



LGBTQ+/HIV Long-Term Care Bill of Rights Toolkit

What is an LGBTQ+/HIV Long-Term Care Bill of Rights?

An LGBTQ+ Long-Term Care Bill of Rights (LTC BoR) protects people from discrimination on the basis of sexual orientation, gender identity (SOGI), and HIV status in long-term care settings. For example, a LTC BoR may make it illegal for a long-term care facility or its staff to deny admission to someone based on their SOGI or HIV status. It may make it illegal to refuse to acknowledge and/or treat a resident according to the resident's gender identity. Many other protections are often included as well.

Why is this needed?

[Stories from the Field: LGBTQ+ Older Adults in Long-Term Care Facilities](#), a groundbreaking 2015 report by Justice in Aging, showed that only 22% of respondents thought that LGBTQ+ older people could be out to facility staff, 89% predicted that staff would discriminate against an out LGBTQ+ person, 81% thought that other residents would discriminate against that person, and 53% thought that staff would neglect or abuse the out LGBTQ+ person. 43% reported mistreatment, including verbal or physical harassment from other residents, refused admission/re-admission/discharge, and other types of mistreatment. The report contains accounts of staff refusing to use a transgender resident's proper name or pronoun, and refusals to provide even the most basic care.

A 2014 SAGE-Harris Poll study, *[Out and Visible](#)*, revealed various challenges that LGBTQ+ older people in the United States face, including: profound concerns about physical decline, remaining independent, loneliness, and the loss of support systems; a fear of judgment and inferior care from healthcare providers, causing many not to

disclose their sexual orientations or gender identities to their providers; and smaller support systems over time, including high numbers of LGBTQ+ single older people living alone and in fear of discrimination in housing and long-term care settings.

According to the latest CDC Surveillance Report from 2017, nearly 50 percent of people living with HIV in the United States are 50 or older. Over the last decade, people 50 and older also accounted for, on average, one in every six new HIV diagnosis. Today, older people (age 50+) living with HIV are a growing population with pronounced needs. Unfortunately, many still confront [fear and stigma](#). Some still face [discrimination](#), and many still fear discrimination, especially in long-term care settings, where they are vulnerable, because [discrimination](#) still occurs. Neither survivors themselves nor aging providers sufficiently planned for the aging of the epidemic. Policy makers, health care providers, and aging providers can and must do more to take on the challenges presented by the aging of the epidemic, including, at minimum, passing a LTC BoR.

How can this be accomplished?

There are a number of examples from across the country. [San Francisco](#) passed the first such ordinance in 2015. [California](#) followed in 2017. [Washington, DC](#) passed its law in 2020, as did [Montgomery County, Maryland](#). [New Jersey](#) passed its law in 2021.

All models that we have seen have been legislatively implemented. It's unclear if there is an administrative route, but it's something you might explore if better suited for your state, county, city, or other jurisdiction.

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