discussion draft).

**Department of Veterans Affairs Demographic Data Collection Improvement Act of
2021 (discussion draft)**

For MMAA's specific population, estimates suggest there are more than one million Lesbian While VHA's ability to assess the exact numbers of LGBTQ+ Veterans is limited at the

system level (e.g., US Government Accountability Office report, October 2020). The urgency for collecting data on minority populations (LGBTQ+) is essential and this resolution is simply more than just a data collection bill, it is a lifesaving bill to protect veterans. Despite lack of data on the LGBTQ+ veteran population, there are startling statistics revelations about LGBTQ+ healthcare disparities well grounded within the literature. Compared to the generational population, LGBTQ+ Veterans are at a significantly higher risk for mental health concerns, substance abuse, sexually transmitted infections (STIs, including HIV), intimate partner violence (IPV), and suicide (e.g., Blosnich, Mays, & Cochran, 2014), Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+)* veterans in the United States. Furthermore, with growing support that these systemic methods have contributed to improved LGBTQ+ Veteran experience with VHA services (Kauth, Barrera, Latini, 2018). Despite progress, however, LGBTQ+ individuals continue to experience worse healthcare outcomes than their heterosexual and cisgender counterparts. For instance, 36% of LGBT Veterans view the VA hospital as "somewhat or very unwelcoming" (Sherman, Kauth, Ridener, Shipherd, Bratkovich & Beaulieu, 2014).

Economic and Improved Health Social Determinant Benefits of the Demographic Data Collection Improvement Act of 2021

VA has prioritized the modernization of the electronic health record (EHR) through its partnership with Cerner. To date, DOD is live on Cerner solutions in 17 states, 47 commands comprised of over 1,000 locations, and 64,000 system users –approximately 2.7 billion eligible beneficiaries. With the implementation of the new EHR, it will allow for more data capturing of relevant health information for LGBTQ+ Veterans (i.e., sexual orientation, gender identity, and

biological sex). This provides more insight into the complexity of care that needs to be considered.

To serve and care for all veterans, the Demographic Data Collection Improvement Act of 2021 would enable VHA to use demographic data collected to reduce medical care expenditures by about **\$230 billion and indirect costs associated with illness and premature death by more than \$1 trillion** (e.g., LaVeist, Gaskin, Richard, 2011).

Data collected would ensure that veterans receive clinical option for specialty providers (e.g., Endocrinologists, LGBT VCCs) to specify biological sex characteristics (both primary and secondary) would promote accurate preventative screening and care. For example, a biological female who identifies as male, but has not undergone gender affirmative surgery, still requires preventative care like routine breast examinations and PAP smears. Providers do not currently have the ability to adjust clinical reminders for anatomy, which would ensure accurate care referrals for veterans who were born Intersex or have pursued gender-affirming surgical interventions.

Name and gender marker changes are interconnected with privacy officers, who ensure compliance with record-keeping regulations are maintained. While there are laws about the use of legal name within the healthcare settings, there are ways to make the EHR more affirming for LGBTQ+ Veterans and any other Veteran who has navigated the process of name change (e.g., Women Veterans). Additionally, there are barriers to being able to change these identifiers on legal documents (e.g., financial, state laws regarding birth certificates). This data collection bill would allow for a standardized form to be created for veterans to pursue having the EHR reflect name, pronouns, and gender identity; this information is clinically relevant and promotes a better

quality of care. The form should be a function of the Benefits department to oversee the process and ensure care is provided to the intended recipient. Data collection would enable Cerner to allow for the ability to submit this request through MyHealthVet (and in the future, My VA Health) to update name, pronouns, and gender identity.

"As an employee, one of the biggest challenges is that our systems do not have an area for identifying a veteran's preference for preferred title, gender, or name. I think that is something that would be a beneficial investment for our LGBTQ+ community because there is nothing more embarrassing as an employee than to call a Veteran on the phone and unintentionally offend them. I want to be respectful, but the system doesn't help me do that. I should be able to update this in the chart." – Anonymous VHA Employee

While there may be reservations about systemic approaches that readily identify individuals as LGBTQ+, it is necessary in healthcare. LGBTQ+ status is confidential protected health information (PHI). "Because information about a patient's sexual orientation and gender identity is often very relevant – and sometimes absolutely crucial – to the provision of healthcare, it is protected by the federal privacy rules as well" (Lambda Legal, 2003).

Currently, there are note templates that automatically populate data related to demographics (e.g., race, age, sex, or gender) making it easy for providers to misgender someone accidentally. It is recommended that guidelines be updated to prevent automatic gender/sex input into facility-level notes. To reduce healthcare disparities and ensure individualized care, primary care providers and mental health treatment coordinators should have the ability to update gender identity and sexual orientation in the medical record.

The Demographic Data Collection Improvement Act of 2021 Fosters Affirmative Care

When we understand the data associated with a veteran and their intersectionality's, VHA providers can operate from an affirmative and trauma informed care lens. Defined as "an approach to health and behavioral health care that validates and supports the identities stated or expressed by those served" (Natasha et al., 2020), affirmative care is much more than good intentions. Affirmative care actively embraces LGBTQ+ identities while recognizing the impact of systemic discrimination and oppression in healthcare services (Lange, 2020). LGBTQ+ care services should be standardized based upon affirmative care best practices (e.g., APA, 2015; WPATH, 2017). VA should allow all providers to be engaging in topics related to sexual orientation and gender identity because LGBTQ+ status matters in health care.

While affirmative care principles should be integrated within all routine care appointments, access to specialty care services can be expanded with the development of an identified interdisciplinary clinical team. Utilizing the systemic structure of VISN Clinical Resource Hubs (CRH), interdisciplinary clinical teams can offer specialty care services (e.g., evaluations of readiness, hormone therapy) for the LGBTQ+ Veteran population across geographical locations.

Beyond inclusive healthcare policies and provider training, patient health education is an affirmative care method for encouraging positive health behavior choices. Research largely supports that improving patient health literacy contributes to personal empowerment in overcoming barriers to health and well-being (e.g., Nutbeam, 2000). With data, the Veteran-focused LGBTQ+ health education, "PRIDE In All Who Served," would be able to strategically highlight the advancement of its health outcomes, impacts on health behavior, increases in social

connectedness, and highlight the improved healthcare access and service delivery for this often-invisible group of Veterans (Lange et. al., 2020).

"When veterans opt not to receive care, it may be because they perceive bias. We must ensure that we are promoting and sustaining an equitable healthcare system that is welcoming to LGBTQ+ Veterans." – Anonymous VHA Employee

Chairman Mrvan and Ranking Member Rosendale and House Committee on Veterans' Affairs, Subcommittee on Technology Modernization. It is an incredible honor to submit testimony on behalf of the Modern Military Association of America – the nation's largest LGBTQ+ military and veteran non-profit regarding on H.R. 4591, VA Electronic Health Record Transparency Act of 2021; H.R. 2250, Department of Veterans' Affairs Information Technology Reform Act of 2021; H.R. 2326, Veterans' Cyber Risk Awareness Act; and Department of Veterans Affairs Demographic Data Collection Improvement Act of 2021 (discussion draft).

** LGBTQ+ is used as an all-inclusive acronym for all individuals who identify as sexual minorities and/or gender diverse.*

*** All proposed systemic advancements and changes in this document stem from an affirmative care stance.*

2021 Legislative Priorities – Modern Military Association of America

- Explore reparations for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+)* veterans who were discharged under ‘Don’t Ask, Don’t Tell’ and previous discriminatory policies – regardless of discharge characterization
- Expand research and analysis to understand health disparities among LGBTQ+ veterans and provide more inclusive care for transgender and intersex veterans - removing exception of surgery exclusion and more inclusive policies
- Provide family planning and reproductive health access to LGBTQ+ veterans
- Foster cultural change with the VA through inclusion and humanization of LGBTQ+ military servicemembers, veterans, their families, and caregivers.

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