

## 136-21-105. Scope of Practice for Primary Healthcare Clinicians

*Adopted December 2021*



### **Introduction**

GLMA: Health Professionals Advancing LGBTQ Equality (GLMA) is the world's largest and oldest membership association of LGBTQ healthcare professionals and allies. Founded in 1981 as the American Association of Physicians for Human Rights (AAPHR), GLMA's mission is to ensure health equity for LGBTQ and all sexual and gender minority (SGM) individuals, and equality for LGBTQ/SGM health professionals in their work and learning environments. To achieve this mission, GLMA utilizes the scientific expertise of its diverse multidisciplinary membership to inform and drive advocacy, education, and research.

### **Background**

#### *LGBTQ Health Disparities*

LGBTQ people face many health disparities, suffering from significantly higher rates of certain diseases, conditions, and infections than the general population. LGBTQ people are at greater risk of suicide and suicidal thoughts, mood disorders and anxiety, eating disorders, and alcohol, tobacco, and substance use disorders<sup>1</sup>; are more likely to report their health as poor and report more chronic conditions<sup>2</sup>; have higher rates of breast cancer<sup>3</sup>, HPV infection<sup>4</sup>, and cervical cancer<sup>4</sup>; are more likely to be obese<sup>5</sup>; and gay and bisexual men are more likely to have HIV/AIDS<sup>6</sup>. These disparities have led the National Institute on Minority Health and Health Disparities to identify the LGBTQ community as a "health disparity population," largely due to their difficulty in finding accessible, unbiased care<sup>7</sup>.

LGBTQ people face widespread stigma, discrimination, and institutional bias in the healthcare system. In a 2017 national survey conducted by the Center for American Progress, one in 10 LGBTQ people reported that a healthcare professional refused to care for them in the prior year due to their actual or perceived gender identity; nearly three in 10 transgender people reported that a clinician refused to see them<sup>8</sup>. Significant shares of LGBTQ people report other negative experiences when seeking care, ranging from disrespectful treatment to lack of awareness of specific health needs. A Lambda Legal survey found that more than half of all respondents reported healthcare professionals using harsh language or even blaming the patient's gender identity as the cause of their illness<sup>9</sup>. Such experiences lead many to conceal their sexual orientation or gender identity when seeking healthcare or avoid seeking care altogether. An increased number of culturally competent healthcare clinicians could help alleviate this problem.

#### *Need for Culturally Competent Healthcare*

Medical education curricula for physicians, PAs (physician associates/physician assistants), and nurse practitioners (NPs) do not routinely encompass the health needs of LGBTQ people, with more than half of all medical schools lacking any LGBTQ content beyond HIV/AIDS<sup>10</sup>. Yet recent years have brought gains in this area: the American Medical Association (AMA), American Academy of PAs (AAPA), American Association of Nurse Practitioners (AANP), and American Nurses Association (ANA) have all issued statements of diversity, equity, and inclusion that recognize the importance of addressing and

understanding LGBTQ health needs. Nonetheless, a 2018 survey found that 80% of clinicians said they think it is inappropriate to ask about a patient’s sexual orientation or gender identity—while only 10% of LGBTQ people would choose not to disclose this to their clinician<sup>11</sup>.

## **Discussion**

### *Interdisciplinary Healthcare Team*

A culturally competent, interdisciplinary, collaborative healthcare team is needed to combat LGBTQ health disparities. Every member of the team plays an essential role, including physicians, PAs, NPs, nurses, clinical pharmacists, behavioral health specialists, social workers, occupational, physical, and speech therapists, and other health professionals. Because each team member has unique skills and knowledge to contribute, each must be supported in practicing to the full extent of their training, experience, and education.

### *Limitations on Scope of Practice*

Although PAs and NPs undergo training and education that is accredited by national organizations and become board-certified by passing national exams, scope of practice for both disciplines varies state-to-state. PAs may have supervisory, collaborative, or other relationships with the healthcare team, including physicians, depending on the state in which they are practicing<sup>12</sup>. NPs work independently or have reduced practice in the majority of jurisdictions, and restricted practice in only a few jurisdictions<sup>13</sup>. PA and NP practice can change significantly across state lines, which limits patient access to care—often where it is needed the most.

Restrictions on scope of practice have not been supported by research. Since the NP and PA roles were established in 1965, research has consistently demonstrated excellent outcomes and high quality of care provided by these practitioners. The body of literature supports the position that NPs and PAs provide primary care that is safe, effective, efficient, equitable and evidence based. Furthermore, NP and PA primary care is comparable in quality to that of their physician colleagues, demonstrated by numerous studies that conclude no statistically significant difference across outcome measures<sup>14-27</sup>. Limitations on scope of practice restrict clinicians’ abilities to meet their patients’ needs and to effectively target LGBTQ health disparities.

## **Conclusions and Recommendations**

GLMA: Health Professionals Advancing LGBTQ Equality calls for interdisciplinary healthcare professionals to work together to provide culturally competent care for LGBTQ people, thereby increasing access to care and decreasing health disparities. GLMA recommends expanded education and training in LGBTQ cultural competence for all healthcare professions in recognition that culturally competent healthcare professionals of all disciplines and all levels of practice play a vital role in meeting the needs of LGBTQ people.

GLMA further recommends the removal of restrictions on scope of practice that prevent all culturally competent primary care clinicians from practicing to the full extent of their discipline’s education, experience, and training. We believe that this supportive practice maximizes the effectiveness of all members of the interdisciplinary team to reduce the barriers to access to care.

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