EXPLAINER

LGBTQ+ Health Disparities

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California Health Benefits Review Program (CHBRP)
University of California

The Disparities in Health Policy Series

CHBRP's explainer series, Disparities in Health Policy, examines barriers to healthcare access in California and how these barriers affect different populations. Disparities are defined as "a particular type of health difference that is closely linked with economic, social, or environmental disadvantage" (Braveman, 2014). This series examines systemic challenges and potential policy approaches to address them. Consistent with CHBRP's commitment to objective, evidence-based analysis, each explainer is grounded in data and empirical research. Together, these explainers seek to inform policymakers and the public about how health policies can have different impacts across communities. See the complete series at www.chbrp.org.

This explainer provides an overview of LGBTQ+[1] health disparities in California, with a focus on health insurance coverage, access to care, health outcomes, and structural drivers of inequity. Drawing on state data, the brief highlights key disparities by subgroup including among transgender people, people of color, and those with lower incomes, and outlines how structural barriers and policy environments influence outcomes across the LGBTQ+ community.

Definitions

Lesbian: A woman whose enduring physical, romantic, and/or emotional attraction is to other women.

Gay: An adjective describing people whose enduring physical, romantic, and/or emotional attractions are to people of the same sex.

Bisexual: A person who can form enduring physical, romantic, and/or emotional attractions to those of the same gender or more than one gender.

Transgender: An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.

Queer: An adjective used by some people whose sexual orientation is not exclusively heterosexual or straight. This umbrella term includes people who have nonbinary, gender-fluid, or gender nonconforming identities

Source: The Center, 2025

Demographic Context

In California, over 2.8 million adults, or approximately 9.5% of the adult population, identify as LGBTQ+ —

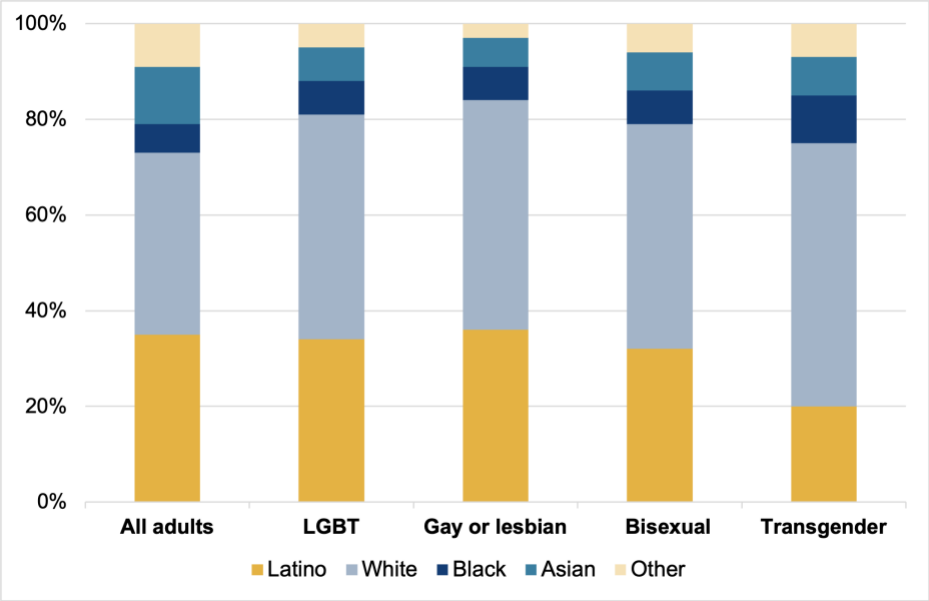
[1] LGBTQ+ refers to individuals who identify as lesbian, gay, bisexual, transgender, queer or questioning, and others whose sexual orientation or gender identity falls outside of heterosexual and cisgender norms. The "+" acknowledges nonbinary, intersex, asexual, and other identities not explicitly listed.

the highest proportion of any state (PPIC, 2024). The sections below explore this population's demographic characteristics, which shape the health disparities its members experience and the policies needed to address them.

Race and Ethnicity: California's LGBTQ+ population largely reflects the state's broader racial and ethnic diversity, with the majority of LGBTQ+ adults being Latino or White, while transgender adults are more likely to be White (Figure 1; PPIC, 2024).

Age: In California, LGBTQ+ adults skew younger than the rest of the adult population. Specifically, 28.4% are aged 18-24 and 27.2% are aged 25-34, together comprising more than half of the LGBTQ+ adult population, compared to 8.1% who are 65 and older (Conron & Tan, 2024).

Figure 1: Racial and Ethnic Composition of California Adults by Sexual Orientation and Gender Identity



Source: PPIC, 2024; Based on Census Bureau Household Pulse Surveys from February through April 2024.

Economic Disparities: An estimated 612,000 LGBTQ+ adults in California — about 36% of the state's adult LGBTQ+ population — live below 200% of the federal poverty level (FPL), with poverty concentrated among younger adults and people of color (O'Neill, 2020). By comparison, 30.8% of California adults overall live below 200% of the FPL, indicating that LGBTQ+ adults experience poverty at a higher rate than the state's general adult population (AskCHIS, 2024d). Similarly, an estimated 814,000 LGBTQ+ Californians work in industries especially exposed to economic downturns (such as health care, retail, hospitality, and construction), and 839,000 rent rather than own their homes, leaving many with limited financial security (O'Neill, 2020).

Type of Health Insurance Coverage: Across all Californian LGBTQ+ groups, employer-based insurance is the most common source of health insurance, with 56% of gay/lesbian, 44% of bisexual, and 38% of transgender adults using employer-based insurance, respectively (AskCHIS, 2024b). Gay men (57%) and lesbian women (54%) are more likely to have employer-sponsored insurance than heterosexual men (48%) and women (44%) (Babey et al., 2022). Medi-Cal is the next largest source of insurance for LGBTQ+ adults. Compared to the statewide adult rate of 24.9%, Medi-Cal coverage is higher among transgender (37%) and bisexual (31%) adults, but lower among gay/lesbian adults (19%). Rates of uninsurance are highest among bisexual adults (10%), though rates are largely similar to gay/lesbian (8%),transgender adults (9%), and California adults overall (8%) (AskCHIS, 2024a).

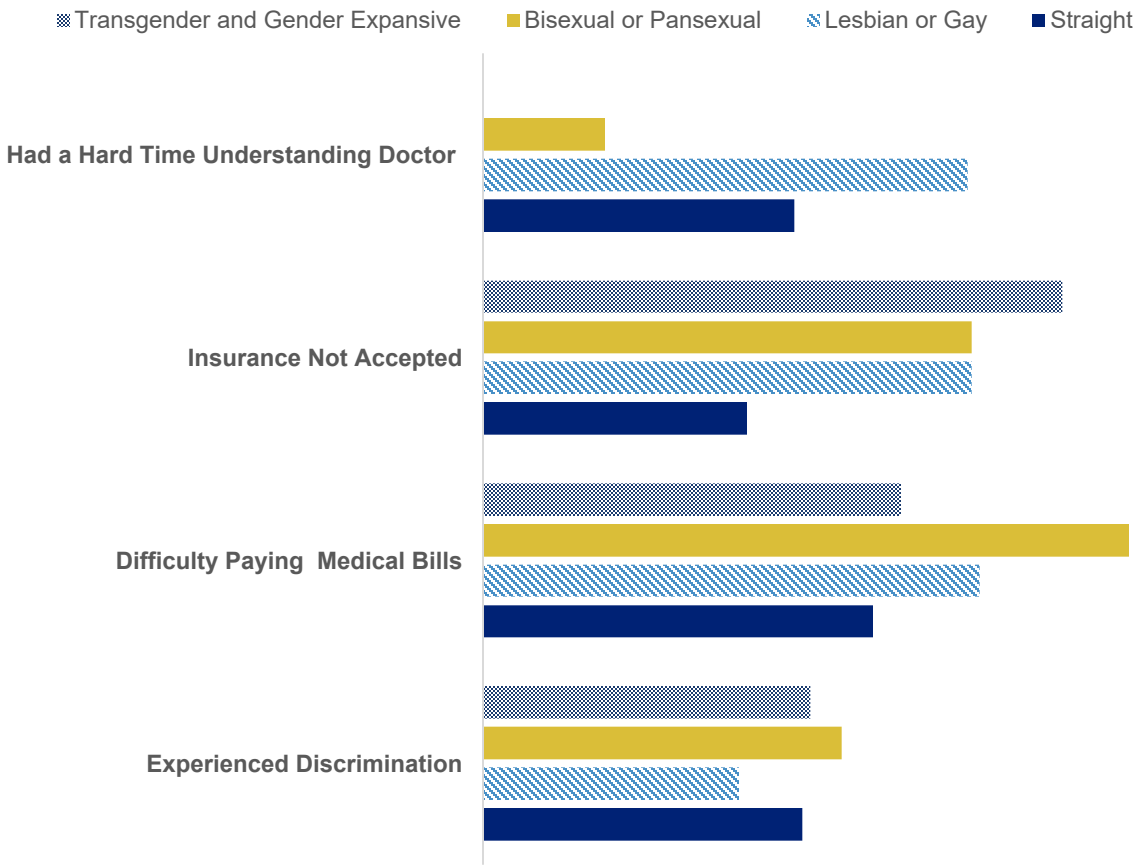
Barriers to Care

LGBTQ+ adults in California face significant barriers to accessing care, including delayed care, difficulty finding providers, and unfair treatment (Babey et al., 2022). Bisexual adults report the least access to a usual source of care of any group (27% of bisexual men and 24% of bisexual women), and bisexual women are more likely than heterosexual women to have trouble finding a primary care provider (9% vs. 5%) or specialist (20% vs. 11%). Similarly, delays in getting needed

medical care are more common among bisexual women (33%) and lesbians (23%) than straight women (16%), and among bisexual men (22%) and gay men (18%) than straight men (12%) (Babey et al., 2022).

LGBTQ+ Californians also report higher rates of unfair treatment when receiving medical care; among women, bisexual women (45%) and lesbian women (44%) report unfair treatment more often than straight women (32%), and among men, gay men (32%) report it more often than straight men (23%) (Babey et al., 2022). In parallel to the social barriers, cost barriers to care are more prevalent among LGBTQ+ adults than non-LGBTQ+ adults, with disparities evident across multiple measures of affordability (Figure 2).

Figure 2: Barriers to Care Among LGBTQ+ Adults in California



Source: California Health Benefits Review Program, 2026; UCLA AskCHIS, 2024c.

Transgender adults face similar barriers in California: about one in three delayed or went without needed care, compared with 14% of cisgender adults, with transportation problems and lack of insurance coverage cited as leading reasons (Babey et al., 2022). Although California's Insurance Gender Nondiscrimination Act[2] requires Medi-Cal and state-regulated health plans to cover medically necessary gender-affirming care, denials still occur in practice—in 2024, the state's Department of Managed Health Care (DMHC) issued its largest-ever penalty against a major insurer for improperly denying gender-affirming procedures as "not medically necessary" (Gutierrez, 2024).

[2] Health & Safety Code § 1365.5; Insurance Code §10140.

Additionally, barriers are compounded in rural and underserved areas. An estimated 20% of California's LGBTQ+ population lives in rural areas, where shortages of LGBTQ+-affirming providers overlap with broader primary care shortages affecting more than a third of the state (California Department of Health Care Access and Information, 2026).

Structural Drivers of Disparities

Barriers in LGBTQ+ care are not driven by sexual orientation or gender identity themselves, but by structural conditions that shape access to, and quality of, care. In California, these include gaps in provider training, incomplete data infrastructure, and the compounded effects of racism and housing instability.

Limited Health Professional Training

California has no centralized clinical guideline for LGBTQ+ care. Instead, LGBTQ+ competency is folded into broader licensing requirements — physicians must meet cultural and linguistic competency standards that include LGBTQ+ topics (CMA, 2022), and psychologists must complete training in cultural diversity and social justice, including gender identity and sexual orientation (CBP, 2023).

Lack of Standardized SOGI Data

40% of California cancer care clinics do not collect sexual orientation and gender identity (SOGI) data, limiting the ability to identify and address disparities (California LGBTQ Health & Human Services Network, n.d.). A California State Auditor report similarly found that the California Department of Public Health (CDPH) has missed opportunities to consistently collect and report SOGI data, recommending that the department finalize data collection standards, address privacy protections, and provide guidance to local health providers on how to collect SOGI information—as of 2024, these recommendations had not yet been implemented (California State Auditors, 2023).

Compounded Risks for People of Color

Black LGBTQ+ Californians are more likely than Black Californians overall to report being treated unfairly by a health care provider because of their race or ethnicity (43% vs. 32%) and to avoid care over concerns they will not be treated fairly or with respect (41% vs. 25%) (CHCF, 2023).

Housing Instability

Unstable housing can disrupt continuity of care, delay preventive visits, and make it harder to afford or access needed services. In California, this instability disproportionately affects LGBTQ+ adults: transgender and gender-expansive[3] Californians are nearly twice as likely as cisgender adults to report housing discrimination (8% vs. 4%), and LGBTQ+ Californians report it at one-and-a-half times the rate of heterosexual adults (6% vs. 4%) (UCLA CHPR, 2024b).

Health Outcomes and Risk Factors

Given these barriers to care and structural drivers of disparities, LGBTQ+ adults in California are more likely to report fair or poor health than non-LGBTQ+ adults (Williams Institute, 2020). These disparities are reflected across a range of chronic conditions, disability, and health care utilization measures.

[3] Gender expansive refers to individual who broaden commonly held societal definitions of gender and embraces non-binary, genderfluid, agender, and transgender individuals.

Chronic Conditions and Disability

LGBTQ+ Californians show higher rates of diabetes, hypertension, physical disability, and fair or poor health than heterosexual adults of similar age (UCLA, 2011). Diagnoses rates vary by race: Black LGBTQ+ adults report the highest rates of hypertension (37.8%), diabetes (12.8%), and asthma (32.2%), compared with Hispanic, White non-Hispanic, and Asian/Pacific Island LGBTQ+ adults (CDPH, 2021).

HIV

California recorded nearly 5,000 new HIV diagnoses in 2023, only 18% of which were among women, cisgender, and transgender combined (CDPH, 2026)—meaning diagnoses were most common among men, consistent with the national pattern in which male diagnoses are largely attributed to male-to-male sexual contact. Burden is also concentrated among transgender women: 92% of transgender Californians newly diagnosed with HIV in 2019 were trans women (CDPH, 2026). With statewide HIV prevalence being 0.3% and transgender HIV prevalence being 9.2%, the California Department of Public Health (CDPH) estimates HIV rates among transgender Californians are roughly 31 times the state's general population (CDPH, 2026).

Mental Health

LGBTQ+ adults in California are about three times as likely as non-LGBTQ+ adults to have ever seriously considered suicide (48% vs. 17%), with the highest rates among transgender (64%) and bisexual (55%) adults (UCLA CHPR, 2025). LGBTQ+ adults in California are also more than twice as likely to report needing mental health care in the past year (65% vs. 30%), and unmet need is highest among LGBTQ+ adults with psychological distress but no perceived need for care (81%) and among uninsured LGBTQ+ adults (75%) (UCLA Center for Health Policy Research, 2025).

In 2024, 35% of LGBTQ+ youth in California reported seriously considering suicide in the past year, including 39% of transgender and nonbinary youth. 11% attempted suicide, with the rate rising to 14% among transgender and nonbinary youth. Additionally, 16% of LGBTQ+ youth and 18% of transgender and nonbinary youth reported that they or their families had considered leaving California due to LGBTQ+-related politics and laws. While 81% of respondents described their community as accepting of LGBTQ+ young people, these data show persistent mental health needs and the influence of sociopolitical factors on LGBTQ+ well-being (The Trevor Project, 2025).

Tobacco and Substance Use

LGBTQ+ adults in California report current use of any tobacco product (19.5%) and vaping products (9.8%) at rates higher than the statewide adult average (11.3%) (CDPH, 2024). This pattern is especially present among young adults: LGBTQ+ high school students report nearly double the current tobacco use rate of their non-LGBTQ+ peers (10.3% vs. 5.7%) (RTI International, 2025).

California Policy

Section 1557 of the Affordable Care Act (ACA) prohibits discrimination based on sex, including sexual orientation and gender identity, by health care providers, insurers, and other entities that receive federal financial assistance. At the state level, legislation related to sexual orientation and gender identity has accelerated in recent years. In 2023 alone, over 500 bills affecting LGBTQ+ individuals were introduced in state legislatures, a record high and nearly triple the number introduced in 2022. Many of these measures sought to restrict or ban gender-affirming care for minors, and by mid-2024, more than 25 states had enacted laws limiting access to such care (CDJ, 2024). However, in May 2025, the California Department of Insurance (CDI) issued a notice reaffirming that all state consumer protection laws, including those prohibiting discrimination based on sexual orientation, gender identity, and gender expression, remain fully enforceable for health insurers, regardless of federal policy changes (CDI, 2025).

California has maintained comprehensive anti-discrimination protections and has recently strengthened the requirements for LGBTQ+-inclusive training, service provision, and data collection.

- **Health Coverage: Mental Health or Substance Use Disorders** (SB 855 of 2020): Broadens mental health parity requirements, mandating that health plans cover the full range of medically necessary mental health and substance use disorder treatment. Though the law applies to all Californians, it is particularly relevant to LGBTQ+ populations, who experience mental health conditions and disproportionately higher rates than heterosexual and cisgender adults (UCLA Center for Health Policy Research, 2025);[4]

- **Transgender, Gender Diverse, and Intersex[5] Inclusive Care Act** (SB 923 of 2022): Requires transgender-inclusive cultural competency training for healthcare staff with direct patient contact and updates provider directories to indicate gender-affirming services, with refresher training every two years;

- **Contraceptive Equity Act** (SB 523 of 2022): Expands contraceptive coverage requirements, including coverage of vasectomy services without cost-sharing — a provision relevant to transgender and nonbinary individuals seeking contraception or family planning services outside the traditionally female-centered framing of contraceptive care;[6]

- **Student Health Insurance** (AB 1823 of 2022): Ensures student health insurance meets individual market standards, including nondiscrimination provisions;

- **Health Care Coverage Doulas** (AB 904 of 2023): Establishes maternal and infant health equality programs to address racial disparities. By expanding doula coverage to commercial health plans and codifying the Medi-Cal doula benefit, the law extends support to LGBTQ+ birthing people, who face barriers to adequate maternity care—including provider—that doulas can help navigate.

Reducing Disparities

Beyond state policy, a network of California-based organizations, coalitions, and initiatives are working to close LGBTQ+ health gaps. On the mental health side, the California Reducing Disparities Project (CRDP), a Mental Health Services Act-funded initiative administered by CDPH's Office of Health Equity, supports 34 community-defined programs addressing mental health disparities among five priority populations, including LGBTQ+ Californians (LGBTQ Technical Assistance Center, n.d.).

CDPH also funds the LGBTQ Health Equity Initiative, which aims to close LGBTQ+ health and research gaps. The initiative includes the Transgender Learning Collective (TLC-ACRES), a capacity-building and education project, and a collaboration with the California Dialog on Cancer to expand SOGI data collection in cancer registries (California LGBTQ Health & Human Services Network, n.d.). At the regional and academic level, the Los Angeles County Lesbian, Bisexual & Queer Women's Health Collaborative trains providers on disparities specific to LGBTQ+ women, while UCLA Health's LGBTQ+ Health Initiative develops provider-facing training and clinical guidelines (UCLA Health, n.d.).

[4]For more detail, see CHBRP's resource *Analysis of California Senate Bill 855 Health Coverage: Mental Health or Substance Abuse Disorders*
[5] Intersex describes people born with biological sex traits that do not fit typical male or female definitions, including natural physical variations in reproductive anatomy, hormones, or chromosomes.
[6]For more detail, see CHBRP's resource *Analysis of California Senate Bill 523 Health Care Coverage: Contraceptives*

Conclusion

LGBTQ+ Californians face persistent disparities in insurance coverage, access to care, and health outcomes, especially among transgender people and people of color. As a result, LGBTQ+ adults experience elevated rates of mental distress, chronic conditions, and care avoidance. Strengthening data collection, enforcing nondiscrimination protections, and expanding health professionals training remain key policy levers to reduce disparities. Continued investment in culturally competent care and monitoring of state-level protections is also a key step in advancing health equity for LGBTQ+ communities in California.

While LGBTQ+ adults in California have comparable insurance coverage rates to the general population, disparities persist by subgroup, particularly among transgender individuals, people of color, and those with low incomes. Barriers to healthcare include gaps in continuous coverage, cost-related delays, discrimination, and limited access to culturally competent health professionals.

Looking ahead, aligning public health and insurance systems to better serve LGBTQ+ individuals will require coordination across health plans, health systems, community-based organizations, and policymakers. These issues may be a continued area of interest for California lawmakers as data, health system priorities, and broader shifts in state policy evolve.

About the California Health Benefits Review Program

Drawing on the experience and assistance of multi-disciplinary faculty, researchers, and analysts based at the University of California, CHBRP provides the California Legislature with timely, independent, and rigorous evidence-based analyses of introduced health insurance benefits-related legislation. Most frequently, CHBRP analyzes proposed health insurance benefit mandates (e.g., mandates to cover a test, treatment, or service, such as continuous glucose monitors). For more about CHBRP's 60-day analysis process, see the resource Academic Rigor on a Legislature's Timeline.

To read any of the 200+ bill analyses CHBRP has completed, see the Completed Analysis page on CHBRP's website. In addition to analysis of introduced legislation, CHBRP produces other publications including several annually updated resources, as well as issue briefs and explainers.

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